

“AT A GLANCE”
Agency Provider Responsibilities with Major Unusual Incidents and Unusual Incidents

From Rule	Requirement
(D)(4) Reporting Requirements	Immediately upon identification or notification of a major unusual incident, the provider shall take all reasonable measures to ensure the health and welfare of at-risk individuals. The provider and county board shall discuss any disagreements regarding reasonable measures in order to resolve them. If the provider and county board are unable to agree on reasonable measures to ensure the health and welfare of at-risk individuals, the department shall make the determination. Such measures shall include: (a) Immediate and ongoing medical attention, as appropriate; (b) Removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical abuse or sexual abuse until such time as the provider has reasonably determined that such removal is no longer necessary; and (c) Other necessary measures to protect the health and welfare of at-risk individuals.
(D)(6)	Immediately, but no later than 4 hours after discovery of the incident, notify the county board through means identified by the county board for the incidents or allegations as listed in (D)(6)(a)-(j) of the rule.
(D)(7)	For all major unusual incidents, all providers shall submit a written incident report to the county board contact or designee no later than three p.m. the next working day following initial knowledge of a potential or determined major unusual incident. The report shall be submitted in a format prescribed by the department.
(E) Alleged Criminal Acts	Immediately report to law enforcement any allegation of a criminal act.
(F) Abused or Neglected Children	Immediately report to Children Services all allegations of abuse or neglect involving individuals under the age of twenty-one years.
(G)(1) Notification Requirements	Ensure notifications to the individuals as identified in (G)(1)(a)-(d) of the rule, as applicable, when the incident of discovery of the incident occurs when such provider has responsibility for the individual. The notification shall be made on the same day the incident or discovery of the incident occurs and include immediate actions taken. Make Notification to: (a) Guardian or other person whom the individual has identified. (b) Service and Support Administrator (c) Other providers of services as necessary to ensure continuity of care/support (d) Staff or family living at the individual's residence who have responsibility for the individual's care.
(G)(2)	All notifications or efforts to notify shall be documented.
(G)(3)(a)	Notification shall not be made if the person to be notified is the PPI, the PPI's spouse or the PPI's significant other.
(G)(4)(b)	Notifications shall not be made when such notification could jeopardize the health and welfare of an individual involved.
(G)(5)	Notification to a person is not required when the report comes from such person or in the case of a death when the family is already aware of the death.

(H)(6)	An intermediate care facility shall conduct an investigation that complies with applicable federal regulations, including 42 C.F.R. 483.420 (October 1, 2012), for any unusual incident or major unusual incident involving a resident of the intermediate care facility, regardless of where the unusual incident or major unusual incident occurs. The intermediate care facility shall provide a copy of its full report of an administrative investigation of a major unusual incident to the county board. The investigative agent may utilize information from the intermediate care facility's administrative investigation to meet the requirements of this rule or conduct a separate administrative investigation. The county board shall provide a copy of its full report of the administrative investigation to the intermediate care facility. The department shall resolve any conflicts that arise.
(H)(7)	When an agency provider, excluding an intermediate care facility, conducts an internal review of an incident for which a major unusual incident has been filed, the agency provider shall submit the results of its internal review of the incident, including statements and documents, to the county board within fourteen calendar days of the agency provider becoming aware of the incident.
(H)(8)	All DD employees shall cooperate with administrative investigations conducted by entities authorized to conduct investigations and respond to requests for information within the timeframe requested. The timeframes identified shall be reasonable.
(K)(1) Review, Prevention & Closure of MUIs	Implement a written procedure for the internal review of all MUIs and shall be responsible for taking all reasonable steps necessary to prevent the reoccurrence of MUIs. The written procedure shall require senior management of the agency provider to be informed within two working days following the day staff become aware of a potential or determined MUI involving misappropriation, neglect, physical abuse, or sexual abuse.
(L)(1) Analysis of MUI Trends & Patterns	Analyze MUIs to identify trends and patterns annually (Jan-Dec 31) for with the annual review being comprehensive for the year. By January 31 st of each year, a provider shall conduct an in-depth review and analysis of trends and patterns of MUIs.
(L)(3)	Send its analysis and follow-up actions to the county board for all programs operated in the county by February 28 for the annual review.
(M) UI Requirements	Develop and implement a policy and procedure as identified in (M)(2)(a)-(d) of the rule. (M)(3) Ensure all staff are trained and knowledgeable regarding policy and procedure.
(M)(4)	The provider providing services when an unusual incident occurs shall notify other providers of services as necessary to ensure continuity of care and support.
(M)(6)	Review all UIs as necessary, but no less than monthly, to ensure appropriate preventative measures have been implemented and trends and patterns identified and addressed as appropriate.
(M)(8)	Maintain a log of all UIs. The log shall include, but not be limited to, the name of the individual, a brief description of the incident, any injuries, time, date, location, cause and contributing factors and preventive measures.
(M)(9)	Ensure that risks associated with unusual incidents are addressed in the individual plan or individual service plan of each individual affected.
(O)(2) RECORDACCESS	Provide to the department, upon request, copies of personnel records that are not confidential. See (O) (1)-(3) for additional information of this process.
(P)(1) TRAINING	Ensure staff employed in direct services positions are trained on the requirements of this rule prior to direct contact with any individuals. Thereafter, staff employed in direct services positions shall receive annual training on the requirements of this rule including a review of health and welfare alerts issues by the department since the previous year's training.
(P)(2)	Ensure staff employed in positions other than direct services positions are trained on the requirements of this rule no later than ninety calendar days from date of hire. Thereafter, staff employed in positions other than direct services positions shall receive annual training on the requirements of this rule including a review of health and welfare alerts issued by the department since the previous year's training.