

Quarterly: Governance Committee
 Date/Time: 08/28/2024 10:00 am – 12:00 pm
 Facilitator: Division of Developmental Disabilities



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Google Meets: meet.google.com/zgb-ikss-gko

Current Meeting Agenda 08/28/2024

Agenda Item	Presenter	Time
Welcome & Meeting Etiquette	Joe Trentacoste	3 Minutes
Introductions	All Attendees	10 Minutes
Opening Remarks	Zane Garcia Ramadan	2 Minutes
Olmstead Update	Joan McQuade	5 Minutes
Governance Committee Charter Next Steps	Joe Trentacoste	10 Minutes
Strategic Planning Priorities	Zane Garcia Ramadan	5 Minutes
Self-Care for Caregivers Conference	Leah Gibbs	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
Call to the Public		10 Minutes
Future Meetings and Closing	Zane Garcia Ramadan	5 Minutes

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Opening Remarks - Zane Garcia Ramadan

We appreciate you making the effort to attend and look forward to your participation.

Olmstead Update - Joan McQuade

DDD's Role

- On December 19, 2023, DDD received a memo from AHCCCS requesting assistance from MCOs (Managed Care Organizations) to support efforts to engage members and their families around the AZ Olmstead Plan by leveraging existing avenues MCOs utilize to solicit input from stakeholders
- Effective immediately, AHCCCS is requiring MCOs to review the Olmstead Plan and quarterly progress updates on a regular basis with Member Advocacy Councils and Governance Committees
- The main goal with these reviews is to seek community feedback to inform future Olmstead Plan planning

How to Stay Connected with Olmstead

- Visit www.azahcccs.gov/Olmstead. Here, interested parties have the option to:
 - Subscribe to updates to receive the latest news regarding the Olmstead Plan,
 - Receive information about open public comment periods, and
 - Locate the Olmstead email address to share input with AHCCCS at any time
- Review quarterly updates in the Olmstead Plan. Find out when these updates occur by subscribing to updates via the Olmstead web page
- Input and feedback on the Olmstead Plan may be provided during any of the above events or sent separately via the Olmstead email address throughout the year (Olmstead@azahcccs.gov)

CEU is part of it, and they need to prove competency and take the test. Is that correct? Yes, that is correct. All of the Relias courses require testing.

[Bridging the Gap web page](#)

Are AHCCCS and their consultants on data collection working with DDD? Or are they in the preliminary stages where stakeholders aren't involved? If stakeholders share information, they take it into account. AHCCCS, as the state Medicaid agency, has access to all of the data from each MCO they contract with, and they will use that to aggregate data for the Medicaid system as a whole - including ALTCS. **We don't have that data pathway needed to paint the picture, but if they already have that data access, what they are looking for makes a difference. What we are looking for down the road is whether or not providers will need to have the type of data or information.**

In compliance with the DDD Olmstead Plan, is DDD working with local law enforcement agencies and developing protocol so that the law enforcement agencies send the DDD Justice Liaisons any police reports that involve an identified DDD Member so that the DDD Justice Liaisons can be proactive to make sure that DDD Members are getting needed supports and services ASAP? At this point, the justice liaisons don't automatically receive the police reports but have access to the court records and can attend court with the member for support. **By the time the member goes to court, it may be too late.**

Was there a discussion with John Dacy about this? He has been integral in the prison system and all the issues. Someone should talk to him since he would be a good source for AHCCCS.

DDD will invite the justice liaison team to the next Governance meeting to provide an overview of their processes.

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Governance Committee Charter Next Steps - Joe Trentacoste

For those of you who attended our meeting in May, we presented a draft charter to the group, which Zane emailed the attendees for comments/feedback. We integrated all of the comments and changes into the [charter](#). Is there anything anyone would like to discuss on this charter? We would like to vote on this today.

Is there a representative for behavioral health or multiple health issues to be a voting member? Part of the AHCCCS requirement is to focus on families and advocates. Two of the voting members listed are representatives from peer-run organizations and family-run organizations that have a strong focus on Behavioral Health. We have Mercy Care and United Health representatives who attend these meetings but aren't voting members.

Do the UCEDDs fit into any of the external voting or non-voting memberships? I completed the form initially and didn't know what to select. In those last five positions, where there is one for each of the qualifying diagnoses for DDD, we aren't sure if we will get five representatives. We currently have less than ten people who have completed the [volunteer interest form](#). We may have gaps, and since UCEDD advocates for all diagnoses, they could fill in one of those remaining slots.

I would make that recommendation that the UCEDD's are voting committee members

I like the idea of the UCEDDs, but it would be good to have those groups covering multiple diagnoses for this Governance Committee.

No other changes are pending. Is everyone okay with voting on the charter? Deisy will send the survey for you to vote on right now.

Volunteer Interest Form - We have opportunities to fill those 21 positions. We currently have nine submissions and need more who would like to participate. Shari Lopatin (communications manager) will create text with AHCCCS approval to send out through our monthly member email update and to advocates and qualified vendors. We will have more information in the next meeting regarding the positions that still need to be filled.

Strategic Planning Priorities - Zane Garcia Ramadan

This group previously identified the top 5 areas where the Division could improve its program:

1. Support Coordination
2. Behavioral Health Services
3. Network Adequacy
4. Eligibility
5. Family Education

We are still in the early stages of this Governance Committee and will continue to evolve with it. This committee plays a critical role in the division and can help guide us in the strategic direction. There are a lot of different methods by which the division receives input on what is going well and what isn't. It may be through the customer service center, where we receive monthly inquiries, grievances, and other committees (DDAC, IOC chairs, etc.). There is a lot of information we are receiving on an ongoing basis. We have a good sense of what the priority areas are for the division. Before this meeting was converted into the Governance Committee, it was previously the Quarterly Focus Group Meeting, and a few years ago, we discussed the areas in which DDD could improve. We found that the areas you prioritized very closely aligned with those brought to our attention via those other methods I mentioned.

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At our last meeting, I asked if there are any big issues in DDD that we aren't capturing under the umbrella of these five themes; please bring them to our attention. Recognizing there is still so much work that needs to be done and is ongoing within these five themes. DDD is in the process of a transformation within Support Coordination to improve how we operate and support people by adopting new and improved best practices and standards that are being driven through our work to become accredited by NCQA for Case Management. Several initiatives are ongoing to strengthen behavioral health services for DDD members, such as dual diagnosis training for BH Providers and positive behavior support training for DSPs & family members, to name a couple.

Regarding Network Adequacy, one of the big items is the implementation of the new RFQVA, which is going live on January 1st, 2025. It is the most comprehensive update to the qualified vendor contract we have done in over a decade. We are confident that the new elements of that contract will improve the overall quality of care and service delivery. Over the years, we have heard that there is confusion with the Eligibility process, and we have increased our outreach and support to families going through the initial or redetermination eligibility process. Eligibility is one of many areas we have focused on clarifying and simplifying through the release of over 20 quick reference guides in the past year.

While those areas remain our focus in the months ahead, we also recognize the need to start carefully looking at the long-term future. DDD is committing to developing a five-year strategic plan. We want to do this thoughtfully and comprehensively. We anticipate this to be a nine-month-long process, which will be heavily informed by the stakeholder community and culminate with a publication on our website by July 2025. This plan would incorporate many key elements for envisioning the DDD program over the next five years. We have just started creating the framework for how we want to get there. We anticipate that beginning in September, we will start having more clarity and soliciting more feedback. We see the Governance Committee as a key partner in this effort. More details will be provided in the next meeting.

I do have a question about parents who want to volunteer in the Governance Committee. Most parents I know if they do want to participate would speak Spanish. How would that work? Is there anything in Spanish to help them understand if they want to volunteer?... Sorry about the tech issues. LOL. DDD can provide a translator if someone wants to participate; please inform us beforehand. We can also provide the Spanish version of the form.

Self-Care for Caregivers Conference - Leah Gibbs

A no-cost event to help caregivers learn to care for themselves while caring for others for parents, family caregivers, and direct support professionals who support people with intellectual or developmental disabilities

- October 3, 2024, from 8:00 a.m. - 5:00 p.m.
 - Casino Del Sol 5655 W Valencia Rd., Tucson, AZ 85757
- October 16, 2024, from 8:00 a.m. - 5:00 p.m.
 - Desert Willow Conference Center at 4340 E Cotton Center Blvd., Phoenix, AZ 85040

Information and a link to register are available on the [Conference webpage](#).

Last year, the division had its first conference, which was a success. The families who attended gave us positive feedback. Zane has been supportive in allowing us to grow this year, and we are having two separate conferences this year. The flyer was sent out to over 50,000 recipients, and within a week, the Phoenix conference was 100% full. We are maintaining a waitlist for those who want to attend that conference. The Tucson conference still has about 50 spots available to register.

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We will do targeted outreach and ask that you share this information with your contacts.

We have invited over 30 community resources with exhibitor tables so families can network and walk away with resources.

For the Caregivers Conference - It would be amazing if there could be an option for those outside of the larger cities to participate in some way. Possibly sharing the keynote speakers virtually? For future thought and consideration. We were looking into this, but with our current venues this is not an option. We have invited our internal DES video team to join us and they will be videoing portions of the conference. Leah will look into it for future conferences.

Open Discussion

For those who attended last night's DW IOC meeting, you already heard about it. We had Kim Dorshaw from the Disability Rights Arizona Comit Program present their annual report. Our committee has raised concerns about support coordination for the last six years. The numbers aren't looking good from the report and what they find regarding PCSPs - their accuracy and procedures. Beyond the NCQA certification that DDD is working on and the training that Leah has put together, what are we doing to ensure those numbers improve significantly quickly? Much work is currently happening in Support Coordination to review case files and work through technical assistance. DDD put together an area that was completely staffed last October. That group focuses on case file reviews and outreach to members and families about their DDD experience. This group is specifically looking at case files so that we can provide feedback and information to the Supervisors to work with their support coordinators. We are using the data gleaned from these comprehensive case file reviews over the past few months, and this week, we started technical assistance for our Leadership team across support coordination. **The COMIT program reviews individuals with the most critical needs who live in DDD group homes. Of those individuals, they found that about 58% of their PCSPs were inaccurate and their Behavioral plans were outdated. These people need the most DDD services, and DDD costs the most money. 58% is unacceptable, and I know a new effort started last month that Sherri is heading. What we see amongst the individuals with the highest needs, I can't imagine what we are seeing with individuals who don't have these high needs. This is an unmitigated disaster waiting to happen. This is a crisis, and I do not see an identification that it is from DDD.** DDD has had an opportunity to meet with DRAZ to get an understanding of the way they are collecting the information. DDD receives reports monthly, and we will start implementing a structure to address specific issues. The issues they have identified aren't only with Support Coordinators. Support Coordination is not just the Support Coordinator; many people are part of the program overall. It could be an issue that another functional area needs to address. There needs to be a common understanding of what DRAZ is seeing and what we expect to see so we are on the same page. **I am looking forward to our meeting in September.**

We have been having auditing issues. We are also having challenges with provider auditing (DDD auditing, HCBS audit pre and post-payment reviews and recoupment) and outcomes. The timelines are within 90-120 days, making it difficult for providers to move forward. Patrick and Vanessa were kind enough to meet and figure things out. There is a lot of misinformation, and want to make sure others are aware this is an issue because I will continue to send detailed information on what is happening. DDD is aware of this. Thank you for communicating that through our business team. **Many great things are happening; we need to get it out to the provider agencies so they understand. I am excited about the five-year plan, and it would be great for everyone to be on the same page, which includes the families and the providers. I see the information blasts, but I am unsure how we ensure everyone is aware.**

Recently, United Healthcare held credentialed family support training. Several individuals were already employed in behavioral health agencies, but we have heard much about whether DDD family members would be afforded the opportunity directly. Maybe we can collaborate with DDD to offer that to families in the DDD system who want to work in behavioral health and support other families. Thank you, and you are correct. The value of family support as a service is incredible. Christina and Leah would like to get together and find ways to make the families aware.

Improved communication seems to be an ongoing issue. We must discuss ways to improve that, whether DDD and

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providers, DDD and families, etc. There is a lot of information among families. I am on a lot of family support groups on Facebook and spend a lot of time putting DDD policies and procedures up. We are trying to get the correct information out there. We should discuss the work Leah does using the quick reference guides and training courses. Even those of us who are experts may not understand 100% of it, so trying to explain that to others becomes a monumental task. There are a lot of Facebook groups. In my professional life, I work with Ann Monahan at Honoris Group. We have several clients who are DDD QVA providers, and many of them are agencies across the country. Our HCBS providers do other health care; that is how we know there are issues. That is how we hear issues and try to provide the most accurate information. I don't know if parents are looking at the DDD Facebook page for information. I don't know if Support Coordinators are walking families through your website. It is easier to use Google than to try and navigate your site.

From the provider's perspective, we have done much work through AAPPD. We think that if there is a vacuum of information, they will fill that space. We saw that when many Facebook groups from various service sets and providers were constantly spreading misinformation because they heard it from someone else. It would then snowball into a huge issue. We encourage people to ask more questions before sharing that information to prevent it. We worked hard to bring in those providers who weren't AAPPD members so that we could help share that information. I would encourage you to use this network and your stakeholder network more where if there is context that we can provide, we can get that information out before the rumor mill starts. Having the entire group come back and ask questions for clarification would be very helpful. Once you create that pipeline, it tends to be successful. AAPPD has 115 members, and we reach 75% of the total population. We have been able to curve that rumor mill. That is in partnership with the DDD Leadership team. We could not accomplish that without a partnership over the years. Thank you; this is helpful feedback.

To your point, I think DDD needs to work on enhancing our social media presence moving forward. We will take back that feedback. And Rachelle, thank you for that suggestion of using this stakeholder network to dispel untrue rumors.

Leah is working with Ann, Diedra, and the partners from our Health plans to develop a training course to help people better understand the coordination of insurance benefits. This is a complex task, and we are drawing on their expertise. As we complete it, it will go through our Office of Professional Development and become computer-based training.

We have a list serve blasts, and I also do multiple posts on facebook on self advocate and family groups about DDD information. I also do personal emails out to DDD members/families & DDD providers.

Call to the Public

As we have been transitioning this meeting into a formal Governance committee, it is now an open meeting. We will post the agenda on the website (at least 24 hours before the meeting), post the notes, and continue sending emails. We will also provide the translation information on the website. To comply with open meeting laws, we must have a call to the public at the end of every meeting. If anyone else from the public would like to share their thoughts, now would be the opportunity.

We thank all of you for your input and participation today. We look forward to our next meeting.