ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Meeting Agenda

Quarterly: Governance Committee

Date/Time: 01/28/2025 10:00-12:00 PM

Facilitator: Division of Developmental Disabilities

Agenda Item	Presenter	Time
Welcome & Meeting Etiquette	Joe Trentacoste	5 minutes
Olmstead Update	Christina Hedges	10 minutes
Legislative Session Outlook	Zane Garcia Ramadan	5 minutes
Budget Process Overview and Explanation	Zane Garcia Ramadan	15 minutes
Assessment Change Update	Zane Garcia Ramadan	10 minutes
5-Year Strategic Plan Update	Zane Garcia Ramadan	10 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?	60 minutes
Future Meetings and Closing	Zane Garcia Ramadan	5 minutes

Welcome and Meeting Etiquette - Joe Trentacoste

Welcome, everyone, to the first meeting of 2026. I am the Division's Communications Administrator. I will be assisting in facilitating the meeting today. A quick review of the agenda: we will go over an update on Olmstead, the upcoming legislative session, the current status of the HNT/ECR, and a strategic plan update. We will also leave the remaining portion of the meeting to hear from all of you. So we can continue working together to improve DDD services.

Olmstead Update - Christina Hedges

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

- New units in Tucson are pre-leasing
- New units in Phoenix will be pre-leasing soon

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

- DDD currently has 191 members being monitored by the DDD Justice Reach-In Program
- Justice Quick Reference Guide on Navigating the Justice System

Strategy 5:
Workforce Development Initiatives

- Qualified Vendor survey to assess the Workforce Development Toolkit

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

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

Olmstead / Workforce Development

Legislative Session - Zane Garcia Ramadan

- Legislative session started on January 12, 2026.
- Governor's Executive Budget Recommendation published on January 16, 2026.
- Large volume of bills moving through the legislature
- DES/DDD provides objective analysis for how proposed bills would impact DDD. Legislature has the option to review that information when making a decision on how to vote on a bill.

Budget Explanation - Zane Garcia Ramadan

How does DDD submit its annual budget request?

- Initial budget is based on factors including:

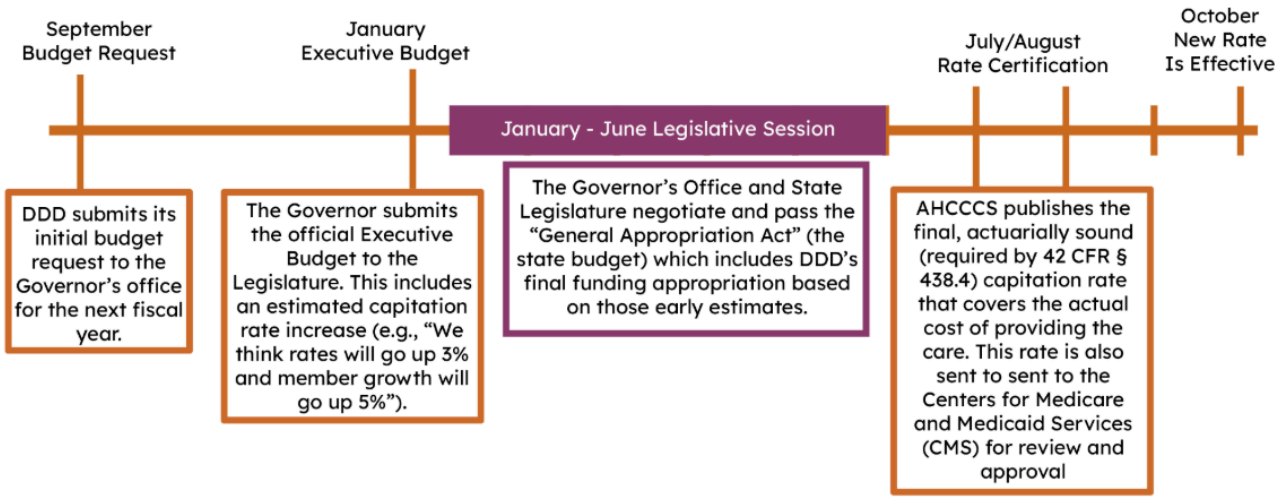
    - Prior year's expenditures and trends
    - Membership growth projections
    - Service utilization projections for upcoming year

- Initial annual budget request is submitted by the Department of Economic Security (DES) in September of each year.
- DES includes the DDD budget request in its overall budget request which is submitted to the Governor's Office.
- The Governor's Office reviews the DES and all other state agency budget requests and creates an Executive Budget that is finalized in January.

How are DDD services funded?

- Capitation is a fixed, predetermined amount of money per member per month determined by AHCCCS actuaries.
- The capitation rate is funded through a mix of federal Medicaid dollars and Arizona general funds.
- The Federal Medical Assistance Percentage (FMAP) is a calculation done by the Centers for Medicare and Medicaid Services (CMS) to determine the state's share to receive federal funding.
- For federal fiscal year 2026, the FMAP is 64.34% so Arizona is responsible for paying 35.66% of the DDD ALTCS program cost.

Budget Timeline



Why does DDD need supplemental funding in some years?

- DDD submits its estimated budget to the Governor's Office in September.
- The capitation rate is not finalized until the following August.
- The Governor and Legislature negotiate the budget in the spring, before the finalized

capitation rates are set.

- Many factors can impact the Division's estimated need including when the capitation rate is higher than originally estimated due to increases in utilization of services or if there are membership growth increases beyond what was projected.
- In instances like these, supplemental funding is needed to ensure claims for service delivery and other expenses can continue to be paid.

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

Ben Henderson from the Governor's Office stated that the HNT tool would be rolled out in June. We don't know from CMS yet, so AHCCCS doesn't know, and neither does DDD. Is there an anticipated date for the tool? And how are we supposed to project service utilization and membership growth (mostly service utilization) without the tools that will be utilized to anticipate what service level we are talking about? I was at the Legislature all day yesterday and for the past 20 years. We are concerned with our discussion that this is the projected service utilization when we don't even have the tool yet. Thank you for your years of being down there and advocating. Regarding when the tool will be implemented, I will discuss this later in the presentation. To your point, we heard the same thing from the Governor's office: the expectation that it would be implemented in this fiscal year. In terms of the projections, now that we are further into the fiscal year and have seen that the tool hasn't been implemented yet, that is certainly something the actuaries would take into account when they determine whether a mid-year capitation rate increase is needed. Even with this taken into consideration, they may look at the data and say that we are ok with the current capitation rate.

Why did the sup request change $7mil in a week? Ben Hendersen said it was $121 million on Tuesday. Now it's $128 million. Are these numbers that fluid? The number would not have changed. Here is the link to the budget recommendation. This includes the $128 million budget. **Cause he said it in the joint budget hearing on Tuesday. So it has always been $128 million after the $56 million?** Yes, that is correct. **Thank you.**

I think 121 was last years number

So to be clear- there is currently not a mid-year capitation rate increase yet… it just anticipated… thank you. Zane do you know when a mid-year change would happen if it is necessary? We will have a much better sense of whether a cap rate increase is needed by March.

Can the June lack of funding date be shared with legislators as we meet with them or should we hold off on that right now? We can share what our projections are currently showing. Given the scale of our budget, if things dramatically change in the next two months, it could change that June date. Maybe this ends up being late May instead of mid-June. So while we are confident of June right now, we don't want the off-chance scenario to occur where significant spikes in utilization cause it to be late May, and then we lose credibility. The Governor's office and the agencies will continue to closely look at the numbers and provide updates as we get more information.

We believe the legislators already know, at least the 50+ we spoke to yesterday.

How are we looking at planning the actual budget request each year to address the greater

than expected membership growth? While we know supplemental is not uncommon each year, to have these large supplementals year over year is what seems to be the concern of some legislators….do we know the breakdown of our membership growth? In terms of planning the budget request each year, we are seeing this DDD program grow at very significant rates. A lot of that is the way the system in Arizona is set up. It is a national leader in the number of services and supports provided to individuals, and we have no waiting list. In terms of budget planning, as long as the system remains the same, it is likely we will continue to see these large budget requests on an annual basis in order to keep up with member growth. **We talk a lot about ensuring we have sound actuary projections of our capitation rate, but it does feel like we don't have a grasp of the data we need to be able to really understand the growth, the capacity, and funding needs of this program. At least from the perspective I come from when trying to convey the value and need of the program. We all know that perception is really important throughout all of this. Whether it's based on fact or not. My concern is that if we don't start adjusting our thought process on our planning for membership growth. With the impact starting down the pipeline and affecting Medicaid, we are already seeing other states starting to implement drastic cuts. A lot of these states already had restrictive programs with wait list and not a lot of aray of services. We are starting to see families coming to Arizona. If we don't start thinking about this in the horizon, I am fearless that we will run out of patience with the Legislature that we are looking like we are mismanaging, when we have this exponential growth. My ask and recommendation are that, as a state agency, we start thinking more in detail about how we approach our projections. Do we understand the growth? Is it more zero to three that are AzEIP eligible and now DDD, which is increasing? Is it the three to six category or six to seventeen, or eighteen and older? Is it coming from out of state vs in-state? If we cannot articulate what this growth is, it is going to be a huge problem for us.** This is great feedback. This is something we will continue to look at to better explain it and the different variables. One of the areas where we have pinpointed is certainly the Autism diagnosis. Looking at the past few years, that is by far the majority of DDD members who have come into the program. In previous years, it was more evenly distributed across two to three diagnoses. To your point, anecdotally, we often talk about people coming from other states. Unfortunately, we don't have a good way to capture that information to quantify the number of new DDD members who have moved in the past year. This is something we will need to look into to improve this.

> **good question**
>
> **There are higher rates of DDD qualifying diagnoses in infants born with substance exposures and these rates are skyrocketing and prevention of these would likely impact the growth in DDD.**
>
> **This is important information and data that would be good to plan for.**

I agree, detailed data around the growth within DDD would be extremely helpful and useful! Once AHCCCS finalizes their policies around the HNT / ECR what will the turn around time be for DDD create your respective policies, train staff and implement it?

Current Status of HNT/ECR - Zane Garcia Ramadan

Guidance Following Pause on HNT Implementation

Any assessments completed using the updated HNT after October 1, 2025, are considered invalid.

All members under age 18 had their original hours reinstated based on the last HCBS Needs assessment completed for the member prior to October 1, 2025.

Support Coordinators must complete an assessment using the HCBS Needs Assessment Tool that was in use prior to October 1, 2025 in the following situations:

- When a parent/responsible person has concerns about the reinstatement of hours/ or service and prefers the hours/service assessed using the new 10/1 tool.
- To reassess members under age 18 who were assessed for the first time using the invalid HNT after October 1, 2025.
- When they identify members under age 18 who are newly eligible for ALTCS, have had a significant change in their condition, or whose health care decision maker requests an updated assessment.

All assessed hours for members under age 18 may be subject to change once AHCCCS revises its HNT assessment policies and implements a revised HNT.

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

Zane, would it be wise to assume that some of the age restrictions for attendant care and habilitation that we in the original documents would remain in the updated version? We don't know the answer to that. At this moment in time while we are waiting, it might be helpful for parents to prepare for potential impacts based on the age ranges that are in the tool that went out for public comment in November. ; It would be wise to start thinking about what kind of impact that would have on the current hours the child is assessed for, and then if changes to the tool do adjust some of the ages, it would be positive. Again, this is just from a planning perspective to ensure that once it does come time to implement, families are prepared for the changes and not feeling that this was done abruptly.

Once AHCCCS finalizes their policies around the HNT / ECR what will the turnaround time be for DDD create your respective policies, train staff and implement it? We want to ensure we have the time necessary to thoroughly train staff on what these changes will mean. Beyond this, as part of this extraordinary care review process, there needs to be operational considerations for bringing in independent reviewers. It is going to take a least a couple of months. With that said, we also recognize the need to implement this tool. The original intent of the Legislation was to implement this back in October. We realize there isn't much time to waste.

Strategic Plan Update - Zane Garcia Ramadan

Strategic Plan

Focus Area 1: Develop Support Coordination Program Excellence

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

- **Building on NCQA accreditation in case management.**
- **Implementation of new planning meeting processes.**

Focus Area 2: Deliver High Quality Service
Goal - Providers consistently deliver person-centered care guided by best practices, and focused on member outcomes, satisfaction, safety, and wellbeing.

- **Behavior Plan Performance Improvement Project**

Focus Area 3: Empower Individual Success
Goal - Members achieve their definition of success.

- **Increased use of NCI Survey to get better baseline information about member's point of view.**

Focus Area 4: Maintain Trust and Confidence
Goal - The Division continues clear, open communication with all stakeholders expanding trust and collaboration to achieve shared goals.

- **Vendor Profile Updates**

National Core Indicators (NCI-IDD)

Open Discussion

I am seeing a lot of chatter in the Parent Support Groups about poor customer service on behalf of DDD. Now is not the time for poor customer service. What are we doing with Support Coordinator training to make sure that their customer service skills and other DDD employees or staff that families encounter? understand it's a difficult time. But if you want to rebuild trust, in the twenty-three years I have been dealing with DDD, this is at an all-time low. Thank you for the comment. When you talk about customer service, you are talking about the interaction between the support coordinator and the member and their family, correct? **Yes, that is the number one, but I am also talking about all other members. The most important thing that we have with DDD is relationships. I want to be frank, we are a volunteer board, none of us is paid. We have a legal mandate as to what our purpose is. But when all is said is done, our number one purpose all of us (IOC members, members of the public, DDD staff) we all share the same goal to keep the quality of life for DDD members the best that it could possibly be. The current way we do that at the IOC, things will inevitably fall through the cracks of bureaucracy as they always do. As far as I know, my relationship with the DDD staff who take care of these issues and make sure that members get exactly what they need. As far as I know, I have sterling relationships, and those are still working for me. Other individuals don't have the trust there. I don't care who they are dealing with, whether calling a customer service representative or calling your office, and dealing with whoever answers your phone; if there are no customer service skills to build that trust relationship, we aren't going to get through this. The only reason we got through the Great Recession is because we worked on those trust relationships. DDD emphasized with their staff that it was all about the relationship, trust, and communication. What are we doing that doesn't cause it to deteriorate but improves it?** Your point is well taken. As I understand what you are saying, there are issues not only with the Support Coordinator and the member/family, but also when the member is upset, wants to complain and submit a grievance, and isn't receiving great customer service. This is certainly something we don't want to be the case at DDD. There are technical assistance sessions within the division that focus on the soft skills that you are alluding to. In some leadership programs and training, Supervisors are directly trained on those initiatives. Also, ensuring they coach and mentor their team to have more

appropriate interactions. From the Support Coordination side, this is more on the front end of the issue you're discussing. One of the training systems we have been rolling out is motivational interviewing, which can lead to more productive trust-building conversations between DDD staff who interact directly with members and families. We hear you when you talk about retaliation, and people worrying about retaliation, and it is disturbing to hear because I am not aware of that occurring. If it is, I hope anyone who observes that brings it to my attention because that is not something we stand for at DDD. To the extent that you are hearing chatter in parent groups, that is not something DDD has access to and cannot directly address what is posted. We need those parents to send those grievances to our customer service center so we can have direct conversations with those Support Coordinators who are having those inappropriate interactions. So that we can provide assistance so that does not happen again in the future. To the extent that it is a pattern, we may need to take additional action. We also have our supervisors, who are required to attend in-person or virtual observations with their Support Coordinators to support any coaching. We have Supervisors, Area Managers, and District Managers who review grievances submitted through the customer service center to work to make improvements when concerning behavior is brought to their attention. **What you are telling me is that, knowing you are going to send these support coordinators into people's homes (they are the number one link to DDD) with the new tool, the vast majority of hours will be cut from services. The program is not sustainable as it is now. Something has to give. You are not doing any additional training for these people because they will be dealing with very upset family members. There is no special program that you are rolling out, just the current programs. I have told you that they aren't as effective as they need to be. You're not giving your Support Coordinators additional skills so that they can handle what is going to happen. There is no question that if the economy improves, you are going to lose Support Coordinators because no one is going to want to do the job.** We are not saying that no additional training is occurring. Another point I forgot to mention is that we have held sessions within our Circle of Support that focused on having difficult conversations in anticipation of the changes that were going to take place in October. To your point, we need to continue having those conversations and put those sessions back on as we start to approach the rollout of the HNT and ECR this year as well. This was beneficial when we did this, and it built on our National Committee for Quality Assurance (NCQA) training for Support Coordinators as well. But we hear the concern and appreciate your bringing it forward, and we will work with our leadership team at DDD to ensure we continue to have those important conversations with all of our internal staff.

To her point, it shouldn't be that you have to have a back door relationship to get basic service needs met…I also hear there is mixed messages from SC's, some lack empathy and response from the Customer Service line is not always timely or helpful either.

Families have expressed to us that the S/C relationship is adversarial. Not all obviously, but more have expressed that the DDD staff wants to "check boxes" instead of understanding the member needs and working with the families.

I absolutely agree with D

I have had the opportunity in other parts of my work to learn crisis communication skills and I really think DDD needs to look into this for the SC's and other staff

I agree

Absolutely agree with De. Families feel they want to share what challenging situations they are going thru and are met with no empathy and SC can be rude, not believe them or

assume other wise and parents shut down. I've sent Families to Angela and she is very good but we know we have to go thru customer service first. We need better training from Families that will better understand what they are really going thru.

One of the things we are told is you have to submit a grievance, you have to submit a grievance. I personally have sent specific Support Coordinators and Supervisors where there are challenges. What we get is that we have to know the people because we are going to have to address it with the people. These are systemic issues. As much as I can understand that you want us to tell you who the Support Coordinator is who said that to mom and dad. Who is the Supervisor who did that, because that was wrong? Educating them is important, but each time you said that to us, we got nothing back. When we get nothing back, what ends up happening is the stuff continues to perpetuate itself because it hasn't been addressed across the board. It has only been addressed with a Supervisor and the Support Coordinator, and this area here. This is not directly sent out with every Support Coordinator. So what you are getting is very inconsistent. I appreciate the work that they do. We know it's hard, but we are going to be cut from the Federal Government; that is how HR-1 looks. This is going to be devastating to all of us. We are in this together. If you have families that are freaking out and feel like they can't talk to their Support Coordinators, or the Support Coordinators are giving them misinformation (not purposely, of course), and we come back and share that with the Division, you have to do something with it across the board. We can't be doing onesies, because we aren't making any headway. Thank you for that. We work towards holding the mandatory circle of support meeting to ensure we are addressing it more broadly than just 1:1 conversations. Trends with certain individuals, we like to address it at the Support Coordinators and Supervisor level as well. Any suggestions beyond what we are currently doing or have in place would be appreciated. If anything has come through to Cindy in an email, it's being addressed. We have had over 300 new Support Coordinators join the Division last year. We are approaching 1,150 Support Coordinators statewide. We continue to support our teams through these difficult times. **We have an almost a billion-dollar budget. I think we need to reach some resolution at some point. I can appreciate you having some people, but in the twenty-plus years I have been doing this, we have had new people every year. We have new people and Leadership. Zane has been for a while, and we appreciate that. I will be honest with you all: it is a challenge to see year after year and not see any resolution.** I appreciate this conversation and would like to continue to continue to have this as an ongoing agenda item at our upcoming Governance Committee meetings because you all have provided very good feedback and I would like to be able to use some of that for our team to be able to share next steps we are taking to try to improve in these areas. I also want to address the notion of it being systemic and the ineffectiveness of addressing it on a case-by-case basis instead of addressing it across the board. I have to respectfully push back on that. When we have nearly 1200 Support Coordinators at DDD, we know that not all of them are perfect - and there are many that do need additional, individual-level support. That does not mean that we do not also provide system-wide training. As I mentioned, training on navigating difficult conversations and other soft skills is provided to ALL Support Coordinators. In my opinion, it is an insult to the vast majority of support coordinators to have to continuously repeat this to them when they are already aware of what they need to do and are doing their job really well. We conduct member satisfaction surveys with members and families about their experience with their Support Coordinators. We get scores in the 90%+ about being extremely satisfied with their Support Coordinator. We understand that some people may say the reason for this goes back to the notion of retaliation, where people may be scared of it, which is why the scores are so high. Hopefully, that is not the case, but even if it were, I find it hard to believe that 90% plus are saying that they are extremely satisfied with their Support Coordinator if there is not generally a good overall process that is occurring. With that said, we know there are a few Support Coordinators who are not doing what they should be. The only way we can truly pinpoint them is through complaints

submitted via the customer service center. As Cindy mentioned, all submitted complaints are sent to the Support Coordination leadership. We can assure you that we follow up. We are trying to move the needle and improve the performance of these Support Coordinators that do exhibit these tendencies. I hesitate to say that this is happening systematically across the board. Not only have I had access to the data, but I have also had the chance to interact with these support coordinators and work with our leadership here. On the whole, I really believe that our Support Coordinators are extremely strong. **That is not what I was trying to do, but in twenty years, I have heard "we hired new staff", "we are going through training", "we are at this great level", but we are continuously dealing with this. To be fair, it may be 10% or 20%. But the answers we are hearing are the same for the past twenty years. That is where I am saying it's systemic from year to year, not necessarily from person to person. We need to support you; we need to do so much. From providers, to families, and members. You have a huge ask on your shoulders, and we are aware. All that has happened is that we keep asking for more and more each year. We know it's not sustainable, but we are trying to figure out how to do things better. I am letting you know, because one of your strategic plan items is trust in DDD. This is a huge issue.** We agree, and it's one that we have not solved. We would like to continue having this kind of dialogue with this group. We need to know whether what we are doing is working.

Customer Service 1-844-770-9500

I would like to add what to Ann is saying. I do appreciate your push back. We obviously don't want to lump in 1200 Support Coordinators together. What I do feel is that there is a consistent message from families of struggle. We shared some of the results of our Title V, five-year needs assessment for our children in need with special healthcare needs. We held several focus groups around the state for families. We consistently heard from families about their challenges. Whether it's similar to what was already shared or the strong turnover. Some families have two to three different support coordinators within a year. My comment on what was said earlier, what has been the status quo of addressing this needs to evolve. We need to think about how we are addressing this with the landscape ahead of us. If we are thinking about building that trust, we need to be thoughtful when asking the community for their input, and we need to be circling back to what that information did to help us do better for them. As we think about the Town Hall that DDD hosts frequently. I would consider starting by running information about the types of concerns DDD is receiving about Support Coordination or services, what the agency is doing to address them, and helping the community feel confident that their voices are heard and that action is being taken. It does feel like it gets lost in a black hole, and you are not going to hear from families if they don't feel like it's worth their time to raise the issue. I want to point that out. I appreciate you adding this moving forward. I would strongly urge that DDD be more open and transparent on what it's receiving and what it's doing back to the community. That is helpful feedback.

Perhaps we can also consider that SC's are fatigued by the changes that have to be communicated to families and they are the front lines that get the 'shoot the messenger' lash back. The decisions they have to communicate come from AHCCCS not them personally. Understanding human nature that no matter how strong the relationships are - these are also humans. Social media can really perpetuate a lot of the discontent.

I think that fatigue is a big factor with changes in policies and the volume of cases.

For the most part my experience has been amazing with almost all my support coordinators personally in over 20 yrs, thankfully I am better to at navigating the system but it has not been the experience of others sadly.

I have noticed improvement in the BTP process on behalf of the PRC chairs, but there is still inconsistencies between the districts. For someone that is just starting writing plans, makes this process very difficult to learn. I have tried to teach new hires to write plans, but they will usually quit instead. I appreciate the push to get these updates. While it is a lot of work, I feel better that it is done. Our job is to advocate for the members, and this is one way to do that. I am excited about that and the streamlined PRC process. Some of the news Chairs are magnificent. This has been the one topic I have been talking about for three years. There are some chairs that require things that I have never heard of. So the inconsistency or the tendency for each individual chair to want more information makes it hard to teach. The new hires aren't learning that in the training. I realize that we can only teach them the basics in the training, but when they come to me to learn and then go from one district to another, it's quite intimidating. Part of that is because you are rolling out new policies. Another part is because they still want what they want. They want proof that these behaviors are what I am telling them in the plans. If they don't have trust in the process because I see it working with the members, then how are they going to trust in it at all. I hope that you are sharing this directly with the Behavioral Health Leadership team. I know that as we talk about trying to achieve these improvements for our program review committees and other aspects of the system, something we recently did is have a focus group with qualified vendors about their PRC experience. This is the exact kind of feedback that I want our teams to take in to ensure we are making the improvements to make the process easier to navigate. I will make sure this gets to the team that is leading that effort.

There was a story that was published yesterday in the Dallas Morning News about a young man with profound disabilities who died because his primary caregiver his father, was taken into custody by US Immigration and Customs Enforcement (ICE). He went through a long period of time without care, his feeding tube got displaced, and he ultimately got infected. He was hospitalized and passed away. I am curious about what DDD has in place to ensure members are looked after and accounted for. This has come up in conversation recently, and as we talked about during the budget presentation earlier, DDD is part of the Department of Economic Security, and the department has other divisions, including our Office of the Inspector General. We are working with the team to identify what Support Coordinators should do when they are in a meeting, and ICE were to show up. It would likely involve coordination between DCS or APS if it's a child or an adult without the support they need. This is also information that can be documented through the course of the normal life planning discussions that can occur through the planning meetings by identifying what would happen if they lose a caregiver, no matter what the circumstance behind it. With that baseline information in place, it will allow the Division to attempt to coordinate any HCBS or residential services that may be needed on an emergency basis to make sure they're safe. If faced with a situation where a DDD member finds themselves alone without a caregiver, we would go through the regular process of trying to find the least restrictive setting for that individual to be supported on a short-term basis while the long-term arrangements are navigated.

How will DDD be notified if a member is affected by such an action??? Who is responsible for doing that? This is likely going to vary, there could be multiple ways the information gets back to DDD, and it will most likely be through the coordination of multiple agencies identifying the best point of contact to provide the immediate support the individual needs.

Will alternative and/or contingent arrangements for these situations being incorporated in the PCSP? We don't ask parents about their immigration status. That data in not captured by DDD. The person receiving services has to have legal presence in the United States to get those services. Past that, who their caregivers are and what their status is not captured by DDD. **I understand the situation. However the could be a death of a parent, or someone get hit by a car tomorrow. Are we looking to incorporate alternative contingency arrangements for care into PCSP. That is where this should be. There should already be a plan. In the nineteen years my child was in the system, no one asked me what would happen to him if I were no longer here to care for him.** Yes, this part of the life planning discussions mentioned above. Part of the NCQA training last year included additional questions that should be discussed in planning meetings depending on the member's specific circumstances - i.e. maybe they only have one caregiver that provides their support - what would be the plan should something happen to that caregiver. We can further discuss this process at our next meeting.

This would be a great thing to discuss at the DDD town halls that is shared broadly on how these types of plans (regardless of the reason that the caregiver is no l longer there suddenly) should be discussed, where they should be documented and how they are to be reported. Our town hall is next week, and we can possibly get something on there.

We had a GANE mtg this Monday and went into crisis situations too and will continue to follow-up

We have so many moving pieces; it is challenging to pull everything together. I want to request that we maintain transparency in our conversations with one another. Also, based on what we are hearing from the legislation, we can address any issues that come up in the next couple of months. I want to encourage us to stay open, as we have several challenges coming up. It's going to take all of us to make this work. This is our intent. Thanks for sharing this.

Closing - Zane Garcia Ramadan

We anticipate a lot of activity in the upcoming months. To the extent that you are hearing things, don't hesitate to reach out. Similarly, if we need to reconvene this group on an Ad hoc basis, we are open to that as well. I want to sincerely thank you all for your input today. There are a few key takeaways and report back in the next meeting in April. Have a great rest of your day.