

MUI RULE #5123:17:02 FREQUENTLY ASKED QUESTIONS

Major Unusual Incident (MUI) Filings:

QUESTION: If my agency is certified through DODD and Ohio Department of Mental Health and Addiction Services (OMHAS) and there is an Unapproved Behavioral Support incident while the individual is being served in the OMHAS program, do I have to report that as a MUI to the County Board?

ANSWER: Yes, any providers that is licensed or certified through DODD must report MUIs for individuals receiving services. This includes any County Board operated schools.

QUESTION: What happens if the MUI occurs between a person served and someone not served? If an incident occurs with a served individual and one not served by DD, then a Physical Abuse, Sexual Abuse, Misappropriation or Verbal Abuse MUI would be filed?

ANSWER: Yes, 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. Please note that a certified provider cannot 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.

QUESTION: 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?

ANSWER: 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

QUESTION: If a person living in an ICF has a MUI, does the county they originally came from file it?

ANSWER: No, the county in which the facility is located is responsible for the filing and investigating of the major unusual incident.

QUESTION: Are Remote Support Providers (if only service offered) required to report UI and MUIs?

ANSWER: Yes, they would be required to fill out an incident report and report any MUIs according to rule.

QUESTION: Is the HPC provider responsible for reporting UIs/MUIs that occur during periods when the plan specifies Remote Supports are in place?

ANSWER: No, the Remote Supports provider is responsible for reporting UI/MUI's when they are the provider of service.

QUESTION: Are Remote Support providers responsible for completing Unusual Incident logs and MUI annual reviews?

ANSWER: Yes, a Remote Supports provider is responsible for the same requirements as any other certified provider for incidents occurring at the time they are providing services. The provider at time of the MUI is required to notify all providers of services as necessary to ensure continuity of care and support for the individual.

QUESTION: If an individual is the victim of Human Trafficking (could be captured under many MUI categories), how should I file?

ANSWER: 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.

QUESTION: Would you file a 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.

ANSWER: No, this would not be filed as a MUI because there is no risk to health and welfare for locking up silverware. This should be documented as an UI and addressed with the team.

QUESTION: Please clarify what "Around the Clock" services means in reporting of MUIs in D (1)-(3) of the rule?

ANSWER: 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 or Shared Living setting receive 24-hour care.

QUESTION: Which county files the MUI in a case where an individual move to another county and then makes an allegation about something that occurred prior in their previous county?

ANSWER: In cases where an individual moves residence, the county 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.

QUESTION: Is a Family Resources Provider considered a provider, for purposes of the MUI Rule?

ANSWER: 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, 5123-17-02, the definition of provider would include the Family Resource Program. Additionally, if an individual receives family Resources, even if this is the only service provider, the individual is still considered served for MUI purposes.

QUESTION: Would the investigation initiation date ever come before the discovery date/time?

ANSWER: The initiation date/time (when you commence investigation) should always be on or after your discovery date, which is when the County Board determines it to be an MUI.

QUESTION: How would you file an incident when an individual is a passenger/driver of a car that is in an automobile accident? The driver of the other car is at fault (impaired, distracted) and the individual is significantly injured?

ANSWER: If the definition of significant injury is met and the person is not hospitalized, please file a MUI for Significant Injury (known)-accident. If hospitalized, please file an Unanticipated Hospitalization.

QUESTION: 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.

ANSWER: If the definition of significant injury is met and the person is not hospitalized, please file a MUI for Significant Injury (known)-accident. If hospitalized, please file an unanticipated hospitalization.

Investigations/Immediate Actions

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

ANSWER: No, immediate actions to protect “at risk” individual(s) can include many actions such as immediate retraining, removal from specific duties (i.e. medication administration, driving, money management), additional oversight, random visits by management, daily check-ins with the individuals, not working alone, or administrative leave.

(D)(4)(b) states that removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical or sexual abuse until such time as the provider has reasonably determined 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 disagreements. 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 informed of the status of the administrative investigation so the provider can resume normal operations as soon as possible, consistent with the health and welfare of at-risk individuals.

QUESTION: If an independent provider is alleged to have been involved in a physical or sexual abuse allegation, do they have to be removed from direct contact?

ANSWER: Yes, independent providers are considered DD employees for the purpose of the rule. Independent providers should be immediately removed from direct contact for the individual(s) and their protection. The independent provider should cooperate with the investigation. The County Board, in consultation with the Independent Provider, shall determine when removal is no longer necessary. If the County Board and the provider cannot agree, the Department can be consulted.

QUESTION: Can an Investigative Agent (IA) accept the investigation of a waiver provider for a MUI?

ANSWER: 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.

QUESTION: What is the county board discovery date for a 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?

ANSWER: If the county board receives notification of a MUI through their on-call system and they know it meets the definition for a potential MUI then this is their discovery date. 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 working day. The county board should never wait past 5pm 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 on-call system.

Appendix C Case Forms:

QUESTION: What is the timeline requirement for the SSA to complete and submit the Appendix C forms to the IA or MUI Contact?

ANSWER: 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.

Intermediate Care Facility (ICF) Investigations:

QUESTION: How should the CB address their concerns when an ICF is interviewing and investigating a case when Law Enforcement is the lead?

ANSWER: 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.

QUESTION: How long does an ICF have to submit a copy of their full report of an administrative investigation?

ANSWER: It is best practice that an ICF provide their report to the County Board within 14 calendar days.

Secondary Notifications:

QUESTION: Can the CB notify a provider that their new DSP was involved in a previous MUI?

ANSWER: No, secondary notifications per rule can only be made when law enforcement has been notified of an alleged criminal act. 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 regarding a DSP who has a known history as a Primary Person Involved (PPI) or if this PPI is now trying to become an Independent provider, please contact your Regional Manager.

Unapproved Behavioral Supports:

QUESTION: If a person has an UBS (pending intervention approval) and then have another UBS while the first UBS MUI is open and within 30 calendar days, does a new MUI need to be filed?

ANSWER: 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 the other MUI is still open), a new MUI should be filed for UBS.

QUESTION: Are there special considerations when investigating a Prone Restraint?

ANSWER: Yes, given that Prone Restraints are banned, and pose a potential of serious harm each time utilized, the IA should thoroughly investigate each case. The IA should determine through interviews, records, and other evidence whether the force appeared excessive in relation to the circumstances, or whether an alternative means of intervention might reasonably have been utilized. If this is determined, the allegation should be reclassified as a Physical Abuse allegation, with the investigation completed in compliance with the Appendix A protocol.

In each instance, in which the incident is investigated as an Unapproved Behavioral Support, the IA should explicitly detail the basis on which physical abuse was ruled out. In any case, the immediate actions should include medical assessment and immediate retraining of staff. If the individual places themselves in a prone position and staff immediately release the hold, these incidents may not be considered Unapproved Behavioral Support.

QUESTION: Do you file a MUI for the use of a PRN psychotropic medication?

ANSWER: If the person had a psychiatric diagnosis and the PRN medication was administered per orders, we would not recommend filing a MUI. We want to make sure 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 with the causes and contributing factors identified and a Prevention Plan implemented. Using the standardized tool, OPSR would review to ensure that the provider/county board were compliant with all rules surrounding Behavioral 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.

QUESTION: 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 Behavioral Support?

ANSWER: If the DSP involved can hold the individual's hand, guide and escort without resistance then there may not be a need to file a MUI for an UBS. If the DSP needs to hold the individual's 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.

QUESTION: 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 to complete the blood draw, is this a MUI?

ANSWER: 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 a MUI should be filed.

QUESTION: Is it a 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?

ANSWER: No, it is not a MUI if the individual is physically unable to hold still and need DSP to hold their arm still.

QUESTION: If an individual is afraid of needles and requires a shot and they ask the DSP to help them, is it an MUI if the DSP holds them down?

ANSWER: No, it is not an MUI if the individual has chosen to have DSP help hold them during a medical procedure.

QUESTION: 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 the wheelchair or turning the wheel chair off?

ANSWER: 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.

QUESTION: If a person's plan 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?

ANSWER: Yes, when the hold goes outside of the plan an MUI needs to be filed for Unapproved Behavioral Supports (UBS).

QUESTION: 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?

ANSWER: 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.

QUESTION: Would you consider a bite release, and/or a hair pull release a UBS?

ANSWER: Yes, we would consider both interventions as UBS if not in a team approved plan. Both 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:

QUESTION: Does the size of a 2nd or 3rd degree burn matter when filing a Significant Injury?

ANSWER: All 2nd and 3rd degree burns should be filed as Significant Injury MUIs.

QUESTION: What does immobilization mean? Does this include a splint, bandage wrap and buddy tape?

ANSWER: We consider Immobilization to be medical equipment ordered by a physician or physician's assistant, 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.

QUESTION: An Individual is found lying on the floor by their bed when DSP enters the room.

ANSWER: 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 the ITS dropdown box this way since the individual is telling DSP how the injury occurred.

QUESTION: 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?

ANSWER: If a dental injury occurs due to a fall and requires treatment from a dentist, then the risk is high enough, please file a MUI under the Significant Injury Category.

Peer to Peer Acts:

QUESTION: Will there be a prevention plan noted for each individual in a Peer to Peer act.

ANSWER: Yes, there will be a prevention plan for each individual listed.

QUESTION: Should there be different written summary letters for each peer involved in a Peer to Peer act?

ANSWER: 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.

QUESTION: How do I handle summary letters for a Peer to Peer act without breaching confidentiality?

ANSWER: 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.

QUESTION: Are Peer to Peer Acts filed as a group MUI?

ANSWER: Yes.

QUESTION: Is there a place to document injuries from Peer to Peer acts in ITS?

ANSWER: Yes, there is an injury section on the MUI tab for all MUI categories.

QUESTION: Is a punch to the head for Peer to Peer Act an MUI if there is no injury?

ANSWER: No, if there is no injury, this would not be a peer to peer incident.

QUESTION: What if the individual says their head hurts where they were punched?

ANSWER: Yes, if the individual's head or neck hurts or the force is severe enough to require the individual be taken to the hospital for examination.

QUESTION: Do we determine if a Peer to Peer Act is criminal?

ANSWER: Please review with your Regional Manager or with your LE contact if you have questions.

QUESTION: 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?

ANSWER: Do you have to file an MUI? Yes, please file an MUI as this still meets the requirement by rule.

QUESTION: If \$25 is missing from an individual and you suspect an individual of taking it, should you file a Peer to Peer or a misappropriation with unknown PPI?

ANSWER: 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:

QUESTION: What is the difference between misappropriation and exploitation?

ANSWER: Any type of theft, even if the individual does not incur debt, is considered theft and a misappropriation MUI should be filed. Exploitation is when the individual is taken advantage of. Examples include; 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.

QUESTION: Why do we need to report Exploitation to Law Enforcement?

ANSWER: You should only notify Law Enforcement in cases of Exploitation when there has been a Criminal Act or Unlawful Act committed.

Law Enforcement:

QUESTION: Should you file an MUI if an individual reports that they were arrested but were not being served at the time and they do not want the county board to be involved?

ANSWER: Yes, if the individual is stating they do not want any help or assistance 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.

QUESTION: Would you file a Law Enforcement MUI if an individual is cited for jaywalking or receives a speeding ticket?

ANSWER: No, these would be considered unusual incidents. For questions, please consult your Regional Manager.

Unanticipated Hospitalization:

QUESTION: If there is a concern regarding neglect related to a hospital admission, how should this be filed?

ANSWER: You would file one MUI for an individual with two categories, Unanticipated Hospitalization and Neglect.

QUESTION: 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?

ANSWER: 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.

QUESTION: Would you file an Unanticipated Hospitalization if an individual was at their doctor's office and the doctor directed them to be taken by squad or staff to the Emergency Room and they are then admitted?

ANSWER: Yes, as this was not a planned hospitalization, and an Unanticipated Hospitalization MUI should be filed.

QUESTION: 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?

ANSWER: If a second hospitalization occurs for the same reasons as the first hospitalization, the CB can address the second hospitalization in the first MUI without filing a second one. We 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. Please contact your Regional Manager if an extension is required. 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 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.

QUESTION: 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?

ANSWER: Yes, a chronic medical condition such as a 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 a 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 continued 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.

QUESTION: Can you cover Psychiatric Hospitalizations due to mental illness in a person's plan and not be required to file an MUI?

ANSWER: Yes, this can be covered in someone's plan as long as it details 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 support 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.

Medical Emergency:

QUESTION: Is it a MUI if an individual has an object stuck in their throat, is able to breathe but the ER has to suction the object out?

ANSWER: Yes, this should be filed as a Medical Emergency.

QUESTION: Would you file a medical emergency if an individual is seen at the ER for j/g tube replacement/correction but never admitted?

ANSWER: 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 this incident is included on the UI log so it can be tracked for patterns and trends. However, if the person is hospitalized due to tube placement, an Unanticipated Hospitalization should be filed.

QUESTION: Can the use of Diastat be covered in a person's service plan?

ANSWER: 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 it to 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:

QUESTION: When do you file neglect for a medication error? If a DSP gives another individual's medicine to his roommate by mistake, would this be neglect?

ANSWER: 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.

Unusual Incidents:

QUESTION: Is there a time frame for the completion of Unusual Incident investigations?

ANSWER: Best practice would be to complete the UI investigation within 10 business days of the incident. The rule does not identify a specific timeframe for UI completion.

QUESTION: What does DODD expect from providers when completing a UI Investigation?

ANSWER: 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 identify trends or a history of previous incidents similar to the one being investigated.

UI Logs and Analysis:

QUESTION: Did the requirements for the providers to complete monthly reviews of Unusual Incidents change with the January 1, 2019 rule revisions?

ANSWER: No, providers are still required to conduct monthly reviews of Unusual Incidents and complete an UI log.

QUESTION: Is a provider required to maintain a UI log and review each month even if they have had no unusual incidents?

ANSWER: 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 the UI log review has occurred, and a system is in place.

QUESTION: What does a representative sampling mean when the county board is asking providers for UI Logs?

ANSWER: There is not a required number of UI logs that have 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 revised rule states they only need to review provider logs quarterly this may be the rule of thumb.

QUESTION: 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?

ANSWER: 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 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.

QUESTION: Who is required to do an Annual Analysis?

ANSWER: Providers, including County Boards as providers, licensed and certified independent and agency providers are required to complete 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.

QUESTION: What can we do about providers who refuse to do UI logs or provide analysis correctly?

ANSWER: We recommend that you provide them with resources from the DODD Health and Safety Tool Kit. All attempts need to be documented. We recommend that you contact your Regional Manager.

Training

QUESTION: Do you have to have initial MUI training prior to direct contact?

ANSWER: Yes, if you are in a direct service position, you must have the training prior to direct contact.

QUESTION: Do you train DSP on Health and Welfare alerts by the calendar year or from the date they were last trained?

ANSWER: 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.

QUESTION: Are Remote Support Providers (if only service offered) required to have trained DSP on MUIs?

ANSWER: Yes.

QUESTION: Are the County Board and Provider Board members required to be trained under this rule?

ANSWER: Yes