



DISABILITY RIGHTS ARIZONA

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

2025 Group Home Monitoring Annual Report – Year 3 1/1/2025 – 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

Disability Rights Arizona

Phoenix

5025 E. Washington St., Suite 202

Phoenix, AZ 85034

(602) 274-6287

(800) 927-2260 (Toll Free)

Fax: (602) 274-6779

E-mail: center@disabilityrightsaz.org

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. In 2025, the Legislature amended the law to make the COMIT Program permanent.

While DDD conducts programmatic monitoring to assess vendor compliance, COMIT's role centers on evaluating service quality and members' 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".

Objectives

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

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

Program Achievements for 2025

1. Based on COMIT recommendations, the DDD Behavior Plan Sub-Workgroup continues to strategize contract action processes for vendors out of compliance with client Behavior Treatment Plans (Article 9) and issue Corrective Action Plans (CAPs) as necessary.
2. COMIT developed a more comprehensive monitoring tool based on Years 1 and 2'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).
3. COMIT adjusted their interview procedures to better accommodate individuals by including the option of a telephonic or virtual interview.
4. Support Coordinators (Case Managers) completed The National Committee for Quality Assurance (NCQA) Accreditation training earlier this year as a result of COMIT findings regarding the quality of client Person-Centered Service Plans.
5. COMIT and DDD have continued to foster a constructive working relationship, and this year a special team was put together to work with the Qualified Vendors regarding COMIT's findings.
6. COMIT has built rapport with many of the Qualified Vendors, which fosters a more productive working relationship.
7. COMIT continued to provide DDD with monthly case-specific and systemic issues along with recommendations for resolution.
8. 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.
9. 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. 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.

A total of 3 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:

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

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 books¹ have not been at the group home at the time of the monitoring visit, the client has been unavailable, the client'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. 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 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 client 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

¹ Member books are typically binders that contain all documents and information pertaining to that member.

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.

This discrepancy needs to be clarified and implemented across all districts.

During the course of the monitoring visits, it was noted that 2 of the districts, Districts North and South, had the most expired BTPs or no BTPs 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.

3. 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 client. COMIT monitors, as well as the client'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), 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 can and do impact the services provided to the client 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 clients with complex needs residing in group home settings. The COMIT Monitoring program is responsible for completing monitoring reviews for all clients on the roster confirmed to be residing in group home residential settings by December 2025.

COMIT Monitoring Review

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

Completed monitoring reviews include:

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

Essential Documents

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

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

The essential documents listed were originally reviewed and discussed with the COMIT team in July 2024 and will be the standard going forward. This list is not indicative of all the documents the team can and will review.

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

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

2. The provision of services identified in the Person-Centered Service Plan of the client with complex needs has been effective in addressing the client's complex needs.

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

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

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

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

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

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

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

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

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

Program Progress

Complex Needs Group Home Monitoring Roster

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

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

2025 Closed Assignments: Clients Discharged from Group Home Monitoring

COMIT Monitoring reviews are completed for clients with complex needs residing in DDD-funded group homes. Monitoring assignments are considered closed when it has been confirmed that the member is no longer in a DDD group home setting. A total of 21 assignments were closed in Year 3; 16 were due to the client moving out of DDD group home residential settings and 5 were due to the client's death.

COMIT Completed Group Home Monitoring Review Progress for the totality of Years 1-3

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

Findings/Results

2025 Completed Monitoring

Monitoring Reviews were completed in 2025 for 154 clients residing with 63 vendors in 22 cities for all 5 DDD Districts (refer to Table 1 for client demographics, page 17).

Program Objective Outcomes

1. 81% of clients did NOT receive all services identified in the PCSP

Outcome determined by the following parameters:

- A current PCSP being present in the client's file
- Client 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 client
- 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 client's file
- Behavioral stability is supported by verbal reports and documentation
- Physical/medical health care needs are addressed with proper treatment follow-up
- Client goals are completed with proper documentation and demonstrate progress

3. 75% of reviews were unable to determine conclusively if the clients' 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 client's file
- Behavioral stability is supported by verbal reports and tracking documentation
- Incident Reports being present in the client's file
- A current approved BTP in the client'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 clients).

Report or documentation of physical intervention outcome determined by the following parameters:

- A BTP (current/approved, "expired," draft only or no BTP) in the client's file
- Behavioral stability is supported by verbal reports and tracking documentation
- Incident Reports being present in the client's file
- A current approved BTP in the client's file

Monitoring Trends

(See Table 2, pg. 18 for the full list of trends)

VENDOR COMPLIANCE DEFICIENCIES

The percentages in the table below represent the percentage of Qualified Vendors that did not have or meet the listed documentation or contractual expectations.

Group Home Vendor Compliance Deficiencies	Averages for 2025
Documentation - quality/compliance concerns	99%
No Goal Tracking – in client file/received when requested	95%
Incident Reporting - no incident reports in the client file	80%
BTP: No Approved Behavior Plan	79%
Client File - no current PCSP in the client file	77%
BTP: No Current/Approved Behavior Plan	76%
Incident Reporting – compliance concerns	72%
Behavior Treatment Plan (BTP): No Plan for the client	50%

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

COMIT Monitoring Reviews identified serious compliance concerns with group home vendor documentation and record-keeping practices. Client files did not meet the requirements and standards 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 client care needs and address treatment needs.
- Documents listed in Section 1 that were present in the file then 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 client'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 clients' 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.

Goal Tracking

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

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.

Behavior Tracking

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

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.

Behavior Treatment Plan (BTP)

The Behavior Treatment Plan is a crucial component for meeting the care needs of clients with complex needs. A BTP outlines goals and objectives to reduce challenging/disruptive behaviors and increase more positive/adaptive behaviors. Per A.A.C Article 9, a BTP is required for those clients 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 client moving into the group home and must be reviewed/approved by PRC annually. To have a client on psychotropic/behavior-modifying medication without an approved BTP is "prohibited" according to Article 9.

The most significant and concerning finding from completed monitoring reviews is that 76% of clients do not have a current approved BTP in their file. Even though group homes are allotted 90 days from the day a client moves in to prepare and submit a BTP to PRC, some clients go years without

ever having a BTP in place.

Group Home Staff Training and Turnover

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

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 client.

SYSTEMIC ISSUES/CONCERNS

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

Person-Centered Service Plan	2025 Average
DDD: Person-Centered Service Plan – inaccurate/unclear	97%
DDD: Person-Centered Service Plan - action items need follow-up	88%
DDD: Clients not receiving all services identified in their PCSP	81%

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
- Client'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 client
- 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 client'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 client and/or guardian

DDD Group Home Monitoring of Vendor Standards and Practices

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

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

Recommendations

1. Additional Monitoring for Vendors with Compliance Concerns

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 restrictions² until compliance standards are improved.

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 client'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 clients. 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 client. Standardized forms can be presented at the Readiness Review and explained to new vendors at the same time. These forms would already contain the

² Placement restrictions could include limiting the number of new clients a QV could receive, putting a hold on the QV receiving any new clients at all or removing clients from the QV.

required information and would allow for ease in auditing and monitoring.

Table 1. Year 3 Group Home Monitoring Data – Client Demographics

Clients with Complex Needs	154/491	31% <i>(of year 1-3 total roster)</i>
Gender		
Male	104/154	68% <i>(of 2025 completed reviews)</i>
Female	50/154	32%
DDD Districts		
District Central (DC)	18/154	12%
District East (DE)	18/154	12%
District North (DN)	34/154	22%
District South (DS)	71/154	46%
District West (DW)	13/154	8%
Cities	22	<i>Appendix 1 (pg. 19)</i>
Group Home Vendor/Service Providers	63	<i>Appendix 2 (pg. 20-21)</i>

Table 2. Year 3 - Group Home Monitoring Trending Issues/Concerns

Table 2: Group Home Monitoring Trends	Averages for 2025
Group Home Vendor Compliance Concerns	
Documentation - quality/compliance concerns	99%
Goal strategy/tracking – documentation/quality concerns	95%
No Goal Tracking – in client file/received when requested	95%
Incident Reporting - no incident reports in the client file	80%
Medical Needs - not properly documented/followed up on	79%
BTP: No Approved Behavior Plan	79%
Client File - no current PCSP in the client file	77%
BTP: No Current/Approved Behavior Plan	76%
Incident Reporting – compliance concerns	72%
Medication Administration/Monitoring - compliance concerns	71%
Behavior Treatment Plan (BTP): No Plan for the client	50%
Systemic Issues	
DDD: Person-Centered Service Plan – inaccurate/unclear	97%
DDD: Qualified Vendors need extensive training due to non-compliance	94%
DDD: Person-Centered Service Plan - action items need follow-up	88%
DDD: Behavior Treatment Plan – QVs not being held accountable	68%
DDD: Increase Group Home Monitoring - vendors not in compliance	68%

Appendix 1: Year 3 – Monitoring Review Cities

City	Count
Avondale	1
Buckeye	1
Casa Grande	2
Chandler	5
Chino Valley	1
Cottonwood	8
Douglas	1
Flagstaff	13
Gilbert	3
Glendale	8
Kingman	4
Mesa	8
Peoria	1
Phoenix	12
Prescott	2
Prescott Valley	5
Sierra Vista	6
Surprise	2
Tempe	6
Tuba City	1
Tucson	59
Yuma	5
Total	154

Appendix 2: Year 3 – Monitoring Review Vendors

VENDOR	Count
360 Residency LLC	1
Able Homes LLC	1
Advanced Supported Living Services, LLC	1
AIRES	10
Alethia Social Services	1
ARISE, INC FN	10
Arizona Dream Team I, LLC	1
Called to Care Residential Facility, LLC	1
Care Homes LLC	1
Catholic Comm. Services/Southwest Community Services	1
CoBros III, LLC	8
Community Options, Inc.	2
Danville Services of Arizona LLC	10
Dine' Bii Association for Disabled Citizens, Inc.	1
Easter Seals Blake Foundation	4
Embrace Hope, LLC	3
Embrace Life, Inc.	2
Esther's Compassionate Care LLC	1
FE Home Care Services LLC	2
Gwen's Advance Care, LLC	1
Hacienda, Inc.	1
Hand in Hand Behavioral Health	1
Hatch Haven, LLC	1
Hope Love and Care Group Home LLC	1
House of Hope Care, LLC	1
Hozhoni Foundation, Inc.	3
Intermountain Centers for Human Development	2
Legend DDD Services, LLC	3
LOU Corporation	1
Meadows Catalina LLC	3
Meaningful Life Behavioral Health LLC	5
Monarch Valley Care Home LLC	1
National Mentor Healthcare LLC	20
Nestvillage LLC	2
NextStep Habilitation LLC	2
Ohana Developmental Homes, LLC	3
Open Arms LLC	2
Our Choice Human Services	1
Our Choice Human Services, LLC	5
Portable Practical Education Preparation, Inc.	2

DRAZ/COMIT Group Home Monitoring Annual Report-Year 3

Premier Perfek LLC	1
Proverbs Group Home	2
Reeves Foundation	1
Rehema Care LLC	1
ResCare Arizona, Inc.	4
Roman Home, LLC	1
Spectrum Home Healthcare LLC	1
Stercoll Services Limited LLC	2
Strides 2 Thrive	2
Sweet Haven LLC	1
The Legends Residential Care LLC	4
The Nile Health Network LLC	3
The Opportunity Tree	1
The Sanga Corporation	1
The Tunland Company	13
Theraplay4kidz, LLC	1
Titans Home Healthcare LLC	2
TLC DD Group Homes LLC	1
TLC Supported Living Services of Arizona, Inc.	1
Tucson Residence Foundation	4
Valleylife	1
Y.E.S. The Arc	1
Zion Compassion Care, LLC	3
TOTAL (including the closed cases from 2025)	174