

Quarterly: Governance Committee
Date/Time: 06/25/2025 10:00 am – 12:00 pm
Facilitator: Division of Developmental Disabilities

Current Meeting Agenda 06/25/2025

Agenda Item	Presenter	Time
Welcome & Meeting Etiquette	Joe Trentacoste	2 Minutes
Olmstead Update	Christina Hedges	5 Minutes
Strategic Plan Update	Thelia Morris	90 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?	20 Minutes
Future Meetings and Closing	Zane Garcia Ramadan	3 Minutes

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Introduction - Joe Trentacoste

We have a couple of topics for today's meeting. The agenda consists of an Olmstead update, a Strategic Planning update, and at the end, an open discussion for anyone to bring up any items.

Olmstead Update - Christina Hedges

Strategy 1:

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

- New units in Camp Verde and Downtown Phoenix

Strategy 3:

Reach-in discharge planning for the justice system

- DDD currently has 194 members being monitored by the DDD Justice Reach-In Program
- Justice Outreach Coordinator presentations to the community

Strategy 5:

Workforce Development Initiatives

- 2025 Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA) survey recently closed

Strategy 6:

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

- DDD BHA continues to offer Lunch and Learns monthly for QVAs and BH Providers on different topics related to supporting dually diagnosis members

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

Has DDD reviewed the recent [TX case decision re: Olmsted Rights of Medicaid Long Term Care eligible individuals with I/DD?](#) Is the AZ DDD Olmsted Plan in compliance with this recent federal decision? DDD is not aware of that but will look into this.

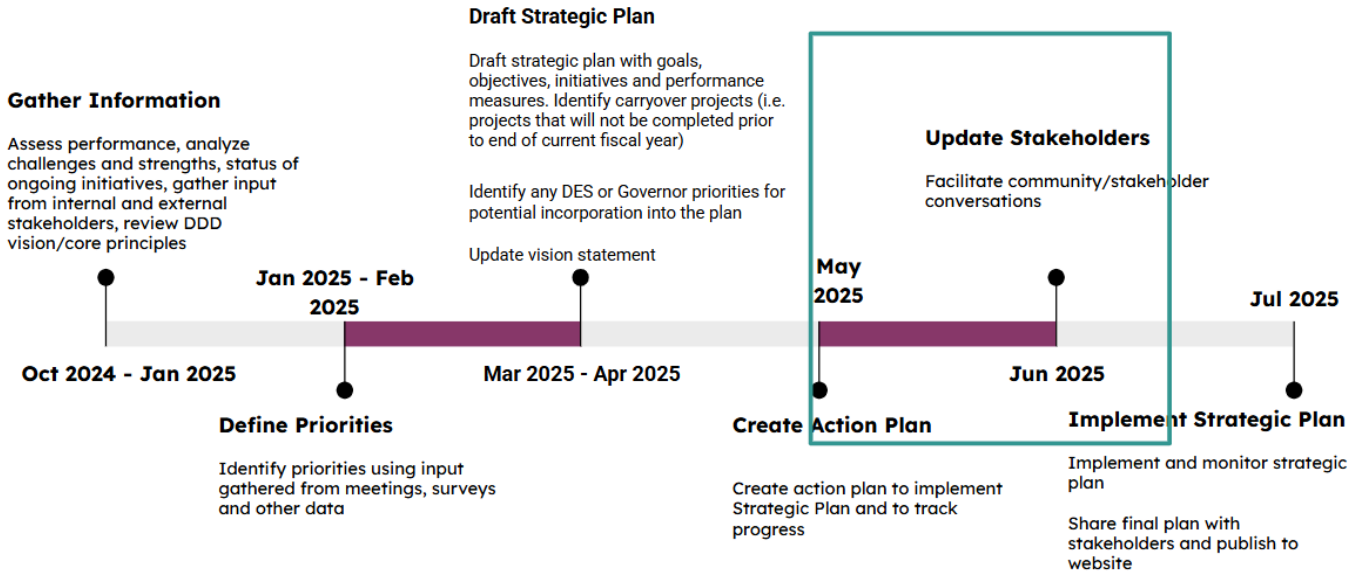
DDD Strategic Planning Introduction - Zane Garcia Ramadan

This group normally meets every three months. We decided to move this meeting up from July to June. DDD, appreciate your flexibility because we wanted to gain final input from you all on the Strategic Plan. We are looking to publish the plan during the last week of July. We will be spending the majority of our time today talking about the Strategic Plan. There will be time at the end of the meeting for open discussion. As it relates to the strategic plan, after seeking input from dozens of stakeholder groups, we arrived at a set of focus areas and goals. We received over 1,000 survey responses. Based on the feedback from the previous meeting's presentation, we have made slight adjustments. The focus for today will be the objectives drafted for each of those focus areas. We would appreciate your feedback for each of those objectives. They are not finalized yet, and we are open to making changes based on your feedback. We would like your feedback on the content, as DDD will be doing word-smithing when finalizing the objectives. We also intend to work with our self-advocacy groups so that we can put them into plain language within our published strategic plan. We want this plan to be accessible, especially to DDD members themselves. So that they know what we are working on to better support them over the course of the next five years. We were intentional about not including any issues related to fiscal sustainability or any kind of structural changes to the program because we want this plan to serve as our guide to best serve the mission, regardless of what the funding levels may look like on a year-to-year basis. Please keep that in mind as we are talking about the five-year plan.

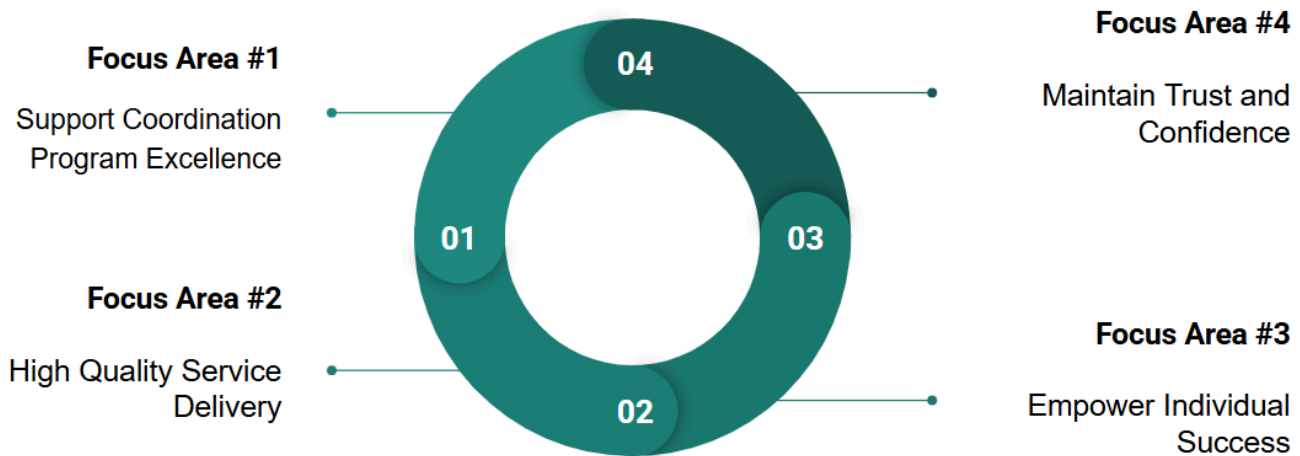
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DDD Strategic Planning Update - Thelia Morris

DDD 5-Year Strategic Plan Development Timeline



Strategic Focus Areas



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Draft Goals

<p style="text-align: center;">Support Coordination Program Excellence</p> <p>Goal 1: The Division has the knowledge and resources to effectively support members and families.</p>	<p style="text-align: center;">High Quality Service Delivery</p> <p>Goal 2: The Division's providers consistently deliver person-centered, evidence-based and knowledgeable care. This care will prioritize member outcomes, satisfaction, safety, and well-being.</p>	<p style="text-align: center;">Empower Individual Success</p> <p>Goal 3: Individuals achieve their definition of success.</p>	<p style="text-align: center;">Maintain Trust and Confidence</p> <p>Goal 4: The Division continues clear, open communication with all stakeholders within DDD and the intellectual/developmental disability community, expanding trust and collaboration to achieve shared goals.</p>
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Draft Objectives Goal 1

The Division has the knowledge and resources to effectively support members and families.

<p>By 2030, the Division will have enough Support Coordinators to support program growth.</p>	<p>By 2030, the Division will improve the member experience and processes using stakeholder insights and evidence-based standards.</p>
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Questions from participants are in bold. Responses from the Division are not...

Why doesn't Goal #1 for Support Coordination mention support for Providers in addition to Members and their Families? This goal is about being sure DDD is doing right by the members and focusing on them and their families. The suggestion to add providers is important and one we will consider. To confirm, the suggestion is to change the goal to include "to support members, families, and providers"? **The concern is the way the delivery system works. Providers like families and members deal with Support Coordinators (SC). There is all kinds of information, beginning with the current Person Centered Service Plan (PCSP) that providers would receive from the SC. Even though providers are subcontractors to DDD, DDD is still responsible for the services that are being delivered. Having that initial contact person be supportive of those who are delivering the systems is key to success.**

One of the biggest challenges is Providers' understanding of processes, etc. We have sections of these populations who know and understand things. In other words, we will have a family say, "My Support Coordinator said...", and the providers aren't aware of it. Everything then ends up on Facebook, people start freaking out and we are trying to avoid that. Any time we are telling families and members, you should tell providers too. Providers need to know what the division is saying that needs to happen. The only people who talk about it are the members and families, and then it becomes second-hand information. Everybody should be told the same thing. The more transparency available, the better. Thank you for your feedback. Some of what you said relates to goal four, to ensure DDD expands the way we communicate. We have heard similar feedback during our road shows and from our vendor/provider community as well.

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And the SCs are critical to supporting the entire planning team that supports members and their families, so I agree that it's a good addition.

Draft Objectives Goal 2

The Division's providers consistently deliver person-centered, evidence-based and knowledgeable care. This care will prioritize member outcomes, satisfaction, safety, and well-being.

Beginning by July 2026, the Division will review all contracted Qualified Vendor's Quality Management Plans at least once every 3 years to support quality service delivery to DDD Members.

By 2030, the Division will create a mandatory training program for Health Plan providers. This training will give them resources to provide members with comprehensive care.

By 2030, the Division will develop and publish data featuring quality indicators about Qualified Vendors allowing Members to make self-directed choices about their services.

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

Can we review the plans more often than every 3 years? We have had frank conversations about the individuals who are providing services and organizations coming in, and there are concerns about cookie-cutter services. Quality Management and compliance are something that is lacking for everybody. It is hard for providers to maintain schedules that aren't consistent. It's important that if we are going to do this, and it's listed out, it needs to happen. There is some feeling and perception, even though we say we are going to do this, it doesn't actually happen. We want to make sure that there is an understanding that they have to be contractually sound every year with what they are doing. They need to have compliance programs and ensure their quality is where it needs to be, since these are Medicaid funds. If possible, we provide a list of all the things that providers are required to do, either yearly, every two years, etc. So they have an idea, since it seems random, and then it feels like they are coming after us. What DDD is hearing is more toward holding them accountable, proper communication, and setting the expectations. So providers know in advance what is expected.

Just for clarification. How are we defining Providers? Does that include:

- **Home and community-based service (HCBS) agencies**
- **Behavioral health providers**
- **Respite or attendant care workers**
- **Day treatment or vocational programs**
- **Transportation providers**
- **Speech/OT/PT specialists**

Or are Providers considered those providing respite, HAB, & ATC services? The first and third objectives would primarily apply to the qualified vendors (HCBS providers - Hab, attendant care, respite, therapies, etc). The middle objective talks about health plan providers that wouldn't apply to the qualified vendors, and would be more targeted toward the physical and behavioral health providers that provide services to DDD members through the subcontracted DDD health plans.

Overall, these draft objectives are great. Is there a reason why every three years was chosen? Does it have to do with bandwidth? Whatever the number ends up being, we should be realistic. Given the patterns on staffing and turnover for the Division, in addition to understanding what is expected, keeping things consistent once this happens will be very important. We know that things happen and certain teams go through changes, and it can slow down the workflow on whatever the team's main responsibilities are. When that happens, the lack of consistency causes confusion, questions,

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and conspiracy theories, and then we have to work hard to get the questions answered and provide information. We agree that every year is appropriate, given that everyone has a contract and that quality is a major focus. We also recognize that it may not be possible for the Division. This is a great point, and it does have to do with bandwidth and being realistic. The importance of quality management plans is that they have the ability to impact the quality of service delivery. As the DDD team is going through the review, we envision that this will be a rather comprehensive review. It would involve a back-and-forth between the division and the qualified vendor so that we can see those improvements. To do this for 800 qualified vendors every year is not realistic. **If you can align some of the processes and have the teams talk to each other. We have talked at length through our meetings about how duplicative things seem at times, and there isn't the ability for teams to share information and transfer records that are being submitted. If that could be part of this, that would be terrific. Are you envisioning that the quality team will be conducting these comprehensive reviews?** DDD hasn't gotten that far; however, the quality team will be involved in supporting these reviews. **Based on the work that they are doing with the vendor community and trying to educate on quality matters and measures, they should be part of this.** This is a goal that the quality team helped define for us. Their footprint is reflected in these objectives.

I dropped my CPCO certification because providers aren't ready for robust compliance programs, and spending the \$\$ for the certification was not good ROI. However, I still have the compliance skills without the certification. ;) Sometimes it just isn't cost-effective to be ahead of the industry curve!

Will DDD utilize EQROs (External Quality Review Organizations) to perform EQRs similar to other Medicaid programs, or will all quality control review in-house? AHCCCS is doing that right now, but DDD hasn't. If we were to make that change, it would be communicated.

This one is scary for me, we worked with multiple plans, and I read all of the plan information. I recognize that this would be helpful. We need to understand what the quality indicators are and how they are defined. We need to be consistent. Providers and families need to know what the expectation is. I like the published data, and it's great. We need to be clear on what those mean and how providers can go about ensuring that they are doing things appropriately to hit the standard. One person may think it's quality while another doesn't. It will depend on who is making the decision of what quality means and what their credentials are. DDD appreciates this feedback.

We have been through an iteration of posting quality indicators. We have had extensive discussions about that data after it was published. During the pandemic, it became difficult to update the data, and then it became outdated, and then we still had questions. Taking that experience and looking at this objective, data on quality is important, and the way the industry is going, that should be on the board. It is scary to have it up there and it being ambiguous because of what we have experienced previously. Whatever the quality indicators are, they should be done thoughtfully with the stakeholder input and with enough runway to test and provide feedback. Ensure all the kinks are worked out. Acknowledging that a lot of providers that are already contracted aren't ready for a robust and comprehensive quality program. Though implementing data tracking that would allow them to monitor what the division is monitoring will take some time, we will see how those goals work out with other administrative changes that have happened. That is another reason the runway should be long enough to implement this. Additionally, when this data is published, it needs to be done in a way that allows members and self-advocates' families to make an informed decision. The data needs to be understandable and very clear. This is one of the reasons why DDD is excited about this strategic plan, because if it does work as intended, all of these different goals are interconnected. One of the four goals is around maintaining public trust and confidence. We very much see this align with this objective. We wouldn't be meeting this strategic plan if we started publishing indicators without consulting with our stakeholders. We envision this as where we are going to work with the vendor community, members, families, etc. It would be a collaborative conversation before we implement it. In order for DDD to do this effectively, we need to demonstrate that we have trust and confidence from stakeholders. Even though we are putting out these objectives, we don't have the details behind every single one just yet. That will come once we have settled on the objectives, and then we will build the action plans.

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Will the data be paired with availability data? It's great to know that a habilitation company provides the best services, but if the provider is at capacity and there are no openings, people need to know that. From a provider's side, they will be bombarded with inquiries from people wanting services. The other thing, as a parent who has gone down those lists and called two hundred qualified vendors to try to find services, it makes the decision-making as to who you contact a lot easier when you know there is no availability. The provider directory already has this function.

Regarding the above point, it would be great if it said all of the services that the ABC company can provide. Having an indicator would be helpful for the families and providers.

Draft Objectives Goal 3

Individuals achieve their definition of success.

By 2030, the Division will increase the number of Members who report making decisions in their daily schedules from 76% to 86%.

By 2026, the Division will establish baseline data and construct metrics to drive improvements to ensure members achieve their definition of success, so by 2030 they can live in the least restrictive, most appropriate community settings of their choice.

By 2030, the Division will increase the percentage of members who report having friends who are not staff or family members from 55% to 79% by supporting participation in community activities that align with their interests and abilities.

By 2026, the Division will improve data collection and develop metrics that track employment to better support members who choose to seek employment. The Division will make improvements to exceed the national average in members who engage in competitive integrated employment by 2030.

Objectives one and three are tied to the National Core Indicator Survey (NCI) results. We want to be intentional about using that data to drive improvements within the program. For the percentages we are trying to achieve, we look at the national average and set goals that exceed that average. That is how we got to 86% for objective one and 79% for objective three.

Thanks, Zane - that was my question. 79% seemed kind of random.

I would edit objectives two and four since DDD already does this, and it is tied to Olmstead. I would reframe the language for objective two to say "continue to..." and for the fourth objective to use the word "continue through..."

I see that you are going to collect data, but will you be sharing it? Especially regarding the IOCs. We want to know what is going on because it is our obligation to be the independent set of eyes and ears to track and trend what is going on with DDD. Can we add something that says you are going to publish it or share it, so we can do what we are supposed to do? Yes, of course. We do have that as part of Goal 4, objective two. DDD is looking to enhance the information that we are sharing about our services. We are able to build upon the objective of maintaining clear and open communication and transparency, tying back to this particular objective. Specifically, the IOCs and this committee have a specific obligation to contemporaneously know this information. So if you are going to develop this by 2026, we don't want to wait four years until it's available to the general public. I want to know when DDD knows. DDD appreciates your feedback and will see how we adjust accordingly to make it clear what we intend to do with the information.

In terms of strategic planning, it seems like broad objectives, and I can't imagine that there is a situation in which development on how to collect this data wouldn't also be shared in a typical setting. As we get further into outlining specific ways to meet these objectives, communication is important even within the fourth objective. Obviously, there is more detail in the implementation of these, and that is where that specific call out to share with the groups, like the IOC, can be made. Thank you for sharing. These objectives are broad for now, but when we get into the action plan and implementation, we will be refining what information we will be capturing and how we will be distributing it, but we are not there yet. At this point in time, DDD doesn't know what the relevant data will be. There is a wide variety of what we

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can potentially share. At minimum, everything that is an objective on this strategic plan, we will be sharing updates in regards to those metrics. Once this is completed by the end of July, we will be publishing it on our website and planning communication around it so that people are aware of it. For each of those particular objectives that have a metric associated with them, we will be providing the ongoing data points. Regarding the employment one, once we have data to share, we will be sharing it. The issue with the employment one is that we have a bit of a challenge right now in comprehensively collecting that employment data for DDD members. We are hoping that by 2026, we will have figured out a way to collect that data.

We appreciate that and don't want anyone to think that DDD is currently having a problem providing this information to the IOCs. I am just reminding you that we are here to help you. The more that we know when DDD knows, the better we can do our jobs. I appreciate it.

Draft Objectives Goal 4

The Division continues clear, open communication with all stakeholders within DDD and the intellectual/developmental disability community, expanding trust and collaboration to achieve shared goals.

Through July 2030, the Division will use alternative and accessible modes of communication to expand stakeholder engagement.

Through July 2030, the Division will provide relevant data about the DDD service delivery system on its website to better inform stakeholders.

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

Do we know what the alternative and accessible modes of communication will be? DDD has not finalized it yet. Do you have any recommendations? **When we look at this, I like this idea. Well done. It's just that we have the rural areas and other parts of the state that don't have the technology that we do. Any way that we can get information to everyone would be great. I love the idea of the different ways that providers and people can utilize to review things. We are constantly hearing "I didn't know that," and we know that there are people who, no matter what we do, won't see it. I do worry about those people who don't have that accessibility.**

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Feedback - Draft Objectives Miscellaneous

By 2030, the Division will use approved tools and supportive technologies that meet current industry standards of security and integrity to improve program efficiency and effectiveness.

At this moment, it is titled Miscellaneous, but that won't be the official title when it's finalized. This is one of those strategies that is going to apply to all of our focus areas.

Would this be more appropriate to sit over your four goals? When we have our final product, this is one of the objectives that we will go over the four goals.

Thank you for your participation and feedback provided. It gives us the opportunity to think about making edits where applicable. If there are changes that may not make sense to include in the objective, at least we will be able to include them in our narratives that will help us further explain exactly what we plan on doing as it relates to the goals and objectives.

June - DDD presents draft objectives to stakeholders for feedback.

July - The Strategic Plan is finalized and published.

DDD has an announcement. We now have a new Chief Medical Officer - Dr. Vicki Copeland. We wanted to make you aware of this important personnel change. We are extremely excited to have Dr. Copeland in this role. She has been with the division for three years.

Will someone be hired for the Medical Management Medical Director position? Or will that area be reconfigured? We are currently interviewing for the Medical Management Medical Director position. We hope to find someone who is qualified and is committed to caring for the members and ensuring they have high-quality care. **I haven't met you personally, but have heard great things about you. Dr. Lokey did address the DDD District West IOC, and she did a fantastic job. If she is your standard of job performance, I look forward to your replacement for your previous position and your leadership as the Chief Medical Officer.**

Open Discussion

I want to discuss the implementation of the DDD requirements for the Parent as Paid Caregiver (PPCG) and the communication that is coming out. I have a big ask and know that this is a delicate situation. We know that this is an AHCCCS program and that DDD has to act accordingly. I am hoping that the requirements that you set, you stand firm in them and enforce them with the actual employees that are doing the work, the agencies that are overseeing them, and with the public. So that everyone understands. I see this program built with land minds and am looking at what politically the next four years federally look like and what is going to filter down statewide. I think that being firm in the requirements and demanding quality, will show the public and elected officials that you are policing for Fraud, Abuse, and Neglect. That you are utilizing the DDD budget as responsibly as possible. There is going to be a big difference for us when the discussions come up next year. Thank you for sharing your feedback. The next few months are going to be challenging, but it is imperative that we abide by state law.

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One of the bigger concerns is that there is such a swell of these PPCGs, which is fine, except that now they are pushing hard against providers. They are telling them that they have to do one thing or another. What we have been trying to say to providers with questions about it is that you are ultimately responsible for these individuals. It doesn't matter if they are employees or 1099. If there is an issue, they are coming to the agency to find out what the problem is. If an IR needs to be filled out, it has to be filled out with the agency. I think there is some misconception or misunderstanding in what we are saying versus the reality of what these positions are within an organization. There is nothing different than anyone else. We are supportive of everything being done with this particular population; we know they can be extremely excellent providers, but are also concerned with the not-so-excellent providers.

Would DDD be willing to participate in External Quality Review (EQR)? From my understanding, EQR helps ensure services are high-quality, timely, and accessible. Is DDD going to be required, as a Medicaid Contractor, in the future? DDD already does this. AHCCCS is subcontracting with HSAG for various oversight activities. It is our understanding that they intend to use HSAG to implement the operational reviews for all of the MCOs within the next contract year. **Yea! Will there be a duplication of efforts if DDD is going to participate in EQRs?** No, we are not planning on using an external quality review, but we are required, like all other MCOs that subcontract with AHCCCS, to participate in any of those reviews that they require us to undertake. **I am not familiar with EQRs, and I don't fully understand. Is there currently data available that you have helped access?** They do publish the results of the EQRs on their website for all of their plans.

Yesterday, DDD reached a big milestone: The survey with the National Committee for Quality Assurance (NCQA) officially began. Over the following weeks, we will work with them, leading to their determination sometime in the fall of this year. We are excited about the work that is being done.

Closing - Zane Garcia Ramadan

We would like to sincerely thank all of you for your input on the strategic plan. We are almost there and looking forward to publishing that final version and keeping everyone updated. Thanks again and have a wonderful day!