

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. Adult Foster Care and Adult Family Living Services providers are considered "around the clock" service providers for the purpose of this rule.**
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 of 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 Code Section, 5123:2-1-09. Under the MUI rule, 5123:2-17-02, the definition of provider would include those within 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 individuals 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.
7. **If a DD Board is providing school services to a student who was determined not eligible via the COEDI do they have to file UI and MUI's if situations occur? You would not need to file a MUI for an incident occurring in the DD School and Early Intervention for children who are not eligible for services. The school has reporting policies and if the child is eligible and served then the MUI rule is followed. If abuse/neglect is alleged, the school staff are mandated to report to CSB/Law Enforcement.**

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 from the ICF or Law Enforcement, 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 you do not need to file an MUI for a UBS. 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 an 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 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.
3. Should an 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.
7. If a person has a UBS (pending plan approval) and then have another UBS occurs while first UBS MUI is open and within 30 days, does a new MUI need to be filed? No, a new 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 days (even if other MUI still open), a new MUI should be open for UBS.

Significant Injuries:

1. Does the size of a second or third degree burn matter when filing a Significant Injury? All second and third degree burns should be filed as Significant Injury MUIs. This includes sun burns that result in second – third degree burns. We understand that even with the best planning, sun burns can occur. The intention of

filing the MUI is to make sure that the team focus on preventing burns that can be serious and painful and not to limit an individual's activities. For symptoms of burn stages, please see the Health and Safety Tool kit- Fire Safety Training Presentation.

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. What is DODD's general position on Peer to Peer Physical Act filings?
The position of DODD is that the severity of injuries to the head and neck (for incidents that meet criteria to be filed) is NOT based on needing "treatment by a physician, physician assistant or nurse practitioner." There are some severe (or significant) scratches or injuries that may not need "treatment by a physician, physician assistant or nurse practitioner," that should still be filed. We realize that there will be injuries that fall into a "gray area" as to whether they should be filed or not, please consult the MUI Department for consultation. DODD would prefer if there is a question as to whether or not an incident should be filed, that County Boards opt towards filing, versus not filing.
2. 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.
3. 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.
4. 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.
5. If an Individual repeatedly punches and kicks a peer in the chest and head several times but there is no injury and he/she keeps 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.

6. How do I handle summary letters for a peer to peer act without breaching confidentiality?
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.
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. Peer to Peer Acts – Do you need to file a MUI for serious bite marks that do not need treatment? **No.** However, if a bite mark requires medical treatment (by physician, physician assistant or nurse practitioner) 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.
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. 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, shall be considered major unusual incidents. **Yes.**
12. Is a red mark on the face caused **by a Peer to Peer Physical Act** that quickly fades considered an MUI? **No.**
13. 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 will be reviewed on a case by case basis.
14. 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 any 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.
4. Would you file an Exploitation or Misappropriation MUI if an individual's identity was stolen but never resulted in monetary loss to the individual? You would file a Misappropriation MUI as the individual's identity has been stolen.

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. Should a Parole or Probation Violation be filed as a new Law Enforcement MUI? No, parole means someone has been to prison and this is for a specified period of time after their release. A violation of parole is basically an extension of the original charge but will show up as a violation. A parole/probation violation is still a significant event in an individual's life for which they may need supports. The violation should be noted in the original Law Enforcement MUI and documented on a Category C-Law Enforcement form, to ensure appropriate follow up. This information is critical and should be shared with the team.
3. Should a Law Enforcement MUI be filed when an individual is tazed by Police but it does not result in the charge, incarceration or arrest of the individual? Yes, a Law Enforcement MUI should be filed for this situation based on the serious risk to the involved individual.

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. If a person is hospitalized and then returns to the hospital later (for same reason) do you file another MUI? No, if the reason for the readmission for a Medical or Psychiatric Hospitalization is the same and the first MUI is still open and within 30 days, another MUI does not need to be filed but another Category C form should be completed for each new hospitalization. If after 30 days (even if other MUI still open), a new MUI should be open for hospitalization.
3. Can you cover pre-existing psychiatric disorders in an individual's service plan like you would another chronic pre-existing condition as long as it was covered in the ISP with specific symptoms and criteria that require hospitalizations to determine whether an MUI should be filed? Yes, Psychiatric Hospitalizations can also be covered in ISPs. 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.
4. 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 and released the following Monday, the length of her hospital stay would be 4 days long.

5. 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 policy/routine practice 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, should a MUI for neglect be filed 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/or if the the driver was cited.
2. When do you file neglect for a medication error? If a staff gives another individuals 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 interaction 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.
3. When do I determine the PPI is a Systems Neglect instead of a staff? When an individual is neglected and the neglect is not the result of a particular person/people, system neglect is identified. A systems issue is a process that involves multiple components playing a role in the neglect.

Non-Accidental and Non-Suspicious Death:

1. Do you have to file a Death MUI if an individual was recently in the hospital and died within a few days of their discharge or can you change the decided category to the unscheduled hospitalization to a death in ITS? We ask that you file a Death MUI in addition to the unscheduled hospitalization.

Failure to Report:

2. Would you file a Failure to Report MUI when there was no risk to the individual's health and welfare? If there is no risk to health and safety then this would be filed and investigated as an unusual incident.

UI Logs and Analysis:

1. What can we do about providers who refuse to do UI logs or analysis correctly? Please contact your MUI Regional Manager by email with the requested dates and contact information of the provider.
The MUI Regional Manager can contact the Provider directly or participate in a conference call to discuss UI log requirements. The MUI Department will follow up with a letter copying the Office of Provider Standards and Review (OPSR). Referral will be made to OPSR if logs not received after request by DODD MUI office. This could result in citations issued to the provider.
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 that does not include homemaker personal care. An exempt provider may include one that does payee services only, home modifications or meal delivery. These providers are still required to meet all the reporting requirements.