Quarterly: Governance Committee
Date/Time: 01/22/2025 10:00 am – 12:00 pm
Facilitator: Division of Developmental Disabilities

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Current Meeting Agenda 01/22/2025		
Agenda Item	**Presenter**	**Time**
Welcome & Meeting Etiquette	Joe Trentacoste	3 Minutes
Opening Remarks	Zane Garcia Ramadan	2 Minutes
Olmstead Update	Christina Hedges	5 Minutes
Governance Committee Members Update	Joe Tentacoste	5 Minutes
Strategic Planning Update	Zane Garcia Ramadan	5 Minutes
DDD Growth Presentation	Zane Garcia Ramadan	80 Minutes
Focus Group Input	DDD Advocates & Self-Advocates will share ideas and recommendations for how the identified priority topics should best be addressed by DDD. What do you feel is missing and what else do you think DDD should be doing for the items DDD is already working on? What ideas do you have that we can use to address the issue(s) for the items we have not started working on yet?	15 Minutes
Call to the Public	Zane Garcia Ramadan	3 Minutes
Future Meetings and Closing	Zane Garcia Ramadan	2 Minutes

Quarterly: Governance Committee
Date/Time: 01/22/2025 10:00 am – 12:00 pm
Facilitator: Division of Developmental Disabilities

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Opening Remarks - Joe Trentacoste

Welcome to our first meeting of the year. We appreciate those joining us for the first time and are glad to see those who continue to attend. Today's agenda includes four items: an Olmstead update, committee membership, the Strategic Planning Reminder, and ALTC/DD program growth.

Arizona's Olmstead Plan Update - Christina Hedges

Strategy 1: Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community

1. DDD Medical Policy 1710 was created to align with AMPM 1710
2. DDD was assigned eight units at Hill Street School in Globe, AZ, through 811 Rental Assistance in late 2024
3. 72 Division members are currently living in subsidized homes through the 811 program and Coffelt
4. 24 Division members are receiving subsidies in various voucher programs

Strategy 2: Reach-in discharge planning for hospital settings

1. CommunityCares is Arizona's statewide closed-loop referral system - this is a tool available to help AHCCCS healthcare providers and community-based organizations quickly and efficiently screen and refer members for Health-Related Social Needs
2. The Division continues to work towards the implementation of CommunityCares - Arizona's closed-loop referral system

Strategy 3: Reach-in discharge planning for the justice system

1. DDD currently has 162 members being monitored by the DDD Justice Reach-In Program
2. No concerns or issues related to members needing durable medical equipment upon release - process in place to address

Strategy 5: Workforce Development Initiatives

1. Final numbers from ARPA Dual Diagnosis Trainings:
    a. 114 Behavioral Health Provider Agencies enrolled one or more staff members in the training plan
    b. 4,250 Individuals completed one or more of the courses in the training plan
    c. 34,094 Courses in the training plan were completed
    d. 2,398 Individuals completed the virtual instructor-led course
    e. 600 participants in total at both conferences
2. Updated ARPA Positive Behavior Support Training numbers:
    a. Approximately 13,300 direct support professionals trained
    b. Over 200 family members/caregivers trained through Raising Special Kids

Strategy 6: High-quality network to ensure members are served in the most effective and least restrictive manner

1. Division's new Qualified Vendor Agreement, DDD-2024, has gone into effect as of Wednesday, January 1, 2025.
2. The services open for solicitation are listed on the Division's website.

Strategy 7: Person-centered planning enhancements

1. DDD is seeking accreditation from the National Committee for Quality Assurance for Case Management for Long-Term Services and Supports
2. Nursing Support Coordination Unit was created in 2024 with 5 Nurse Support Coordinators and 1 Supervisor - smaller caseloads.

Quarterly: Governance Committee
Date/Time: 01/22/2025 10:00 am – 12:00 pm
Facilitator: Division of Developmental Disabilities

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Questions from participants are in bold. Responses from Division not in bold…

Is the training for the PCSP for support coordinators, state contractors, etc.? It is for Support Coordinators

Question for the end, but I don't want to forget - A DDD District West IOC Member has concerns about Dual Diagnosis DDD Members who are incarcerated getting appropriate supports & services arranged before discharge from incarceration and release from Behavior Health hospitalization (issues are distinct but entwined). Are DDD Justice Coordinators monitoring these situations and collecting data to track, trend and solve this serious issue? DDD has our Justice Coordinators who work closely with the support coordinators and complex care team. DDD is proactive when we have those members who are preparing for discharge. If there are any specific member concerns, please send them directly to Barbara Picone (bpicone@azdes.gov). **She mentions there are serious housing issues, and because of the way the laws are written, they are being dumped. You mentioned 163 members were incarcerated, and I want to make sure that doesn't happen to any of them. We also know that a lot of these individuals have dual diagnoses of serious mental illness and often end up in-patient. When they don't receive what they need, unfortunately, there ends up being criminal involvement and being incarcerated. If there is a way for the CARES administration to track this and be proactive, maybe they won't end up incarcerated. I**t has been a while since one of the Justice team has attended an IOC maybe we can make time at the next meeting.

How are we looking at rolling out some of these Olmstead programs/goals? Are you mostly piloting these in Maricopa County (nursing, workforce, housing)? What focus is being put on the more remote areas of the state? Initially, housing opportunities were located in the Maricopa County area, but DDD is working to expand. We have a property in Tucson and a new property in Globe, and we are looking into Bullhead City.

Committee Membership - Joe Trentacoste

POSITION	VOLUNTEER
An adult enrolled with the Division and who is ALTCS-eligible.	TBD
An adult enrolled with the Division and who is ALTCS-eligible.	TBD
An adult enrolled with the Division and who is ALTCS-eligible.	TBD
The parent or guardian of an individual who receives Division services.	Diana Davis Wilson
The parent or guardian of an individual who receives Division services.	Michele Thorne
The parent or guardian of an individual who receives Division services.	Gabriela S Orozco
The parent or guardian of an individual who receives Division services.	Marisa Benson
The parent or guardian of an individual who receives Division services.	Linda B Strayer
A representative from a University Center for Excellence in Developmental Disabilities	Jacy Farkas
A representative from Disability Rights Arizona.	TBD
A representative from the Arizona Developmental Disabilities Planning Council.	Jon Meyers
A representative from the Arizona Association of Providers for People with Disabilities.	Rachelle Giles
A representative from one of the DDD Independent Oversight Committees.	Diedra Freedman
A representative from one of the DDD Independent Oversight Committees.	Don Harrington
A representative from an Arizona family-run organization.	Janna Murrell
A representative from an Arizona peer-run organization.	Dan Haley
A community stakeholder whose advocacy organization represents individuals with Autism Spectrum Disorder.	Ann Monahan
A community stakeholder whose advocacy organization represents individuals with Cerebral Palsy.	Lynn Black
A community stakeholder whose advocacy organization represents individuals with Down Syndrome.	Jennifer O'Connell
A community stakeholder whose advocacy organization represents individuals with Epilepsy.	Barbara Brent

Quarterly: Governance Committee
Date/Time: 01/22/2025 10:00 am – 12:00 pm
Facilitator: Division of Developmental Disabilities

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

We would like to thank everyone who submitted their information and volunteered to be a voting member of this committee. We have identified almost all positions. We are still looking for three members, and if you are aware of someone interested, please have them contact Joe Trentacoste (jtrentacoste@azdes.gov). This is a public meeting, and if you weren't selected as a member, you are still welcome to join.

> **Teresa Moore would like to participate but had another meeting today and could not attend. As an adult with DDD who is ALTC.**
>
> **Who do we reach out to about a member joining the board?** You can contact Joe Trentacoste jtrentacoste@azdes.gov if you know a member who would like to participate.

Strategic Planning - Joe Trentacoste
Strategic planning survey closes on Friday, January 24, 2025 so there is still time to provide feedback.

- English Survey
- Spanish Survey

ALTCS/DD Program Growth - Zane Garcia Ramadan

Last week the Governor released her Executive Budget Recommendation. That request includes a substantial amount of funding for DDD which reflects the growth that we are seeing in many areas of the program. It is most notable in the amount of members served by DDD. Given the high cost of this growth, this will likely be a significant point of discussion at the Legislature in the upcoming legislative session. Recognizing that there will be plenty of discussions about the DDD budget in the months ahead, we thought it would be helpful for us to be transparent about how we have come to this point and what is driving the cost in the system.

The recommendation includes $289.4M in state general funds for the fiscal year 2026 and a request for $109M in funding for this current fiscal year (which ends on June 30th, 2025). The supplemental funding request is to account for high growth that has exceeded the appropriation that DDD received in last year's budget. If this supplemental funding is not received, it would impact the division's ability to carry out many critical program components. It could lead to issues with access to care for the people we serve.

Annual Growth in the State share of the DDD budget has occurred yearly over the past decade, resulting from a consistently growing DDD population. We are grateful to current and past Legislative representatives and Governors who have continuously funded the DDD program and allowed Arizona to garner a reputation as one of the best states in the country for supporting individuals with developmental disabilities. In recent years we have seen the program's growth occur at a rate that we haven't experienced in the past.

Qualifying Diagnosis for DDD Eligibility (A.R.S. § 36-559):

- Autism
- Cerebral Palsy
- Down syndrome
- Epilepsy
- Cognitive / Intellectual Disability

A person aged 0 to 3 years must:

- Have a significant delay in one or more developmental areas or an established condition that could lead to a

developmental disability.

A person aged 3 to 6 years must:

- Have one of the following developmental disabilities OR be **At-Risk** for developing one of these disabilities

In addition to qualifying diagnosis, must also have substantial functional limitations in 3 or more of these daily life skills related to the disability:

- Receptive and expressive language
- Learning
- Self-direction
- Self-care
- Mobility
- Capacity for Independent living
- Economic self-sufficiency

ALTCS/DD Financial Growth Drivers

- Increase in DDD membership
- Increase in service authorization and service utilization
- Cost to Provide Services
    - HCBS
    - Physical & Behavioral Health
- Cost shifts from Federal to State funds

More members are being served by DDD than ever before. If current trends continue, the DDD population will have doubled between 2014 and 2026. In the past three years, we have grown at a much steeper rate. 25 years ago, the division served less than 20,000 members. We went from serving 20,000 members to 30,000 in eight years, it took another eight years to get from 30,000 to 40,000. After that, it took five years to get from 40,000 to 50,000. It has only taken two years to see a membership growth of almost an additional 10,000 to our current number of over 59,000 members. We are now trending at 8% growth annually.

What accounts for this rapid membership growth? We have seen that Arizona has one of the fastest-growing populations in the country. As a result, we expect to see an increase in the number of individuals eligible for DDD. Arizona has a reputation for being one of the best in the country for supporting individuals with developmental disabilities. The array of services and supports that individuals can receive thanks to our 1115 waiver and ALTCS program is unique in the country and we do frequently hear stories of families moving to Arizona specifically because of DDD. The final factor is the rise in Autism diagnosis. Autism diagnosis has significantly outpaced the other diagnoses in the past several years. If we look at the past 5 years of net growth in the DDD program, 60% of that growth is attributable to individuals with an autism diagnosis. This is a trend that is also being seen nationally as the CDC recently conducted a study of multiple states and determined that 1 in 36 children is currently being diagnosed with autism as compared to 1 in 150 children being diagnosed in the year 2000.

DDD is also seeing growth in service utilization. This has been most noticeable with DDD members under the age of 18 for two service types: Attendant Care (ATC) and Habilitation Hourly (HAH). In the past three years, we have seen significant growth in these two service lines. Since 2018, there has been a 300% increase in the hours of services delivered for ATC and HAH. What can be causing this increase? First, we know that the COVID-19 pandemic caused temporary closures of

many facilities providing group supported services such as day programs. Many people who previously had not received in-home services began to become accustomed to them.

Additionally, there was a hesitancy to allow outside Direct Support Professionals into the home and a limited amount of DSP workers willing and available to do the work at the time, which led to the implementation of the Parents as Paid Caregivers (PPCG) program in 2020. Parents of minor children could be paid for the provision of medically necessary services for the first time. The two services allowed to be provided under the PPCG program are Attendant Care and Habilitation Hourly. Additionally, as you can see in the data, the increase in members using this service is most pronounced in the past 1-2 years even though we are getting further removed from the pandemic. We believe that the word is still getting out about the changes in DDD's Policy Guidance regarding Attendant Care. DDD's Attendant Care Policy has always stated that Attendant Care Supervision could not be authorized if a parent or natural support was in the home. When new guidance overrode that provision it made a lot of members eligible for service hours that they previously would not have been able to receive in the past. Members/ families who may not have previously known about or considered using attendant care services began to request them with more frequency and Support Coordinators assessed member's needs and made subsequent authorizations for the appropriate amount of hours a member needed. And as word continues to spread about the ability to receive these hours in alignment with current policies & procedures, we are continuing to see that number grow, hence how we've gone from less than 10% of the 0-17 population receiving Attendance Care in 2019, to now about 40% of the 0-17 population receiving the service.

AHCCCS has convened a workgroup with representative stakeholders that began meeting last yea,r and they are taking a close look at many different elements of the PPCG program. They are looking at more specifically defining extraordinary care and how that applies in the assessment process, as well as putting in place new policies and procedures for the program. That group has been meeting for the past few months and will be sharing some of their initial recommendations at public forums on February 5 and 6. (Parents as Paid Caregivers (PPCG) Program Update Public Forums).

At the same time, the number of members being served and the amount of services being utilized have been increasing, and so too has the cost of providing services. And just to provide some context, DDD publishes its rate book on an annual basis, and it provides the rate at which each DDD service can be billed. These rates are developed using models that incorporate the cost to pay workers, but also additional costs such as travel time, training, supervisory oversight, facility and vehicle expenses, and other administrative costs. Qualified vendors bill claims to the Division for the services that they provide to DDD members and those claims only get paid if they match with an authorization to receive those services that have been authorized by a DDD Support Coordinator.

DDD received funding from the state budget to increase provider rates in 2018, 2019, 2020, 2021, and 2023. A significant portion of those rate increases were aligned to keep up with minimum wage increases, which have nearly doubled in Arizona in the past decade. An unfortunate result of this is that the majority of the DSP workforce is paid closer to minimum wage than in years past, and anyone who has observed direct care work knows that it is a lot more difficult than some of the minimum wage opportunities that currently exist, making it more difficult to recruit and retain a highly trained and skilled workforce. The DSP workforce shortage is something that all states across the country are facing. It's a very serious issue for ensuring access to care for the people that we serve, so we are very grateful to the Governor for including a provision in her executive budget recommendation last week that would include funding for provider rate increases to help recruit & retain a strong workforce.

But with these increases in rates, which are necessary, it means that each hour of service billed is being billed at a higher rate leading to higher overall costs. For example, even if we were to imagine that there was no member growth in the past few years, the cost to provide the same level of service to the same number of members has grown by hundreds of millions

of dollars because of the volume at which we provide services. We provide nearly 70 million hours of service a year across all HCBS service lines. So even a $1 change in hourly rates has a massive impact. But in order to keep pace with the rising minimum wage and to allow QVAs to stabilize their workforce, additional funding is required in order to simply maintain the current workforce.

We are also seeing an increased expense in the physical and Behavioral health services that DDD members receive. Progress has been made to increase access to BH services, which has contributed to increases in utilization. There is also an increase in the cost to serve each member, which is strongly driven by the decrease in DDD members who are dually eligible for Medicare and Medicaid. We are observing the number of dual-eligible members decrease while the number of non-dual-eligible members increases. The cost of serving non-dual eligible members is nearly $1,000 more per member month, and at scale, over the course of a year, this contributes to significantly increased costs.

We are also seeing stark decreases in Arizona's FMAP percentage. The FMAP stands for Federal Medical Assistance Percentage and it's a federal calculation to determine the amount of money that Arizona contributes to fund the program and the amount that Medicaid and the Federal Government contribute. The FMAP percentage has gone down in recent years due to rises in Arizona's per capita income. This decrease in the FMAP percentage means that the state funds a larger share of DDD than it had in the past. For context with DDD's budget, a 1% change in the FMAP percentage means that the state pays more than $33m additional dollars to fund the program. In the past 4-5 years, we've seen the federal share decrease more than 5%, which equates to nearly $200m additional dollars in state funding.

If I could summarize the financial growth that we are experiencing in one extremely oversimplified sentence, it would be: More members are receiving more services that are billed at a higher rate. And as I mentioned, the scale that we are talking about is huge. A slight % change in membership growth or utilization or FMAP has a significant financial impact. They each have significant impacts on their own, but when they combine together and are happening simultaneously, the growth that we see is even more dramatic. Much of this growth has happened most acutely in the last 12 months, which has led us to a place where we have significantly exceeded previous budget estimates hence the need to receive this supplemental funding in FY25 to allow us to continue fully operating the program in May of June of 2025 without any potential impact to members.

And then, finally, I don't want to lose sight of the big picture and what this funding supports. DDD currently provides support and services to nearly 60,000 individuals across the State. Through this work we can support individuals with developmental disabilities to live self-directed, healthy, and meaningful lives. DDD provides more than 70 million hours of medically necessary services each year that allow these individuals to live in the least restrictive and most integrated settings possible. More than 50,000 DSPs are employed as a result of this funding to deliver services to DDD members. So we know that DDD is directly or indirectly supporting hundreds of thousands of people across the State, and we are thankful to the Governor for her clear support of the program in her budget.

Questions from participants are in bold. Responses from Division not in bold…

Thought the budget explanation on DDD growth was well written. Sorry if I missed this, but does this include AzEIP? Has there been growth there as well. Yes, this includes AzEIP children who are also DDD eligible.

When you say growth, do you mean DDD membership growth or spending growth by DDD? Both

Are state-only and TCM individuals included in these growth numbers? Not just ALTCS? Yes, it includes growth in all three lines.

Do you have data for Down syndrome? Yes, we do. Down syndrome just became a qualifying diagnosis in the last 2-3 years. Individuals with Down Syndrome were included with the Cognitive Intellectual Disabilities. In the past, if an individual had Down syndrome plus the three qualifying diagnoses, they typically came in under the Cognitive Intellectual Disabilities qualifying diagnosis.

Can we get a copy of this PowerPoint? Yes, we will share it with participants later this week.

Are we tracking and trending how the increase in Attendant Care will affect the percentage of DDD Members who remain in their family home after turning 18? Are we monitoring how the increase in Attendant Care may or may not be decreasing Family Burnout? We are not currently doing that explicitly. We need to look into it and think of strategies for monitoring that specific element. As for burnout, we aren't explicitly tracking that via any data points, but that is another area where we can explore potential methods, such as trending any patterns in the utilization of respite.

> **Care 4 the Caregivers will be launching a new survey over the next few weeks that will capture caregiver burnout, housing stability and a variety of other data points that give greater insight into the impacts of the PPCG program on members and their caregivers. This survey will be an update to our 2023 study that you can read here: https://www.raisingvoicescoalition.com/survey/**

Yes! I love that the governor has included this provision in her budget proposal! That is amazing!

Per AHCCCS Dec 2024 data states that the DDD population is 43,366, while ALTCS's EPD population is 28,947.

Is everyone aware of this UCLA Study and what will become a cost increase as clinical medical care improves for DDD Members?

As DDD & EPD (Elderly & Physically Disabled) share ALTCS funding, did the budget numbers also include EPD numbers/data? No, this only includes ALTCS/DDD data. ALTCS/EPD would be a separate budget request that would go through AHCCCS.

What can DDD members and their families do to support the budget talks that will take place with our elected officials? We intend to share initiatives for DDD members and their families to contact their legislators, ask them to approve this spending request and share their stories. We also can create initiatives to have members and their families show up at the capital on key dates. Please let us know what you view as helpful in this effort. You can have conversations with Legislators. One of the most beneficial things members and families can do is provide awareness of how the DDD program has impacted them. There are a lot of new Legislators and they might not be aware of DDD and the positive impact it has in the state.

We greatly appreciate the Governor including a provider rate increase - first time this has been in an Exec Budget in many years. However, the increase for FY 26 will not even cover the minimum wage statewide increase occurring in FY 25, let alone Flagstaff's and Tucson's. Just want to make sure the group understands the needs in reimbursement rates is far greater than what is being contemplated. And the capitation rate increases for FY 25 and 26 are critical to prevent cuts to the system and ensure that reimbursement for services can continue through the end of FY 25.

Are there other Federal Behavioral Health funds AZ could potentially utilize for the BH population? Not to our knowledge that would meaningfully impact the funding needs for the DD program.

SMI Funding?

Do you have a timeline for individuals who need HCBS to be confirmed by DDD to receive the services? We have parents who live in Wickenburg who moved from California and have asked how long it will take their child to receive services since it has been six months. It would depend on where they are in the process. With the influx of people moving to Arizona, DDD, and AHCCCS may take longer to process applications.

What is being done to ensure the member's personal voice and choice are still at the forefront of their services? DDD prioritizes this and encourages support coordinators to have those conversations at the team level. **Are DDD SCs confirming with the member (when appropriate) that they do prefer their parent/family member to be the provider vs an outside DCW?** To the extent possible, we encourage Support Coordinators to identify if there are concerns and discuss them as a team. We also ensure with the QVs that employ parents as paid caregivers that supervisory checks are being done to ensure no concerns with the services delivered. **Also, what is being done to minimize the potential ethical (fraud, waste & abuse) issues and the financial conflicts of interest when the member's HCDM is advocating for these services for which they are also being paid to provide to the member?** Both of the services that are provided through the PPCG program are services that are subject to electronic visit verification. There are a number of checks and balances to ensure FWA is minimized. In order for a vendor to receive payment for services, their claim must match to an authorization of service hours for a member. The authorization of hours can only be made and inputted into the system by a DDD Support Coordinator. Additionally, for in-home services such as Attendant Care and Habilitation Hourly, Electronic Visit Verification (EVV) is required. EVV verifies the type of service performed, the individual receiving the service, the date of the service, the location of service delivery, the individual providing the service, and the time the service begins and ends. Vendors must also submit their billing for these services in alignment with EVV records.

How is DDD increasing its billing auditing frequency and scope with the new QVA? DDD has many auditing programs and conducts audits in line with an auditing plan. **I am seeing in the Facebook parent support groups that families who are paid providers' employers are telling them that they're being audited, and they think it's because they are parents who are paid providers. They are asking specific questions, and there seem to be system limitations with their employer, not necessarily with DDD. Limitations with their employer, EVV, and where they can punch in and out. The number of locations is limited. Among the parent community, we are still building trust between DDD and families. They feel they are being targeted and that DDD may have an agenda to target them and their billing. Is there an overall policy or increase in electronic auditing?** The process starts 12 months in advance, and we work with AHCCCS on an audit plan. It is more a function of many providers providing PPCG and there is a lot of attendant care. As we go through an audit plan, we will be auditing those in this space and we do not explicitly target vendors with PPCG parents on their staff.

Is the limited location being addressed/modified? You have five options for your addresses when you are a provider. If you have your home, your mom's home, grandma's home, if you are going to work, that is four. You then have to go grocery shopping, socializing, etc. When we limit it to five, there is limited choice. This is a system issue, and many families have several places to go. It becomes a pain to change it in the system. Is this a FOCUS casting or EVV issue? **It is either FOCUS cast or Sandata WellSky. It may be the commercial office management system that the DDD QVA vendors are using.** Thank you for bringing it up, we will take this information back and further research the issue.

How do the limited locations for EVV affect the DDD Olmstead Plan?

I agree with all these comments. We are having a difficult time with the system. Families are telling us that these five locations' limitations are problematic. If something can be done, we would greatly appreciate it.

I have a budget question. It looks like the population growth included EPD numbers. I am wondering how the budget gets divided since we are sharing it with EPD and DDD. None of the data provided was for EPD; they are 100% DDD members. All the budget requests are specific to the DDD program. AHCCCS receives separate funding for the EPD & ALTC program. **The reason I brought this up is that AHCCCS is reporting their total numbers for DDD & EPD is 72,000, and that is conflicting information.** The 60,000 DDD members are all eligibility types. Right now DDD serves around 44,000 ALTCS members, so the 72,000 that are reported by AHCCCS are DDD & EPD.

Open Discussion

We are trying to increase independent living for many members. Have we thought about providing subsidies more generously? If there is an apartment that will work with us, can we provide 70% of the funding for the apartment? This gets them out of the state housing and saves money for the state. I am looking at increasing that so more people can take advantage of it. DDD is striving to have as many members live independently as possible. Christina shared some of the housing vouchers we have. Most of those cover entire expenses. Covering partial expenses is a great idea; I am not sure if those are in the works. At a future meeting, we can invite Megan Akens (Housing Supervisor) as she can provide the most updated information on housing. This topic of housing is coming up a lot, and it is something that we are going to consider making a priority in our Strategic Plan.

At the District West IOC, we have been concerned with the communication and relationship between DDD and DCS. We have found that in presentations that have been done for the IOCs, DDD is doing almost everything it can to foster communication and a relationship with DCS, and it is an almost impossible task. In 2023, there was a DDD member who was in a DCS home who ran away and 10 days later was found dead. Despite the efforts of the DDD coordinator to have the mandatory meeting, the DCS home didn't cooperate, and the meeting wasn't held. Five months after the death, DDD was finally notified that the member had eloped and passed away. We had presentations from Jeffrey Yamamoto, the DDD liaison to DCS, and have a relationship with him since he was our IOC liaison. We know the quality of work that Jeff does. We had a very disappointing presentation from the DCS staff, given the warning letter that came down from the US Department of Justice to DCS and how they are discriminating against individuals who are receiving their services. The majority of the children in their care with disabilities are DDD members. Has there been any progress made in the transparency from DCS to DDD while they are in their care and their parents aren't discriminated against? The problem here is DCS, not DDD. In regards to DCS having an independent oversight committee, that is not something DDD is directly involved in and I am not sure what the status of that is. We do know that DCS is working diligently to address the findings in the DOJ letter. To the extent that there are aspects of the letter that potentially relate to DDD members, we are supporting them and working collaboratively. We have ongoing meetings with DCS to improve the coordination between our two agencies. We meet at the Leadership level and respective case management levels. We will continue to work towards improvements in partnership and collaboration.

Have there been any directives from DDD to the SC's regarding the BCBS and PCH contract issues for members? I am hearing that there are some SC's who are telling families with DDD and ALTCS members to drop their BCBS primary insurance so their kids can still be seen at PCH. My opinion is that SC's shouldn't be giving advice or recommendations on this issue. It is further complicating this extremely stressful situation for families and their caregivers. No directives from DDD have been given to SCs about this issue. If there are support coordinators who are explicitly giving this guidance, that is concerning. We hope those families will file a grievance and contact the DDD Customer Service Center (1-844-770-9500 option 1) so the appropriate technical assistance and guidance can be provided to the Support

Coordinator about what kind of information they should be provided to families.

Ok, thank you! I will continue to advise them to reach out to DDD Customer Services.

Both DDD ALTC providers are in network with PCH, so there should be no question. Have you spoken with your MCOs to see what they are doing to ensure that their providers stop giving out inaccurate information? We will talk to our team and connect with the HPs on it.

Mercy Care has been in touch with PCH to share this feedback.

In most states, when you apply to one agency, there are DDD Support Coordinators that have DDD-only members with no money. A high percentage of members have no funding. This looks like a cost savings opportunity. The feedback we are receiving from DDD-only members is that they get nothing, but SCs are spending time going out, and no services are given or value added. Could those SC efforts be used elsewhere? DDDs intent is for SCs to be a resource and help members connect to resources within the community. We hope that value is added through those services. **A lot of DDD-only members are trying to get ALTC, could better resources be available? Everyone I talk to is saying that no useful information is being provided. There are no extra resources or pointing them in the right direction. All they are doing is filling out the planning document.** DDD appreciates the feedback and we will take that back. If some particular members or families aren't satisfied with their SCs, please have them reach out to our Customer Service Center. **I do believe those DDD-only members should have the SC, but maybe not at the frequency that we are currently giving them every three months. They see it as a chore.** A DDD-only member can choose the frequency of the visits. We strive to provide meaningful case management. **We truly appreciate those DDD-only SCs who help with those ALTC denials.**

Thanks for the presentation. The growth curve is steep, and laying it out with these specifics should help educate others.

We would like to thank you all for your time and participation. Have a wonderful day.