



# DISABILITY RIGHTS ARIZONA

**Disability Rights Arizona (DRAZ)**

**Compliance, Oversight, Monitoring, & Investigations Team (COMIT)**

## **2024 Quality of Care Complaint Investigations - 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 receives all Quality-of-Care (QOC) Complaints from DDD and prioritizes complaints related to abuse, neglect, and client safety for investigation. Substantiated QOC allegations are provided to DDD to disseminate the reported information to the Vendor and Independent Oversight Committee (IOC). DDD completes investigations for all QOCs, regardless of which QOC's COMIT selects for investigation.

DDD defines a Quality-of-Care Concern (QOC) as an allegation that any aspect of care, treatment, utilization of behavioral health services, or utilization of physical health care services caused or could have caused an acute medical or psychiatric condition or an exacerbation of a chronic medical or psychiatric condition and may ultimately cause the risk of harm to a client.

### **Program Objectives**

1. Receives complaints triaged as Quality-of-Care Concerns (QOC) from DDD for all DDD-funded group homes.
2. Assignment of QOCs for investigation prioritizing those identified as related to abuse, neglect, or safety.
3. Conduct investigations to determine the validity of the QOC allegations.
4. Report substantiated allegations to DDD.

## **Program Achievements**

1. COMIT and DDD have established a constructive working relationship.
2. COMIT has identified systemic gaps based on COMIT investigation-related discussions during monthly meetings.
3. COMIT has identified issues with the QOC tracker regarding the categorization of compliant allegations and DDD has made the necessary corrections.
4. COMIT has provided feedback for DDD policy revisions (DDD Behavior Supports Manual and Chapter 54, Group Home Requirements)

## Program Barriers

### 1. Volume of QOCs received from DDD

*Issue: The number of investigations is not manageable for the current COMIT program*

COMIT has received a total of 4,592 QOCs from 2023 to 2024. The program has 1 manager, a Lead Investigator, 3 Investigators, and limited resources.

### 2. Program Development and Resources

*Issue: Delays in closing investigations*

DDD provided minimal information regarding its investigation operations, procedures, and resources for program development. COMIT requires significant development and resources to complete thorough root cause-based investigations for the QOC complaints received. To complete effective investigations, COMIT would require the following:

- DDD investigation specifications/criteria for substantiation
- DDD case background information and case records
- Vendor submitted Internal Fact Finding/Review response
- Historical tracking for all incidents related to the client and vendor
- DDD investigation file access
- DDD tracking and trending
- Vendor compliance for producing:
  - Historical and recent client records
  - Employee/employment records
  - Training records
  - Vendor policy and operation records
- Access to other regulatory agency information to ascertain patterns of problems or liaisons for agencies to assist with providing information.
  - Department of Public Safety
  - Police Departments
  - Adult Protective Services
  - Department of Child Services
- Expedited access or assistance with acquiring hospital and behavior health records.

### **3. DDD Group Home Vendor Responsiveness**

*Issue:* Challenges with contacting group home vendors and receiving records

COMIT continues to have issues with group home vendors not being responsive to contact attempts and/or providing requested documents/records related to COMIT's investigation.

- DDD held a vendor forum on January 27<sup>th</sup>, 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.

### **4. Updated Client Contact Information (Resolved)**

*Issue:* Updated contact information for clients who moved from the vendor on the QOC tracker.

Several unsuccessful processes were tried before there was a successful resolution for requesting updated client contact information. The client was no longer residing with the vendor identified on the roster (refer to the Monitoring Report for specific resolution actions).

## COMIT Investigation

The COMIT Manager reviews and assigns Quality of Care (QOC) complaints to COMIT Investigators from a DDD Quality of Care (QOC) complaints report prioritizing complaints related to abuse, neglect, and member safety.

COMIT Investigators are responsible for conducting investigations to determine if the allegations in the QOC complaint can be substantiated and completing an investigative final report is with their findings. Investigations include the following:

- A review of the group home settings
- Interviews with the clients
- Interviews with complaint-associated group home staff
- Interviews with family members, guardians, and other parties involved
- Review of all relevant group home records
- Requests and reviews of relevant third-party records

## Program Progress to Date

**QOC Tracker: Total QOCs Received (2023-2024): 4,592**

**All Investigations Assigned Total (2023-2024): 24**

*Refer to pg. 10 for Year 1 and Year 2 assignment case information tables.*

Open QOC Investigation Cases: 20

Closed QOC Investigation Cases: 4

Total Investigations Assigned in 2023: 12 (August 2023 - December 2023)

Total Investigations Closed In 2023: 0

Total Investigations Assigned in 2024: 12

Total Investigations Closed in 2024: 4

*Closure numbers are low due to the program barriers described above. Additional development is in progress. A Lead Investigator was hired to assist in 2024 and an Investigation consultant is currently onboarding to be used as a Subcontractor (paperwork in process/requires DDD approval).*

## 2024 Investigations

**QOC Tracker: Total QOCs Received Year 2: 2,424**

*Refer to pg. 11-12 for Year 2 QOC information tables*

### Completed/Closed Investigations:

Total Number of Complete QOC Complaint Investigations: 4

Total Number of QOC Complaint Investigations Substantiated: 2

Total Number of QOC Complaint Investigations Unsubstantiated: 2

### Closed Cases Opening Allegations

Case ID	Date Closed	Opening Allegation	Complaint	Outcome
CI0005	2/28/24	Safety/Risk Management	Medication Error	Substantiated
CI0007	4/8/24	Abuse	Unreported Injury	Unsubstantiated
CI0009	6/14/24	Unexpected Death	Client Death	Unsubstantiated
CI0004	12/5/24	Abuse	Client Unsupervised	Substantiated

COMIT does not receive DDD QOC Investigation reports/outcomes for their completed investigations concerning COMIT-selected QOC investigations. COMIT has not received feedback or if any additional actions were taken in response to COMIT regarding submitted Final Reports.

### Open Investigations:

Total Number of Open QOC Complaint Investigations: 20

Open Case Information:

Case Numbers	Total
Members	19
Vendors	15
Group Home Addresses	16
Cities	10
Age Ranges	Count
0-6	2
7-17	2
18-35	10
36-64	4
65+	2

Opening Allegations	Count
Abuse	10
Safety/Risk Management	4
Unexpected Death	3
Availability, Accessibility, Adequacy	1
Effectiveness/Appropriateness of Care	1
Neglect of physical, medical, or behavioral needs of a member	1

## **Systemic Issues Identified**

### **1. DDD Investigation**

There is a need for more substantial reviews rather than surface determinations. COMIT has learned that DDD does not request police records, due to its focus being on vendor compliance, however additional witness statements and supporting information would be extremely beneficial to determine validity. It does not appear that a true root cause analysis is being completed during investigations, which would properly assess vendor operational practices that may contribute to ongoing QOC events.

### **2. DDD Data Collection/Analysis and Reporting Practices**

COMIT has learned that the current DDD system is unable to identify patterns of concern regarding incident/complaint specifics that would improve vendor oversight and accountability. Due to vendors not having access to the AHCCCS portal, all incident reports/complaints received by DDD are manually inputted by DDD into QOC tracking. All information from the vendor incident report is not inputted into tracking (staff involved, emergency measures used, notifications made, regulatory agencies involved, incident report completed correctly/signed). The ability to analyze this additional incident/complaint data would allow for the identification of areas of concern that need to be corrected to improve vendor compliance and improve client safety.

### **3. Vendor Employee Qualifications/Clearance to Work**

During the course of a current, ongoing investigation, information was relayed that a vendor employee was working at the group home despite being placed on the DDD “no contact list” due to a prior incident of abuse/neglect. This is still under investigation and final determination is still needed. COMIT learned during meetings with DDD that when potential abuse or neglect has been identified with a specific vendor employee they are placed on a “no contact” list and vendors are notified of the employee’s status. However, DDD would not know if vendors were allowing employees on the list to work unless it had been reported to them. Additional checks and balances are needed to ensure that current group home employees have the necessary qualifications and clearances in place to work with clients.



## **Recommendations/Recommended Remediation**

### **1. DDD Quality of investigation**

There is a need for the completion of a root cause analysis in DDD investigations rather than surface reviews (did it happen or not). Completing a root cause analysis can identify issues within the vendor organization that need to be corrected to ensure the incidents/issues do not continue. Completing more substantial investigative reviews can decrease the number of QOC events overall and safeguard clients from future events.

### **2. Data Collection/Analysis/Tracking and Trending System**

Due to the current limitations of the DDD incident report/complaint data collection/tracking system, a more advanced system is needed with the capability of capturing all incident report/complaint details for ascertaining trends in reported incidents/complaints. By capturing more robust data, DDD would be able to identify when there are significant, established patterns of vendor compliance concerns to address and resolve issues and improve group home services and client safety.

### **3. Additional Checks and Balances for Employee Qualifications**

Due to the potential concern regarding vendor employees not meeting the qualifications or having clearance to work with clients, additional checks and balances are recommended to ensure client safety. Two potential areas to consider are:

- Regulatory Agency System for Data Sharing

In 2020 APS proposed a data-sharing system for regulatory agencies in Arizona (DES, AHCCCS, DHS, DCS, DPS) to correct an identified systemic gap:

Information gathered during investigations (both internally and across agencies) varies based on statutory requirements and investigation purposes. Each search requires different information and uses different forms/formats. There is currently no way to search more than one name at a time. Each agency conducts investigations but does not share information. Throughout the years and currently, new systems were chosen, and they operate independently. There is no active notification to employers if an employee's work status has changed. This allows for some employees to "fall through the cracks."

The focus of this system was background checks in one centralized location and automatic notification for employers for employees involved in an event impacting their work status. Unclear outcome for this system but strongly recommend further development to capture and correct patterns of concern for potential perpetrators of abuse and neglect to ensure the safety of vulnerable populations.

- DDD system to capture current vendor employee rosters and/or employees associated with complaint and incident reports to determine if an employee is actively working while on the "no contact" list.

*The current investigation is ongoing for concern addressed in systemic issues #3*

## COMIT Year 1 and 2 Case Information

**Table 1. Y1-Y2 Investigations: Case Information**

Year 1 & 2 Cases	Total
Total Cases	24
Case Numbers	Total
Members	24
Vendors	17
Group Home Addresses	20
Cities	10
Age Ranges	Count
0-6	2
7-17	2
18-35	11
36-64	7
65+	2

**Table 2. Y1-Y2 Investigations: Opening Allegations**

Opening Allegation	Count
Abuse	12
Safety/Risk Management	5
Unexpected Death	4
Availability, Accessibility, Adequacy	1
Effectiveness/Appropriateness of Care	1
Neglect of physical, medical, or behavioral needs of a member	1

**Table 3. Y1-Y2 Investigations: Cities**

Cities	Count
Avondale	1
Chandler	4
Flagstaff	1
Glendale	2
Mesa	4
Peoria	2
Phoenix	5
Prescott Valley	1
Surprise	1
Tucson	3

## DDD Quality of Care Complaints Received for COMIT Investigations

QOC data from the DDD tracker received by DRAZ/COMIT for assigning investigations

**Table 4. Quality of Care Complaints Received: Totals**

Year 2 - QOCs	Total
QOCs Received	2424
QOC Members	1265
QOC Vendors	195
Group Home Addresses	846

**Table 5. Quality of Care Complaints Received: Monthly Totals**

Monthly QOCs	Total	Members	Vendors	Addresses
January 2024	302	228	84	188
February 2024	155	132	73	117
March 2024	173	141	65	125
April 2024	171	143	75	136
May 2024	190	162	85	143
June 2024	189	166	80	148
July 2024	208	180	70	161
August 2024	241	193	90	175
September 2024	198	173	79	157
October 2024	243	207	85	179
November 2024	169	155	82	143
December 2024	185	165	73	151

**Table 6. Quality of Care Complaints: Age Ranges**

Age Range	Count
0-6	14
7-17	411
18-35	1039
36-64	770
65+	190

**QOC Table 7. Quality of Care Complaints: Reporting Time**

*Reporting Time: The time between the incident date and the date of QOC triage*

Reporting Time	Count
0-3 days	1231
4-7 days	862
8-14 days	181
15-21 days	47
22-31 days	37
32-63 days	35
64-92 days	15
3-6 months	9
7-12 months	5
Over 1 year	2

**Table 8. Quality of Care Complaints Received – Opening Allegations**

DDD uses the AHCCCS QOC Opening Allegation subcategories when triaging incidents/complaints

[AHCCCS QuickStart Guide: Quality of Care Report](#)

The opening allegation categories are chosen based on a DDD complaint/incident report review during the QOC triage process. The allegation is assigned based on the potential issue that needs to be determined through the completion of an investigation.

Year 2 – Opening Allegations	Count
Abuse	977
Safety/Risk Management	912
Members Rights/Respect and Caring	290
Effectiveness/Appropriateness of Care	151
Unexpected Death	56
Availability, Accessibility, Adequacy	37
Incident with appropriate intervention	1