

**Developmental Disabilities Advisory Council
Meeting Minutes**

Division of Developmental Disabilities (DDD)
March 8, 2017
5328 E Washington, Building C
Phoenix, AZ 85034
9:30AM-12:00PM

Meeting Called By:	Chair: Linda Mecham
Meeting Type:	Developmental Disabilities Advisory Council (DDAC): Full Council
Facilitator:	Chair: Linda Mecham
Note taker:	Celene Galaviz
Attendees:	DDAC Members Present: Rick Hargrove, Linda Mecham, Renaldo Fowler, Dr. Laura Love, Karen Van Epps, Jill Ryan, Michael Williams, Carrie Raabe Division of Developmental Disabilities (DDD) Staff: Richard Kautz, Celene Galaviz, Megan Akens Member of the public Maryanne Germaine
Agenda Topics:	Welcome and Introductions Approval of January 2017 minutes Client Service Trust fund update White Paper-Prop 206 update BTP/Client Funds Policy Update Flagstaff Public Forum Report Member Reports DDD Update Call to the Public

Welcome and Introductions

Linda Mecham

Discussion	Linda Mecham introduced herself and welcomed the other Developmental Disabilities Advisory Council (DDAC) members. Division of Developmental Disabilities (DDD) staff members also introduced themselves.
Conclusion	Quorum achieved.

Approval of January 2017 Minutes

Linda Mecham

Discussion	The January 2017 minutes were approved
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Client Service Trust Fund Update

Richard Kautz

Discussion	<p>Richard: Handed out copies of the Client Service Trust Fund approval letter and Award Agreement to Council members for their approval.</p> <p>Richard: There were 26 applications received. Will provide council with balance before they approve.</p> <p>Dr. Love: Sent email on behalf of the Council to Gina Judy, asking her to request more money from Legislature.</p> <p>Linda Mecham, Jill Ryan and Karen Van Epps will be on the committee to review applications and they will meet March 22, 2017.</p>
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White Paper-Prop 206 Update

Linda Mecham

Discussion	<p>Linda: Received information from Gina for the White paper. Renaldo will put together some information and send to Linda.</p> <p>Linda: Will include emails from people from around the State.</p> <p>Jill: Will be reaching out to self-advocacy groups and people to see if they are willing to share their stories on how Prop 206 has affected them.</p> <p>Renaldo: A Non-Profit cannot present documents to Legislature requesting funds.</p> <p>Rick: White paper can possibly be contrary to the opinion of the Governor and administration.</p> <p>Rick: Would like to present on how the agency has been affected since Prop 206 has gone into effect.</p> <p>Linda: Wants to “Educate Legislature of the impact.”</p> <p>Renaldo: Wants to include how the reduction of services will affect members. Providers may reduce services or close doors. Less money in the system means fewer options.</p> <p>Renaldo: Would like to reiterate that he is not asking legislature for money, he just wants to know that whatever decisions they make, we do not want them to limit options or create restrictive settings for our members. It’s a rights violation, reduction of money and restricting choices for our members.</p> <p>Dr. Love: Wants Council to highlight advantages and disadvantages. She would also like council members to explain how Prop 206 has affected their area of representation.</p> <p>Rick: The White Paper needs to be written because all staff and the client’s families are asking, what is going to be done?</p> <p>Rick: Cut his employees hours, because they no longer qualify for daycare and other employees are getting overtime to cover hours.</p> <p>Linda: Will provide Midge White with all information gathered from council, to write the White paper, if all council members agree.</p> <p>Karen: Motioned to have Midge White write the paper.</p> <p>Carrie: Seconded the motion.</p>
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	<p>Jill: Amended motion to include, Midge will compile information and bring to council for approval.</p> <p>Carrie: Seconded motion.</p>
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BTP/Client Funds

Maryanne Germaine

<p>Discussion</p>	<p>Maryanne:</p> <ul style="list-style-type: none"> • DDD has been sanctioned for maintaining client funds • About 1800 to 2000 current client funds are being maintained by 7 specialists and are not being managed adequately. More specialists are needed to reduce caseloads. • The software that is being used is unknown and does not maintain a tickler to notify if client is over \$2000 limit and it could result in cancellation of benefits. • It is a human rights violation and neglect. • There is a list of only 5 companies for organizational payees. Public Fiduciaries are not taking on additional cases. Under Social security guidelines, a private person can handle up to 5 people as authorized payee. After 5, you must be an organization. A person managing funds is paid \$50/month per person. • There was a situation where DDD has been referring one specific company, Heritage, to service our members in regard to spend downs for burial plans. Heritage and one agent has been referred by DDD for approximately 19 years. Applications and contracts are not being filled out how they should be according Arizona Department of Insurance. • Exploitation of consumers is taking place. There was a spend down needed in a consumers account. There was an insurance policy made to address the spend down but per consumer, she wanted it cancelled and the policy was cancelled. She usually accumulates quite a bit of money every month so her spend down is used to go on a Disneyland trip or camping trip every year. \$4000 was accumulated at the end of the year, nothing was done about it, and, consequently, all of her benefits were cancelled. A decision was made without conferring with consumer to place excess monies in an irrevocable trust through the insurance company. In January, her benefits came back. She was not able to go on trip that she had taken for last 20 years and had a “meltdown”. There was a meeting where the member’s brother informed the team that there is a prior insurance policy that will cover her death when it happens. There was no need for more coverage and no need for the member to lose \$4000. The consumer cancelled the policy, but it was reinstated by DDD. DDD is not the guardian or power of attorney. <p>Rick: As a guardian, there is an obligation to pay attention the member’s money and not let it exceed. The state has an obligation to pay attention in the absence of a guardian.</p> <p>Maryanne: 2 out of 6 BTPs has DDD as payee and they while DDD is supposed to look out for the well-being of the Member, it is not being done, in her opinion.</p> <p>Linda: DDD is recommending this one particular insurance agent, to write burial policies. There have been deaths where it was common knowledge that the Member had a burial policy in place, the State was the payee, but the Member’s Master file did not have copies of the Insurance paperwork.</p> <p>Linda: Presented the contract to Dr. Love to show her what it looks like and how it is not completed correctly. There is not a Statement of Goods and Services in the file along with the guardianship paperwork.</p> <p>Renaldo: What is the current policy, and is it being followed? What are the recommendations for Dr. Love?</p>
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Rick: A policy needs to be in place if DDD is rep payee for people who are their own guardians that they stay under \$2000. There should be no exclusivity in referral for goods and services of any kind by DDD for anything members buy. There should be a publication of all available sellers of burial plans.

Maryanne: Asked the committee to recommend a cease and desist of this one particular Insurance agent, due to her exploitation of DDD consumers.

Dr. Love: Reiterated that these instances should be filed as incident reports.

Linda: Incident reports have been filed.

Jill: Motioned for Dr. Love to come back with DDD procedure and what list is being provided to members for insurance companies. Would also like to find out how many DDD members are working with one particular Insurance agent to purchase burial plots.

Rick: Does OIG do their job on this? Someone has to start a formal investigation.

Renaldo: As an advisory committee, what do we do? There are **allegations, which have not been substantiated**, that a person doing business with DDD is not doing the process correctly and not following professional practices. What is the process? What is our role? Would like Dr. Love to come back and report to DDAC. What is the procedure we go through including a list of referrals for spend down options.

Jill: Moved, that the committee ask the Division to report back at the next meeting regarding procedures followed by support coordinators for client funds. To include mechanisms built in to avoid exploitation.

Karen: Seconded motion.

Rick: Made an amendment to the motion. Is there a referral booklet? How do support coordinators know who to refer to for insurance?

Dr. Love: There are procedures for managing client funds. The council should review the procedures and make recommendations.

Karen: Is concerned that support coordinators should not be allowed to make recommendations for burial plans.

Rick: Does not think a prohibition should be put on recommending.

Karen: Does not think anything should be recommended that helps parents find programs.

Dr. Love: It's our job to recommend community options and natural support.

Dr. Love: Will ask Geri Ortiz to attend the next DDAC meeting to talk about the client funds procedure and process.

Dr. Love: Will ask Lisa Cavazos-Barrett if she can attend next DDAC meeting to talk about what is the practice that support coordinators are following? How is a support coordinator trained?

	<p>Jill: Motion Withdrawn</p> <p>Jill: Another issue about exploitation that needs to be talked about.</p> <p>Karen: Can Dr. Love make a referral for APS and OIG to investigate?</p> <p>Renaldo: Ask Dr. Love to look into internal DDD process and there's a person who is doing business with division who is exploiting a member of the division and would like for her to come back and report on those two different areas.</p> <p>Rick: There needs to be a process moving forward. We cannot address that particular issue.</p> <p>Dr. Love: Is this happening in a certain area of the State with this Insurance agent?</p> <p>Linda: Lisa is aware of this issue because this came up in District Central's Human Rights Committee meeting when Lisa was DPM over (at the time) District 1 (Maricopa County).</p> <p>Linda: I have not brought this forward because it could be a conceived as a conflict of interest because I write insurance policies.</p>
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Policy Update

Megan Akens

<p>Discussion</p>	<p>Megan:</p> <ul style="list-style-type: none"> • 2 grade 19 positions, Policy Specialists, have been hired. • Getting ready for Annual Policy Review in the next couple of months. All policies will be reviewed and discussed to see if they need revisions. • Getting ready for Operational review • Client Funds policy updated in next couple of months. Procedural things have been removed. <p>Dr. Love: Asked Megan to update Rules revisions.</p> <p>Megan: Article 18 has gone to Governor's office and 15 is being worked on. Article 18 pertains to the appeals and administrative reviews and Article 15 pertains to the standards for certification of home and community-based service providers.</p> <p>Dr. Love: The Operational Review is when AHCCCS does a check every year to see if DDD is compliant with all the long-term care requirements. In 2014, there were 68 findings and last year there were 49 less findings. AHCCCS wants to see procedures to back up what we do. DDD does same kind of review with health plans to see how they are complying.</p> <p>Dr. Love: The Governor wanted reduction in policies by 50 percent, but DDD is not going to be aggressive in reductions because it could affect member's health and safety. DDD did not reduce as many policies as other departments did.</p> <p>Megan: There is a draft combining Articles 10 and 11, regarding developmental homes.</p> <p>Linda: Are there any guidelines regarding developmental homes?</p> <p>Dr. Love: About 40 qualified vendors have to service developmental homes on their agreement. They have a developmental home operator as an independent contractor. They then have all functions of recruiting, training, monitoring and licensing of all those developmental homes. There is an audit</p>
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	<p>going on right now to change the structure for the monitoring part of it. We want to make sure the qualified vendor has the expertise and resources they need to do that oversight and monitoring. Positive changes are going to come out of the audit.</p> <p>Linda: Asked Megan if she would please review policies that have been sent out, and let the committee know what the impact is on member, when giving her report.</p> <p>Dr. Love: Asked Megan if there is an overview in the email when policy updates are sent out.</p> <p>Rick: There is a summary in the email, but sometimes it is not very good.</p> <p>Megan: Will include member impact on policy update emails.</p>
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Flagstaff Public Forum Update

Linda Mecham/Jill Ryan

Discussion	<p>Dr. Love: There were only a couple people show up.</p> <p>Rick: There was an important City council meeting regarding the Minimum Wage effect on the same day. Families were at that meeting with him.</p> <p>Jill: First issue, families being told that there are limited to 6 respite hours. Second issue is with the Client Services Trust fund, when families ask for specific fabrics on an expensive couch for autistic member. Maybe we can provide other options.</p> <p>Rick: City council meeting where they chose not to vote for special election. They decided to write an ordinance where 6 of 7 members have to vote. The ordinance states, we will remove the \$2 jump that will occur in July, so it will go to \$10.50 in July, \$11 in January and they added .50 in the end. In the long term, it will be \$15.50. We were expecting 2 council members to vote against so it would not pass. There was a lot of testimony for not voting against so it buys 6 months. We have told Legislature what we need for Prop 206 and Prop 414. Now Prop 414 dollar amount comes down. It was \$2/hour and now its .50/hour. It is still more than Prop 206, so now we have to amend documents that we have given to all the legislators and let them know the amount has changed.</p> <p>Next Public Forum will be held in Yuma on Wednesday, April 26, 2017.</p>
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Member Reports

Council Members

Discussion	<p>Carrie: Giving presentations to the ARC.</p> <p>Renaldo: 3 Special Education Trainings coming up. One in Casa Grande on March 29th, in English and Spanish. One in Nogales on March 15th in English and Spanish and one in Show Low on April 12th in English only. There will be two sessions, one in the morning and one at night. 250 people attended the African American Conference. There were 24 workshops at the conference and only charged \$70. Nobody was turned away, there were scholarships for families.</p> <p>Michael: Looking for a volunteer job to help in the community.</p> <p>Renaldo: Would like to reiterate for everyone to talk to their local police department about training.</p> <p>Jill: Keep hearing that people are being turned down for Vocational rehabilitation. We are now working with Ability360 to build my sons resume with volunteer work. Sad that RSA is not responsible to help people with disabilities find jobs.</p>
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Renaldo: Have families call Ability360. There are people in our office that are working on these issues with RSA.

Rick: How can we stop having members get job placement through VR? They are to rehabilitate the Member so you he can stand on his own.

Jill: The message that goes out to individuals is that they are not good enough.

Renaldo: When a person is placed, they are entitled to many services. When a person is placed, they are supposed to have support. It is a quality control issue. You have to call our office and let us know what issues are going on with RSA.

Karen: With the new Medicaid, everybody is going to work

Dr. Love: It wouldn't apply to everybody

Renaldo: We are aware that there are issues with RSA. When you have examples of things happening, we can talk to them about issues.

Dr. Love: The number of people that we have employed is so low.

Jill: The other thing I heard was some individuals that had difficulty getting eligibility. Are you aware of Class 2 eligibility?

Renaldo: There are different priorities. Have those people call our office.

Dr. Love: When there is limited funding, they prioritize the groups they are going to serve and they assign different category groups to decide how they are going to prioritize them.

Jill: Is the person allowed to be made aware of which class they are in?

Renaldo: Absolutely. If they have questions, have them call our office.

Karen:

- The State chairs met for a 2 day to discuss the development of guidelines so the DDD staff and HRCs will know how to relate to DDD issues and relevant authority. During a meeting with the former DES director, several issues have been raised that affect the ability of the HRCs to fulfill the duties that the law states.
- Redaction of personal information on BTPs and IRs currently has no policy or guidelines that address redacting. (page 3 of the document)
- Recently an administrative directive was issued by Central Office stating that all BTPs will be redacted. This is an issue that has been like scratching on a blackboard to the West and Central HRCs. I am the chair of Central and have gotten no notice of this directive. Our DPM during last week's meeting said Laurie Lockyear requested the redaction.
- Redaction is probably the one issue that the HRCs and DD would have not agreed to and thus would have been appealed to the Director. (Lisa Barrett's email of April 4-Laura Love email.) By the way, Central does not have a software program for redaction. It is done by hand. Central has so many BTPs that the PRC chair must meet 3 times a week.
- Because DD has chosen to redact BTPs, it is probably more important that the PRC committees have attention directed that policy lists 6 members-highly defined in policy and in the code of

	<p>federal regulations 42CFR section 483.440 (f) (3) and Article 9. The committees are out of compliance with federal code and Article 9 but the plans are redacted.</p> <ul style="list-style-type: none"> • The failure to meet the regs for the PRC committee, yet keeping personal information from the reviewers feels as though the emphasis is much more on controlling reviewers than making certain the members are receiving professional and lawful reviews. And our HRC law states if we need personal information to do our job, we are allowed to access it. • APS—for several years, the DC committee has been requesting that DD return to the era when DD had investigators who could respond quickly to reported incidents and help avoid bigger issues. Also, if an incident is investigated quickly, there is a good chance that the staff and members are still in the program. • One of our HRC chairs has learned from an APS investigator that unless a case is prosecuted, it is unsubstantiated and closed. Most APS incidents that are prosecuted involve theft of money from the elderly. I have personally reviewed hundreds of closed APS reviews and have never seen one that is substantiated. The reports are usually months late, which means that staff has moved on and it has been said by the investigator that our members are rarely able to relate what happened months ago. • It may take legislation, but the APS methods is not protecting our members. <p>Linda: The current issues that address the population I represent on this Council have already been discussed throughout this meeting.</p> <p>Rick: The biggest issue facing group home providers is Prop 206. The changes in OLCR did not include group home people in OLCR submissions.</p> <p>Karen: What do you mean?</p> <p>Dr. Love: OLCR made changes in the FOCUS system requiring providers to go in and add a lot of additional information about their staff that was not required before.</p> <p>Rick: To get a license to do hourly supports, we would submit staff names of all hourly support people. Now, it needs to be done annually. This new FOCUS program should include staff and vehicles and they have not been doing it. There were a couple of training classes for providers, but did not think it was a big deal. Group home providers are having struggles with that. The division is trying to coach people to get in compliance.</p> <p>Dr. Love: It is DDD’s way to try to confirm that anybody providing direct care has all appropriate training and checks.</p> <p>Rick: There are over 100 fields of data that needs to be entered per employee.</p>
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DDD Update

Dr. Laura Love

Discussion	<p>Dr. Love: Hired 2 Lieutenant Program Managers reporting to Lisa Cavazos-Barrett. One oversees all case management in District and the other handles programs like, Early Intervention, OLCR etc. Chris Deer will be over case management and Nicolette Fidel will be handling the programs. We hired a psychologist, Dr. Jennifer Gray. She will be reviewing administrative reviews and to provide clinical expertise. We also hired a psychiatric neurologist. There is a new District Program Manager in District East, Sam Rogers. The Contracts manager resigned.</p> <p>Karen: Is anything being done to look at Behavioral Health DD problem?</p>
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	<p>Dr. Love: AHCCCS now has those responsibilities, so DD has to work with AHCCCS now to coordinate.</p> <p>Karen: Behavior programs are inadequate and staff is not being properly trained.</p> <p>Dr. Love: Working on that right now, so I cannot really talk much about it because it is confidential. It will not be going into effect until October 2018. Then if you are a DD member and assigned to United Health for your health plan, they will be responsible for all behavioral health and physical health services.</p> <p>Karen: The problem is getting a program together with DD and Behavioral health, not just sticking these people in group homes where nobody knows what to do with them.</p> <p>Dr. Love: The challenge is to go through AHCCCS.</p>
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Call to the Public

Discussion	<p>Leslie Williams: Raising Special Kids has a conference coming up, called Partners in Care on April 7th at the Ritz Carlton Hotel. Please invite people and encourage them to attend. RSK has a transition support community group and our speaker on March 16th is going to be Betty Schoen and she is a transition specialist for Voc Rehab. Employment 1st is a volunteer community organization. VR is a member. Behavioral health is a tough area for RSK.</p> <p>Dr. Love: Issue brought up with AHCCCS is the past tool that they use to determine eligibility for long-term care. Is the tool sensitive enough to pick up on those issues that determine whether they are at risk of institutionalization?</p>
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Adjourn

Discussion	Meeting adjourned at 12:00pm
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