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

Three-Year Program Summary Report
(01/01/2023-12/31/2025)

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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Legislative History

The Compliance, Oversight, Monitoring, and Investigations Team (COMIT) Program was established pursuant to the enactment of House Bill 2865 (HB 2865). Passed by the Arizona Legislature on June 23, 2022, and signed into law on June 28, 2022, this legislation amended the Arizona Revised Statutes to include A.R.S. § 36-595.03, thereby creating the Developmental Disabilities Group Home Monitoring Pilot Program. Under this statutory mandate, the Department of Economic Security (DES), through its Division of Developmental Disabilities (DDD), was required to contract with Arizona's designated Protection and Advocacy organization, Disability Rights Arizona (DRAZ), to conduct independent monitoring and investigative activities for individuals residing in DDD-licensed group homes.

While DDD conducts programmatic monitoring to assess vendor compliance, COMIT's role centers on evaluating service quality and members[1]' quality of life. COMIT does not monitor all DDD group homes as its mandate focuses on settings serving members 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".

Within this framework, COMIT receives Quality-of-Care (QOC) complaints submitted to DDD and assigns investigative priority to allegations involving unexpected death, abuse, neglect, or threats to member health and safety. When COMIT substantiates a QOC allegation, the findings are transmitted to DDD for dissemination to the responsible vendor and the Independent Oversight Committee (IOC). DDD, in turn, conducts its own investigations for all QOCs, irrespective of which cases COMIT elects to investigate.

DDD defines a Quality-of-Care Concern as any allegation indicating that an aspect of care, treatment, or the use of behavioral or physical health services has caused, or had the potential to cause, an acute medical or psychiatric condition, an exacerbation of a chronic condition, or any circumstance that may place a member at risk of harm.

[1] Members may also be referred to as clients.

COMIT MONITORING

Objectives

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

1. The member with complex needs receives the services identified in the member's Person-Centered Service Plan (PCSP), including medication monitoring and habilitation treatment, as applicable.
2. The provision of services identified in the PCSP of the member with complex needs has been effective in addressing the member's complex needs.
3. The services have resulted in a reduction in behaviors that interfered with the ability of the member with complex needs to live safely in the community.
4. All physical interventions used by the group home staff have complied with the Behavior Treatment Plan (BTP) of the member with complex needs and applicable state laws.
5. Compile a comprehensive report of all observations and outcomes during the preceding year.

Program Achievements

1. In January 2023, DES/DDD Group Home Monitoring Pilot Program contract signed by Arizona Center for Disability Law (now known as DRAZ).

2. During the first quarter of 2023, COMIT Program Manager and staff were hired and trained on monitoring and investigations.

3. In May 2023, COMIT monitors started conducting monitoring visits.

4. During the months of May through June 2023, the COMIT team had training sessions with parents of members with developmental disabilities to better understand the group homes, the members and their families and the issues being faced.

5. August through November 2023, the COMIT Program Coordinator facilitated a work group to revise the monitoring tool with the goal of enhancing quantitative data.

6. In November 2023 a Nurse Consultant was recruited for medical record review to assist the COMIT team in reviewing and understanding members' medical and/or complex medical issues.

7. In December 2023 a data collection/reporting expert was recruited to aid with the final review of the revised monitoring tool and database design for Years 2 and 3.

8. Also in December 2023, COMIT was invited to present twice on program activities and outcomes. First to Representatives Dunn and Longdon and second, to the Arizona Developmental Disabilities Planning Council.

9. Based on COMIT recommendations, the DDD Behavior Plan Sub-Workgroup continues to identify and monitor vendors out of compliance with client Behavior Treatment Plans (Article 9) and issue Corrective Action Plans (CAPs) as necessary.

10. In 2024, COMIT provided feedback for DDD policy revisions (DDD Behavior Supports Manual and Chapter 54, Group Home Requirements).

11. In May 2024, DDD assigned Sherri Wince as the point person to help develop a streamlined process for following up on and resolving COMIT-identified member case concerns and carrying out COMIT recommendations.

12. COMIT developed a more comprehensive monitoring tool based on 2023 and 2024's findings to collect more extensive data for finding and addressing root causes of compliance concerns and systemic issues (in use as of February 2025).

13. In 2025, COMIT adjusted their interview procedures to better accommodate individuals by including the option of a telephonic or virtual interviews.

14. In early 2025, as a result of COMIT findings regarding the quality of member Person-Centered Service Plans, Support Coordinators (Case Managers) completed The National Committee for Quality Assurance (NCQA) Accreditation training.

15. In 2025, a special team was put together to work with the Qualified Vendors regarding COMIT's findings to foster a constructive working relationship.

16. Over the course of the 3 years, COMIT has built rapport with many of the Qualified Vendors, which fosters a more productive working relationship due to their familiarity with the COMIT program. In some cases, the monitors have seen Qualified Vendors be better prepared for the monitoring visit.

17. COMIT continued to provide DDD with monthly case-specific and systemic issues along with recommendations for resolution.

18. COMIT participated in monthly meetings with DDD to review concerns and identify steps for resolution based on the monthly reports sent to DDD for the previous month.

19. DRAZ/COMIT worked closely with State Legislators to establish a revised Statute, in conjunction with a new Contract, for COMIT to become a permanent program and be funded for 2026.

Program Barriers

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

Issue: Low monthly monitoring numbers in March (4) and April (5) 2024

- COMIT received the 2023 roster with a total of 175 member names for Year 1 monitoring reviews.
- The 2024 roster was not received until 03/18/2024 with a total of 372 members
  March roster issues:
  - Duplicated members from the 2023 roster: 56 of the members on the March 2024 roster had been listed on the 2023 roster, and 53 of the members' monitoring reviews had been completed and submitted to DDD.
  - 11 of the members did not have vendor information or had information suggesting the member was not residing in a group home.

- The majority of the addresses provided for the members were the vendor's main business addresses rather than the specific group home addresses.

- April 2024: A corrected roster was received on 04/12/2024 with a total of 361 members.
  - The difference in total members from March to April was due to the removal of the 11 members from the March roster that did not have vendor information listed or information suggesting the member was not in a group home.
  - DDD reported that the 2023 and 2024 rosters included all members with complex needs that COMIT would be responsible for completing monitoring reviews during the remaining duration of the program (2024-2025).
  - After merging the rosters and removing duplicated member names, there was a total of 491 members.
    - There was a significant increase in the number of members 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 members
      - The 2024 roster had 190 members
        - Apache County
        - Cochise
        - Coconino
        - Graham
        - Mohave
        - Navajo
        - Pima
        - Yavapai
        - Yuma

2. Receiving Updated Client Contact Information (Resolved)

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

- Several unsuccessful tracking processes were tried by DDD before there was a successful resolution for requesting updated member contact information when vendors reported that the member 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 members' support coordinator's name and contact information for the monitor to contact for updated member contact information.

Issue: DDD Support Coordinators (Case Managers) were difficult to reach and occasionally would refuse to give member 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 member's name and COMIT was not provided with the new vendor contact information. Vendors would contact COMIT, but COMIT could not verify the member for whom the monitoring needed to be completed.

- DDD Residential Email Contact: In July 2024, COMIT was provided with a DDD Residential contact, which has proven successful in providing a rapid response to requests for updated member information including member status updates (confirming if the member 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 was put in use starting February 2025.

4. DDD Group Home Vendor Responsiveness and/or Unpreparedness (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 pre and/or post monitoring visit.

For example, 3 monitoring reviews were unable to be fully completed due to the lack of a PCSP and/or BTP available at the group home and/or received upon request. The PCSP and BTP are necessary per ARS § 36-595.03 in order to make the following initial determinations, which include, but are not limited to:

- Member's ratio in the group home,
- Member's diagnoses,
- Member's triggers/antecedents/precursors,
- Member's HAB and BTP goal(s), and
- Member's target behaviors.

Receiving the above information prior to the visit is beneficial to the monitor because it aids them in preparing for a visit that best suits the dynamics of the group home and is conducive to the member. Therefore, the monitor will have some familiarity with the member which can allow for a more comfortable setting for the visit and interaction with the member during the interview.

In addition to being unresponsive, many group homes are not prepared for the monitoring visit despite the communication from DDD via vendor blasts and between the monitor and vendor prior to the visit. Group homes may not have the historical documentation available, the member's books[2] have not been at the group home at the time of the monitoring visit, the member has been unavailable, the member's staff have not been present at the time of the visit and no one has been at the group home when the monitor arrived despite confirmation of the visit.

[2] Member books are typically binders that contain all documents and information pertaining to that member.

5. DDD Group Home's Behavior Treatment Plan Concerns (Unresolved)

The number of members not having a Program Review Committee (PRC)-approved BTP or having an expired plan (past due for annual review) continues to trend and is an Article 9 violation. DRAZ continues to recommend that vendors not in compliance with Article 9 be placed on a CAP until a BTP is submitted and receives final approval. The CAP should be in place until final approval is received by PRC due to vendors being disapproved or receiving approval with changes but not submitting the required corrections for final approval of the plan.

While it has been reported by vendors that a tracking system to monitor BTP compliance has been put in place and they are receiving notice from DDD, the effects of this new system have not been observed by DRAZ at this time.

In addition, there is inconsistent information being relayed by PRC to vendors regarding BTPs that follow a member when they move from one vendor to a new vendor. For example, a vendor in District East reported that they were informed by PRC that they cannot implement goal and target behavior tracking based on the BTP from the previous vendor. However, District West reports that the new vendor may use the BTP from the previous vendor regarding goal and target behavior tracking to aid in the drafting of the new BTP.

Allowing each district to choose whether previous BTPs should be used leads to inconsistent data in determining whether a vendor had any type of BTP in the file (current/approved, approved but "expired" or no BTP at all).

Additionally, many of the BTPs that were approved by these districts did not have the changes made as indicated on the PRC Disposition form, thus causing BTPs to be inaccurate and/or inadequate.

6. DDD Group Home's Person-Centered Service Plan Concerns (Unresolved)

As noted above, the PCSP is an important document and is, essentially, the governing document for the member. COMIT monitors, as well as the member's team, rely on this document to get to know the member and to ensure the member's needs are being met through various services and supports.

During the course of COMIT's monitoring visits, the PCSP has continued to be deficient in several areas. Some examples include medications in PCSP not matching the medications listed on the Medical Administration Record (MAR), which can lead to incorrect information being relayed to the member's medical providers; goals in the PCSP do not match the goals the group home is tracking; or ratio information for the member not discussed in the PCSP. Many of these deficiencies impact the services provided to the member as the PCSP may be inaccurate and/or not the most recent PCSP or the PCSP is absent from the group home all together. These factors impact the quality and consistency of the monitoring reviews being conducted by DRAZ.

Monitoring Methodology

The Complex Needs Group Home Monitoring Roster

DDD provided COMIT with a list of members with complex needs residing in group home settings. The COMIT Monitoring program is responsible for completing monitoring reviews for all

members 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 members 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 member with complex needs
- Interviews with group home management and/or direct care staff
- An interview with the members' Guardian(s) (if applicable)
- Review of the group home's member 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 member 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. Member 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 member, staff, and guardians (if applicable) of member 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 member, 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 member 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 asses 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 statelaws.*
    a. The vendor has a Behavior Treatment Plan (BTP) for the member 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 member.

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 member is a danger to themselves or others Prevention and Support techniques may be utilized.

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

Program Progress

Members Added to The Complex Needs Group Home Monitoring Roster

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

2024 Complex Needs Members Added to Roster	*Total*
2023 Members with Complex Needs	175
2024 Members with Complex Needs *(2024 Rosters, 2024-2025 clients)*	316
Total Members *(2023-2025 COMIT Group Home Monitoring)*	**491**

Closed Assignments: Members Discharged from Group Home Monitoring

COMIT Monitoring reviews are completed for members 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 member moving out of DDD group home residential settings and 7 were due to the member's death.

Assignment Closures	*Total*
2023	11
2024	19
2024 Reopened (members moved back to group home settings)*	*7*
2025	21
Total Closed Assignments *(Jan. 2023 – Dec. 2025)*	**44**

Reopened* Assignments

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

During a COMIT review of QOC tracking, members who were previously reported to have moved out of DDD group home settings were identified in current group home QOCs. DDD Residential was contacted by COMIT regarding the member's placement back into a group home and DDD confirmed that the members 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 Years 1-3

Members with Complex Needs Group Home Monitoring Roster	**Total**
Total Complex Needs Members	**491**
Monitoring Reviews Completed *(May 2023 – December 2025)*	**447**
Closed Assignments *(Member no longer in group home setting)*	**44**
Total Completed/Closed	**491**
Total Remaining Monitoring Assignments	**0**

Findings/Results

2023 Completed Monitoring

1. **78% of completed monitoring reviews noted concerns with one or more of the following:**
   - Group home goals did not match PCSP goals.
   - Goal language and strategy was not SMART: Specific, measurable, achievable, relevant, timebound.
   - Poor quality and consistency of group home documentation of member goal tracking.
   - Mastered goals at consistent 100% achieved - not revised or new goal added.

2. **62% of completed monitoring reviews noted concerns with staff and/or practices demonstrated by a lack of familiarity with one or more of the following:**
   - Article 9/Behavior Treatment Plan
   - Habilitation and behavior goals and behavior tracking
   - Medication Administration (documentation, procedure, storage, reporting)
   - Incident Reporting
   - Member files and record keeping

3. **59% of completed monitoring reviews noted concerns with file and documentation quality and completeness**
   - 27% of documentation had blanks in medication administration records, goal progress, and behavior tracking.
   - Member files missing records/not in compliance. For example, 27% did not have incident report in the member's file.

4. **58% of completed monitoring reviews noted concerns with incident reporting compliance**
   - Verbal reports of reportable incidents with no incident report on file or received when requested.

- Behavior tracking data shows physical aggression, self-harm, Absent Without Leave (AWOL), or property destruction without a corresponding incident report.
- Multiple vendors stated that they believed target behaviors did not have to be reported due to tracking.

5. **BTP Deficiencies**
   - 43% of completed monitoring reviews revealed that group home files did not have a current/approved BTP.
   - 18% of completed monitoring reviews noted group home files without updated/approved BTP (annual, post change in group home/post hospitalization as needed)
   - 8% of completed monitoring reviews noted inaccurate data on BTP

6. **Person Centered Service Plan Documentation**
   - 24% of PCSPs were not on file at group home.
   - 73% of PCSPs had unclear and/or inconsistent data.
   - 32% of PCSPs on file at group home had pending issues for resolution.

2024 Completed Monitoring

1. **58% of members 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
   - Member 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% 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.
   - Member goals are completed with proper documentation and demonstrate progress.

3. **70% of reviews were unable to determine conclusively if the member's behavior decreased due to an absence of or inconsistencies in behavior tracking data.**
   - 15% of the reviews found documentation supporting a consistent reduction in interfering behaviors.
   - 15% of the reviews found documentation supporting an increase in the number of members' 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%** of the reviews completed had vendors that formally **reported or documented their use of physical interventions** (prevention and support techniques with the members) through incident reports.

- Of these 29 reviews completed with vendor reports or documentation of physical interventions, **76% did not have a current/approved Behavior Treatment Plan.**

2025 Completed Monitoring

1. **81% of members did NOT receive all services identified in the PCSP**
   Outcome determined by the following parameters:
   - A current PCSP being present in the member's file
   - Member habilitation goal teaching plans and tracking are consistent with the PCSP guidelines for all residential assigned objectives
   - Review of medical needs and/or medical issues pertaining to the member
   - Medication administration record compliance (AAC R6-6-806)

2. **Only 19% of reviews were able to determine that services were effective**
   Service effectiveness outcome determined by the following parameters:
   - A current PCSP being present in the member's file
   - Behavioral stability is supported by verbal reports and documentation
   - Physical/medical health care needs are addressed with proper treatment follow-up
   - Member goals are completed with proper documentation and demonstrate progress

3. **75% of reviews were unable to determine conclusively if the members' behavior decreased due to an absence of or inconsistencies in behavior tracking data.**
   Decrease in behavior outcome determined by the following parameters:
   - A current PCSP being present in the member's file
   - Behavioral stability is supported by verbal reports and tracking documentation
   - Incident Reports being present in the member's file
   - A current approved BTP in the member's file

4. **69%** of reviews were unable to determine if vendors had **reported or documented the use of physical interventions** (prevention and support techniques with the members).
   Report or documentation of physical intervention outcome determined by the following parameters:
   - A BTP (current/approved, "expired," draft only or no BTP) in the member's file
   - Behavioral stability is supported by verbal reports and tracking documentation
   - Incident Reports being present in the member's file
   - A current approved BTP in the member's file

Monitoring Trends

(See Table 2, pg. 23 for the full list of trends)

VENDOR COMPLIANCE CONCERNS

Group Home Vendor Compliance Concerns	% of Total
Goal strategy/tracking – documentation/quality concerns	87%
Training - staff knowledge and skill concerns	77%
Documentation - quality/compliance concerns	73%
Incident Reporting - no incident reports in the member file	70%
No Goal Tracking - in member file/received when requested	68%
Medication Administration/Monitoring - compliance concerns	67%

Goal Tracking

Member goals are an important and required element of the group home habilitation service for members. Member goals support increased skill development and lead to greater independence. To ensure goal effectiveness, goals should meet the SMART criteria: Specific, Measurable, Achievable, Relevant, and Time-bound. Monitoring reviews found that member goals often did not meet the SMART criteria, reducing their effectiveness and negatively impacting member skill development and success rates.

In addition, incorrect goals were being tracked when a comparison was made between goal tracking, PCSP goals, BTP goals and MPRs.

Further, 95% of the time, 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.

Group Home Staff Training and Turnover

Direct care staff often could not demonstrate the knowledge and skills required to meet the needs of members with complex needs to ensure their health and safety.

In addition, when interviewed, many were not familiar with essential documents or documentation and reporting practices. Responses to questions as simple as “Does the member have a PCSP?” could not be answered by staff or questions regarding goals and behaviors, which are almost always tracked daily, could; not be answered.

Interviews with staff often revealed high turnover rates, indicated by the short length of time that staff had been employed with the vendor and the lack of knowledge of basic information pertaining to the member.

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

COMIT Monitoring Reviews identified serious compliance concerns with group home vendor documentation and record-keeping practices. Member files did not meet the requirements and standards again in Year 3 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
    - HAB and BTP goal tracking not in file

- Current Person-Centered Service Plan not in file
- Vital Information and Summary of Individualized Needs

2. Poor Quality Documentation Practices

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

Documents listed in Section 1 that were present in the file typically fell into this Section and were often inconsistent/inaccurate/incomplete.

Incident Reporting

Incident reporting is a critical component for documenting significant events that affect a member's health, safety, and well-being. Based on the monitoring reviews in Year 3, there are still 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 or even discussed with the management team. However, the absence of incident reports in the members' files and verbal reports of events without proper documentation suggests a lack of compliance with basic incident reporting standards and practices.

COMIT is hopeful that the implementation of the new AHCCS/DDD reporting process for Incident Reports will help to streamline the process and ensure Incident Reports are completed, and accurate, when one is required.

Behavior Tracking

Behavior tracking is critical for assessing the member'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 member's care and treatment needs. This includes the information that is provided to the member's prescribing physician for determining the effectiveness of their psychotropic/behavior-modifying medications.

Monitoring reviews found group homes were not tracking the target behaviors from the BTP, there was no BTP, or the behaviors were not being tracked according to the methodology in the BTP.

SYSTEMIC ISSUES/CONCERNS

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

Person-Centered Service Plan	% Average
DDD: Person-Centered Service Plan – inaccurate/unclear	88%
DDD: Increase Group Home Monitoring - vendors not in compliance	71%
DDD: Members not receiving all services identified in their PCSP	70%
DDD: Person-Centered Service Plan - action items need follow-up	64%
DDD/PRC: Vendor Accountability/Tracking Needed for Behavior Plan	61%

The PCSP is the most essential document for the clients' DDD services and has been trending at 97-100% for inaccurate/unclear information. The most significant concern is with the inconsistencies in the Support Coordinator's completion of the document. The following issues were most prevalent:

- Guardian/HCDM not clearly identified
- Medical/behavioral diagnoses not clearly identified
- Member's ratio not clearly established
- Medications are not kept current
- Goal sections are filled out incorrectly or sometimes not at all
- Goals are not SMART
- Goal section does not provide clear instructions to staff to support the member
- Activities of Daily Living Behavior section is often left blank or does not address the information requested – behavior, frequency and interventions
- Authorized Services are missing behavioral health services
- Target Behaviors are not Identified as risks
- Not all of member's risks are identified or explained in the Risk Assessment section
- Rights restrictions are not properly documented in the Modifications section
- Plan not signed by member and/or guardian

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:

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

Behavior Treatment Plan (BTP)

The Behavior Treatment Plan is a crucial component for meeting the care needs of members 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 BTP is required for those members that are prescribed psychotropic/behavior-modifying medication and that reside 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 member moving into the group home and must be reviewed/approved by PRC annually. To have a member 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 that 76% of members do not have a current approved BTP in their file. Even though group homes are allotted 90 days from the day a member moves in to prepare and submit a BTP to PRC, some members may go years without ever having a BTP in place.

Recommendations

1. Additional Monitoring for Vendors with Compliance Concerns

COMIT recommends increased monitoring with intensive in-person follow-up and consultations for vendors that have significant and repeated compliance concerns. COMIT recommends corrective action plans and placement restrictions until compliance standards are improved. Placement restrictions could include limiting the number of new members a QV could receive, putting a hold on the QV receiving any new members at all or removing members from the QV.

2. Review and Assessment of Vendor Training Curriculum and Practices

COMIT continues to recommend that 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 member's needs. Possible areas of training include the development/implementation of a standardized training curriculum and required knowledge checks for staff to ensure the effectiveness of training.

3. Continued Monitoring and Oversight for Person-Centered Service Plan

DDD is now requiring Support Coordinators to attend a training/accreditation program. In addition, DDD has reported they are increasing their monitoring and oversight of the PCSP to ensure it's accurate and complete. COMIT will continue to monitor the PCSP in Year 4.

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

BTP compliance continues to be an issue in the group homes and COMIT continues to recommend improvements in the DDD system to track BTP status to determine compliance and issue CAPs as necessary.

5. DDD PRC Chair Qualification Requirement

Based on COMIT monitoring it remains evident that not all PRC Chairs are the most qualified people to be approving BTPs. COMIT saw an increase in inaccurate and/or incomplete BTPs that were approved and even BTPs that were approved without any of the changes being made.

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

6. DDD Vendor Readiness Review Process Improvement

COMIT again recommends a more substantial review process be developed to ensure that vendors have the knowledge and qualifications to successfully meet the needs of DDD members. COMIT recommends 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 that a probationary period be implemented 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.

7. Standardized Forms Requirement

COMIT recommends that use of standardized forms for documents, such as behavior tracking, goal tracking, MARs, etc. COMIT believes this will allow for more consistency and accuracy, which will better support the member. Standardized forms can be presented at the Readiness Review and explained to new vendors at the same time. These forms would already contain the required information and would allow for ease in auditing and monitoring.

8. 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 member's staffing ratio, alone time parameters (currently supplemental), and a clear attendance sheet to capture if the member and Guardian (if applicable) were present (CMS HCBS Final Rule).

9. DDD Approved Training Curriculum for Group Home Staff

COMIT recommends training for staff that has been approved by DDD to ensure uniformity and compliance among Qualified Vendors. This training should include the core requirements, such as Article 9 and a Medications course, as well as the different forms used, how to correctly fill them out and what needs to be submitted to DDD and when, how to track behaviors and how to write SMART goals. This training should also include learning how to read a PCSP and/or BTP to better understand the member and how to better advocate for the member's rights when/if needed.

Table 1. Group Home Monitoring Data - Member Demographics[3]

Completed Monitoring Reviews	Count	% of Total
Members with Complex Needs	447/447	100%
Gender		
Male	297/447	66%
Female	150/447	34%
DDD Districts		
District Central (DC)	59/447	13%
District East (DE)	60/447	13%
District North (DN)	68/447	15%
District South (DS)	120/447	27%
District West (DW)	140/447	31%
Cities	40	*Appendix 1, Pages 24-25*

Table 2. Group Home Monitoring Trending Issues/Concerns

Table 2: Group Home Monitoring Trends	% of Total
Group Home Vendor Compliance Concerns	
Goal strategy/tracking – documentation/quality concerns	87%
Training - staff knowledge and skill concerns	77%
Documentation - quality/compliance concerns	73%
Incident Reporting - no incident reports in the member file	70%

[3] Does not include 44 closed cases

No Goal Tracking - in member file/received when requested	68%
Medication Administration/Monitoring - compliance concerns	67%
Incident Reporting – compliance concerns	66%
Behavior Treatment Plan (BTP): No Current/Approved Behavior Plan	61%
Medical Needs - not properly documented/followed up on	52%
BTP: No Approved Behavior Plan	50%
Member File - no current PCSP in the member file	42%
Systemic Issues	
DDD: Person-Centered Service Plan – inaccurate/unclear	88%
DDD: Increase Group Home Monitoring - vendors not in compliance	71%
DDD: Members not receiving all services identified in their PCSP	70%
DDD: Person-Centered Service Plan - action items need follow-up	64%
DDD/PRC: Vendor Accountability/Tracking Needed for Behavior Plan	61%
DDD: Person-Centered Service Plan not signed by Member/Guardian	29%

Appendix 1: Monitoring Review Cities[4]

City	Count
Avondale	14
Buckeye	2
Casa Grande	4
Cave Creek	1
Chandler	15
Chinle	1
Chino Valley	1
Cornville	5
Cottonwood	9
Douglas	1
El Mirage	4
Flagstaff	18
Gilbert	10
Glendale	39
Goodyear	2
Kayenta	1
Kingman	6
Lake Havasu City	2
Laveen	19
Litchfield Park	1

[4] Does not include the 44 closed cases

Mesa	19
Page	1
Peoria	15
Phoenix	77
Prescott	2
Prescott Valley	6
Queen Creek	3
Saint Michaels	1
San Tan Valley	4
Scottsdale	1
Show Low	9
Sierra Vista	6
Snowflake	1
Surprise	10
Tempe	17
Tolleson	5
Tuba City	1
Tucson	99
Waddell	1
Yuma	14
Total	**447**

COMIT INVESTIGATIONS

Program Objectives

1. Receive all complaints triaged by the Division of Developmental Disabilities (DDD) as Quality-of-Care Concerns (QOCs) for DDD-funded group homes.
2. Assign QOCs for investigative review, prioritizing those involving allegations of unexpected death, abuse, neglect, or threats to member health and safety.
3. Conduct comprehensive investigations to evaluate and determine the validity of QOC allegations.
4. Transmit all substantiated findings to DDD for appropriate dissemination and follow-up action.

Program Achievements

1. Identification of High-Risk Patterns Across Cases: by reviewing QOC data longitudinally, COMIT identified recurring themes, such as medication errors, inadequate supervision, and delayed reporting, that require targeted corrective action at both the vendor and system levels.
2. Increased Transparency in Oversight Activities: COMIT developed clearer internal documentation practices and improved the structure of investigative reports, enabling DDD and other stakeholders to better understand the basis for substantiated findings and systemic concerns.
3. Strengthened Internal Case Management Systems: COMIT refined its tracking and prioritization processes and developed internal guidance, templates, and training resources to improve investigative consistency, support new staff, and manage high QOC volumes more effectively.
4. COMIT identified inaccuracies within the QOC tracking system related to the AHCCCS opening allegation categories of complaints; DDD subsequently implemented the necessary corrective adjustments.
5. COMIT provided substantive feedback to inform revisions to key DDD policies, including the DDD Behavior Supports Manual and Chapter 54: Group Home Requirements.
6. COMIT has identified investigations closed by DDD as unsubstantiated warrant more comprehensive follow-up to ensure member safety and prevent incidents of abuse, neglect, and death.
7. In response to COMIT's findings, DDD established a new unit, the QITA Team, to collaborate with COMIT and the Quality Vendor (QV) to strengthen corrective action processes and enhance protection for Arizonans with disabilities.
8. COMIT and the Division of Developmental Disabilities (DDD) have cultivated a productive and collaborative working relationship that supports ongoing oversight and investigative coordination.
9. Improved Communication with DDD Leadership: regular monthly meetings with DDD leadership have allowed COMIT to elevate systemic issues more efficiently, resulting in quicker recognition of systemic gaps and recurring deficiencies requiring heightened

attention and structural remediation.

10. Improved Inter-Agency Coordination: COMIT expanded and secured communication pathways with statewide law enforcement, medical examiner offices, APS, DCS, medical providers, vendors and regulatory agencies, reducing delays in obtaining critical records and improving the completeness of investigative findings.
11. DRAZ/COMIT engaged in coordinated efforts with State Legislators, to advance statutory amendments, to secure the continuation of the COMIT Program as a permanent program and funding in 2026.

COMIT Investigative Process

Program Barriers

1. **Volume of QOCs received from DDD**

Issue: The volume of QOC complaints exceeds the investigative capacity of the current COMIT Program.

From 2023-2025, COMIT received a total of 7,191 QOCs, a workload that is not sustainable with the program's existing staffing structure of one Manager, three Investigators, and limited operational resources.

2. **Program Development and Resources**

Issue: Delays in closing investigations

COMIT's ability to complete timely, root-cause-based investigations was significantly constrained by the limited information provided by DDD. Outside of the QOC spreadsheet, DDD did not supply case records, background information, investigative files, severity levels, up to date member information or substantiation criteria necessary to support comprehensive investigative work. As a result, COMIT independently developed processes, tools, and external partnerships to obtain the records needed to complete investigations in year 3.

To secure essential documentation, COMIT established working relationships with multiple statewide entities, including law enforcement agencies, medical providers, regulatory bodies, and other public agencies, to obtain police reports, medical records, witness statements, and other third-party information. While these relationships strengthened the quality of investigations, the additional time required to locate and obtain records contributed to delays in case closure.

To conduct effective, root-cause-oriented investigations, COMIT requires access to the following resources and information:

- DDD investigation specifications and substantiation criteria
- DDD case background information and case records
- Vendor Internal Fact-Finding/Review responses and allocated severity levels
- Historical tracking of incidents related to the member and vendor
- Access to all DDD investigative files
- DDD tracking, trending, and data analysis

- Vendor compliance access to FOCUS or in producing:
  - Historical and current client records
  - Employee and employment records
  - Training documentation
  - Vendor policies and operational procedures
- Access to information from other regulatory agencies to identify patterns of concern, including:
  - Department of Public Safety
  - Local police departments
  - Adult Protective Services or Department of Child Safety
- Expedited access to hospital and behavioral health records

The absence of these foundational resources has required COMIT to build investigative capacity from the ground up, contributing to extended timelines for case completion and underscoring the need for more robust program development support. The revised statutory language taking effect in 2026 should expressly provide for access to these and related investigative documents to ensure COMIT can conduct timely, comprehensive, and well-supported investigations.

3. **DDD Group Home Vendor Responsiveness**

Issue: Challenges with contacting vendors and obtaining required records

COMIT continues to experience significant difficulty reaching group home vendors and securing the documents necessary to complete investigations. Despite COMIT's requests for guidance from DDD, and multiple contact attempts with vendors, along with DDD's initiatives, including the vendor forum held on January 27, 2023, and the Vendor Announcement issued on June 11, 2025, on-responsiveness and delays in document production remain persistent barriers to timely and thorough investigative work.

4. **DDD Responsiveness**

Issue: Delays in communication, case coordination, and member location

COMIT has experienced significant delays in receiving essential investigation related information from DDD, which has directly impacted the timeliness and progression of investigations. In several cases, COMIT did not receive responses to inquiries or record requests for extended periods, despite repeated follow-up attempts.

One case demonstrates the impact of these communication delays. DDD provided incorrect whereabouts and support coordinator information and did not respond to repeated requests, which halted the investigation for more than six months. During this time, COMIT was unable to verify the member's location or assess safety concerns. Six months into the unadvanced investigation, COMIT independently located the member and was able to reopen the case. The matter involved a high-level safety concern, and the member ultimately suffered irreversible brain damage, with no improvement reported to date.

These prolonged communication gaps and inaccuracies hinder COMIT's ability to conduct timely, comprehensive investigations and underscore the need for improved responsiveness, accurate case coordination, and more reliable information flow between DDD and COMIT.

5. **Updated Member Contact Information (Resolved)**

Issue: Difficulty obtaining updated contact information for members who had moved from the vendor listed on the QOC tracker

COMIT encountered challenges obtaining accurate member contact information when members were no longer residing with the vendor identified on the roster. Several processes were attempted without success before an effective resolution was established. The current process allows COMIT to reliably obtain updated placement information and to proceed with required investigative activities both effectively and timely (refer to the Monitoring Report for detailed resolution steps).

6. **DDD Follow-Up Limitations**

Issue: Gaps in DDD's Follow-Up on COMIT-Reviewed Investigation Findings

COMIT's ability to conduct comprehensive oversight is constrained by the absence of information from DDD. COMIT does not receive DDD's investigative reports or outcome determinations for COMIT-selected QOC cases, nor does it receive feedback or notification regarding any actions taken in response to COMIT's Final Reports. This lack of reciprocal communication limits transparency and impedes effective follow-up

Investigative Protocol

The COMIT Manager conducts a comprehensive review of the Quality of Care (QOC) complaints received from DDD and assigns cases to Investigators, prioritizing allegations involving abuse, neglect, threats to member health and safety, and unexpected death. Once assigned, COMIT Investigators are responsible for conducting independent, methodical investigations to determine whether the allegations can be substantiated and produce a formal investigative report detailing their findings.

To execute these responsibilities, Investigators employ a multifaceted investigative approach that includes:

- On-site evaluations of the group home environment and operational practices
- Direct interviews with members
- Interviews with group home staff associated with the complaint
- Interviews with family members, guardians, law enforcement agencies, medical examiner investigators and other relevant parties
- Comprehensive review of group home records, including member files, staffing documentation, and internal reports
- Requests for and analysis of third-party records, such as law enforcement reports, medical documentation, and regulatory agency information

Because DDD provided only the QOC spreadsheet and did not supply investigative files, background information, or supporting documentation, COMIT was required to independently cultivate working relationships with a broad network of external entities—including law enforcement agencies, medical providers, regulatory bodies, and other state departments—to obtain the records necessary to conduct and conclude investigations. These independently established partnerships were essential to ensuring that each investigation was thorough, evidence-based, and aligned with the program's statutory mandate for independent oversight.

Program Progress

Total QOCs Received by DRAZ:

Program Year 2023: 2168

Program Year 2024: 2513

Program Year 2025: 2,510

Investigations Assigned Total: 25

Open QOC Investigation Cases: **0**
Closed QOC Investigation Cases: **25**

- 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**
- Total Investigations Assigned in 2025: 5 (includes 4 reassignments of 2024 cases)
  - Total Investigations Closed in 2025: **21**

2023-2025 Investigations

Completed/Closed Investigations:

- Total Completed QOC Complaint Investigations: **25**
- Total QOC Complaint Investigations Substantiated: **14**
  - Total Additional Substantiated Findings: **57**
- Total QOC Complaint Investigations Unsubstantiated: **8**
- Total QOC Complaint Investigations Inconclusive: **3**

Closed Cases Opening Allegations

Case ID	Date Closed	QOC Opening Allegation	QOC Complaint Overview	COMIT Outcome
CI0005	02/28/2024	SAFETY	Med errors	Substantiated
CI0007	03/26/2024	ABUSE	Unreported injury	Unsubstantiated
CI0009	06/14/2024	DEATH	Member death	Unsubstantiated
CI0004	12/05/2024	ABUSE	Alleged neglect	Substantiated
CI0014	02/25/2025	ACCESS	Equipment repair	Unsubstantiated
CI0019	02/27/2025	DEATH	Member death	Unsubstantiated
CI0008	07/30/2025	SAFETY	Member left unattended	Unsubstantiated
CI0010	08/20/2025	SAFETY	Unreported injury	Unsubstantiated
CI0021	08/20/2025	ABUSE	Unreported injury	Unsubstantiated

CI0020	08/21/2025	ABUSE	Alleged abuse	Inconclusive
CI0013	08/22/2025	ABUSE	Alleged abuse	Inconclusive
CI0002	08/29/2025	ABUSE	Alleged neglect	Substantiated
CI0006	09/26/2025	ABUSE	Supervision/food	Inconclusive
CI0001	09/29/2025	ABUSE	Alleged abuse	Substantiated
CI0018	09/30/2025	ABUSE	Alleged neglect	Unsubstantiated
CI0003	10/06/2025	SAFETY	Med errors	Substantiated
CI0011	11/28/2025	EFFECTIVE	Missed Appts	Substantiated
CI0012	11/28/2025	SAFETY	Physical assault	Substantiated
CI0015	11/30/2025	ABUSE	Alleged abuse	Substantiated
CI0016	11/30/2025	ABUSE	Alleged abuse	Substantiated
CI0017	12/31/2025	NEGLECT	Medical care concerns	Substantiated
CI0022	12/31/2025	ABUSE	Injury/staff neglect	Substantiated
CI0023	12/31/2025	DEATH	Member death	Substantiated
CI0024	12/31/2025	DEATH	Member death	Substantiated
CI0025	12/31/2025	ABUSE	Missed Appts	Substantiated

Completed Quality of Care Complaints: Additional Substantiated Findings:
These additional findings emerged during the course of COMIT's investigations and provided sufficient evidence to substantiate further violations under multiple Arizona Revised Statutes, as well as applicable DDD policies and program manuals.

Case ID	Date Closed	AHCCCS Category Allegation	QOC Complaint Overview	COMIT Outcome
CI0002	08/29/2025	SAFETY	Failure/delayed/inadequate reporting requirements	Substantiated
CI0002	08/29/2025	RIGHTS	Inappropriate use of physical, mechanical, personal, chemical restraint, or seclusion	Substantiated
CI0001	09/29/2025	EFFECTIVE	Article 9 violation	Substantiated
CI0001	09/29/2025	SAFETY	Failure/delayed/inadequate reporting requirements	Substantiated
CI0001	09/29/2025	EFFECTIVE	Inadequate documentation/treatment below medical standards/ineffective treatment	Substantiated
CI0003	10/06/2025	EFFECTIVE	Article 9 violation	Substantiated
CI0003	10/06/2025	SAFETY	Failure/delayed/inadequate reporting requirements	Substantiated
CI0003	10/06/2025	EFFECTIVE	Inadequate documentation/treatment below medical standards/ineffective treatment	Substantiated
CI0012	11/28/2025	SAFETY	Failure/delayed/inadequate reporting	Substantiated

			requirements	
CI0015	11/30/2025	ABUSE	Physical abuse on a member	Substantiated
CI0015	11/30/2025	ABUSE	Verbal/emotional abuse on a member	Substantiated
CI0015	11/30/2025	ABUSE	Neglect of physical, medical, or behavioral needs of a member	Substantiated
CI0015	11/30/2025	EFFECTIVE	Ineffective or Inadequate service plan and/or treatment plan	Substantiated
CI0015	11/30/2025	RIGHTS	Article 9 violation	Substantiated
CI0015	11/30/2025	RIGHTS	HIPAA Breech	Substantiated
CI0015	11/30/2025	RIGHTS	Disrespectful/unprofessional conduct by provider	Substantiated
CI0015	11/30/2025	SAFETY	Failure/delayed/inadequate reporting requirements	Substantiated
CI0015	11/30/2025	SAFETY	Inadequate staffing and supervision	Substantiated
CI0015	11/30/2025	SAFETY	Unsafe environment	Substantiated
CI0016	11/30/2025	ABUSE	Physical abuse on a member	Substantiated
CI0016	11/30/2025	ABUSE	Verbal/emotional abuse on a member	Substantiated
CI0016	11/30/2025	ABUSE	Neglect of physical, medical, or behavioral needs of a member	Substantiated
CI0016	11/30/2025	EFFECTIVE	Ineffective or inadequate service plan and/or treatment plan	Substantiated
CI0016	11/30/2025	RIGHTS	Article 9 violation	Substantiated
CI0016	11/30/2025	RIGHTS	HIPAA breech	Substantiated
CI0016	11/30/2025	SAFETY	Failure/delayed/inadequate reporting requirements	Substantiated
CI0016	11/30/2025	SAFETY	Inadequate staffing and supervision	Substantiated
CI0016	11/30/2025	SAFETY	Unsafe environment	Substantiated
CI0017	12/31/2025	ABUSE	Neglect of physical, medical, or behavioral needs of a member	Substantiated
CI0017	12/31/2025	EFFECTIVE	Inadequate documentation	Substantiated
CI0017	12/31/2025	EFFECTIVE	Treatment below medical standards/ineffective treatment	Substantiated
CI0017	12/31/2025	SAFETY	Failure/delayed/inadequate reporting requirements	Substantiated
CI0017	12/31/2025	SAFETY	Avoidable injury or complication	Substantiated
CI0017	12/31/2025	SAFETY	Injury occurring on the premises or during a registered provider sponsored activity that requires medical attention	Substantiated
CI0017	12/31/2025	SAFETY	Police/Fire/EMS called to a licensed facility	Substantiated

CI0022	12/31/2025	SAFETY	Inadequate Incident reporting	Substantiated
CI0022	12/31/2025	ACCESS	Inadequate access to care/services	Substantiated
CI0022	12/31/2025	EFFECTIVE	Inadequate treatment plan	Substantiated
CI0023	12/31/2025	EFFECTIVE	Inadequate treatment plan	Substantiated
CI0023	12/31/2025	SAFETY	Avoidable injury or complication	Substantiated
CI0023	12/31/2025	SAFETY	Failure/delayed/inadequate reporting requirements	Substantiated
CI0023	12/31/2025	SAFETY	Inadequate staffing and supervision	Substantiated
CI0023	12/31/2025	SAFETY	Alleged or suspected criminal activity	Substantiated
CI0024	12/31/2025	EFFECTIVE	Inadequate treatment plan	Substantiated
CI0024	12/31/2025	SAFETY	Avoidable injury or complication	Substantiated
CI0024	12/31/2025	SAFETY	Failure/delayed/inadequate reporting requirements	Substantiated
CI0024	12/31/2025	SAFETY	Inadequate staffing and supervision	Substantiated
CI0025	12/31/2025	ACCESS	Delay in treatment, service, or referral	Substantiated
CI0025	12/31/2025	SAFETY	Inadequate staffing and supervision	Substantiated
CI0025	12/31/2025	SAFETY	Unsafe environment	Substantiated
CI0025	12/31/2025	SAFETY	Failure/delayed/inadequate reporting requirements	Substantiated
CI0025	12/31/2025	EFFECTIVE	Ineffective or inadequate service plan and/or treatment plan	Substantiated
CI0025	12/31/2025	EFFECTIVE	Inadequate documentation	Substantiated
CI0025	12/31/2025	EFFECTIVE	Lack of coordination of care	Substantiated
CI0025	12/31/2025	FRAUD	Fraudulent actions: billing, documentation, services, licensure	Substantiated
CI0025	12/31/2025	RIGHTS	Article 9 violation	Substantiated
CI0025	12/31/2025	RIGHTS	Disrespectful/unprofessional conduct by the provider	Substantiated

QOC Opening Allegations	**Code**
Abuse	ABUSE
Availability, Accessibility, Adequacy	ACCESS
Effectiveness/Appropriateness of Care	EFFECTIVE
Fraud	FRAUD
Members Rights/Respect and Caring	RIGHTS
Neglect of physical, medical, or behavioral needs of a member	NEGLECT
Safety/Risk Management	SAFETY
Unexpected Death	DEATH

COMIT does not receive DDD's investigative reports or outcome determinations for QOC

investigations selected by COMIT for independent review. Additionally, COMIT has not been provided with feedback or notification of any subsequent actions taken by DDD in response to COMIT's submitted Final Reports.

2023-2025 Investigations: Cities

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

Completed Quality of Care Complaints: Age Ranges

Age Range	Count
0-6	2
7-17	1
18-35	11
36-64	8
65+	3

Additional Concerns Identified

Across the 25 investigations concluded during the 2023–2025 reporting period, several recurring systemic concerns were identified that could not be fully substantiated due to the barriers outlined above. While individual cases varied, the following themes reflect patterns observed across multiple group homes and service environments. These concerns highlight areas where systemic improvement, strengthened oversight, and clearer communication is warranted.

1. **Staffing and Workforce Practices**: Investigations revealed ongoing challenges related to staffing capacity, training, and adherence to required standards, including:
    a. Staff working beyond the allowable 16-hour limit within a 24-hour period.
    b. High turnover and limited staff experience impacting continuity of care.
    c. Reports of staff sleeping on duty, leaving posts, or demonstrating inadequate supervision.
    d. Inconsistent or unclear documentation of staff assignments and responsibilities.

These issues contributed to gaps in service delivery and increased risk to member health and safety.

2. **Documentation and Reporting Deficiencies**: Multiple investigations identified significant inconsistencies in required documentation, including:
    a. Missing, incomplete, or inaccurate incident reports.
    b. Delays in reporting to regulatory agencies.
    c. Medication administration records with errors, missing initials, or undocumented corrections.
    d. Shift notes that commingled information for multiple members, creating potential privacy and HIPAA concerns.
    e. Communication logs and progress notes lacking clarity or completeness.

    These deficiencies limited the ability to fully substantiate concerns and impeded timely corrective action.
3. **Member Health, Safety, and Rights**: Several investigations documented concerns related to the adequacy and consistency of care, including:
    a. Unmet medical, behavioral, and daily living needs.
    b. Missed medications, inadequate nutrition, and insufficient hygiene support.
    c. Reports of inappropriate staff conduct, including unprofessional interactions and failure to follow behavior support plans.
    d. Limited access to community activities, social opportunities, and meaningful habilitation services.

    These patterns indicate systemic vulnerabilities in ensuring member safety and rights protections.
4. **Service Planning and Coordination:** Concerns were also identified in the development and implementation of service plans:
    a. Person-Centered Service Plans (PCSPs) containing inconsistent, outdated, or missing information.
    b. Supplemental documentation not aligning with assessed supervision needs.
    c. Limited collaboration or advocacy by support coordination teams.
    d. Delays in addressing placement concerns or responding to family inquiries.

    These issues contributed to confusion among team members and inconsistent implementation of required supports.
5. **Financial and Administrative Issues:** Investigations noted several administrative concerns, including:
    a. Lack of documentation regarding the use of member funds, gift cards, or personal items.
    b. Continued billing after a member was no longer residing in the home or receiving services.
    c. Missing or incomplete documentation related to guardianship, rights restrictions, or required approvals.

    These findings suggest the need for strengthened financial oversight and clearer administrative processes.
6. **Environmental and Operational Concerns:** Additional systemic issues included:
    a. Homes lacking required internal policies (e.g., electronic monitoring, maltreatment reporting).

b. Transportation concerns, including inadequate vehicle accommodations, insufficient staffing ratios during member transportation, and failure to provide necessary items such as snacks, water, or medical supplies.

c. Poor communication between group homes and day programs, resulting in missed medications or unmet care needs.

These operational gaps contributed to inconsistent service delivery and increased risk to members.

Systemic Issues Identified

1. DDD Investigations

COMIT has identified systemic concerns with the depth and rigor of DDD's investigative practices. COMIT found that reviews often relied on surface-level determinations and lack the comprehensive fact-gathering needed to fully assess Quality of Care allegations. DDD does not routinely obtain police reports, witness statements, or other third-party records, limiting the ability to evaluate incidents accurately. In addition, DDD does not appear to conduct true root-cause analysis, resulting in missed operational patterns and contributing factors that lead to recurring QOC events. These gaps highlight the need for more robust investigative methods, expanded evidence collection, and a structured root-cause framework which would properly evaluate vendor operational practices that may be contributing to recurring QOC events.

2. DDD Data Collection/Analysis and Reporting Practices

COMIT identified significant limitations in DDD's data-collection and reporting processes. The current system cannot detect patterns of concern within incident or complaint details, limiting vendor oversight and accountability. Because vendors lack access to the AHCCCS portal, DDD staff manually enter all incident reports and complaints into the QOC tracking system. However, critical information, such as staff involved, emergency measures used, required notifications, regulatory agency involvement, and report accuracy, is not consistently captured.

Without these data elements, DDD cannot conduct meaningful trend analysis or identify systemic issues requiring corrective action. Incorporating this information would strengthen vendor compliance efforts and enhance member safety.

3. High Volume QOC Complaints with No Decline

DDD continues to experience persistently high volumes of Quality-of-Care (QOC) complaints, with 2,168 complaints reported in 2023, 2,513 in 2024, and 2,510 in 2025. Despite ongoing concerns and repeated indicators of risk, the number of QOCs has not demonstrated any meaningful decline. This continued high number of complaints suggests systemic deficiencies in accountability, oversight, and corrective action. The absence of measurable improvement, as it pertains to continued increase in QOC numbers per year, raises significant concerns regarding the effectiveness of current safeguards intended to protect member health and safety.

4. Vendor Employee Qualifications/Clearance to Work

During the course of an investigation, COMIT identified that a vendor employee had been working in the group home despite being placed on DDD's "no contact list" following a prior abuse/neglect incident. DDD's "no contact list" is an internal administrative mechanism used to restrict certain individuals or provider agencies from contact with specific DDD members,

specifically individuals receiving services. COMIT also discovered that this vendor also employed an individual that had an active arrest warrant, did not possess a valid fingerprint clearance card, and had substantiated APS cases, yet was still permitted to work in the group home setting with disabled children. Through discussions with DDD, COMIT learned that employees placed on the “no contact list” are flagged for vendor notification; however, DDD has no mechanism to verify whether vendors are preventing these individuals from working unless a violation is reported. This case underscores the need for stronger checks and balances to ensure that all group home employees maintain required qualifications, clearances, and safety standards before having access to members.

5. Inadequate Pre-Placement Risk Assessment for Complex-Needs Members

The trend of repeated placement failures indicates that DDD’s pre-placement assessment process does not sufficiently evaluate vendor capacity, staffing competency, or environmental suitability before assigning a complex-needs member. This results in placements that are not equipped to manage behavioral acuity or long-term stability.

6. Lack of Continuity and Oversight in Support Coordination

Turnover in Support Coordinators disrupts service continuity, delays implementation of PCSP requirements, and contributes to inconsistent monitoring of member needs. High turnover also limits the ability to identify emerging risks or intervene early in deteriorating placements.

7. Vendor Refusal to Retrieve Members from Hospitals/BH Facilities

Multiple QOC complaints from hospitals and BH facilities indicate a systemic issue in which vendors decline to retrieve members who are discharge-ready. This practice disrupts continuity of care, increases institutionalization risk, and reflects insufficient vendor accountability mechanisms

8. **Limited Monitoring of New or High-Risk Vendors**

The assignment of a complex-needs member to newly licensed QVs without enhanced oversight reflects a systemic gap in monitoring vendor readiness. New vendors require structured support, increased monitoring frequency, and restrictions on high-acuity placements until competency is demonstrated

9. Failure to Address Recurring Emergency Intervention Patterns

The repeated use of crisis teams, police involvement, and APS reports indicates unresolved underlying behavioral and environmental issues. DDD does not appear to have a mechanism to flag or escalate cases with high emergency-intervention frequency for targeted review.

10. Fragmented Communication Across DDD Units and External Partners

The instability across placements, case management, and BH services suggests inconsistent communication between DDD units, vendors, and external providers. This fragmentation contributes to delays in addressing safety concerns, implementing behavioral plans, and coordinating transitions.

11. Insufficient Accountability for Vendor Non-Compliance

Vendors involved in repeated QOC events do not appear to face timely or meaningful corrective action. The lack of enforcement allows unsafe practices to persist across the system, contributing to ongoing patterns of abuse, neglect, and an observable increase in high-severity incidents, including death.

12. Inadequate Recordkeeping and Documentation Practices

Across multiple sites, required records were either unavailable, incomplete, or of poor quality. This prevents DDD, COMIT, and other oversight entities from verifying service delivery, medication administration, staffing ratios, and adherence to care plans. The inability to produce accurate records is a significant risk factor for member safety and regulatory compliance.

13. High Volume of Serious QOC Events Across All Licensed Settings

Some QV's had documented QOCs in all their licensed group homes, reflecting system-wide performance issues rather than location-specific problems. The breadth of concern demonstrates a pervasive breakdown in operational standards.

14. Inadequate Staffing Competency and Oversight

QOC complaints described staff sleeping on shift, failing to supervise members, refusing to cook, lacking basic caregiving skills, and demonstrating poor judgment. Emergency responders repeatedly documented staff incompetence and an inability to manage members' medical needs. This reflects systemic failures in hiring, training, supervision, and performance management.

15. Repeated Member Rights Violations and Unsafe Living Conditions

Reports of verbal and physical abuse, threats, rights restrictions, and unsafe home environments, indicate QVs systemic disregard for member rights and safety.

Recommendations/Recommended Remediation

1. DDD Quality of investigation

There is a need for DDD investigations to incorporate full root-cause analyses rather than limiting reviews to surface-level determinations. A structured root-cause approach would identify underlying organizational issues within vendor operations that contribute to recurring incidents. More comprehensive investigative practices would reduce the frequency of QOC events and provide stronger safeguards for members moving forward.

2. Data Collection, Analysis, Tracking, and Trending System

Due to the limitations of DDD's current incident report and complaint tracking system, a more advanced platform is needed and should be required to be utilized statewide. One capable of capturing all relevant incident and complaint details to support meaningful trend analysis. A system with more robust data-collection capabilities would allow DDD to identify significant and recurring patterns of vendor noncompliance, intervene earlier, and implement corrective actions. Strengthening this infrastructure is essential for improving group home service quality and enhancing member safety.

3. Additional Checks and Balances for Employee Qualifications

Given the ongoing concerns regarding vendor employees who do not meet required qualifications or lack proper clearance to work with members, additional checks and balances are necessary to safeguard member safety. Two key systemic improvements are recommended:

- Regulatory Agency System for Data Sharing
    - In 2020, APS proposed a statewide data-sharing system for Arizona regulatory

agencies (DES, AHCCCS, DHS, DCS, DPS) to address a long-standing systemic gap. Information collected during investigations varies widely across agencies due to differing statutory requirements, investigative purposes, and documentation formats. Agencies operate separate systems, none of which communicate with one another, and there is no mechanism to search multiple names simultaneously. As a result, critical information is siloed, and employers receive no automatic notification when an employee's work status changes—allowing some individuals to "fall through the cracks."

- The proposed system aimed to centralize background checks and provide automatic alerts to employers when an employee becomes involved in an event that may affect their eligibility to work with vulnerable populations. Although the outcome of this initiative remains unclear, further development is strongly recommended to identify and address patterns of concern among potential perpetrators of abuse or neglect. 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.

- DDD System for Tracking Vendor Employee Rosters and "No Contact" status
  - DDD would benefit from a system capable of capturing current vendor employee rosters and linking employees to incident reports and complaints. Such a system would allow DDD to determine whether an employee is actively working while on the "no contact" list and ensure that individuals who pose a risk to member safety are not permitted to work in group home settings.

4. Strengthening DDD's Internal Communication and Response Protocols

Delayed or incomplete communication from DDD to COMIT significantly impedes investigations and compromises member safety. A standardized response timeline, escalation pathway, and accountability structure are needed to ensure timely information exchange with COMIT and other oversight entities.

5. Enhanced Data Integration and Incident Tracking Systems

DDD's current tracking system lacks the ability to capture critical incident-level details and identify patterns of concern. A modernized, integrated data system is needed to support trend analysis, risk identification, and proactive oversight of vendors serving complex-needs members.

6. Clearer Enforcement Mechanisms for Vendor Non-Compliance

Current enforcement actions are inconsistent and often delayed. A more transparent and predictable system of sanctions, corrective action timelines, and follow-up monitoring is needed to ensure vendors address deficiencies promptly and effectively