



DEPARTMENT OF ECONOMIC SECURITY

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Department of Economic Security

**Summary Report for the
Abuse & Neglect Task Force
for Recommendation #7**

Chief Medical Officer (CMO) Subgroup


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|  | <p>Department of Economic Security</p> <p>Abuse & Neglect Task Force Project</p> |
| | <p>Recommendation #7 Summary Report by the CMO Subgroup</p> |

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1 Document Approval, History and Storage

1.1 Approval: This document has been approved by the following groups and individuals:


| Name | Role | Signature | Date |
|---------------------|--|-----------|------|
| Sven Olson | Sr Project Manager, DDD | | |
| Thelia Morris | Project Eval ADMR, DDD | | |
| Pamela Tom, MD | Medical Director, DDD Health Care Services | | |
| Mark Wilson, MD | CMO, DDD Health Care Services | | |
| Zane Garcia Ramadan | Assistant Director, DDD | | |
| Satya Sarma, MD | Medical Director, AHCCCS | | |

1.2 Document History

| Version | Date | Name | Description |
|---------|----------|------------|--|
| 1.0 | 6/9/2020 | Sven Olson | Original document summary |
| 2.0 | 7/1/2020 | Sven Olson | Includes edits from Standards of Care Comm |
| 3.0 | 8/1/2020 | Sven Olson | Includes edits throughout from CMO Subgroup |
| 4.0 | 9/4/2020 | Sven Olson | Includes edits from Screening Rec. Committee |
| 5.0 | 10/14/20 | Sven Olson | Committee Chair Final Edits |
| 6.0 | 10/26/20 | Sven Olson | Technical Writer Team Edits |
| 7.0 | 11/6/20 | Sven Olson | Senior Leader Final Edits |

1.3 Document Review

| Name | Role | Date |
|---------------------------|---|---------|
| Mark Wilson, MD | CMO, DDD Health Care Services | 9/30/20 |
| Pamela Tom, MD | Medical Director, DDD, Subgroup Chair | 9/26/20 |
| Anthony Branham, RPh, PhD | Vice Chair | 9/26/20 |
| Glenn Tanita, PhD | Standards of Conduct Committee Chair | 9/21/20 |
| Satya Sarma, MD | Medical Director, AHCCCS, Committee Co-Chair | 9/21/20 |
| Charlton Wilson, MD | CMO Mercy Care | 9/19/20 |
| Stephen Chakmakian, DO | CMO United Healthcare | 9/19/20 |
| Jill Rowland | Screening Recommendations Committee Co- Chair | 9/19/20 |
| Erica Martinez | Abuse & Neglect Project Sponsor | 9/16/20 |
| Sven Olson | Sr Project Manager, DDD PMO | 9/14/20 |

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1.4 Document Storage

This document will be stored on Google docs under the main folder for Abuse and Neglect Task Force Recommendations folder.

<https://drive.google.com/drive/folders/1xSu3uYjBsKHBgM6lxldm7uuE1ut4ZNb9?usp=sharing>

2. Executive Summary

The Abuse & Neglect Prevention Task Force was appointed by the Governor’s Office in February 2019 to address Executive Order 2019-03, related to Enhanced Protections for Individuals with Disabilities. The Task Force was comprised of self-advocates, family members, advocacy organizations, tribal representatives, providers, foundations and public charities, state agency leaders and staff, and members of the Arizona legislature. In addition to appointed members, stakeholders and agency staff participated in five workgroups: Prevention and Safety, Incident Reporting and Investigation, Incident Stabilization and Recovery, Agency Alignment, and Family and Vulnerable Individual Education. The Task Force and workgroups met monthly from March to October 2019 in facilitated sessions. Thirty recommendations were developed through a consensus-building process that included literature searches, research on best practices, and both personal and professional shared experiences. A summary report of the recommendations was presented to the Governor on 1 November 2019 from the Director of the Arizona Health Care Cost Containment System (AHCCCS).

3. Task Force Goals:

The primary goals for the Abuse and Neglect Task Force are to:

- 1) prevent any further abuse, neglect, and exploitation of Arizona’s vulnerable individuals, whether children or adults.
- 2) Improve interagency collaboration and communication.
- 3) Reduce duplication of investigative processes across agencies.
- 4) Implement the Trauma Informed Approach throughout the abuse and neglect investigative process and across agencies.
- 5) Strengthen background checks, contract language for providers, and training across all stakeholders.

The Abuse and Neglect Task Force addressed the thirty (30) different recommendations and developed detailed guidelines for interagency teams to collaboratively achieve the goals of protecting Arizona’s vulnerable citizens.



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4. Recommendation #7 Narrative

The Department of Economic Security (DES), Division of Developmental Disabilities (DDD) Chief Medical Officer (CMO) should convene a workgroup of medical directors from AHCCCS and its contracted MCOs to review current standards of care in intermediate care facilities for individuals with intellectual disability (ICF/IIDs), to make recommendations on the prevention of abuse, neglect, and exploitation, and to identify how those recommendations will be implemented. Recommendations generated by the workgroup should be shared with the Arizona Department of Health Services (ADHS). Discussions should start no later than 12/31/2019 and the work should be completed by 6/30/2020.

5. CMO Subgroup Activities

- 8 JAN 20: Dr. Timothy Peterson chaired the initial CMO Subgroup meeting with CMO representation from DES, AHCCCS, Mercy Care, United Healthcare and State Operations ICF leadership.
- 12 FEB 20: Dr. Pamela Tom assumed Chair of the CMO Subgroup and added a CMO representative from the Department of Children Services (DCS).
- 11 MAR 20: Cancelled due to COVID and leadership transitions.
- 8 APR 20: Dr. Pamela Tom facilitates the subgroup into two committee teams to begin the document reviews; Standards of Care Committee and Screening Recommendations Committee.
- 13 MAY 20: Committee Chairs facilitated separate working sessions and reported their recommendations to the CMO Subgroup leadership.
- 10 JUN 20: The initial draft of the Recommendation #7 CMO Subgroup Report was presented for review and discussion.
- 8 JUL 20: The final draft editing/approval process and implementation steps were discussed.
- 31 JUL 20: Final draft of the Recommendation #7 CMO Subgroup Report is submitted to the Abuse & Neglect Task Force, AHCCCS and archived in the project files for reference.
- AUG 20: Follow up actions as required/requested by the Abuse & Neglect Task Force or agency leadership. Screening Committee report review by Committee Co-Chairs.
- SEP 20: Workgroup meeting to review DRAFT report. CMO Subgroup leaders make final edits and submit the report to the Task Force by 10/30/20.
- OCT 20: FINAL Draft of the report edited by the CMO Subgroup Leaders and requested a technical writer review from within the DDD division team.

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6. Recommendations

6.1 Standards of Care Committee, Dr. Glenn Tanita, Chair (ATPC Psychologist)

While all clinicians are encouraged to assess each person’s unique capabilities to self-report, we recommend applying standards for abuse prevention to most persons with Developmental Disabilities in ICF settings.


For persons with Developmental Disabilities in ICF Settings who are deemed unable to reliably self-report neglect and abuse, we recommend applying the following proposed Arizona Standards of Care for Abuse and Neglect Prevention. These standards are based on the opinions of Arizona-based clinicians with experience in caring for residents with Developmental Disabilities in addition to extensive medical research on the topic. Residents may be deemed unable to reliably self-report due to factors such as, but not limited to:

1. Speech, vision, or hearing impairment,
2. Mental and behavioral disorders,
3. Intellectual delays and /or adaptive functioning problems, and/or
4. Medical status or side effects of medications including psychotropics

For persons with Developmental Disabilities in ICF Settings who are deemed able to reliably self-report abuse and neglect, the clinician may consider applying the more limited United States Preventive Services Task Force Recommendations identified in:

Moyer, Virginia A. “Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: U.S. Preventive Services Task Force Recommendation Statement.” *Annals of Internal Medicine*, American College of Physicians, 19 Mar. 2013, annals.org/aim/article-abstract/1558517.

Clarifying Statement of Responsibility: The following recommendations are based on a review of documents relevant to quality care in the State of Arizona. This review was intended for senior clinical professionals to examine the documents from the perspective of preventing future abuse, neglect, and exploitation of Arizona’s vulnerable individuals with developmental disabilities. The implementation of these recommendations and administration of the daily operations remains the responsibility of the assigned health care providers, administrators and direct service workers to provide care in accordance with federal, state and local law, all regulations from Centers for Medicare & Medicaid Services(CMS), Arizona Department of

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Health Services(ADHS), Arizona Health Care Cost Containment System(AHCCCS) and other applicable statutes, including mandatory reporting requirements.

6.1.1 Standard of Care Recommendation 1: Prevention

Any facility serving a person with an intellectual or developmental disability in any setting should maintain a high level of vigilance for the abuse and neglect of that person.

The ICF administrators, which could include but are not limited to oversight personnel, should:

- A. Assure the ICF has a policy to require background checks and risk of abuse reviews of all staff, whether employees and volunteers, as well as contracted providers upon hire and then periodically thereafter. **Implementation:** *See Appendix 4 for all DDD recommended background check procedures, which include significant additional steps beyond the minimum required for DHS licensing of ICF facilities. AHCCCS has updated contract language and DDD has updated provider policies as of 10/1/20 to require background checks of all new hires and verification that staff member names do not appear on the DCS Registry and/or APS Registry. Note: Background check requirements and/or recommendations may change or be added to by state statute.*
- B. Assure the ICF has a policy for education on trauma-informed care for all staff and contracted providers upon hire and periodically afterwards. **Implementation:** *Trauma Informed Care training should become required annual training for all ICF staff and providers.*
- C. Assure the ICF has a policy on prevention, detection and reporting of abuse. This policy should include specific guidance for all ICF staff and contracted providers, and should require clinicians to sign a “Statement of Understanding” regarding their responsibility to screen for abuse and neglect. **Implementation:** *The annual training requirements for all DDD staff have been updated in 2019 to include mandatory completion of “Recognizing and Reporting Abuse Neglect and Exploitation of Vulnerable Populations”. Additional training may be added as recommended by the Task Force recommendations.*
- D. Assure the ICF has a policy for family involvement and assessment of satisfaction in care of the resident that includes prevention, detection and reporting of abuse. **Implementation:** *ICF policy for family interaction is required to encourage involvement and visits to the resident. The family and resident satisfaction surveys*



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are required to include questions on signs/symptoms or concerns of abuse and neglect.

- E. Any entity receiving a report should have policies that allow for anonymous reporting of suspected abuse or neglect. There should also be strict policies preventing adverse action or retaliation against bona fide reporters of abuse or neglect. **Implementation:** *All mandatory reporters, in addition to guardians, family and visitors, will be protected by whistleblower statutes and all ICFs administrators will enforce a policy preventing retaliation against residents and staff for any bona fide report of abuse, neglect or exploitation, per ARS 13-3620 J.*
- F. ICFs should have policies that encourage all employees, residents, and family members to recognize and report potential abuse and neglect. **Implementation:** *The Mandatory Reporting Law of the State of Arizona (Arizona Revised Statute 13-3620) protects any person who reasonably believes that a vulnerable individual has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means...shall immediately report to a peace officer, to Child Protective Services(CPS) or Adult Protective Services (APS).*

Prevention Summary: The clinician caring for a person in an ICF setting should document in the medical record that items 1A.-1D. exist in the ICF on the resident’s admission to the ICF and at least once a year. If the clinician cannot assure that the ICF has such policies, the clinician should discuss with the resident or their guardians the benefits and risks of moving to a new setting with greater safeguards.

6.1.2 Standard of Care Recommendation 2: Detection

The clinician caring for a person with developmental disabilities in any setting should maintain a high level of vigilance for the abuse and neglect of that person.

The clinician should:

- A. Based on best practices of Trauma Informed Care, the clinician should capture a history from the resident/family regarding history of past abuse, while minimizing any trauma to the member. Clinicians should be aware of any history of sexually inappropriate behaviors or sexually perpetrating behaviors towards others and document the history in the resident’s chart on admission and update the history at least annually. **Implementation:** *Clinical documentation is required to show history of sexual abuse and/or perpetration history was discussed and detailed on admission*



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and at least annually. Chart audits performed by ICF should check that the topic of sexual abuse and/or perpetration history is completed by the ICF attending clinician and/or delegate.

- B. At every visit, assess and document changes in physical status that are not explained by known medical or psychiatric conditions. This includes findings of or reports of unexplained injuries. Investigate for potential causes in the physical status including whether signs of abuse or neglect are present. **Implementation:** *ICF is required to record incident reports which document unexplained changes in resident's physical status and clinician is required to record the plan of action for evaluation and treatment in documentation, prioritizing the immediate health and safety of residents. The "Incident Process Flowchart" linked below details the multiagency incident reporting processes, the investigative processes and the oversight processes across agencies for any report of abuse, neglect and exploitation:*
https://www.azahcccs.gov/AHCCCS/Downloads/Incident_Process_Flow.pdf
- C. At every visit, assess and document changes in behaviors that are not explained by known medical or psychiatric conditions. Investigate for potential causes in the change in behavior including whether signs of abuse or neglect are present. **Implementation:** *ICF is required to file incident reports which document unexplained changes in resident behaviors and clinician is required to record the plan of action for evaluation and treatment in documentation, including specifically addressing immediate Health and Safety needs of the ICF residents.*
- D. For residents who are on psychotropic medications or those who have a Behavior Treatment Plan (BTP), review psychiatric provider records and BTP behavioral data. **Implementation:** *ICF is required to audit records showing that psychiatric records, medications (especially medication changes) and BTP behavioral data have been reviewed by the ICF clinician.*
- E. Perform an admission exam, annual physical exam, and interim exam quarterly, unless indicated sooner based on medical need or behavioral changes. The admission, annual and interim exams should include documentation of a comprehensive physical exam, and must include the findings from the skin, musculoskeletal, and genitourinary system examination including the presence or absence of unexplained injuries. **Implementation:** *Clinicians are required to perform a comprehensive physical exam at a minimum every 3 months. Medical Records Audits overseen by ICF clinical quality leadership, to include the ICF Medical Director will check for completion of this requirement in clinician documentation.*
- F. Perform screening laboratory tests according to resident's health history, risk factors, and current health status. Screening for pregnancy in reproductive age



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females and sexually transmitted infections (STIs) in all individuals based upon assessment of risk behaviors and social situation is indicated according to the USPSTF Clinical Recommendations. **Implementation:** *Clinician's should perform screening laboratory tests upon admission to establish the resident's baseline health status. Based upon the clinician's assessment of the resident's risk and social situation, screening for pregnancy in females and STIs in resident's is recommended per USPSTF guidelines. Audits by DDD Quality Monitoring of resident medical records will check for completion of the recommended guidelines in clinician documentation. If absent, the clinician will be notified immediately of the requirement to perform an exam by ICF administrators.*

Detection Summary: The clinician caring for a person in an ICF setting should document the presence or absence in the medical record of items 2A.-2E. If clinical findings or abnormal screening tests are present, the clinician should document the investigation of or referral for further clinical investigation of the findings. The clinician should discuss the findings with the person and their guardians. Corrective action must be taken for any lapses identified by audits, with follow up to ensure follow-through of corrective action plans. For example, if a comprehensive physical exam is absent, the clinician will be notified immediately of the requirement to perform (or complete the) exam by the ICF within 3 business days.

6.1.3 Standard of Care Recommendation 3: Treatment

The clinician caring for a person in an ICF setting should take action to treat abuse and neglect. The clinician should:

- A. Report findings of, or suspicion of, abuse, and neglect to the appropriate agencies DCS, APS, or law enforcement agency and document in the medical record any interventions taken by the agency to ensure the safety of the person.

Implementation: *Clinicians are required to report abuse and neglect or suspected abuse and neglect to DCS, APS and law enforcement as per ARS 13-3620 A.1, A.6, I, Clinicians will also immediately report suspected abuse or neglect to DDD Quality of Care teams and the ICF shall submit incident reports to DDD contracted Managed Care Organizations. The process for reporting will be included in the ICF policy and procedures. All personnel working at an ICF should receive training regarding the reporting requirements, including mandatory reporters. DDD will audit HR records to ensure all personnel receive this training within 90 days of hire.*



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- B. ICFs and DDD should have policies and processes to assure oversight of any incidents recorded by the ICFs, including review of any issues impacting the quality of care, peer review, and requirements for corrective action. **Implementation:** *Policy and processes should include review of quality of care trends for credentialing for privileges at the ICF.*
- C. Initiate or refer for appropriate clinical interventions including behavioral and medical care. **Implementation:** *ICF clinical quality leaders will perform Medical Record audits to verify that appropriate and timely treatment is initiated, and referrals are made for identified problems related to indicating suspected abuse and neglect. Corrective action must be instituted for any lapses found on audit and follow up instituted to ensure enactment and completion of corrective action plans.*

Treatment summary: The clinician should also continue to treat all medical and behavioral conditions consistent with the person’s age, gender, and diagnoses. The clinician should discuss the treatment with the responsible person.

6.2 Screening Recommendations Committee, Dr. Satya Sarma, Co-Chair with Jill Rowland, AHCCCS

Training in Trauma Informed Care – Providers practicing in ICF settings should be trained in Trauma Informed Care as a best practice. We recommend the following training be required of all contracted providers.

Implementation:

- A. Association of University Centers on Disabilities (AUCD): Assessing Trauma in Individuals with Intellectual Disabilities
- B. Substance Abuse and Mental Health Services Administration (SAMHSA): Trauma Informed Approach
- C. Arizona Center for Disability Law (ACDL): Protecting People with DD from Abuse and Neglect

6.2.1 Professional Screening Tools (Skilled Behavioral Professionals)

- A. **Screening Orientations:** Prior to implementing screening procedures, the Task Force recommends providers use a pre-screening orientation to reduce the stress and potential trauma by providing an orientation to members, families, and guardians as to why the testing is important and what the procedure entails.
- B. **Behavioral Health & Emotional PCP Checklist (See Attachment 6.2.A):** The committee recommends this tool as it is designed to use Narrative therapy while



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conducting this assessment. It is best utilized by behavioral health professionals. A nurse or other provider may utilize this as a screening tool if they have the trauma informed care training. Note: See Appendix 5 for details on Narrative therapy, as it was determined by the CMO Subgroup to be the most inclusive therapy that will give voice to the vulnerable individuals residing in Arizona ICFs. We recommend any professional using it has significant training in Trauma Therapy. The Committee also recommends developing training specific to using this screening tool in the ICFs.

- C. **Forensic Assessment Orientation:** Providers caring for individuals residing in ICFs should receive relevant orientation from forensic professionals regarding assessment for abuse or neglect. Specialized orientation will be required for children versus adults. These orientations should be focused on clinical assessment of abuse or neglect. Clinicians should not be expected to serve a forensic role. Aspects such as chains of custody, and settlements remain in the purview of forensic examiners.
- D. **USPSTF Screening Guidelines:** Providers caring for individuals residing in ICFs should also ensure they follow standardized screening recommendations, as appropriate for each individual resident. Updated USPSTF Screening Guidelines are published at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics>
 - a. This includes the USPSTF Screening Guidelines for Sexually Transmitted Infections, Cervical Cancer (for biological females) and Depression screening. Vaccinations: Preventive care for all residents cared for in ICFs should also include administering appropriate vaccinations as laid out in the CDC vaccination schedule, published at <https://www.cdc.gov/vaccines/schedules/index.html>

6.2.2 General Screening Tools (RN/LPN & Family Members)

- A. American Psychiatric Association (APA) Severity Measure Assessment Tools: The following screening tools are recommended by the committee based on ease of use, versatility, and availability. The following three tools all align well together and are for general use and provide excellent screening for prevention of and reporting potential abuse and neglect. These are normally completed by a clinician but can be used to self-report by an individual resident or their guardian, family members or direct care staff. In cases where a resident may not be able to reliably self-report, it is advised to ask a family, guardian, or Support Coordinator to use these tools.


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- Adult DSM5 Level 1 Self-Measure
- Child DSM5 Level 1 Self-Measure
- Parent/Guardian DSM5 Level 1 Measure

B. Life Events Checklist: A supplementary self-reporting general use tool is the Life Events Checklist. This tool is simple to use and allows the clinician to have residents or family review common life events for potential trauma or abuse.

6.2.3 Training Tools

- A. The Screening Tools Committee validated the need to include **Trauma Informed Approach** training in all ICFs for contracted providers and staff. This recommendation echoes the finding of the Standards of Care Committee that also recommends Trauma Informed Approach training.
- B. An additional free and open source training from the Association of University Centers on Disabilities (AUCD): **Assessing Trauma in Individuals with Intellectual Disabilities** was reviewed and determined to be recommended for all staff and contracted providers.
- C. The Screening Tools Committee reviewed the **Substance Abuse and Mental Health Services Administration (SAMSA): Trauma Informed Approach** and found it to be complementary to other resources and offers an important alternative perspective for Trauma Informed Approach training. This would be most useful as a general training for residents, families, and guardians.
- D. The final training resource recommended by the Screening Tools Committee is from the **Arizona Center for Disability Law (ACDL): Protecting People with Developmental Disabilities (DD) from Abuse and Neglect**. This training offers excellent concepts for supporting and protecting members of the developmental disability community.
- E. **Prevention of Abuse and Neglect Through Dental Awareness:** This free webinar is designed to educate dentists, dental hygienists, dental assistants and others about the problems of child abuse and neglect, bullying, intimate partner violence, elder abuse and neglect and human trafficking. <https://midatlanticpanda.org/m-a-p-course/>

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7. Future-State Opportunities

7.1 Funding: Current implementation of all recommendations related to Executive Order 2019-03 are unfunded and applied primarily in updated contract language, policies, practices, and standards of care. Future-state opportunities for additional funding would provide for significant implementation of additional screening tools and practices. The CMO Subgroup recognizes that future funding opportunities to continue the work of preventing abuse, neglect, and exploitation may require legislative solutions with appropriations.

7.2 Human Capital: One of the most significant operational issues for the Intermediate Care Facilities is workforce availability, capacity, and competence. The DES Human Resources teams have been working throughout 2020 to improve the hiring process of direct care workers. As these new contracts, policies and standards of care become implemented across the State of Arizona, it will require a higher level of training, accountability, and oversight. The CMO subgroup recognizes the importance of direct care workers and believes the recommendations in this report will strengthen the human capital component for Arizona ICFs. Additional funding through legislative solutions would make a significant positive difference for solving human capital issues.

7.3 Contracted workforce: Directly related to the human capital issue is the accountability of the contracted workforce supporting ICFs across Arizona. The CMO Subgroup recognizes the need for provider accountability and that contracted staff members will comply with the same standards of care, training, and oversight that State of Arizona full time employees are accountable to within the ICFs.

7.4 National Best Practices: The CMO Subgroup recognizes that the State of Arizona may have a future-state opportunity to highlight these policies, processes, and practices to prevent abuse, neglect, and exploitation as national best practices.



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8. Glossary

| Term | Definition |
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| Abuse | 1) Intentional infliction of physical harm, 2) physical injury resulting from a negligent act or omission 3) Unreasonable confinement 4) Sexual abuse or sexual assault |
| Neglect | Deprivation of food, water, medication, medical services, shelter, supervision, cooling, heating or other services necessary to maintain the vulnerable adult's minimum physical or mental health |
| Exploitation | The illegal or improper use of a vulnerable adult or his resources for another's profit or advantage |
| Narrative Therapy | A form of psychotherapy that seeks to help patients identify their values and the skills associated with them. It provides the patient with knowledge of their ability to live these values so they can effectively confront current and future problems (See also Appendix 5) |
| Intermediate Care Facility (ICF) | A long-term care facility that provides nursing and supportive care to residents on a non-continuous skilled nursing care basis, under a physician's direction |
| Trauma Informed Care | Practices that promote a culture of safety, empowerment, and healing |
| Trauma Therapy | A form of talk therapy aimed at treating the emotional and mental health consequences of trauma |




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Appendix 1 — Facilitator, Task Force, and Workgroup Members

| <u>CMO Subgroup Participant</u> | <u>Role</u> | <u>Organization</u> |
|--|--|----------------------------|
| Mark Wilson, MD | DDD CMO, CMO Subgroup Chair (from Aug 2020) | DES-DDD |
| Pamela Tom, MD | <i>DDD Interim CMO & Medical Director, CMO Subgroup Chair (Mar-Aug 2020)</i> | DES-DDD |
| Timothy Peterson, MD | <i>DDD Interim CMO, CMO Subgroup Chair (Jan-Mar 2020)</i> | DES-DDD |
| Satya Sarma, MD | AHCCCS Medical Director, Committee Chair | AHCCCS |
| Stephen Chakmakian, DO | CMO United Health Care | UHC |
| Leslie Paulus, MD, PhD | Senior Medical Director, United Health Care | UHC |
| Charlton Wilson, MD | CMO, Mercy Care | MC |
| Karen Kando, MD | Psychiatrist, Mercy Care | MC |
| Mark Wiest, MD | Senior Medical Director, Mercy Care | MC |
| Glenn Tanita, PhD | Committee Chair, ATPC Psychologist | DES-DDD |
| Christine Underwood, MD | DDD Program Administrator, Behavioral Health | DES-DDD |
| Kelly Donohue, PhD | DDD Behavioral Health, Psychologist | DES-DDD |
| Sara Park, MD | CMO, CMDP, DCS | ADCS |
| Anthony "Len" Branham, RPh, PhD | CMO Subgroup Vice Chair, Pharmacist | DES-DDD |
| Stefanie Schwartz Jacobs | DDD State Operations DAD | DES-DDD |
| Roberta Ellerston | DDD Quality Control Officer | DES-DDD |
| Jim Ross | DDD Residential Services | DES-DDD |
| Christine Willis, LMSW | DDD Support Coordination | DES-DDD |
| Maureen Casey | DES Strategic Advisor | DES |
| Kimberly Broadnax | ATPC Superintendent | DES-DDD |
| Lee Kirchoffer, RN, MSN | ATPC Director of Nursing | DES-DDD |
| Bruce McMorrان | DDD Phoenix ICF Superintendent | DES-DDD |
| Lori Vacarro | DDD Health Care Services, Executive Assistant | DES-DDD |
| Sven Olson | DDD Project Management Office | DES-DDD |
| Cynthia Ford | DDD Project Management Office | DES-DDD |
| Jill Rowland | Program Administrator, AHCCCS | AHCCCS |
| Carin Caldwell | Quality Manager, Mercy Care | MC |

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Appendix 2 — Participating Agencies and Representatives

AHCCCS - Arizona Health Care Cost Containment System

Dr. Satya Sarma, Medical Director, AHCCCS, Screening Recommendations Committee Chair
 Jill Rowland, program Administrator, AHCCCS, Screening Committee Co-Chair

ADHS - Arizona Department of Health Services

DES - Department of Economic Security

Dr. Mark Wilson, CMO, DDD, CMO Subgroup Chair (from Aug 2020)
 Dr. Timothy Peterson, Interim Medical Director, DDD, CMO Subgroup Chair (Jan-Mar 2020)
 Dr. Pamela Tom, Interim CMO, Medical Director, DDD, CMO Subgroup Chair (Mar-Aug 2020)

DCS – Department of Child Services

Dr. Sara Park, CMO, DCS

DDD - Division of Developmental Disabilities – State Operated ICFs


Dr. Glenn Tanita, Psychiatrist, Arizona Training Program Coolidge (ATPC)
 Stefanie Schwartz Jacobs, Deputy Assistant Director, State Operated ICFs
 James Ross, Director of Residential Services, State Operated ICFs
 Bruce McMorrان, Superintendent, Phoenix ICFs
 Kimberly Broadnax, Superintendent, ATPC ICFs
 Lee Kirchoffer, Director of Nursing, ATPC ICFs

United Healthcare – DES Contracted Health Plan partner

Dr. Stephen Chakmakian, Chief Medical Officer
 Dr. Leslie Paulus, Senior Medical Director
 Carin Caldwell, Behavioral Health Quality Manager

Mercy Care - DES Contracted Health Plan partner

Dr. Charlton Wilson, Chief Medical Officer
 Dr. Karen Kando, Child Psychiatrist
 Dr. Mark Wiest, Senior Medical Director

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Appendix 3 – Bibliography of Documents Reviewed

General Documents:

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| 2019 Abuse & Neglect Task Force Bibliography |
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Standards of Care Committee

I. State Statutes

- a. Vulnerable Adults
<https://docs.google.com/document/d/1wC1Uk4XMtXgoKgbECKs6XQkmsrwq8yhJ/edit>
<https://drive.google.com/drive/folders/1iXsKC5J7N82n2XdjVVm-U9MJ0CmLR3UH>
- b. Adults with Developmental Disabilities
<https://drive.google.com/drive/folders/1iXsKC5J7N82n2XdjVVm-U9MJ0CmLR3UH>
- c. Nursing Supported Group Home – Statutory Amendments
<https://docs.google.com/document/d/0ByOrF9axABISUFNIVEZZUkYyYU1sdIJmclFacXVsdnEyTTbj/edit>
- d. Recognizing and Reporting Abuse, Neglect, and Exploitation in a both populations
 - a. Adult Protective Services
<https://docs.google.com/document/d/1Rsw5CXPURzqFFHLHjO6316vxgUtIF7p3/edit>
<https://docs.google.com/document/d/1Rsw5CXPURzqFFHLHjO6316vxgUtIF7p3/edit>

II. CMS Regulatory Guidelines pertaining Persons in ICF

https://docs.google.com/document/d/1_FqYKNIm76cnnJINPxUPwXWr7XuHiDop/edit

III. Arizona Department of Economic Security/Division of Developmental Disabilities Policies and Procedures

- a. Recognizing and Reporting Abuse, Neglect, and Exploitation Training for New Hires and Existing Employees
<https://drive.google.com/drive/folders/1iXsKC5J7N82n2XdjVVm-U9MJ0CmLR3UH>
- b. Background screening process for AZDES/DDD New Hires and Existing Employees
<https://drive.google.com/drive/folders/1iXsKC5J7N82n2XdjVVm-U9MJ0CmLR3UH>
- c. Persons with DD rights



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1. Informed Consent

https://docs.google.com/document/d/1EAIUA_a8q2H8Ech2huueqL-cfAhKpy6Qmb5Hlue2Wco/edit

<https://docs.google.com/document/d/1PfHy0q8w51dSDhMEDgJHx6PvMFORGFYFgvH5iKMROSA/edit>

2. Person-Centered Care

3. Self-Determination and Autonomy

4. Freedom from Restrictive Practices (Article 9)

<https://drive.google.com/drive/folders/1iXsKC5J7N82n2XdjVVm-U9MJ0CmLR3UH>

IV. General Reference

a. IDD/ICF Glossary

https://docs.google.com/document/d/1ednyP7Fi_qWf661CEntGCMUjfmKNkYosyXT3Zt4UmRA/edit

b. Bibliography

<https://drive.google.com/drive/folders/1iXsKC5J7N82n2XdjVVm-U9MJ0CmLR3UH>

<https://drive.google.com/drive/folders/1iXsKC5J7N82n2XdjVVm-U9MJ0CmLR3UH>

V. Developmental Disabilities-Specific Best Practice Recommendations

a. ARC Position Statement

<https://docs.google.com/document/d/1iKiCamHj8efbZuiH2pmudhe1J-Q4z9EQvYTB2HaE0cs/edit>

b. Victim's Guidebook

<https://docs.google.com/document/d/1QeLdQu6QeUAOfig5c0acvxiPi7nVM0nkf4LXFo4xHJ8/edit>

c. Adult Protective Services Recommendations

<https://docs.google.com/document/d/1INTG8wb6vZH6VgO8bziOJeeAeFtxr1i8LKEhanUKGo/edit>


VI. Clinical Standards of Care

a. Physicians Best Practice

<https://docs.google.com/presentation/d/1Zlo6e0rv105IS-ludmBAV9CZp8PQMlx/edit#slide=id.p1>


b. Other Clinical Providers, e.g. Psychologists, Social Workers, OT, PT.

LeFevre, Michael L. Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement, Ann Intern Med. 2014;161(12):902-910.


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Screening Recommendations Committee

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| <p>Professional Screening Tools</p> |
| <p>Preventive Care Checklist For Females with Intellectual or Developmental Disabilities (IDD) https://drive.google.com/file/d/1VNWGYfcFBHpjluq_F4ETQEPZcAPRYGEz/view?usp=sharing</p> |
| <p>Preventive Care Checklist For Males with Intellectual or Developmental Disabilities (IDD) https://drive.google.com/file/d/1LOiEH_5Z2OJLHOIjNF2jSzaJByxMYSG6/view?usp=sharing</p> |
| <p>Female Pelvic / Pap for Non-disabled https://drive.google.com/file/d/1L19lo5Xysc5Jn-uGQqURPeD3vqp5QxR8/view?usp=sharing</p> |
| <p>USPSTF STI Screening Guidelines https://drive.google.com/file/d/1S3bretiO_EkeWJSzvtHK0osjUCJ7E3q/view?usp=sharing</p> |
| <p>APA_DSM5_Severity-of-Post-Traumatic-Stress-Symptoms-Adult https://drive.google.com/file/d/1-eIP7l_WTY0QFQI9JLQ4IWuPA14DadGT/view?usp=sharing</p> |
| <p>APA_DSM5_Severity-of-Post-Traumatic-Stress-Symptoms-Child-Age-11-to-17 https://drive.google.com/file/d/1pGxUr_7psHwCXENBdGCdaDF9FV8IBoVy/view?usp=sharing</p> |
| <p>Behavioral Emotional Assessment Checklist PCP https://drive.google.com/file/d/1j9NeWlrzkR6pfbCwbRF20T8qxrjTElep/view?usp=sharing</p> |
| <p>General Screening Tools</p> |
| <p>APA_DSM5_Level-1-Measure-Adult https://drive.google.com/file/d/1fy7EPLervXMNgx9kPklGvrlRbdRtnvgf/view?usp=sharing</p> |
| <p>APA_DSM5_Level-1-Measure-Child-Age-11-to-17 https://drive.google.com/file/d/1EO6RFFP90D4M_N7apj-43sZ1sDxXDrcL/view?usp=sharing</p> |
| <p>APA_DSM5_Level-1-Measure-Parent-Or-Guardian-Of-Child-Age-6-to-17 https://drive.google.com/file/d/1vjZOiotAYBeiKYMPmOvm5lkiKc3n5pK5/view?usp=sharing</p> |
| <p>Life Events Checklist https://drive.google.com/file/d/1G7xQgMJktLP0dA3z7-65KsNZk_FgP3O5/view?usp=sharing</p> |
| <p>Training Tools</p> |
| <p>AZ Center for Disability Law: Protecting people with DD https://drive.google.com/file/d/1u2jkw7XpFnXgxpYdoBEU8IIVZqUQpJf/view?usp=sharing</p> |
| <p>SAMHSA’s Concept of Trauma and Guidance for a Trauma Informed Approach https://drive.google.com/file/d/1pS4thPEIUXhcDBqTKltnEagx-StXChqh/view?usp=sharing</p> |

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| <p>Screening tools for Non-verbal and IID https://drive.google.com/file/d/1BWEJQ7V7zI7Ks4huKA2WPzNXfTdD3Mkf/view?usp=sharing</p> |
| <p>Elder & Vulnerable Adult Screening for Abuse & Violence https://drive.google.com/file/d/1QuNoqT3hVbta1FualybrHhj8O23-pc65/view?usp=sharing</p> |
| <p>Abuse & Neglect Task Force Bibliography https://drive.google.com/file/d/11v9qCFVbfOYKiGI4qdyFX6Vdx6CeDwbT/view?usp=sharing</p> |

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Appendix 4: DDD Background Check Procedures


1. Human Resources Initial Hiring Background Check Process

The following steps should be completed for any employee, volunteer or contracted provider that works with vulnerable individuals in the State of Arizona.

- a) State Operated ICF applicants complete the State of Arizona Employment Application
All other ICF applicants complete the appropriate application for employment
- b) Applicants are interviewed by functional area supervisors, with support from HR
- c) State employee applicants will complete the AZ DES Certificate of Criminal Offense
- d) A comprehensive background check is completed (*Italics indicate checks for volunteers*)
 - 1. *Verification of previous employment*
 - 2. *Contact with listed references*
 - 3. *Adult Protective Services Registry review*
 - 4. *Arizona Department of Child Safety Registry review*
 - 5. *Fingerprint Clearance Card through the Arizona Department of Public Safety*
 - 6. Previous employees seeking reinstatement must have a personnel file review
 - 7. Department of Motor Vehicles review
 - 8. Arizona Supreme Court record review
 - 9. Maricopa County review
 - 10. Arizona Department of Corrections review
 - 11. National Sex Offender Registry review
 - 12. United States Office of Inspector General review
 - 13. Healthcare providers have a review through the National Practitioner Database
 - 14. Licensed healthcare providers undergo license verification

2. Human Resources Monitoring of Current Employees

- 1. Monthly an Arizona State Employee Drivers Record Application(ASEDRA) report is reviewed
- 2. Arizona Department of Motor Vehicles updates information on employee’s citations annually
- 3. Arizona Department of Public Safety notifies of suspension of fingerprint clearance, including criminal offenses, completed annually

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Appendix 5: Narrative Therapy for Inclusion

1. Narrative therapy is a form of psychotherapy that seeks to help residents identify their values and the skills associated with them. It provides the resident with the knowledge of their ability to live these values so they can effectively confront current and future problems
2. Narrative therapy allows people to not only find their voice but to use their voice for good, helping them in their own lives and to live in a way that reflects their goals and values. We have more power for growth and change when we think, especially when we own our voice and story
3. Narrative therapy is a method of therapy that separates the person from their problem. It encourages people to rely on their own skills to minimize problems that exist in their lives. People give these stories meaning.
4. Because of the non-blaming, interactive and even playful approach, Narrative therapy can be particularly helpful with children or people who didn't feel their counselors "worked"; this therapy can work with people who are dealing with problems or concerns: Depression, Sadness, Bi-Polar Disorder



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Attachment 6.2.A – Behavioral/Emotional PCP checklist

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| <p>Behavioral/Emotional Concerns— Primary Care Provider Checklist</p> <p>for Adults with Intellectual and other Developmental Disabilities (IDD)</p> | <p>Last/First Name: _____</p> <p>Address: _____</p> <p>Phone: _____ DOB <u> </u>/<u> </u>/<u> </u> Gender: <u> </u></p> <p>Medical Record Number: _____</p> |
| <p>PART A: PRIMARY CARE PROVIDER SECTION</p> | |
| <p>Date <u> </u>/<u> </u>/<u> </u></p> <p>Etiology of developmental disability, if known: _____</p> <p>Family history of:</p> <p><input type="checkbox"/> Medical disorders (specify) _____</p> <p><input type="checkbox"/> Psychiatric disorders (specify) _____</p> <p>Additional disabilities:</p> <p><input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Hearing impairment</p> <p><input type="checkbox"/> Visual impairment <input type="checkbox"/> Physical disability</p> <p><input type="checkbox"/> Other disability (specify): _____</p> <p><input type="checkbox"/> Previous trauma <input type="checkbox"/> Physical <input type="checkbox"/> Emotional</p> | <p>Presenting Behavioral Concerns:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What is the patient's most recent level of functioning on formal assessment? Year done: _____</p> <p><input type="checkbox"/> Borderline <input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Moderate <input type="checkbox"/> Severe</p> <p><input type="checkbox"/> Profound <input type="checkbox"/> Unknown</p> |
| <p>Diagnostic Formulation of Behavioral Concerns:</p> <p style="text-align: center;">Patient brought to family physician with escalating behavioral concerns</p> <pre> graph TD Start[Patient brought to family physician with escalating behavioral concerns] --> Q1{Individual communicating concerns verbally?} Q1 -- YES --> Treat[YES: Treat condition] Q1 -- NO --> Q2{Caregivers expressing concerns?} Q2 -- YES --> Treat Q2 -- NO --> Q3{Should there be concerns? (Is anyone at risk?)} Q3 -- YES --> Treat Q3 -- NO --> Check[Check for concerns at next visit] Q4{Medical condition?} -- YES --> Treat Q4 -- NO --> Q5{Problem with supports/Expectations?} Q5 -- YES --> Adjust[YES: Adjust supports or expectations] Q5 -- NO --> Q6{Emotional issues?} Q6 -- YES --> Address[YES: Address issues] Q6 -- NO --> Q7{Psychiatric disorder?} Q7 -- YES --> Treat Q7 -- NO --> Treat </pre> | |
| <p>© Bradley & Summers, 1999; modified in 2009</p> | |



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PART A: PRIMARY CARE PROVIDER SECTION

Name: _____

DOB: ____ / ____ / ____

1. REVIEW OF POSSIBLE MEDICAL CONDITIONS [See also Preventive Care Checklist]

Many medical conditions present atypically in people with intellectual and other developmental disabilities. In some cases the only indicator of a medical problem may be a change in behavior or daily functioning. Consider a complete review of systems, a physical exam, and necessary investigations until the cause of the behavior change is identified.

Would you know if this patient was in pain?

No Yes

If yes, how does this patient communicate pain?

Expresses verbally

Points to place on body

Expresses through non-specific behavior disturbance (describe):

Other (specify):

Could pain, injury or discomfort (e.g., fracture, tooth abscess, constipation) be contributing to the behavior change?

No Yes Possibly

Assess/Rule out:

Medical condition giving rise to physical discomfort (e.g., rash or itch)

Medication side effect

Dysmenorrhea/Premenstrual syndrome

Change in medication

Peri-menopausal/menopausal (may start earlier)

Allergies

Musculoskeletal (arthritis, joints)

Vision problem (e.g., cataracts)

Osteoporosis

Hearing problem

Degenerative disc disease (DDD)

Dental problem

Spasticity

Cardiovascular

Neurological (e.g., seizures, dementia)

Respiratory

Dermatological

Pneumonia

Sensory discomfort (e.g., new clothes, shoes)

GERD/Peptic ulcer disease/H.pylori infection

Hypothyroidism

Constipation, or other lower GI problems

Diabetes (I or II)

UTI

Sleep problems/sleep apnea

Other: _____

Comments:



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PART A: PRIMARY CARE PROVIDER SECTION

Name: _____

DOB ____/____/____

2. PROBLEMS WITH COMMUNITY SUPPORTS OR EXPECTATIONS

Review Caregiver Information *Identify possible problems with supports or expectations*

- Stress or change in the patient's environment? (e.g., living situation, day program, family situation)
- Insufficient behavioral supports?
- Patient's disabilities not adequately assessed or supported? (e.g., sensory and communication supports for patients with autism)
- Insufficient staff resources? (e.g., to implement treatment, recreational, vocational or leisure programs)
- Inconsistencies in supports and staff approaches?
- Insufficient training/education of direct care staff?
- Signs of possible caregiver burnout? (e.g., negative attitudes towards person, impersonal care, difficult to engage with staff, no or poor follow-through in treatment recommendations)

Do caregivers seem to have inappropriate expectations associated with:

Recognizing or adjusting to identified patient needs

Yes No Unsure

Over- or under-estimating patient's abilities (boredom or under-stimulation)

Yes No Unsure

Comments:

3. REVIEW OF EMOTIONAL ISSUES

Review Caregiver Information *Identify possible emotional issues*

Summary and comments regarding emotional issues (e.g., related to change, stress, loss):



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PART A: PRIMARY CARE PROVIDER SECTION

Name: _____ DOB ____/____/____

4. REVIEW OF POSSIBLE PSYCHIATRIC DISORDERS

History of diagnosed psychiatric disorder: No Yes Diagnosis: _____
History of admission(s) to psychiatric facility: No Yes (specify): _____

Summary and comments regarding symptoms and behaviors indicating possible psychiatric disorder:

SUMMARY OF FACTORS THAT MAY CONTRIBUTE TO BEHAVIORAL ISSUES



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PART A: PRIMARY CARE PROVIDER SECTION

Name: _____

DOB ____/____/____

MANAGEMENT PLAN

Use the "Diagnostic Formulation of Behavioral Concerns" to assess and treat causative or contributing factors

1. Physical exam, medical investigations indicated: _____
2. Risk assessment: _____
3. Medication review: _____
4. Referrals for functional assessments and specialized medical assessments as indicated
 - e.g., to psychologist, speech-language pathologist, occupational therapist, behavior analyst for assessments and recommendations regarding adaptive functioning, communication, sensory needs
 - e.g., genetic assessment/reassessment, psychiatric consult, functional behavioral assessment
5. Assessment and treatment and referral as indicated for
 - Supports and expectations
 - Emotional issues
 - Psychiatric disorder
6. Review behavioral strategies currently being used, revise as needed
 - De-escalation strategies
 - Use of a quiet, safe place
 - Safety response plan
 - Needed supports
 - Use of "as needed" (PRN) medications
7. Identify and access local resources for care of patient
 - Case management resources
 - Behavior therapist or behavior analyst
 - Other
8. Focus on behaviors
 - Identify target symptoms and behaviors to monitor
 - Institute use of Antecedent-Behavior-Consequence (ABC) Chart
9. Develop a written Crisis Prevention and Management Plan with caregivers and an interdisciplinary team
 - Applicable for all environments in which the behavior could occur, e.g., home, day program or community
 - Caregivers to monitor for triggers of behavior problems and use early intervention and de-escalation strategies
 - Periodic team collaboration to review issues, plan and revise, as needed
 - If hospital and/or Emergency Department involved, consider including ED staff in developing the Crisis Prevention and Management Plan
10. Regular and periodic medication review
 - Use *Psychotropic Medications Checklist* tool for review of psychotropic medications