



DISABILITY RIGHTS ARIZONA

Disability Rights Arizona (DRAZ) Compliance, Oversight, Monitoring, & Investigations Team (COMIT)

2024 Group Home Monitoring Annual Report – Year 2

Group Home Monitoring Pilot Program

ARS § 36-595.03

Developmental disabilities group home monitoring pilot program; clients with complex needs; designated entity duties; expedited referral system; reporting requirements; definition

AZ HB2865

Contract Number: CTR063738

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Program Overview

Legislative History

The Compliance, Oversight, Monitoring, and Investigations Team (COMIT) Program was created as a result of the passing of House Bill 2865 (HB2865). HB 2865 was passed by the Arizona Legislature on June 23, 2022, and signed into law by the Governor on June 28, 2022. This legislation amended the Arizona Revised Statutes (ARS) to include ARS 36-595.03: Developmental Disabilities Group Home Monitoring Pilot Program. The legislation mandated that The Department of Economic Security (DES)/Division of Developmental Disabilities (DDD) contract with Arizona's Protection and Advocacy Organization, Disability Rights Arizona (DRAZ) to conduct monitoring and investigations for individuals residing in DDD group homes. COMIT is responsible for completing in-person monitoring for group homes providing services to clients with complex needs. Per ARS 36-595.03, a client with complex needs is defined as "a client with dual disorders, including psychiatric disorders and developmental disabilities, who engages in behaviors that are disruptive, socially inappropriate or harmful or dangerous to self or others, that interfere with functioning and quality of life or that may cause destruction of property".

Objectives

Complete in-person monitoring of group homes that provide services to clients with complex needs to determine:

1. The client with complex needs receives the services identified in the client's person-centered service plan, including medication monitoring and habilitation treatment, as applicable.
2. The provision of services identified in the person-centered service plan of the client with complex needs has been effective in addressing the client's complex needs.
3. The services have resulted in a reduction in behaviors that interfered with the ability of the client with complex needs to live safely in the community.
4. All physical interventions used by the group home staff have complied with the behavioral treatment plan of the client with complex needs and applicable state laws.
5. Compile a comprehensive report of all observations and outcomes during the preceding year.

Program Achievements

1. COMIT and DDD have established a constructive working relationship.
2. COMIT has enhanced and developed a monitoring tool and process that has identified areas with significant compliance concerns and systemic gaps.
3. COMIT provides DDD with monthly practical case-specific and systemic recommendations for issue resolution.
4. COMIT produces a monthly report with findings and recommendations and participates in monthly meetings with DDD to review concerns and identify steps for resolution.
5. In May 2024, DDD assigned Sherri Wince as the point person to develop a strategic process for following up on and resolving COMIT-identified client case concerns and carrying out COMIT recommendations.
6. COMIT has provided feedback for DDD policy revisions (DDD Behavior Supports Manual and Chapter 54, Group Home Requirements)
7. Based on COMIT recommendations, a DDD Behavior Plan Sub-Workgroup was formed to strategize contract action processes for vendors out of compliance with Client Behavior Treatment Plans (Article 9).
8. COMIT has developed a more comprehensive monitoring tool based on year 1 and 2 findings to collect more extensive data for finding and addressing root causes of compliance concerns and systemic issues (in use as of February 2025).
9. In response to COMIT findings regarding the quality of Client Person-Centered Service Plans, DDD instituted a new requirement for Support Coordinators (Case Managers) to complete The National Committee for Quality Assurance (NCQA) Accreditation training.

Program Barriers

1. Delay in DDD providing Complex Needs Monitoring Roster (Resolved)

Issue: Low monthly monitoring numbers in March (4) and April (5)

- COMIT received 2023 rosters with a total of 175 client names for year 1 monitoring reviews.
- The 2024 roster was not received until 3/18/24 with a total of 372 clients
March roster issues:
 - Duplicated clients from the 2023 roster: 56 of the clients on the March 2024 roster had been listed on the 2023 roster, and 53 of the clients' monitoring reviews had been completed and submitted to DDD.
 - 11 of the clients did not have vendor information or had information suggesting the client was not residing in a group home.
 - The majority of the addresses provided for the clients were the vendor's main business addresses rather than the specific group home addresses.
- April 2024: A corrected roster was received on 4/12/24 with a total of 361 clients.
 - The difference in total clients from March to April was due to the removal of the 11 clients from the March roster that did not have vendor information listed or information suggesting the client was not in a group home.
 - DDD reported that the 2023 and 2024 rosters included all clients with complex needs that COMIT would be responsible for completing monitoring reviews during the duration of the program (2024-2025).
 - After merging the rosters and removing duplicated client names, there was a total of 491 clients.
 - There was a significant increase in the number of clients residing in group homes outside of the Phoenix area (90-294 miles outside of Central Phoenix).
 - The initial 2023 roster had a total of 22 clients
 - The 2024 roster had 190 clients
 - Apache County
 - Cochise
 - Coconino
 - Graham
 - Mohave
 - Navajo
 - Pima
 - Yavapai
 - Yuma

2. Updated Client Contact Information (Resolved)

Issue: DDD not tracking member movement from the vendor identified on the Group Home Monitoring Roster.

Several unsuccessful processes were tried before there was a successful resolution for requesting updated client contact information when vendors reported that the client was no longer residing with the vendor identified on the roster.

- **DDD Administration Contact:** A DDD office administrator contact was utilized, who would provide monitors with the clients' support coordinator's name and contact information for the monitor to contact for updated client contact information.
Issue: DDD Support Coordinators (Case Managers) were difficult to reach and occasionally would refuse to give client contact information.
- **DDD Network Notification:** COMIT reported contact issues to DDD, which would trigger a DDD network email notifying vendors that they were required to contact COMIT to schedule a monitoring visit.
Issue: The notification sent to vendors would not have the client's name and COMIT was not provided with the new vendor contact information. Vendors would contact COMIT, but COMIT could not verify the client for whom the monitoring needed to be completed.
- **DDD Residential Email Contact:** In July 2024, COMIT was provided with a DDD Residential contract, which has proven successful in providing a rapid response to requests for updated client information including client status updates (confirming if the client is still residing in a DDD group home setting as well as the current vendor, group home address and vendor contact information).

3. COMIT improved its Monitoring Data Collection and Reporting Process (Resolved)

Due to the significant variables to account for during the monitoring data collection process, a new comprehensive monitoring tool was developed in early 2024, however, due to the significant increase in collected data a secure cloud-based platform was required to assist with the data collection, analysis, maintenance, and reporting. A service provider was identified by COMIT in September 2024 and the new comprehensive tool will be in use starting February 2025.

4. DDD Group Home Vendor Responsiveness (Unresolved)

COMIT continues to have issues with group home vendors not being responsive to requests to schedule monitoring visits and/or provide requested documents/records.

- DDD held a vendor forum on January 27th, 2023, to educate vendors on the COMIT program, published information on the program in newsletters, and sent reminders to vendors regarding their need to comply with requests, however, the issues continue.

Monitoring Methodology

The Complex Needs Group Home Monitoring Roster

DDD provided COMIT with a list of clients with complex needs residing in group home settings. The COMIT Monitoring program is responsible for completing monitoring reviews for all clients on the roster confirmed to be residing in group home residential settings by December 2025.

COMIT Monitoring Review

COMIT Monitors are responsible for contacting the group home vendor representatives for their assigned clients to request pre-visit documents and coordinate the group home site visit.

Completed monitoring reviews include:

- Group Home site visit(s)
- An interview with the client with complex needs
- Interviews with group home management and/or direct care staff
- An interview with the clients' Guardian(s) (if applicable)
- Review of the group home's client file to determine record-keeping compliance
- A comprehensive review of essential documents

Essential Documents

The following documents are critical for verifying service compliance, assessing service quality and client care needs to address the program objectives:

- Person-Centered Service Plan (PCSP)
- PCSP Supplemental Document, Safeguards in Licensed Residential Settings
- Behavior Treatment Plan (BTP)
- Habilitation Master Staffing Schedule (group home staffing matrix)
- Medication Administration Records (MAR)
- Habilitation and BTP goal-tracking data
- Monthly Progress Reports (MPR)
- Medical Appointment forms
- Medication Reviews (Psychiatrist/Behavioral Health appointment forms)
- Abnormal Involuntary Movement Scale (AIMS) evaluation forms/results
- Behavior tracking data
- Incidents Reports

The essential documents listed were originally reviewed and discussed with the team in July 2024 and will be the standard going forward.

Program Objectives: Methodology for Determination

1. The client with complex needs receives the services identified in the client's person-centered service plan, including medication monitoring and habilitation treatment, as applicable.

- a. Current PCSP: Services Authorized (ALTCS/NON-ALTCS) – Interviews confirm current services.
- b. Medication administration records and vendor practices compliant with R6-6-806.
- c. Vendor goal teaching strategies and tracking are consistent with the PCSP guidelines for all group home/habilitation assigned objectives.
- d. Medical/Dental appointment forms compliant with AAC R6-6-806.E and support proper treatment follow-up timeframes.
- e. Client staffing ratios are maintained according to the Habilitation Master Schedule.

1 - Determination Barriers: A Current PCSP (completed with accurate information), Medication Administration Records, Medical Records/Appointment Forms, Goal Tracking, and/or Habilitation Master Schedule are not available for review.

2. The provision of services identified in the person-centered service plan of the client with complex needs has been effective in addressing the client's complex needs.

- a. Consistent verbal accounts/service feedback received from the client, staff, and guardians (if applicable) of client progress and service effectiveness.
- b. Behavioral stability and/or proper treatment steps are taken in response to unforeseen behavioral emergencies/crises demonstrated through behavior tracking, medical records/appointment forms, limited or reduced behavior-related incident reports, and PCSP documentation.
- c. Physical/medical health care needs are addressed with proper medical care/treatment follow-up demonstrated through medical records/appointment forms and PCSP documentation.
- d. Goal teaching plans/strategies are SMART (Specific, Measurable, Achievable, Relevant, and Timebound), and adhere to AAC R6-6-805. F., and demonstrate consistent progress/skill development.
- e. The PCSP documents proper/timely follow-up actions and status updates for beneficial services requested or discussed in the plan narrative and alternative/NON-ALTCS service options offered when the ALTCS service is not available (DDD Medical Policy Manual 1610 B.)

2 - Determination Barriers: A Current PCSP (completed with accurate information), Behavior Tracking, Goal Teaching Strategy/Tracking, Incident Reports, and Medical Records/Appointment forms are not available for review.

3. The services have resulted in a reduction in behaviors that interfered with the ability of the client with complex needs to live safely in the community.

- a. Consistent verbal accounts/service feedback received from the client, staff, and guardians (if applicable) of reduced behaviors and greater community involvement.
- b. Behavior tracking data documents a decrease in target/interfering behaviors.
- c. Minimal or no behavior-related incident reports involving emergency intervention measures.
- d. Verbal reports and documentation that the client receives community-based services and supports (day program/employment) and/or is actively and successfully participating in community activities and events.
- e. No documented/reported barriers to community involvement such as an enhanced staffing ratio (ESR) for behavior-related safety and enhanced vehicle/transportation safety procedures/support needs.

3 - Determination Barriers: A Current PCSP (completed with accurate information), Behavior Tracking, Incident Reports, crisis plans, and Behavior Treatment Plan are not available for review. Additional data measures are included in the new comprehensive monitoring tool to better assess and report on the specific variables associated with this focus area by utilizing alternative information sources or relational data to make a conclusive determination.

4. All physical interventions used by the group home staff have complied with the behavioral treatment plan of the client with complex needs and applicable state laws.

- a. The vendor has a Behavior Treatment Plan (BTP) for the client and a PRC Disposition form with the PRC Chair's final approval signed and dated within the last 12 months.
- b. Incident reports document all reported emergency physical intervention measures (Prevention and Support techniques) utilized with the client.

4 - Determination Barriers: Incident Reports, BTP, PRC Disposition form, and crisis plan are not available for review. Side Note: BTP would not typically document specific physical intervention techniques, for example at most the BTP may state that if the clients is a danger to themselves or others Prevention and Support techniques may be utilized.

The methodology described above has been developed in year 1 and year 2 of the group home program to improve monitoring review consistency program quality standards and will be enhanced by the new comprehensive monitoring tool in use as of February 1, 2025.

Program Progress

2024 Clients Added to The Complex Needs Group Home Monitoring Roster

- In 2023, COMIT received rosters with client names for year 1 monitoring reviews.
- In 2024, COMIT received rosters with additional client names for year 2 and 3 monitoring reviews.

<i>2024 Complex Needs Clients Added to Roster</i>	<i>Total</i>
2023 Clients with Complex Needs	175
2024 Clients with Complex Needs (2024 Rosters, 2024-2025 clients)	316
Total Clients (2023-2025 COMIT Group Home Monitoring)	491

2024 Closed Assignments: Clients Discharged from Group Home Monitoring

COMIT Monitoring reviews are completed for clients with complex needs residing in DDD-funded group homes. Monitoring assignments are considered closed when it has been confirmed that the member is no longer in a DDD group home setting. A total of 23 assignments were closed as of December 2024; 16 were due to the client moving out of DDD group home residential settings and 7 were due to the client’s death.

<i>Assignment Closures</i>	<i>Total</i>
2023	11
2024	19
<i>2024 Reopened* (clients moved back to group home settings)</i>	<i>7</i>
Total Closed Assignments (Dec 24')	23

Reopened* Assignments

A total of 7 previously closed assignments were reopened in October 2024.

During a review of QOC tracking, clients who were previously reported to have moved out of DDD group home settings were identified in current group home QOCs. DDD Residential was contacted and confirmed that the clients had moved back into group homes and provided updated vendor contact information. The 7 assignments were added back to the Group Home Monitoring Roster.

COMIT Completed Group Home Monitoring Review Progress for the totality of year 1 & 2

Clients with Complex Needs Group Home Monitoring Roster	Total
Total Complex Needs Clients	491
Monitoring Reviews Completed (May 2023 – December 2024)	294
Closed Assignments (Member no longer in group home setting)	23
Total Completed/Closed	317
Total Remaining Monitoring Assignments	174

Findings/Results

2024 Completed Monitoring

Monitoring Reviews were completed in 2024 for 172 clients residing at 151 group home addresses with 73 vendors in 30 cities for all [5 DDD Districts](#) (refer to Table 1 for client demographics, page 10).

Program Objective Outcomes

1. 58% (100/172) of clients were not receiving all services identified in the PCSP

Outcome determined by the following parameters:

- All services listed as Services Authorized in the PCSP (ALTCS/NON-ALTCS) received
- Client habilitation goal teaching plans and tracking are consistent with the PCSP guidelines for all residential assigned objectives
- Medication administration record compliance (AAC R6-6-806)

2. Only 14% (24/172) of reviews were able to determine that services were effective

47% (80/172) found services were not effective

40% (24/172) effectiveness could not be determined

Service effectiveness outcome determined by the following parameters:

- Behavioral stability is supported by verbal reports and documentation.
- Physical/medical health care needs are addressed with proper treatment follow-up.
- Client goals are completed with proper documentation and demonstrate progress.

3. 70% (121/172) of reviews were unable to determine conclusively if the clients' behavior decreased due to an absence of or inconsistencies in behavior tracking data.

15% (26/172) of the reviews found documentation supporting a consistent reduction in interfering behaviors.

15% (25/172) of the reviews found documentation supporting an increase in interfering behaviors.

- Additional data measures will be employed with the comprehensive monitoring tool (Feb 2025) to capture additional data sources for reporting specific barriers and/or compliance issues.

4. Only 17% (29/172) of reviews had vendors who **reported or documented the use of physical interventions (prevention and support techniques with the clients).**

Of the 29 reviews, **76% (22/29) did not have a current/approved Behavior Treatment Plan.**

Monitoring Trends

(See Table 2, pg. 16 for the full list of trends)

VENDOR COMPLIANCE CONCERNS

Group Home Vendor Compliance Concerns	Count	% of Total
Documentation - quality/compliance concerns	160/172	93%
Training - staff knowledge and skill concerns	159/172	92%
Goal strategy/tracking – documentation/quality concerns	149/172	87%
Incident Reporting – compliance concerns	117/172	68%
Medication Administration/Monitoring - compliance concerns	108/172	63%
Incident Reporting - no incident reports in the client file	104/172	60%
Client File - no current PCSP in the client file	42/172	24%
Medical Needs - not properly documented/followed up on	41/172	24%
No Behavior Tracking – in client file/received when requested	70/172	41%
No Goal Tracking - in client file/received when requested	68/172	40%

Client Files: Basic Record-Keeping, Documentation, Tracking and Charting

COMIT Monitoring Reviews identified serious compliance concerns with group home vendor documentation and record-keeping practices. Client files did not meet the requirements and standards in A.A.C. Article 8 and DDD Provider Policy Manual Chapter 54 for group home residential settings.

1. Required Records Not Available at the Group Home

- Incident reports not in file
- Behavior tracking not in file
- Goal tracking not in file
- Current Person-Centered Service Plan not in file

2. Poor Quality Documentation Practices

- Medication Administration/Monitoring inconsistent charting standards
- Goal strategy/tracking inconsistent and ineffectual for skill development
- Medical appointment forms and basic documentation of medical needs demonstrate poor standards to meet client care needs and address treatment needs.

Incident Reporting

Incident reporting is a critical component for documenting significant events that affect a client's health, safety, and well-being. Based on monitoring reviews, there are significant compliance concerns with group home vendors not meeting the DDD Provider Policy Manual, Chapter 70 incident reporting requirements. The COMIT Monitoring program is unable to verify whether incident reports have been submitted to DDD per policy, however, the absence of incident reports in the clients' files and verbal reports of events without proper documentation suggests a lack of compliance with basic incident reporting standards and practices.

Goal Tracking

Client goals are an important and required element of the group home habilitation service for clients. Client goals support increased skill development and greater independence. To ensure goal effectiveness, goals should meet the SMART criteria: specific, measurable, achievable, relevant, and time-bound. Monitoring reviews found that client goals often did not meet the SMART criteria, reducing their effectiveness and negatively impacting client skill development and success rates. Further, there was an absence of tracking data available for review or inconsistencies of the data collected suggesting that group home staff are not meeting the habilitation treatment expectations required for the DDD group home service provision.

Behavior Tracking

Behavior tracking is critical for assessing the client’s current behavior status and treatment needs. The absence of tracking data or inconsistencies in the collection of data has serious consequences for meeting the client’s care and treatment needs. This includes the information that is provided to the client’s prescribing physician for determining the effectiveness of their psychotropic/behavior-modifying medications.

Behavior Treatment Plan (BTP)

The Behavior Treatment Plan is a crucial component for meeting the care needs of clients with complex needs. A BTP outlines goals and objectives to reduce challenging/disruptive behaviors and increase more positive/adaptive behaviors. Per A.A.C Article 9, a Behavior Plan is required for clients prescribed psychotropic/behavior-modifying medication residing in group home settings. Group home vendors are responsible for submitting the BTP to the Program Review Committee (PRC) for review/approval within 90 days of the client moving into the group home setting and must be reviewed/approved by PRC annually. To have a client on psychotropic/behavior-modifying medication without an approved BTP is “prohibited” according to Article 9. The most significant and concerning finding from completed monitoring reviews is the number of clients that do not have a current approved BTP.

Behavior Treatment Plan	Count	% of Total
No Approved Behavior Plan (Avg. time without a plan: 3.3 years)	93/172	54%
Behavior Plan Past Due for PRC Review (Avg. time past due: 9.2 months)	18/172	10%
Total Clients - No Current/Approved Plan	111/172	65%

Group Home Staff Training

Direct care staff often could not demonstrate the knowledge and skills required to meet the needs of clients with complex needs to ensure their health and safety and were not familiar with essential documents or documentation and reporting practices.

SYSTEMIC ISSUES/CONCERNS

Person-Centered Service Plan (PCSP)/Support Coordination (Case Management)

Person-Centered Service Plan	Count	% of Total
DDD: Person-Centered Service Plan – inaccurate/unclear	162/172	94%
DDD: Person-Centered Service Plan not signed by Client/Guardian	50/172	29%
DDD: Person-Centered Service Plan - action items need follow-up	123/172	72%
DDD: Clients not receiving all services identified in their PCSP	100/172	58%

The PCSP is the most essential document for the clients’ DDD services and has been trending at 94-100% for inaccurate/unclear information. The most significant concern is with the inconsistencies in the Support Coordinators’ completion of the document. The following issues were most prevalent:

- Guardian/HCDM Contact Information is blank
- Medical/Dental/Behavioral Provider Information blanks and missing providers
- Medications prescribing physician being blank or an agency rather than prescriber listed
- Goal information is not completed properly or sometimes left blank
- Activities of Daily Living- Behavior Type/Frequency does not document type/frequency
- Authorized Services are missing behavioral health services
- Target Behaviors are not Identified as risks
- Modifications to Plan Through Restriction of Member’s Rights not completed
- Action Plan left blank
- Plan not signed by Guardian

A further concern is regarding the Support Coordinators not identifying behavior and health risks or documenting rights restrictions. The Modifications section of the PCSP is regularly left blank even with rights restrictions identified in the Behavior Treatment Plan or mentioned in the plan narrative. The CMS HCBS Final Rule details the importance of properly identifying and documenting rights restrictions and modifications. The vast majority of plans do not have Action Plans for outstanding client needs reflecting the lack of PCSP team coordination and accountability.

DDD Group Home Monitoring of Vendor Standards and Practices

As evidenced by the vendor compliance concerns, DDD is not supporting/enforcing vendor compliance with group home policy requirements for the following:

- Client files, record-keeping, and documentation
- Medication administration practices
- Goal quality and consistency
- Behavior tracking quality, accuracy, consistency
- Client medical care and treatment, documentation, and care needs follow-through
- Vendor staff training curriculums and practices
- Behavior Treatment Plan compliance

Recommendations

1. Additional Monitoring for Vendors with Compliance Concerns

Increased Monitoring with in-person follow-up and consults for vendors that have significant and repeated compliance concerns. Contract actions should be considered including corrective action plans and placement restrictions until compliance standards are improved.

2. Review and Assessment of Vendor Training Curriculum and Practices

Vendor training curriculum and practices need to be evaluated due to the inconsistencies in the direct care staff's knowledge, skills, and ability to meet the client's needs. Possible areas to consider include the development/implementation of a standardized training curriculum and required knowledge checks for staff to ensure the effectiveness of training.

3. Heightened Standards for Person-Centered Service Plan/AHCCCS Plan Change

DDD is now requiring Support Coordinators to attend a training/accreditation program, however, internal processes should be established to ensure the plan is completed fully and accurately and meets the CMS Final Rule requirements. Consider an online system for plan completion that can assist with ensuring required components are completed.

4. AHCCCS: Person-Centered Service Plan Template for DDD Population

DDD is required to use the AHCCCS PCSP template, which is not conducive to the unique needs of the DDD population. DDD uses supplemental documents to address this, but often the supplemental documents are not consistently updated and/or included with the plan. Specifically, the Behavior Treatment Plan is not accounted for in the current PCSP template. The prior DDD Individual Service Plan had the BTP status on the first page, demonstrating the importance of that document for the population. Additional areas of improvement would be a clear section for documenting the client's staffing ratio, alone time parameters (currently supplemental), and a clear attendance sheet to capture if the client and Guardian (if applicable) were present (CMS HCBS Final Rule).

5. DDD/Program Review Committee (PRC) Tracking/Accountability for Behavior Plans

Due to the significant amount of BTP compliance concerns, an improvement in the DDD tracking system is needed to identify clients prescribed psychotropic medications and their current BTP status to determine compliance. If compliance is not established the necessary steps should be taken to ensure the timely development and approval of the BTP.

6. DDD PRC Chair Qualification Requirement

To ensure the quality and effectiveness of PRC Approved Behavior Treatment Plans a requirement should be added for all PRC Chairs to be Behavior Certified Behavior Analysts.

7. DDD Vendor Readiness Review Process Improvement

A more substantial process should be developed to ensure that vendors have the knowledge and qualifications to meet the needs of DDD clients. Consider the use of administering a test/evaluation before approving a new vendor to ensure they are capable of meeting the care needs of the DDD population and a probationary period for new vendors to include restrictions on the number and types of placements until vendors have demonstrated their ability to meet all service compliance requirements.

Table 1. Year 2 - Group Home Monitoring Data - Client Demographics

Year 2 - Completed Monitoring Reviews	Count	% of Total
Clients with Complex Needs	172/491	35% (of year 1-3 total roster)
Gender		
Male	119/172	69% (of 2024 total reviews)
Female	53/172	31%
Age Range		
0-11	3/172	2%
12-17	20/172	12%
18-34	94/172	55%
35-54	40/172	23%
55+	15/172	9%
Staffing Ratio (Staff to Client Ratio)		
No ESR (no enhanced staffing ratio)	22/172	13%
Has enhanced staffing ratio	150/172	87%
1:2 staff-to-client ratio	7/172	4%
1:1 staff-to-client ratio	98/172	57%
2:1 staff-to-client ratio	38/172	22%
3:1 staff-to-client ratio	7/172	4%
Length of Service		
Less than 1 year	23/172	13%
1-3 years	68/172	40%
4-7 years	36/172	21%
8-14 years	18/172	10%
15+ years	27/172	16%
DDD Districts		
District Central (DC)	25/172	15%
District East (DE)	19/172	11%
District North (DN)	25/172	15%
District South (DS)	44/172	26%
District West (DW)	59/172	34%
Other Data		
Cities	30	Appendix 1 (pg. 17)
Group Home Vendor/Service Providers	73	Appendix 2 (pg. 18)
Group Home Addresses	151	Protected Information

Table 2. Year 2 - Group Home Monitoring Trending Issues/Concerns

Table 2: Group Home Monitoring Trends	Count	% of Total
Group Home Vendor Compliance Concerns		
Documentation - quality/compliance concerns	160/172	93%
Training - staff knowledge and skill concerns	159/172	92%
Goal strategy/tracking – documentation/quality concerns	149/172	87%
Incident Reporting – compliance concerns	117/172	68%
Medication Administration/Monitoring - compliance concerns	108/172	63%
Incident Reporting - no incident reports in the client file	104/172	60%
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No Behavior Tracking – in client file/received when requested	70/172	41%
No Goal Tracking - in client file/received when requested	68/172	40%
Behavior Treatment Plan (BTP): No Current/Approved Behavior Plan	111/172	65%
BTP: No Approved Behavior Plan (<i>Avg. time without a plan: 3.3 years</i>)	93/172	54%
Behavior Plan Past Due for Annual Review (<i>Avg. time past due: 9.2 months</i>)	18/172	10%
Systemic Issues		
DDD: Person-Centered Service Plan – inaccurate/unclear	162/172	94%
DDD: Person-Centered Service Plan not signed by Client/Guardian	50/172	29%
DDD: Person-Centered Service Plan - action items need follow-up	123/172	72%
DDD: Clients not receiving all services identified in their PCSP	100/172	58%
DDD/PRC: Vendor Accountability/Tracking Needed for Behavior Plan	93/172	54%
DDD: Increase Group Home Monitoring - vendors not in compliance	125/172	73%

Appendix 1: Year 2 - Monitoring Review Cities

City	Count
Avondale	10
Casa Grande	2
Chandler	3
Chinle	1
Cornville	5
Cottonwood	1
El Mirage	3
Flagstaff	4
Gilbert	1
Glendale	15
Goodyear	2
Kayenta	1
Kingman	2
Lake Havasu City	2
Laveen	6
Mesa	3
Page	1
Peoria	8
Phoenix	38
Queen Creek	1
Saint Michaels	1
San Tan Valley	4
Scottsdale	1
Show Low	4
Snowflake	1
Surprise	5
Tempe	3
Tucson	34
Waddell	1
Yuma	9
Total	172

Appendix 2: Year 2 - Monitoring Review Vendors

VENDOR	Count
ADAS-ADAMA DEVELOPMENTAL ASSISTANCE & SUPPORT LLC	3
Advanced Supported Living Services, LLC	5
AIRES	7
AJ'S Safe Place Residential Facility Inc	1
Alethia Social Services LLC	1
Amazing Love Care LLC	2
AMC Group LLC	1
Angelic Grace Home Care, LLC	1
Anod Care Services, Inc.	1
Anodyne Independent Living Specialists, Inc.	2
ARISE, INC FN	8
Arizona Dream Team I, LLC	6
Arizona Health Care Contract Management Services	2
Arizona Joy Center	2
ARIZONA TRAINING & EVALUATION CENTER INC.	5
Brendel and Associates, LLC	1
Called To Care Residential Facility, LLC	3
Care and Dignity Services	1
CoBros III, LLC	8
Community Options, Inc.	7
Consumer Advocacy Projects, Inc.	3
Creative Innervations, LLC	1
Desert Darling Daycare & Pre-School INC	1
Dine` Bii Association for Disabled Citizens, Inc.	1
Elite Home Care Services LLC	1
Embrace Hope, LLC	2
Embrace Life, Inc.	1
Esemonu`s Group Home, Inc.	1
F & C HOME CARE SERVICES LLC	1
Fam Ali LLC	1
Friends to Family Corporation	1
GenRev Family Resource	1
Golden Dream Residential Care LLC	1
Hatch Haven, LLC	1
Healthy Homes LLC	1
Heart To Heart Behavioral Health Group Home, LLC	1
HOPE LOVE AND CARE GROUP HOME LLC	1
Horizon Health and Wellness, Inc.	1
iCare Health Services LLC	1
JADEM Ark of Hope LLC	1
Legend DDD Services, LLC	3

Appendix 2: Year 2 - Monitoring Review Vendors - Continued

VENDOR	Count
Liberty Home LLC	5
LOU Corporation	2
Matread Care, LLC	1
Meadows Catalina LLC	2
MEANINGFUL LIFE BEHAVIORAL HEALTH LLC	2
Mi Casa Su Casa, LLC.	2
My Choice Group Home LLC	1
National Mentor Healthcare LLC	3
New Horizons Center for People with Special Needs	2
Ohana Developmental Homes, LLC	6
Open Arms LLC	1
Pifer Group Homes, LLC	1
Pleasant Living Family Group Home	1
Proverbs Group Home	5
Quality Connections	2
Reeves Foundation, LLC	1
ResCare Arizona, Inc.	7
Rusty`s Morningstar Ranch	6
Saguaro Foundation	7
St. Michaels Association for Special Education	1
Stercoll Services Limited LLC	1
Sunny Field Residential Homes, LLC	2
The Helping Hands Agency, Inc.	1
The Little Foundation, LLC	1
The Opportunity Tree	3
The Sanga Corporation	3
theraplay4kidz, LLC	1
TLC DD Group Homes LLC	1
TLC Supported Living Services of Arizona INC.	2
Ultimate Touchup LLC	1
Unified Residential Homes LLC	3
VISIT-N-CARE	2
Year 2 Total Vendors	172