

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 show 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.**

MUI Filings:

1. 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.**
2. 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 staff support is scheduled 24-hours a day, regardless if that individual has alone time. If an individual's receives around the clock services then you would file the MUI no matter where the incident occurred.**
3. 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 will 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.**
4. Is a Family Resources Provider to be considered a provider for purposes of the MUI Rule? **Yes, 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**

MUI Filings:

5. 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 to be an MUI.
6. 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.

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 for the Appendix C form to 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 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 complete or seek additional information if needed like they would in any other investigation.**
2. How long do ICFs have to submit a copy of their full report of an administrative investigation? **An ICF has 14 days to provide their report to the County Board.**

Secondary Notifications:

1. Can the CB notify a provider that their new staff 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 staff that 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. 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 staff 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 staff 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.**
2. When 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. Certainly, if proper planning and approvals were not obtained, a citation would be appropriate. The intent behind this direction was that the Department did not want to be in the position of questioning a physician**

Unapproved Behavior Supports:

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 complaint 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.

3. 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.**
4. 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).**
5. If a staff 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 staff are trained.**
6. 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.**

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.**
3. An Individual is found lying on the floor by their bed when staff 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 staff 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. If an individual is punched in the eye (by a peer) but does not bruise for 2 days, can we file then and it not be considered late reporting? **If there is enough force to give an individual a black eye, then file it. However, an assessment should be completed right after the incident. If there is a facial injury, an MUI should be filed. If the force was minimal and the injury fades within a few minutes then an MUI would not be needed. Please note that these are facial injuries.**
2. Will there be a prevention plan area for each individual in a peer to peer act. **Yes, there will be a prevention plan for each individual listed.**
3. 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.**
4. 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 staff intervened whether it is an MUI or UI Investigation.**
5. 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.**
6. Peer to Peer Acts – 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.**
7. Is Peer to Peer Act filed as a group MUI? **Yes.**
8. Will there be a drop down category for peer to peer injury in ITS? **Yes.**
9. 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.**
10. 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.**

11. What if an individual scratches a peer on the face? This would only be an MUI if the individual is targeting and act results in an injury that is treated by a physician, physician assistant, or nurse practitioner.
12. 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, shall be considered major unusual incidents.
13. Is a red mark on the face that quickly fades considered an MUI? **No.**
14. 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.**
15. 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.**

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.**
3. How 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.**

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.**

Unscheduled Hospitalization:

1. If a hospital admission is upgraded to neglect, is the Unscheduled Hospitalization Form still required? **No, however the information surrounding the unscheduled hospitalization would still be required.**
2. 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.**

3. 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 can 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 do request the IA ensure neglect is ruled out 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.

Medical Emergency:

1. Is it an 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. 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.

Neglect:

1. If a staff person is driving individuals served to the movies and they get into a car accident, is that neglect on the staff? The severity of the incident is one factor and another factor would be if the staff person was cited by law enforcement. There is risk and a duty so we would ask that the county board file neglect MUI due to the seriousness of the accident and that the driver was cited.
2. When do you file neglect for a medication error? If a staff gives another individual's medicine to his roommate by mistake, would this be neglect? You would file neglect if there is a duty to provide goods and treatment and it is not done and there is 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 staff 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 analysis correctly? 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 no mandatory numbers of UI logs required 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.

Training

1. Do all DD staff have to be trained on the new rule requirements prior to 9/3? *As the reporting requirements in the revised rule will not change significantly for direct care staff, we recommend the following in terms of training direct care staff:*
 - Direct care staff who are due for their annual or initial MUI training following the implementation of the new rule (9/3/13) should be trained on the new rule
 - It is best practice to offer a quick update on rule changes to all direct care who have already received their annual MUI training prior to 9/3/13
 - For Independents providers, Agency Administration and County Boards Personnel responsible for the oversight of reporting and investigations, they should receive training on the new requirements prior to implementation 9/3. Such training could include, but is not limited to, viewing the training video available on the Department's website, review of revised rule, PowerPoint presentation and other available resources.
 - There will be a 90-day grace period for new rule requirements (monthly logs for Independents, ensuring logs and incident reports contain all required elements for all providers). Any areas of non-compliance identified after 9/3 but before 12/3 will result in documented technical assistance by CB and Department.