

MUI Filings:

1. Can you please clarify when you file MUIs for those not being served by a DD provider (such as a Nursing Home, School or Mental Health Facility) at the time of the incident? Reports of Abuse and Neglect should always be filed regardless of what setting it occurs in (Partial Hospitalization-Ohio Department of Mental Health Services certified program (OMHAS), Nursing Facility, and/or a school program through Ohio Department of Education (ODE). Reports of Unapproved Behavior Supports are not filed when the individual is being provided Partial Hospitalization services (under OMHAS) or by a school/education program (operated under ODE) or in a Nursing Facility.
2. What happens if the MUI occurs between a person served and someone not served? If an incident occurs with served individual and one not served by DD, then a Physical Abuse, Sexual Abuse, Misappropriation or Verbal Abuse MUI would be filed? Since both peers are not served, a Peer to Peer cannot be filed. In the Incident Tracking System/Other Tab, you would select PPI, Relationship Other. Instead of a DOB you can put in a number or some other place holder as the identifying information.
3. Is a certified provider required to provide the IA with information (name, diagnosis, services provided) about another peer involved in the incident if that person is not served through the DD system? No, the provider should cooperate with the investigation but not provide Protected Health Information about the other person.
4. Should we file an MUI for a Child Abuse Prevention Treatment Act (CAPTA) referred children who are being referred to the Help Me Grow (HMG) Central Coordination sites via the CBDD when the CBDD holds the HMG Central coordination site contract if CSB is involved? The Department's opinion regarding these situations is that a report has already been made to Children's Service Board (CSB) (primary investigative entity) and the case investigated appropriately. It would not be necessary to report this as an MUI through the Incident Tracking System (ITS) as the child is not yet known to the board and the primary investigative entity (CSB) has been involved. Once the individual has been deemed eligible and is in receipt of county board services then any subsequent allegations meeting MUI criteria would be required to be reported and an MUI filed and investigated appropriately.
5. Which county files a MUI for a person served through a waiver, especially if the individual lives in one county but another county is administering the waiver? The County Board who is administering the waiver would be responsible for filing the MUI and investigating and/or coordinating with the other county to ensure that the investigation is completed.
6. If a person living in an ICF has an MUI, does the county they originally came from file it? No, the county in which the facility is located is responsible for the filing and investigation of the major unusual incident.
7. Are Remote Monitoring Service Providers (if only service offered) required to report UI and MUIs? Yes, they would be required to fill out an incident report and report any MUIs according to rule.
8. If someone fell and that accident/significant injury lead to a hospitalization or death, how should it be filed? Please file the MUI that best meets the criteria.
 - In the case above, you would file a hospitalization. In ITS, you would note the reason for hospitalization is the fall.
 - If a person dies as a result of a fall, please file an Accidental Death and document the cause as a fall.
 - If the fall and injuries only meet the criteria for a significant injury, please file the significant injury MUI.
9. Why is it necessary to file a physical abuse and death MUI if a person is murdered? The death case provides the ability to review the individual's death whereas the physical abuse will be considered for Abuser Registry.

10. If a person is hospitalized and dies while in the hospital, what MUI would you file? **You would file the hospitalization when the person is hospitalized. Upon learning of that person's death, you would close the MUI for the unscheduled hospitalization and open a death MUI.**
11. **If an individual is the victim of Human Trafficking (could be captured under many MUI categories), how should I file?** **We ask that you file the MUI as Exploitation/Human Trafficking. As in many of these cases the victim unfortunately experiences exploitation, abuses and other traumas but we believe exploitation best captures this. If the PPI is determined to be a paid provider, please contact your Regional Manager for further consultation. We may bump up the category to abuse for Registry purposes.**
12. **Would you file an MUI if an individual is trying to harm themselves/others with silverware and DSP (Direct Support Professional) decide to lock up silverware to immediately ensure health and wellness but this intervention is not addressed in the person's plan.** **No, this would not be filed as an MUI because there is no risk to health and welfare for locking up silverware. This should be documented as a UI and addressed with the team.**
13. **Please clarify what "Around the Clock" services means in reporting of MUIs in D (2)-(3) of the rule?** **Around the clock services refers to an individual who lives in a home where DSP support is scheduled 24- hours a day, regardless if that individual has alone time. If an individual receives around the clock services then you would file the MUI no matter where the incident occurred. All individuals living in an ICF receive 24-hour care.**
14. **Which county files the MUI in a case where an individual moves to another county and then makes an allegation about something that occurred prior in their previous county?** **In cases where an individual moves residence, the county receiving funding for the person would file and investigate the MUI's even if the allegation is to have occurred in another county while the person was residing there. The expectation is that the other County Board would provide assistance to conduct the investigation.**
15. **Is a Family Resources Provider considered a provider for purposes of the MUI Rule?** **Yes, O. R. C. 5126.11 creates the family support services program. It allows the board to make payments to an individual or the family with an individual who desires to remain in and be supported in the family home. Payments are made in the form of reimbursement for expenditures or in the form of vouchers to be used to purchase services. Under the statute the director is to adopt rules to establish the program. The rule is Ohio Administrative Rule, 5123:2-1-09. Under the MUI rule, 5123:2-17-02, the definition of provider would include the Family Resource Program.**
16. **Would the investigation initiation date ever come before the discovery date/time?** **Response: The initiation date/time (when you commence investigation) should always be after your discovery date, which is when the County Board determines it to be an MUI.**
17. **How would you file the following MUI?** **Two peers went to a dance being held at the CB for multiple provider agencies to attend; however the dance was during the evening and the CB just held the event due to the space available. One peer was upset because the other peer spilled soda on him. The peer then pushed and slapped the peer causing her lip to bleed. These peers have different residential providers. File two separate MUIs since there is no common incident provider. The CB should place the same peer (aggressor) in the "Others" tab for both MUI's.**
18. **How would you file an incident when an individual is a passenger/driver of car (driver is an unknown person) that is in automobile accident? The driver of the other car is at fault (impaired, distracted) and the individual is significantly injured?** **Response: If the definition of significant injury is met and the person is not hospitalized, please file an MUI for Significant Injury (known)-accident. If hospitalized, please file an unscheduled hospitalization.**
19. **How would you file an incident when an individual is a pedestrian and is hit by a car? The car is driven by an unknown party and may be the result of impaired or distracted driving. If the definition of significant injury is met and the person is not hospitalized, please file an MUI for Significant Injury (known)-accident. If hospitalized, please file an unscheduled hospitalization.**

Investigations/Immediate Actions

1. Is an agency required to place a staff on administrative leave for every case of abuse, neglect, or misappropriation?

No, immediate actions to protect “at risk” individual(s) can include many actions such as immediate retraining, removal from specific duties (medication administration, driving, money management), additional oversight, random visits by management, daily check ins with the individuals, not working alone, or administrative leave. In some abuse, neglect and misappropriation allegations, it would be appropriate for a provider to place a staff on administrative leave until such time as the provider has reasonably determined that such removal is no longer necessary. The provider and County board shall discuss any disagreements regarding reasonable measures (including placing an employee on leave) 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. Once immediate actions have been agreed upon, the provider is responsible for notifying the county board or department when there are changes in protective actions (i.e. returning employee to duty, change in supervision levels, etc.). The MUI rule requires that “when a provider has placed an employee on leave or otherwise taken protective action pending the outcome of the administrative investigation, the county board or department, as applicable, shall keep the provider apprised of the status of the administrative investigation so that the provider can resume normal operations as soon as possible consistent with the health and welfare of at-risk individuals. The provider shall notify the county board or department, as applicable, of any changes regarding the protective action.”

2. Can an IA accept the investigation of a waiver provider for an MUI? No, the rule only allows the IA to accept an investigation from an ICF if it meets all requirements of the rule. An IA must conduct all MUI investigations that involve a waiver provider. An agency provider can conduct an internal review of the incident (H) (7) but must submit the results of its internal review (with documents and statements) to the County Board within fourteen days of the agency becoming aware of the incident.

3. Please clarify what is the county board discovery date for an MUI. Is it when the provider notifies the county board through their hotline system or is it when the county board receives the incident report by 3pm the next working day following the initial knowledge of the MUI? If the county board receives notification of an MUI through their on call system and they know that this meets the definition for a potential MUI then that is their discovery date. If additional information is needed the county board should contact the provider if there is health and welfare concerns or they can gather that information and determine if the incident is an MUI when they receive the UI by 3pm the following day. The county board should never wait past 3pm the following working day. If the provider has not sent in an incident report, the county board should file with the information received from the hotline call.

Appendix C Case Forms:

1. What is the timeline requirement for the SSA to complete and submit the Appendix C forms to the IA or MUI Contact? Best Practice is that the Appendix C form be completed and returned to the IA or MUI Contact no later than 14 days from the date the MUI was filed. Local agreements may be determined here as there is no specific rule requirement.

ICF Investigations:

1. How should the CB address their concerns when an ICF is interviewing and investigating a case when LE is the lead? The County Board can contact the Department if they have concerns. They can accept their investigation once completed or seek additional information if needed as they would in any other investigation.

2. How long does an ICF have to submit a copy of their full report of an administrative investigation? It is best practice that an ICF provide their report to the County Board within 14 days.

Secondary Notifications:

1. Can the CB notify a provider that their new DSP was involved in a previous MUI? No, secondary notifications per rule can only be made when law enforcement has been notified of an alleged crime, then the department may provide notification of the incident to any other provider, developmental center, or county board for whom the primary person involved works, for the purpose of ensuring the health and welfare of any at-risk individual. If your county has a concern

about a DSP who has a known history as a PPI or if this PPI is now trying to become an Independent provider, please contact your Regional Manager.

Unapproved Behavior Supports:

- 1. Are all uses of restrictive measures without Human Rights Committee approval considered an Unapproved Behavior Support MUI?** No, not necessarily. Any use of restrictive measures without Human Rights Committee approval must be reported as an “unapproved behavior support” UI or MUI. Whether there was a risk to the person’s health and welfare would determine if it rose to the level of an MUI. If not, it should be reported, as an unusual incident for unapproved behavior support. Both UIs and MUIs have to be investigated. As always, please remember you should still intervene in a crisis to ensure health and safety and report as appropriate.
- 2. If a person has a UBS (pending plan approval) and then have another UBS while first UBS MUI is open and within 30 calendar days, does a new MUI does need to be filed?** No, another MUI does not need to be filed but another Category C form should be completed and provided to the County Board. If another UBS occurs after 30 calendar days (even if other MUI still open), a new MUI should be filed for UBS.
- 3. If the nurse at the workshop, day-hab or an ICF has the DSP hold an individual’s hands down in order to clean and treat an injury, should this be reported as a UBS?** Please keep in mind that if DSP use hand-over-hand assistance and guiding that is considered prompting and would not be reported as an MUI; we suggest the prompting should be addressed in the individuals plan. Hands on restraint with resistance and without proper prior approvals (HRC, BSC or without informed consent should be reported as a possible MUI. If there is no resistance from the individual, then it is not an MUI.
- 4. Do you file a MUI for the use of a PRN psychotropic medication?** If the person had a psychiatric diagnosis and the PRN medication was administered per orders, we would not recommend filing an MUI. We want to make sure that this situation is addressed through the team and UI prevention plan process. The intent behind this direction was that the Department did not want to be in the position of questioning a physician and their prescribed medication or treatment. Instead of filing a MUI in these cases, there would be a UI documented and causes and contributing factors identified and a prevention Plan implemented. Using the standardized tool, OPSR would review to ensure that the provider/CB were compliant with all rules surrounding behavior supports and approvals. If a person did not have a corresponding psychiatric diagnosis (used just as behavioral control) or the medication was not administered as prescribed, then a MUI would be filed for UBS. There would be an investigation and prevention plan developed.
- 5. Please explain the risk to holding someone’s hands that is trying to self-injure and does this need to be filed as an Unapproved Behavior Support?** If the DSP involved can hold the individuals hand, guide and escort without resistance then there may not be a need to file an MUI for a UBS but if the DSP needs to hold the individuals wrist and put pressure on the hands or wrist area due to the resistive behavior of the individual, then we would ask that an MUI be filed as there would be a risk of injury.
- 6. An individual goes to see their physician and blood work is needed. The individual is upset and nervous and starts to move which makes it unsafe to draw blood. The medical professional asks the DSP to hold the individual’s arms and hands down in order to do the blood draw, is this a MUI?** When DSP put their hands on an individual without a BSP and the individual is resistant to this an MUI should be reported. Holding someone against their will is an aversive strategy and due to the resistance this puts the individual at risk and an MUI should be filed.
- 7. If the individual needs 5 stitches and while getting medical treatment at the ER, the individual gets upset and the Physician asks the DSP to hold the individual so the stitches can be applied. Should this be reported as a MUI and would there be one or two MUIs?** Due to the stitches meeting the MUI definition a Significant Injury MUI should be reported and filed. If the DSP had to put their hands on the individual with resistance, that should be reported as well. Anytime someone puts their hands on an individual without approval and there is resistance, an UBS MUI would be filed.

8. Is it an MUI if an individual has tremors and is not physically able to hold their arm still for a blood draw and DSP holds their arm still for the procedure? No, it is not an MUI if the individual is physically unable to hold still and need DSP to hold their arm still.

9. If an individual is afraid of needles and has to get a shot and they ask DSP to help them, is it an MUI if DSP holds them down? It is not an MUI if the individual has chosen to have DSP help hold them during a medical procedure.

10. Should a MUI be filed for UBS for pulling an individual away from others in a chair or is holding a wheelchair or pulling a wheelchair against a person's will a UBS MUI? What about locking wheelchairs or turning off the wheel chair? Yes, if you need to pull the individual away from an incident while they are in their wheelchair, then that is the same as an escort with resistance. Questions to keep in mind would be: is the individual resisting while you're pulling the chair? Are you tipping the chair back so they can't resist? Are you holding their hands so they can't resist? If you need to move a person in a wheelchair due to the aggression of others and they cannot move themselves, then that is not a UBS. Turning off the wheelchair when the person cannot turn it back on would be considered a UBS and should be filed. Yes, the wheelchair is a part of the individual's ambulation and restricting this would be considered a UBS.

11. If the BSP states that the individual can only be restrained for 2 hours and the individual is restrained longer than the plan allows, is this considered a MUI? Yes, when the hold goes outside of the plan an MUI needs to be filed for Unapproved Behavior Supports (UBS).

13. If a DSP person is transporting an individual in a car and engages the child safety locks (on door latch) to prevent the person from exiting while car in motion, is this considered an MUI? This would be a UI and not an MUI because of the risk for the individual. We would suggest that the team review the individual's plan to ensure that all needed supports are included and DSP are trained.

14. Would you consider a bite release and a hair pull release a UBS? Yes, we would consider both of these interventions as UBS if not in a team approved plan. Both of these interventions require force to be applied in order to release the individuals hand from the hair/scalp or mouth and would involve risk of harm to the individual.

Significant Injuries:

1. Does the size of a 2nd or 3rd degree burn matter when filing a Significant Injury? All 2nd and 3rd degree burns should be filed as Significant Injury MUIs.

2. What does immobilization mean? Does this include a splint, bandage wrap and buddy tape? We consider Immobilization to be medical equipment such as an air cast or a large splint with a sling. You do not need to file a MUI for bandage wraps or buddy tape used to tape two fingers/toes together when the injury does not result in a broken bone. Any broken bones would require a Significant Injury to be filed.

3. An Individual is found lying on the floor by their bed when DSP enters the room. The Individual claims they tripped on the rug and fell. The Individual reports he broke his wrist when he tried to break his fall. The injury was not witnessed by anyone so is this considered an Unknown Injury? No, this should be considered a Significant Injury of Known Origin. It should be entered into ITS dropdown box this way since the individual is telling DSP how the injury occurred.

4. Do you file a MUI if an individual falls and their teeth are knocked out or the teeth are pushed into the Nasal Cavity and surgery is required? If a dental injury occurs due to a fall and requires treatment from a dentist then the risk is high enough to file an MUI under the Significant Injury Category.

Peer to Peer Acts:

1. Will there be a prevention plan noted for each individual in a peer to peer act. **Yes, there will be a prevention plan for each individual listed.**
2. Should there be different written summary letters for each peer involved in a peer to peer act? **Yes. In many cases, there may be different recommendations and preventative measures for each individual. There may be information about one of the involved peers that the other individual's guardian should not receive, as it would be considered confidential.**
3. If an Individual repeatedly punches and kicks a peer in the chest and head several times but there is no injury and he/she keep going after this peer, is this still a UI? **A UI Investigation will be needed. The MUI Rule addresses what a UI Investigation should include. If the punches to the head require the individual to go to the hospital for testing, an MUI should be filed even if the tests are negative. If the force and the amount of hits warranted a trip to the ER then an MUI should be filed. When an incident shows that an individual is targeting or firmly fixed, please investigate the immediate actions and how DSP intervened whether it is an MUI or UI Investigation.**
4. How do I handle summary letters for a peer to peer act without breaching confidentiality? **DODD's Webpage contains a Health and Safety Tool Kit. The Tool Kit contains examples of summary letters and other resources. Please note: it is important that you do not send confidential information to the guardian for the other individual in a peer to peer act.**
5. Do you need to file a MUI for serious bite marks that do not need treatment? **No, if a bite mark requires medical treatment and the individual is at risk for infection then an MUI should be filed. If the bite mark is to the face or ear then an MUI would be filed due to it being a facial injury. Is biting firmly fixed? Yes, we would advised to file an MUI if bite is to the head, neck or facial area which would include ears or to another area when the bite results in an injury that is treated by a physician, physician assistant, or nurse practitioner.**
6. Are Peer to Peer Act filed as a group MUI? **Yes.**
7. Is there be a drop down category for peer to peer injury in ITS? **Yes.**
8. Is a punch to the head for Peer to Peer Act an MUI if there is no injury? What if the individual says their head hurts where they were punched? **Yes, if the individual's head hurts or neck hurts or if the force is severe enough that the individual is taken to the hospital.**
9. What if an individual scratches a peer on the face? **This would only be an MUI if the individual is targeting and the act results in an injury that is treated by a physician, physician assistant, or nurse practitioner.**
10. Are allegations of one individual choking another or any head or neck injuries such as a bloody nose, a bloody lip, a black eye, or other injury to the eye, considered major unusual incidents? **Yes**
11. Is a red mark on the face that quickly fades considered an MUI? **No.**
12. If an individual's pulls another peer's hair would that be considered a Peer to Peer Physical Act MUI? **In most cases, an unusual incident report would be filed. However, if the peer suffers significant hair loss as a result, a Peer to Peer Physical Act MUI should be filed. These incidents can be reviewed on a case by case basis.**
13. Would you file a Peer to Peer Physical Act if one school age child (6 years old) pushed the other one down on the playground at a County Board Operated School? **We would not ask you to file this unless there was significant injury to the child or there is targeting involved. For example if a 15 year old pushes a 9 year old, a review of the case facts may be required to determine if filing is needed. Regardless, steps to ensure health and safety should be taken and an incident report should be made documenting the incident.**

14. Do we determine if a Peer to Peer Act is criminal? **Please review with your Regional Manager or with your LE contact if you have questions.**

15. **What if the peer stole \$25 and when asked, the peer said “You got me. I took it” and returns it before an MUI is filed. Do you have to file an MUI? Yes, please file an MUI as this still meets the requirement of rule.**

16. **If \$25 is missing from an individual and you suspect an individual of taking it, should you file a P2P or a misappropriation with unknown PPI? Unless the act was witnessed, you should file as a misappropriation with an unknown PPI. If it is later determined to be a peer to peer act, then you can change the decided category.**

Misappropriation and Exploitation:

1. What is the difference between misappropriation and exploitation? **Any type of theft even if the individual does not incur debt is still considered theft and a misappropriation MUI should be filed. Exploitation is when the individual is taken advantage of, If the Individual is working for free, giving his money to friends who only visit when they need money... Please review the Interpretive Guidelines for further clarification.**

2. Why do we need to report Exploitation to Law Enforcement (LE)? **You should notify LE in cases of Exploitation when there has been a Criminal Act or Unlawful Act committed.**

Law Enforcement:

1. Should you file an MUI if an individual reports that they were arrested but were not being served at the time and they don't want the CB to be involved? **Yes , If the individual is stating that they don't want any help or assistance then the county board can respect that and not interview the individual but an MUI needs to be filed regardless of whether the individual was receiving services at the time of the arrest. Anytime an individual is charged, incarcerated, or arrested a Law Enforcement MUI is filed.**

2. Would you file a Law Enforcement MUI if the Police show up to an individual's home and while there taze the person. The police never charge, incarcerate or arrest the person and then leave? **Yes, please file an MUI based on the seriousness of the incident, risk to individual and involvement by law enforcement.**

3. What happens if an individual is cited for jaywalking or a speeding tickets? **Response: These should be identified as unusual incidents. For questions, please consult your Regional Manager.**

Unscheduled Hospitalization:

1. If there is a concern regarding neglect related to a hospital admission, how should this be filed? **Response: The Unscheduled Hospitalizations, would be filed first and once the Alleged Neglect is discovered, a second MUI for neglect would be filed.**

2. **When do you consider an individual hospitalized? If the individual is in the hospital for 24 hours or more, we would ask that you file an MUI for unscheduled hospitalization. We understand that there are times a person may be kept for “observation” but if this time period is longer than 24 hours, we ask it be filed.**

3. How will the number of days hospitalized be counted? Will the day of admission be counted as day one and the day of release as the last? **Yes, we will consider the day of admission as first day and the day of release as the last day. For example, if Jane was hospitalized on Friday morning and released the following Monday evening, the length of her hospital stay would be 4 days long.**

4. How would you count hospital days in a case when individuals are hospitalized multiple times for the same issue and in the same MUI investigation. **If a second hospitalization occurs for the same reasons as the first hospitalization, the CB add the second hospitalization into the first MUI without filing a second one. We do recommend when this does occur, that the CB include an interim report into ITS indicating the individual was re-hospitalized and include the date and reasons of the hospitalization, which again should be the same as the first hospitalization. We require the IA to consider**

neglect in these situations while ensuring all the required medical follow-up, medications, etc., were given from the first hospital discharge. Even though it will be filed as one MUI, we recommend that a new form be completed for each hospital stay as the discharge summary will be slightly different. Please add the total days in hospital but be sure to note in the report the length of each hospital stay.

5. Can you cover Psychiatric Hospitalizations due to mental illness in a person's plan and not be required to file an MUI? Yes, this can be covered in someone's plan as long as it detail's the personal illness, symptoms, treatment, etc. For example, in the last year, Jimmy was admitted to the Psychiatric Hospital 7 times due to Schizophrenia. Jimmy was diagnosed with Schizophrenia at 21 years of age and manages it with counseling, family supports and medication. However, multiple times a year (typically in the fall), Jimmy displays more symptoms including hallucinations, a decline in his personal hygiene, refusal to take his medications and increased agitation. Jimmy's team helps him by communicating with his service providers. If Jimmy is displaying these symptoms, his psychiatrist will be notified to discuss treatment options including hospitalization.

6. Can you include information about a chronic medical condition such as a seizure disorder in a person's service plan and not be required to file an MUI? Response: Yes, a chronic medical condition such as seizure disorder can be covered in someone's plan as long as it details the personal illness, symptoms, treatment, etc. One example: The individual plan should include the specific symptoms and criteria for hospitalizations. For example, Jane was diagnosed with seizure disorder in 1995 and prescribed medication to control the severity and duration of these seizures. Even with medication, Jane averages 8-9 Grand-Mal seizures per month. Signs of seizure activity for Jane include unconscious, convulsions and muscle rigidity. DSP will need to ensure Jane's safety during these times and providing ongoing support. Per Jane's Neurologist, any seizure lasting more than 5 minutes will require Diastat to be administered by certified DSP and 911 to be called. If Jane is hospitalized for observation/treatment of seizure disorder and not for other injuries/illness or in cases of suspected neglect (family or DSP), a MUI will not need to be filed as this is part of Jane's routine medical care. All seizure related activities should be documented in the Medication Administration Record and Seizure Activity Log and shared with Jane's Neurologist.

Medical Emergency:

1. Is it a MUI if an individual has an object stuck in their throat, are able to breathe but the ER has to suction the object out? Yes, this should be filed as a Medical Emergency.

2. Would you file a medical emergency if an individual is seen at the ER for j/g tube replacement/correction but never admitted? No, you would not file an MUI. We would ask that an incident report be completed and an UI investigation done. We also want to make sure that this incident is included on the UI log so that it can be tracked for patterns and trends. However, if the person is hospitalized due to tube placement, an Unscheduled Hospitalization should be filed.

3. If Paramedics are called to a home and they put an IV in the individual as part of their policies and not due to a life threatening situation, is this considered an MUI? This would not be an MUI. Medical Emergency MUIs are filed for life saving techniques. An IV is not an MUI unless it is being done to save the individual's life.

4. Can the use of Diastat be covered in a person's service plan? Yes, but the use of Diastat is generally considered a lifesaving intervention and would prompt a MUI be filed for Medical Emergency, unless it clearly identified and covered in an individual's plan. Since the use of Diastat is so common for individuals, we have allowed that it can be covered in an ISP. If the use of Diastat is covered in the plan, it being administered is not a MUI for Medical Emergency.

Neglect:

1. If a DSP person is in an accident and cited for the accident, would a neglect be filed? Yes, a neglect would be filed and substantiated. DD employee assumes the duty of protecting an individual when they get into a vehicle to transport. When an auto accident occurs that places the individual at risk the definition of neglect has been met. There is a duty, there is a risk and there has been a failure to provide care resulting in harm/potential harm. It is clearly understood that the driver didn't mean to have the accident, but the fact remains that an accident occurred and as a result an individual was placed at risk and the driver held accountable.

2. When do you file neglect for a medication error? If a DSP gives another individuals medicine to his roommate by mistake, would this be neglect? You would file neglect if there was a duty, failing to provide goods and treatment and there was a risk to health and welfare. The prescribing physician/medical professional can be contacted to see if there is a risk based on the medication given and/or interference of the wrong med given with current medication person is on. Another example of when a neglect MUI would be filed would be if DSP did not administer an individual's diuretic medication for 5 days and the individual's feet became very swollen and painful. The individual was taken to the Emergency Room for treatment.

UI Logs and Analysis:

1. What can we do about providers who refuse to do UI logs or provide analysis correctly? **We recommend that you provide them with resources from the DODD health and safety toolkit. Document attempts. We recommend that you contact your Regional Manager.**

2. What does a representative sampling mean when the county board is asking providers for UI Logs? **There is not a required number of UI logs that has to be reviewed. However, we ask each county to consider the size of the provider, the array of services they provide, and other factors when determining how many UI Logs to request. The County Board should inform the providers what information they are requesting and at what frequency. Since the new rule states that they only need to review provider logs quarterly that may be the rule of thumb.**

3. What is considered a trend when reviewing the Unusual Incident Log and what is expected of a provider when a trend is identified during the review? **A provider and team can make the decision on what constitutes a trend based on the risk to the health and welfare of an individual. The MUI Unit has suggested that a UI trend is 3 same or similar incidents in a week or 5 same or similar in a month. When a trend is found the MUI rule dictates that the trend is addressed in the ISP of the individual. In order for this to occur, it is best practice that the provider contacts the SSA for the individual so this trend and the preventive measures can be included in the ISP.**

4. Who is required to do a Semi Annual and Annual Analysis? **Providers, including County Boards as providers, licensed and certified independent and agency providers are required to complete semi-annual and annual analysis reports. We have allowed for a few exceptions for those providers who may provide one type of specialized service and does not include homemaker personal care. An exempt provider may include one that does payee services only, home modification or meal delivery. These providers are still required to meet all the reporting requirements.**

5. **Is a provider required to maintain a UI log and review each month even if they have had no unusual incidents?** **Yes, providers are required to keep a log each month and be prepared to submit it to the County Board each month and Department upon request. The log should be completed with zero incidents listed. This assures that UI log review has occurred and a system is in place.**

Training:

1. **Do you have to have initial MUI training prior to direct contact?** **Yes, even if you are being trained at the time, you must have the training prior to direct contact.**

2. Do you train DSP on Alerts by the calendar year or from the date they were last trained? **It is up to you how you schedule your annual MUI and Alerts training, it is only required that you cover each of the Alerts that were issued since your last training.**

3. Are Remote Monitoring Service Providers (if only service offered) required to have trained DSP on MUIs? **Yes.**

Unusual Incidents:

1. Is there a time frame for the completion of Unusual Incidents? **Best practice would be to complete the UI investigation within 10 business days of incident. The rule does not identify a specific timeframe for UI completion.**

2. What does DODD expect from providers when completing a UI Investigation? For incidents that meet the UI Definition, DODD would like to see a good explanation of the incident with immediate actions. The investigation should include antecedents, cause and contributing factors as well as sound preventive measures. The investigation should show trends or history of previous incidents similar to the one being investigated.