



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

MONTHLY REPORT: MARCH 2026

Contract Number: CTR079940

Group Home Monitoring Program

[ARS § 36-595.03](#)

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

COMIT MONITORING

YEAR 4 (2026)

DDD Members/Group Homes Roster

Total Number of Members on Roster dated 1/1/26	512
Total Number of Members on Roster dated 1/21/26	519
<i>Number of Duplicate Names</i>	<i>7</i>
<i>Number of Added Names</i>	<i>24</i>
<i>Number of Removed Names</i>	<i>10</i>

Group Home Monitoring Visits

Contractual Obligation for Year 4	220
<i>Total Completed</i>	<i>26¹</i>
<i>Total Closed</i>	<i>0</i>
Total Completed/Closed	26
Total Remaining	194

MARCH 2026

Quality Improvement and Technical Assistance (QITA)

Total Number of Times QITA was Contacted	4
<i>Member no longer at Qualified Vendor (QV) on roster</i>	<i>0</i>
<i>Need assistance with confirming member’s QV/group home (GH)</i>	<i>1</i>
<i>Need assistance with obtaining documents</i>	<i>3</i>
<i>ADHS assistance</i>	<i>0</i>
<i>Need assistance with QV response</i>	<i>0</i>

Need assistance with confirming member’s QV/GH

- The Monitor contacted QV/Happy Home Care, LLC, who initially reported that the assigned

¹ Total completed consists of 22 new monitoring visits and 4 follow-up monitoring visits.

member did not reside at the location. QITA was notified and subsequently engaged with the QV for clarification. The QV confirmed that the member prefers to use an alternate name and verified that the member does, in fact, reside at the QV home.

Need assistance with obtaining documents

- COMIT submitted three (3) assistance requests to QITA. For one (1) request, QITA provided documentation received from the QV (Gbotima Behavioral Health Residential). For the remaining two (2) requests, the QVs (Abrio Family Services and Supports and Happy Home Care) responded promptly upon receipt.

Monitoring Locations

Avondale	1
Glendale	5
Laveen	1
Marana	2
Phoenix	5

Group Home Monitoring Age Ranges

0-7	0
8-17	5
18-25	4
26-40	4
41-64	1
65+	0

Group Home Monitoring Qualified Vendors for March

Abrio Family Services and Supports	1
Amana Home Care LLC	1
Be The Change Home Care LLC	1
Favor's Generation LLC	1
Gbotima Behavioral Health Residential	1
Hand in Hand Behavioral Health Residential Facility Inc.	2
Happy Home Care LIC	1
Liberty Home LLC	3

National Mentor Healthcare	1
Potterville Care	2

March Closed Assignments

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 residing in a DDD group home setting.

March 2026 Total Closed Assignments: 0

COMIT AND QITA COLLABORATION

1. COMIT conducted 4 follow-up monitoring visits this month. During these visits, the QVs reported that they never heard from DDD regarding COMIT's findings/recommendations in Years 1-3.
2. COMIT requested a response timeline from QITA to outline their follow up/remediation with the QVs based upon COMIT's findings. For the monitoring visits completed in the 1st and 2nd quarters of Year 4, COMIT would like to conduct follow-up monitoring visits in the 3rd and 4th quarters of Year 4. QITA could not provide COMIT with a definitive timeline for remediation/implementation but stated it may take 4-6 months. COMIT requested a copy of any finalized Corrective Action Plan (CAP) letter that QITA is going to send to the QV to accurately evaluate implementation during a follow-up visit and QITA was unsure if they could provide COMIT with that information. Without knowledge of what QITA has provided to the QVs as part of their CAP, COMIT will be unable to effectively conduct a follow-up visit.
3. When COMIT requests documents from a QV at the completion of the monitoring visit. COMIT also notifies QITA of this request via email. If QITA receives documents from the QV as part of this request, they do not double-check the documents to make sure they are the requested documents. This has caused duplicate documents and/or COMIT has received documents they did not request. In addition, including QITA in the post-monitoring visit document requests has not improved the QV's response time. To date, the procedure of including QITA in post-monitoring visit document requests has proved to be unbeneficial.

MARCH MONITORING FINDINGS²:

1. QVs do not understand the new Person Centered Service Plan (PCSP) process and the difference between the annual PCSP and the 90-day reviews.
 - a. Monitors have been asking for the annual PCSPs and any 90-day reviews for the member, but the QVs are only providing the monitor with the most recent 90-day

² These findings are based off the 10 new monitoring visits conducted this month.

review stating it replaced the PCSP.

2. Current PCSPs and/or 90-day reviews were missing from the members' files.
 - a. 9 out of 10 members had a PCSP in their file, but only 6 of the PCSPs were current.
 - b. 4 members had 90-day reviews in their file, and they were all missing at least one (1) 90-day review.
3. QVs do not understand that a Behavior Treatment Plan (BTP) needs a final approval from the Program Review Committee (PRC), which is found on the PRC Disposition form.
 - a. QVs will have the "approved with required changes marked on the PRC Disposition form, which gives a date the changes are due to PRC. The QVs may or may not make changes but then they never resubmit them to PRC for final approval.
 - b. 6 out of 10 members had a BTP in their file. 1 out of 6 BTPs were current and approved.
 - c. None of the BTPs reviewed made all the PRC corrections, yet they were still approved.
4. 5 out of 10 members had missing data (blanks) on their Medication Administration Records (MARs).
 - a. When blanks are present on a MARs, it is not known if the member received their medication.
5. Target behaviors are not being tracked daily, and some are not being tracked at all.
 - a. Only 4 out of 10 members had daily target behavior tracking sheets.
 - b. 4 out of 10 members had medication reviews in their file and only 1 out of those 4 included target behavior information.
6. Goals are not being tracked accurately and/or consistently.
 - a. 3 out of 9³ group homes were tracking goals that were different from the PCSP/90-day review.
 - b. 4 out of 9 group homes were not tracking goals according to the goal methodology.
7. Staff working directly with the members did not know pertinent information about the member.
 - i. The most common mistakes and/or omissions noted during this reporting period were: The member's diagnoses (DDD, behavioral and/or medical),
 - ii. The member's ratio,
 - iii. Status of the BTP (current and approved, expired, drafted, etc.),
 - iv. The member's target behaviors,
 - v. The members alone time, and

³ This is based on 9 group homes instead of 10 because 1 group home did not have goal tracking in the member's file.

- vi. The member's risks (medical, safety, behavioral and financial).
- b. Staff did not recognize the member by their legal name and relied solely on the member's preferred name, which resulted in the provision of inaccurate information.

MARCH FOLLOW UP MONITORING VISIT FINDINGS:

1. During the time at which these monitoring visits initially took place, the findings centered around the Support Coordinators (SCs) and/or the PCSPs.
2. COMIT conducted three (3) follow-up group home monitoring visits with the QV Liberty Home LLC.
 - a. The initial visit for Member 1 took place in May 2024 and recommendations included updates to the PCSP with data provided by the GH, SC training on SMART goals, and inaccurate/outdated information. The follow up monitoring visit noted that Member 1 has the same SC, and the same deficiencies were found in the member's most recent PCSP, approximately 1 ½ years later.
 - b. The initial visit for Member 2 took place in September 2024 and recommendations included SC training for PCSP accuracy and team accountability, lack of tracking and MAR compliance, and documentation for tracking/charting. The follow-up visit was inconclusive because there was not enough documentation available to make a determination. The monitor requested the annual PCSP and any 90-day reviews and was only given a 90-day review, stating the review took the place of the annual PCSP. MARs were requested from the QV, and we were only provided with the March MAR. Tracking documentation was requested and only Monthly Progress Reports (MPRs) were provided, which does not show daily tracking/charting information.
 - c. The initial visit for Member 3 took place in October 2023 and recommendations included SC training on PCSP writing, member's request for full time employment and individual housing, and additional supports for the member (counseling, VR referral, peer/support groups). The follow up monitoring visit noted that the QV had a PCSP from 8/20/25 and a 90-day review from 1/21/26 but did not receive the 90-day review that was to take place on or about 10/30/25. Member 3 was moved to a new GH at some point between the initial visit and the follow up visit and seems to be doing well. The member is also involved in Group Supported Employment (GSE) for about 20 hours a week. Although the member is doing better, a GH is the least restrictive living environment for the member at this time.
3. COMIT conducted one (1) follow-up group home monitoring visit with the QV National Mentor Healthcare LLC.
 - a. The initial visit for the member took place in February 2025 and recommendations

included SC training on PCSP writing/accuracy, goal documentation, and SC/DDD monitoring of incident report (IR) practices. During the follow-up monitoring visit the QV only provided the most recent 90-day review, so it was not clear whether the annual PCSP has improved in terms of accuracy. Not enough documentation was received to properly evaluate the goal documentation. The QV stated the staff have been trained on the BTP and had to sign off on their knowledge of the BTP. The QV also stated the member is their own guardian and knows their rights and this impedes the goal progression process. There was only one (1) IR to review, but the MPRs show low numbers for target behaviors.

MARCH MONITORING RECOMMENDATIONS:

1. Provide additional information/resources to QVs regarding the annual PCSP and the 90-day reviews to ensure comprehension and purpose of both documents and the requirements pertaining to which of these documents need to be kept in the member's file.
2. Additional training for SCs on the timeframe in which the PCSP or 90-day review needs to be finalized, signed and sent to the QV.
3. Additional training for QVs on their responsibility/due diligence in requesting missing documents from the SC.
4. Additional training for QVs and/or BTP authors on the difference between "approved with changes" and "final approval" on the PRC Disposition form.
5. Additional training/resources provided to PRC to ensure all changes from PRC were implemented/added to the plan before final approval is granted.
6. DDD/PRC to implement a tracking system to ensure BTPs are being submitted or renewed within the appropriate submission timeline for each member.
7. Additional training with QVs on goal and data tracking, more specifically to stress the importance of completing the tracking on a daily basis (or according to any specific tracking language in the goal), ensuring the goals are being ran according to their specific language and/or methodology, and ensuring the QVs know which goals they are to be tracking.
8. Additional training with QVs to go over what items need to be on specific documentation (i.e., target behavior data on medication reviews).
9. Additional training with QVs on how to ensure staff know the member they will be working with (i.e., member orientations should be completed by staff and updated as necessary) and ensure there's effective communication systems in place so all staff are kept up to date on things pertaining to the members.

MARCH FOLLOW UP MONITORING VISIT RECOMMENDATIONS:

1. QITA to start their follow-up procedure with QVs from the February monitoring visits.
2. QITA to provide COMIT with the QV's CAP to ensure we are monitoring the same deficiencies QITA is working with the QV to address the issues identified.

SYSTEMIC DEFICIENCIES AND OTHER BARRIERS

1. DDD and ADHS naming conventions for the QVs and/or the GH are different causing confusion when looking for licensing information for that QV and GH.
2. COMIT was unable to obtain medication reviews for a Member at Hand in Hand Behavioral health Residential Facility, Inc. as we were informed they could not be sent without a request from the member's clinic. The GH should be able to obtain this information at the conclusion of the appointment. It is a barrier because COMIT was unable to review these documents and include them in our monitoring visit and on our report.

March 2026 COMIT INVESTIGATIONS: QOC REVIEW AND ANALYSIS

Under A.R.S. § 36-595.03, the COMIT Investigations Team conducts comprehensive reviews and analyses of Quality-of-Care (QOC) concerns arising in the group homes where monitoring activities are performed. Subsection (C) requires the Department to establish an expedited referral system that forwards **all** incident reports, QOC complaints, investigation records, and client service requests for these monitored homes to COMIT for review and analysis. The statute further requires that any concerns identified by COMIT be provided to the Department, which must then share the information with the service provider and the Independent Oversight Committee on Persons with Developmental Disabilities.

In March 2026, two (2) additional **Quality of Care (QOC) Concerns for Review and Analysis** cases were opened and assigned to COMIT’s Investigations Team, expanding the program’s active investigative workload. Six (6) cases have been completed and closed, nine (9) cases remain open as investigators continue conducting interviews, document reviews, and cross-system analyses.

YTD QOC INVESTIGATIONS STATUS

<i>QOC Concern / Complaints</i>	<i>Total</i>
Total Assigned Investigations	15
Total Closed	6
Total Open/Active	9

YTD CLOSED QOC INVESTIGATIONS OUTCOMES

<i>Outcome/Findings</i>	<i>Code</i>	<i>Total</i>
Substantiated	SUB	6
Unsubstantiated	UNSUB	0
Inconclusive	INC	0

2026 OPEN QOC INVESTIGATIONS: 9

CASE ID	VENDOR	ASSIGNED	TRIAGE DATE	OPENING ALLEGATION	INCIDENT OVERVIEW	STATUS
CI0029	Theraplay4kidz, LLC	01/12/2026	12/24/2025	OTHER	Alleged Abuse	OPEN INV.
CI0031	Meaningful Life Behavioral Health LLC	02/11/2026	01/05/2026	SAFETY	Sexual Abuse on a Minor	OPEN INV.
CI0032	Meaningful Life Behavioral Health LLC	02/11/2026	11/25/2025	ABUSE	Sexual Abuse on a Minor	OPEN INV.
CI0033	Theraplay4kidz, LLC	02/18/2026	1/23/2026	ABUSE	Staff Abuse on a Member	OPEN INV.
CI0036	Meaningful Life Behavioral Health LLC	02/23/2026	12/04/2025	ABUSE	Sexual Abuse on a Minor	OPEN INV.
CI0037	Community Options, Inc.	03/27/2026	3/10/2026	ABUSE	Sexual Abuse on a Minor	OPEN INV.
CI0038	Horizon Health and Wellness, Inc.	03/27/2026	3/19/2026	ABUSE	Physical Abuse on a member	OPEN INV.
CI0039	Mi Casa Su Casa, LLC.	04/06/2026	3/3/2026	ABUSE	Neglect	OPEN INV.

CI0040	Heart To Heart Behavioral Health Group Home, LLC	04/06/2026	3/18/2026	SAFETY	Avoidable Injury/Complication	OPEN INV.
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See Table Keys on Final Page of this Report

2026 COMIT CLOSED QOC INVESTIGATIONS: 6

CASE ID	VENDOR	ALLEGATION CONCLUSION	INCIDENT OVERVIEW	ASSIGNED	CLOSED	OUTCOME
CI0028	Theraplay4kidz, LLC	SAFETY	Medication Errors	1/9/2026	2/28/2026	SUB
CI0026	Arizona Dream Team I, LLC	SAFETY	Unsafe Environment	1/12/2026	3/31/2026	SUB
CI0027	Arizona Dream Team I, LLC	DEATH	Member Death	1/12/2026	3/31/2026	SUB
CI0030	Theraplay4kidz, LLC	SAFETY	Medication Errors	1/14/2026	3/31/2026	SUB
CI0034	Able Homes, LLC	ABUSE	Neglect	3/5/2026	3/31/2026	SUB
CI0035	Ohana Developmental Homes, LLC	SAFETY	Inadequate Staffing	3/5/2026	3/31/2026	SUB

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2026 Completed QOC Concerns: Additional Substantiated Findings: 25

These additional findings emerged during the course of COMIT’s Review and Analysis 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	VENDOR	ALLEGATION CONCLUSION	INCIDENT OVERVIEW	CLOSED	OUTCOME
CI0028	Theraplay4kidz, LLC	SAFETY	Failure/Delay or Inadequate Regulatory Agency Reporting	2/28/2026	SUB
CI0028	Theraplay4kidz, LLC	EFFECTIVE	Inadequate Documentation	2/28/2026	SUB
CI0026	Arizona Dream Team I, LLC	EFFECTIVE	Inadequate Service/Treatment Plan	3/31/2026	SUB
CI0030	Theraplay4kidz, LLC	SAFETY	Inadequate Staffing	3/31/2026	SUB
CI0030	Theraplay4kidz, LLC	SAFETY	Failure/Delay or Inadequate Regulatory Agency Reporting	3/31/2026	SUB
CI0030	Theraplay4kidz, LLC	SAFETY	Suspected Criminal Activity	3/31/2026	SUB
CI0030	Theraplay4kidz, LLC	EFFECTIVE	Inadequate Documentation	3/31/2026	SUB
CI0030	Theraplay4kidz, LLC	ABUSE	Emotional abuse on a member	3/31/2026	SUB
CI0030	Theraplay4kidz, LLC	ABUSE	Physical Abuse on a member	3/31/2026	SUB
CI0030	Theraplay4kidz, LLC	ABUSE	Neglect of physical, medical, or behavioral needs of a member	3/31/2026	SUB
CI0030	Theraplay4kidz, LLC	RIGHTS	Cultural Competency Issues	3/31/2026	SUB
CI0030	Theraplay4kidz, LLC	ACCESS	Inadequate access to care/ services	3/31/2026	SUB
CI0034	Able Homes, LLC	SAFETY	Medication Errors	3/31/2026	SUB
CI0034	Able Homes, LLC	SAFETY	Avoidable Injury/Complication	3/31/2026	SUB
CI0034	Able Homes, LLC	SAFETY	Unsafe Environment	3/31/2026	SUB

CI0034	Able Homes, LLC	SAFETY	Inadequate Staffing	3/31/2026	SUB
CI0034	Able Homes, LLC	SAFETY	Failure/Delay or Inadequate Regulatory Agency Reporting	3/31/2026	SUB
CI0034	Able Homes, LLC	RIGHTS	Inappropriate Use of Physical, Mechanical, Personal, Chemical Restraint, or Seclusion	3/31/2026	SUB
CI0034	Able Homes, LLC	ACCESS	Inadequate Access to Medical Records	3/31/2026	SUB
CI0034	Able Homes, LLC	EFFECTIVE	Inadequate Service/Treatment Plan	3/31/2026	SUB
CI0034	Able Homes, LLC	EFFECTIVE	Inadequate Documentation	3/31/2026	SUB
CI0034	Able Homes, LLC	EFFECTIVE	Lack of Coordination of Care	3/31/2026	SUB
CI0035	Ohana Developmental Homes, LLC	FRAUD	Fraudulent actions: billing, documentation, services, licensure	3/31/2026	SUB
CI0035	Ohana Developmental Homes, LLC	SAFETY	Unsafe Environment	3/31/2026	SUB
CI0035	Ohana Developmental Homes, LLC	SAFETY	Failure/Delayed Reporting Requirements	3/31/2026	SUB

See Table Keys on Final Page of this Report

QOC CONCERNS: LOCATIONS

Cities:	Count:
Phoenix	9
Tucson	6

QOC CONCERNS: AGE RANGES

Age Range:	Count:
0-7	-
7-17	5
18-25	6
26-40	2
41-64	2
65+	-

DDD/QITA TEAM: RECORDS AND SUPPORT SERVICES

Case ID	Support Requested	Date Requested	Date Produced	Current Status of Request
CI0026	Records Request	01/09/2026	01/16/2026	Partial production of records occurred on 1/16/26; however, the request remains open and active. As of the date of this report, no additional communication or further production of the requested records has been received from DDD/QITA. UPDATE: Following the 02/26/26 meeting with QITA, DRAZ was advised by DDD that all records for this member had been sent in full.
CI0027	Records	01/09/2026	02/27/2026	No documents were produced as of 02/26/2026.

	Request			UPDATE: Following the 02/26/26 meeting between DRAZ and QITA, DRAZ was advised by DDD that an attempted records production had been impacted by a technical issue that prevented DRAZ from receiving the documents. After coordinating to resolve the issue, all records for this member have now been transmitted in full as of 02/27/2026.
CI0028	Records Request	01/09/2026	02/27/2026	No documents were produced as of 02/26/2026. UPDATE: Following the 02/26/26 meeting between DRAZ and QITA, DRAZ was advised by DDD that an attempted records production had been impacted by a technical issue that prevented DRAZ from receiving the documents. After coordinating to resolve the issue, all records for this member have now been transmitted in full as of 02/27/2026.
CI0029	Records Request	01/09/2026	01/16/2026	Partial production occurred on 1/16/26. UPDATE: Following the email exchange with QITA on 3/24/26, DRAZ COMIT closed this request as only partially fulfilled. QITA acknowledged that not all required/requested documentation had been transmitted to DRAZ COMIT.
CI0030	Records Request	01/13/2026	01/16/2026	Partial production of records occurred on 1/16/26; however, the request remains open and active. As of the date of this report, no additional communication or further production of the requested records has been received from DDD/QITA. UPDATE: Following the 02/26/26 meeting with QITA, DRAZ was advised by DDD that all records for this member had been sent in full.
CI0031	Records Request	02/11/2026	02/19/2026	Records requested were originally denied by QITA on 02/13/26. Following subsequent communication, QITA produced all documents for this member on 02/19/26.
CI0032	Records Request	02/11/2026	02/13/2026	All records produced
CI0033	Records Request	02/19/2026	02/20/2026	Partial production occurred on 2/20/26; UPDATE: Following the email exchange with QITA on 3/24/26, DRAZ COMIT closed this request as only partially fulfilled. QITA acknowledged that not all required/requested documentation had been transmitted to DRAZ COMIT.
CI0034	Records Request	03/05/2026	03/10/2026	Partial records were received on 3/6/2026. DRAZ requested the remaining documents, and full production was provided on 3/10/2026.
CI0035	Records Request	03/05/2026	03/10/2026	Partial records were received on 3/6/2026. DRAZ requested the remaining documents, and full production was provided on 3/12/2026.
CI0036	Records Request	02/11/2026	02/23/2026	Records requested were originally denied by QITA on 02/12/26. Following subsequent communication, QITA produced all documents for this member on 02/23/26.
CI0037	Records Request	03/27/2026	04/01/2026	Partial records were received on 3/31/2026. DRAZ requested the remaining documents, and full production was provided on 04/01/2026.

CI0038	Records Request	03/27/2026	04/01/2026	Partial records were received on 3/31/2026. DRAZ requested the remaining documents, and full production was provided on 04/01/2026.
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Systemic Gap in Identifying Complex Needs Members

COMIT continues to identify members with complex needs who were not recognized by DDD and therefore not added to the monitoring roster for review. COMIT has provided the identified members’ information to DDD with this report.

Complex-Needs Members Identified by COMIT:	
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Summary of Systemic Findings throughout COMIT Investigations (Jan. 1, 2026 – Present)

DDD-Related Systemic Issues

- APS, DCS and DDD have not consistently communicated or shared information following a substantiated finding. As a result, one agency may substantiate abuse with significant supporting evidence, yet the other agency is not notified to take corresponding action. This lack of coordination has led to situations where staff who should be disqualified from working with minors or vulnerable individuals may only be terminated rather than having required remedial measures implemented, such as fingerprint clearance revocation or placement on the APS/DCS registry. Without shared findings, these individuals remain eligible for rehire and COMIT is aware that individuals have been employed at other DDD group homes, where the risk of continued harm persists.
- Continuation of inadequate and low staffing has resulted in required staffing ratios not being met, contributing to avoidable injuries, while ongoing lack of transportation has limited access to medical appointments and approved services.
- PCSPs contain outdated information, significant errors, and insufficient detail, impacting service planning and delivery.
- Habilitation goals remain poorly developed, and documentation of progress is often incomplete or inadequate.
- Policies governing the use of electronic monitoring devices lack clarity, particularly when individuals are temporarily removed from group homes while monitoring equipment remains active.
- Diagnostic information within BTPs is not consistently verified, resulting in incorrect diagnoses being approved by PRC without detection during review processes.
- Therapeutic services identified as needed or requested—such as occupational therapy—are not consistently initiated.
- Follow-up on Corrective Action Plan (CAP) orders are inconsistent, with limited verification that Qualified Vendors are implementing required corrective measures.
- Critical health and safety information is not consistently updated within PCSPs, creating gaps in essential care planning.
- Incident Reports submitted by Qualified Vendors show a high rate of incorrect allegation

categorization, for example one vendor, Able Homes, LLC, shows 19 of 25 reviewed IR’s misclassified and no subsequent corrective intervention.

- BTPs remain unapproved for extended periods, with some plans pending PRC review for up to nine months after submission.

Outside Agencies, Other Systemic and Vendor Level Issues

- Concerns persist regarding criminal cases involving individuals with developmental disabilities. One member with complex needs and severely limited mobility reports that he was criminally charged and convicted after allegedly being pressured into a guilty plea. He further reports that the resulting lifelong probation has restricted his access to the services he requires and has been approved to receive.
- Required therapeutic interventions, including sexual behavior therapy, are not consistently delivered in an accessible or developmentally appropriate manner.
- Hospital discharge documentation has included diagnoses not reflected in other medical or behavioral records, indicating inconsistencies in diagnostic reporting.
- MARs contain duplicate medication orders, increasing the risk of medication errors and compromising safe medication management.
- Significant delays in dental treatment persist due to limited availability, resulting in worsening dental conditions and extended wait times of up to two years.
- Medical and dental appointments are frequently canceled or rescheduled due to provider limitations, scheduling errors, or inability to accommodate behavioral or emotional needs.
- As part of the unexpected death investigation, external examinations conducted by the Office of the Medical Examiner have not consistently included review of implanted medical devices [JR2.1], despite statutory authority permitting such review when in the public interest under A.R.S. § 11-597(E).

TABLE KEYS

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
Other	OTHER

Status Code	Open Investigations Case Status Description
OPEN INV.	The investigation remains ongoing
EDITS	Report Returned- Investigator completing additional report edits & review
ADMIN	In the preliminary to secondary QA and administrative review stage
FINAL REVIEW	Concluding review, final QA and preparing case for submission