Department of Developmental Disabilities

MUI RULE OAC 5123-17-02
FREQUENTLY ASKED QUESTIONS

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FREQUENTLY ASKED QUESTIONS

Major Unusual Incident (MUI) Filings:

QUESTION: What criteria should you consider when determining reason to believe?
ANSWER: When determining if an MUI should be filed and there is a question of reason to believe, consider the following:

- Does the allegation meet criteria for a MUI?
- Was there an opportunity?
- Is it plausible?

If reason to believe is not met, the incident should be investigated as an unusual incident by the provider, good causes and contributing factors identified and a prevention plan implemented. The Regional Manager can be contacted with any questions.

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, should an Emotional Abuse, Physical Abuse, Sexual Abuse, Misappropriation or Exploitation MUI be filed?
ANSWER: Yes, since only one of the two peers is served, a peer-to-peer cannot be filed. In OhioITMS, 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 provider cannot supply the IA with information (name, diagnosis, services provided) about another person involved in the incident if that person is not served through the DD system. The IA should indicate in their report if this information was not able to be obtained due to these circumstances.

QUESTION:
Do we file MUI's for people who receive county board services, then transfer and reside in another state for treatment, with plans to return to their local county board after treatment discharge?
ANSWER:
No, if a person is residing in another state (even in short term) and you become aware of a MUI, you do not need to file or investigate a MUI. The rule (OAC 5123-17-02) only applies to county boards and providers who serve people with developmental disabilities in Ohio. If the person's team is still assisting and supporting the person, we would recommend filing a not served incident in OhioITMS if there is an allegation of abuse, misappropriation, neglect or exploitation during the time the person is residing out of state for treatment.

QUESTION:
What happens if we find a new MUI allegation while doing an onsite review, documentation review or during another investigation?
ANSWER:
If you find a new MUI during any review or investigation, and it meets the rules for a person being served, it should be filed and investigated. The county board or developmental center can always consult with the regional manager to review the information, including special circumstances, and make sure they understand how to proceed.

QUESTION:
What should we do if an individual reports an allegation of abuse, neglect, or misappropriation/exploitation from a time when they were not receiving services?

ANSWER:
The county board or developmental center should first determine whether CSB or law enforcement was notified at the time of the incident and whether any action was taken.

- If the allegation was previously reported and addressed with CSB and Law Enforcement, no further action is required. The board or developmental center should document the reference and ensure the person's needs are being met.
- If the allegation was not reported previously and the individual is now disclosing it, a MUI (served-since the allegation is just now being made) should be filed, and an investigation should begin. Even if the incident is older and details are limited, reasonable efforts to gather information and complete prevention planning are still required.

QUESTION: How do we file Peer to Peer incidents that occur at a Children's Residential Center or a Psychiatric Residential Treatment Facility (PRTF) for juveniles with behavioral concerns?
ANSWER: Incidents between peers at the Children's Residential Center or PRTF regardless of if both are served by a county board, would be treated as Peer-to-Peer allegations (instead of physical abuse like prior instructed). Additionally, we would not file a Peer-to-Peer Physical Act based solely on an evaluation by physician, physician assistant, or nurse practitioner. For Children's Residential or Psychiatric Residential Facility for juvenile residents, Peer to Peer Physical Act means a physical altercation between peers (when one or more is served) that (i) Involves strangulation, a bloody nose, a bloody lip, a black eye, a concussion, or biting which causes breaking of the skin; or (ii) Results in an individual being arrested, incarcerated, or the subject of criminal charges.

ANSWER: Incidents between peers at the Children's Residential Center, regardless of if both are served by a county board, would be treated as Peer-to-Peer allegations (instead of physical abuse like prior instructed). Additionally, we would not file a Peer-to-Peer Physical Act based solely on an evaluation by physician, physician assistant, or nurse practitioner, as listed below. For Children's Residential residents, Peer to Peer Physical Act means a physical altercation between peers (when one or more is served) that (i) Involves strangulation, a bloody nose, a bloody lip, a black eye, a concussion, or biting which causes breaking of the skin; or (ii) Results in an individual being arrested, incarcerated, or the subject of criminal charges.

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 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. The MUI provider should be listed as the specific facility. (i.e. Brown Street Home.)

QUESTION: Are remote support providers (if only service offered) required to report UIs and MUIs?
ANSWER: Yes, they would be required to fill out an incident report and report any MUIs according to rule.

QUESTION: Is the homemaker personal care (HPC) provider responsible for reporting UIs/MUIs that occur during periods when the plan specifies Remote Supports are in place?
ANSWER: No, the Remote Support provider is responsible for reporting UI/MUI's when they are the provider of service.

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 Abuser Registry purposes.

QUESTION: Would you file a MUI if an individual is trying to harm themselves/others with silverware and the DSP (Direct Support Professional) decides 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 a UI and addressed with the team.

QUESTION: Please clarify what "round the clock" services means in reporting of MUIs in (D)(2) of the rule?
ANSWER: Round the clock services refers to an individual who lives in a home where DSP support is scheduled 24 hours a day, regardless of if the 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 moves 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 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: 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 hospitalized, please file a MUI for significant injury (known)-accident. It is no longer required to file the Unanticipated Hospitalization.

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 and/or cited for the accident and the individual

is significantly injured.
ANSWER: If the definition of Significant Injury is met and the person is hospitalized, please file a MUI for Significant Injury (known)-accident. It is no longer required to file the Unanticipated Hospitalization. Since the driver was at fault and/or cited, also evaluate the risks to the individual's health and welfare for potential alleged Neglect.

QUESTION: Should an Unanticipated Hospitalization (UHS) be filed if an individual is hit by a car, regardless of if it is a hit and run or an Unexplained or Unanticipated Death incident?
ANSWER: No, file an Unexplained or Unanticipated Death. However, please do not file Physical Abuse even in cases of suspected hit and run incidents.

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 a MUI.

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 a 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.

QUESTION: How would you file if a person Attempted Suicide by cutting their wrist and was hospitalized. Would you include Significant Injury, Attempted Suicide and Unanticipated Hospitalization in the MUI?
ANSWER: If the hospital admission didn't meet the rule for an Unanticipated Hospitalization, then only the Attempted Suicide and Significant Injury categories need to be filed.

QUESTION: Do we need to file an Attempted Suicide (that meets rule criteria), if an individual has a history of attempted suicide and it is outlined in their OISP,
ANSWER: Yes, all Attempted Suicides that meet rule criteria must be reported as MUIs even if covered in someone's plan.

QUESTION: What should you do if you identify another MUI category during an investigation (i.e. Neglect, Abuse, etc.) with the same PPI/situation?
ANSWER: You would add that category to the current/open MUI investigation category section and update the PPI section as applicable. Additionally, you would enter an interim report in the comment section to explain the newly added category.

QUESTION: If I am investigating multiple categories (Verbal and Physical Abuse) but only substantiating

one should I just include the one I am substantiating?
ANSWER: No, you should include all categories (Verbal and Physical Abuse) you investigated and complete the dispositions for all.

QUESTION: If an Unanticipated Hospitalization (UH) was filed and the individual passed away while the UH case was open, do you add a death category to the UH MUI?
ANSWER: Yes, you would add a Death category to the MUI. OhioITMS will populate the required data fields based on the categories selected. If you chose UH and Death, it will be required to complete those areas to close the MUI. You will also need to make sure the investigation report includes all the information required (located in the Appendices) for that type of investigation(s).

QUESTION: If the UH MUI is still open, but the individual is discharged and the individual passes away at home, would you still just add the death category to the open UH MUI?
ANSWER: If the hospitalization MUI has not been closed, then you can add the Death to the open MUI for hospitalization. Please remember to add the death category. Also, notify the Regional Manager and the Mortality Review Regional Manager by email to inform them of the change in status. If the Unanticipated Hospitalization MUI has been recommended for closure, please open a new MUI for the death.

QUESTION: What if you are not sure the Death is related to the hospitalization? Upon intake that information is not always known. Would you open a second MUI if you are not sure if they are related?
ANSWER: You could add the death to the open Unanticipated Hospitalization regardless of the cause as sometimes diagnosis during the hospitalization is an underlying cause of the death.

QUESTION: Will there be additional information needed when there are multiple categories on one MUI, especially those involving deaths.
ANSWER: No, there will be no additional information required. The requirements for each type of MUI, including deaths, have not changed. The only difference will be that all the information for the multiple categories will be included in one MUI, when appropriate. (All required protocol elements should be met for those categories included in the report.)

QUESTION: Would you file one MUI if there is a Medical Emergency and related Death like choking?
ANSWER: Yes, if a person choked and abdominal thrust were completed, and the individual died, you would have one MUI with two MUI categories (Medical Emergency and Unexplained or Unanticipated Death).

QUESTION: Can you explain when a "not served" MUI should be filed?
ANSWER: If an incident meeting MUI criteria is reported involving a person not currently receiving services, the county board should still enter this as a "not served" MUI. A full MUI investigation is **not required** in these instances. However, the entry should include as much detail as is known at the time. Because there is no requirement to complete a full investigation, these MUIs can be closed by the county board. This process helps us track incidents in the event that the person chooses to receive services in the future. It is recommended that if the county board becomes aware of such an incident, a health and welfare check be

conducted, either in person or by phone, to determine whether the individual may be interested in services at this time based on the circumstances. If the person does begin receiving services as a result of the incident, DODD may opt to convert the case into a formal MUI. Should that occur, please be sure to update the Regional Manager and OhioITMS with any new information.

QUESTION: There may be different discovery dates based on having multiple categories. How do we capture that?
ANSWER: The County Board/Developmental Center discovery date listed on the front screen of OhioITMS, would be the date the county board became aware of the first MUI allegation. If you became aware of other categories through your investigation that are added to that MUI, you would indicate those dates in your investigation report. If the additional category is Death, please add the actual date of death in the box provided.

QUESTION: How does adding new allegation categories to an open MUI affect the final due date?
ANSWER: The due date will be calculated on the discovery date of the first MUI category filed. Due dates will not be automatically changed when categories are added. Please enter an extension request, if one is needed. We understand that extensions may be required for involved cases, such as Unanticipated Hospitalizations and Deaths.

QUESTION: Would you expect to see a Category B investigation summary when you have a MUI for Unapproved Behavioral Support (UBS) and Unanticipated Hospitalizations (UH)?
ANSWER: You should continue to conduct investigations, utilizing the appendices and forms as applicable.

QUESTION: If one of the MUI categories is a Category B and the other categories are Categories C cases, would you complete a full report or use the Category C forms?
ANSWER: You would complete all necessary information per the appendix's requirements. Law Enforcement (LE) MUIs require an appendix C form, UH requires appendix D and UBS requires appendix E.

QUESTION: How will the multiple allegations affect the final notification letters?
ANSWER: If it is possible to include multiple MUIs into the final notification letters (without breaching confidentiality of individual and staff), you may do so. If not, please complete separate letters. Your file for that MUI would contain all summary letters sent. Separate summary letters will be required for individuals involved in Peer-to-Peer or group MUIs.

QUESTION: If it is discovered that 2 separate MUIs were filed, but were related- should those at some point be combined or left alone in the OhioITMS?
ANSWER: If they were filed separately, we will keep it that way but would remind those entering MUIs to be mindful of the ability to combine MUIs as applicable.

QUESTION: Are the Special Olympics staff required to report MUIs?
ANSWER: Any Special Olympics' administrator, board member, or other paid employee is required to make a report, as defined in section R.C. 5123.50. In addition, under R. C. 5123.61, the position of volunteer is not a

mandated reporter and under R. C. 5123.61(F) the volunteer "may" make a report. However, if a "volunteer" holds any of the positions listed in R. C. 5123.61(C)(2)(c), such as a schoolteacher, employee of a county board of developmental disabilities, administrator, board member of employee of a residential facility, or employee of any other public or private provider of services to individuals with a developmental disability, the "volunteer" would be a mandated reporter, even though they are "volunteering" for the Special Olympics.

QUESTION: Are the Special Olympics staff required to be trained on MUIs?
ANSWER: No, the annual training requirement in the MUI rule does not apply to the Special Olympics staff and/or volunteers.

QUESTION: 5123-17-02(I)(11) states that IAs have 45 working days to complete a MUI investigation. Can an extension request still be made for good cause?
ANSWER: Yes, please follow the extension request guidelines if a good cause for the extension exists.

QUESTION: I submitted an extension request on a case, and it was denied. What are appropriate reasons for an extension request?
ANSWER:
Some acceptable reasons for extension requests:

1. An outside entity is involved in conducting the investigation (i.e. CSB or Law Enforcement) and this involvement requires that the MUI investigation remain open longer than 45 working days.
2. The investigation involves numerous interviews and can only be interviewed outside of the allotted timeframes.
3. The investigation uncovered additional allegations that require further follow-up causing a need for the timelines to be extended.
4. Restitution has not been made as part of the prevention plan.
5. A key witness is unavailable to be interviewed and can only be interviewed outside of the allotted timeframes.
6. The investigators must wait for documentation (medical records, autopsy reports, death certificates, fiscal reports, etc.) to complete the investigation.

Common reasons for extensions to be denied:

1. An extension request was made on the case with no progress noted.
2. No extension updates were provided.
3. The case can be closed because there is enough for a finding.
4. The reason for the extension was not investigation-specific or did not provide a good cause.
5. The Investigator has been out of the office a lot frequently.
6. The Investigator will be on vacation.
7. The extension was requested past the due date.

QUESTION:
If a person lives in an ICF or receives 24/7 waiver support and an incident occurs without staff present, which categories should be filed as MUIs?

ANSWER:

- Medical Emergency: No, this does not meet MUI criteria because it requires intervention by a DD employee.
- Rights Code Violation: Yes.
- Significant Injury: Yes.
- Unanticipated Hospitalization: Yes, if the criteria for unanticipated hospitalization are met.
- Unapproved Behavioral Support: No, this does not meet MUI criteria because it requires intervention by a DD employee.

QUESTION: How would you file MUIs for youth in different settings?
ANSWER: You would review the setting and applicable laws/rules to determine reporting requirements in each setting. Applicable laws and rules include:

- ORC 5123.50 (I) "Specialized services" means any program or service designed and operated to serve primarily individuals with developmental disabilities, including a program or service provided by an entity licensed or certified by the department of developmental disabilities. A program or service available to the general public is not a specialized service.
- ORC 5123.61 Reporting Abuse, Neglect, and other major unusual incidents
- OAC 5123-17-02 MUI Rule
- OAC 5123-2-06 Behavior Support Rule

It should be noted that specialized services are not limited to DODD certified/licensed providers but apply to those that provide specialized services to people with developmental disabilities. Using this guidance, we have provided a couple examples below. For additional questions, please contact your Regional Manager.

County Board operated schools

- Required to follow MUI rule except for Unapproved Behavioral Support. County operated schools will follow Ohio Department of Education (ODE) reporting requirements for Unapproved Behavioral Support and exempt through the Behavioral Support rule.
- In cases of Abuse and Neglect, county board operated schools are required to report to their MUI staff per County Board policy and Children's Services.

Non-county board operated schools, including charter schools

- Not required to follow MUI reporting requirements as they are under ODE's reporting requirements.
- However, if a DD employee (mandated reporter) becomes aware of Abuse or Neglect occurring at a non-county board operated school, they are required to report it to the county board MUI department. A MUI will be filed.

Nursing Home (serving individuals with DD)

- Not required to follow MUI rule requirements as they are required reporters under ORC 5123.61.
- Under ORC 5123.61 Nursing Homes are required to report Abuse and Neglect of a person with IDD to the county board of DD or law enforcement.
- They are required to follow requirements per Ohio Department of Health regulations.

Private Duty Nursing (PDN) serving individuals with DD

- Not required to follow MUI rule requirements as they are required reporters under ORC 5123.61.
- Under ORC 5123.61 Nursing Homes are required to report Abuse and Neglect of a person with IDD to the county board of DD or law enforcement.
- They are required to follow requirements per Ohio Dept of Medicaid regulations.

QUESTION: Are the Early Intervention (EI) staff mandated reporters for Abuse and Neglect?
ANSWER: Depending on how they are employed dictates their reporting requirements and to whom.

- For county board employed EI staff, they are required to notify CSB and follow the MUI rule. ORC 5123.61 would apply.
- If EI staff is not employed by a county board or certified provider, they are still required to report Abuse/Neglect under ORC 5121.421. So, they would report to CSB and communicate with the board, who would seek additional information and determine if an MUI should be filed.
- Either way there should be communication with the SSA and MUI team in the child's best interest.

QUESTION: As a parent, who also may be guardian, why do I sometimes get different notifications from the County Board and Children Services during an investigations?
ANSWER: Parents may receive different notifications, from different agencies, who were involved in the investigation regarding their child. Some letters may come from the County Board of DD while other notifications may come from the Children's Service Board.

When the Children Service Board is involved and investigating, they are the lead investigating entity. The board of DD investigating entity will continue to follow up with the Children Services entity on the investigation and ensure all required notifications occur. Below is some information about the different notifications and what information you might receive. Any specific questions should be directed to the investigating agency.

- OAC 5123-17-02 (H)(1)(a) is the initial notification by the county board of DD and/or provider. When a major unusual incident occurs, the provider and the county board should ensure the appropriate persons have been informed. "The notification shall be made on the same day the major unusual incident or discovery of the major unusual incident occurs and include immediate actions taken. (i) Guardian or other person whom the individual has identified. (ii) Service and support administrator serving the individual. (iii) Other providers of services as necessary to ensure continuity of care and support for the individual. (iv) Staff or family living at the individual's residence who have responsibility for the individual's care."
- 5123-17-02 (K)(4) is the PPI notification, which states, "when the primary person involved is a developmental disabilities employee or a guardian, the county board will, no later than five working days following recommendation for closure in the Ohio incident tracking and monitoring system, make a reasonable attempt to provide written notice to the primary person involved as to whether the major unusual incident has been was substantiated, unsubstantiated/insufficient evidence, or unsubstantiated/unfounded. If the parent was not the primary person involved, they may be referencing the summary letter the county board sends when a MUI case has been recommended for closure by the county board. This letter provides the findings of the case, disposition of the case, along with preventative measures implemented and assists with communication to ensure all required parties

are aware of the outcome. This summary letter is referenced in the MUI Rule (5123-17-02 (K) (1)), which includes, but is not limited to, this letter being sent to the individual or individual's guardian.

- For MUI/cases involving CSB as the lead investigatory entity, the county board IA should try and gather as much information as possible from the CSB Investigator or assist as requested. At times, CSB will close their case which would prompt the County Board to close their case and a notice to be sent.

QUESTION: Do I need to add Law Enforcement or Children Services in OhioITMS if either of these entities are investigating the allegation?
ANSWER: Yes, these entities need to be captured. Please be sure to add which entity is involved when opening the MUI ("other entity involved") so the entities findings of the investigation can be included. If this is not added, the OhioITMS will not prompt the person entering the information to add the outside entities finding.

QUESTION: Sometimes we may have a different disposition than CSB. How should that be documented?
ANSWER: OhioITMS has two sections for substantiations on the Actions Tab. The one on the top is for the MUI substantiation (administrative investigation) and the second is for CSB lead investigation findings. In some cases, the findings may be different, and you can note there. Please ensure if CSB is the lead entity, to also include CSB as the Investigator (along with the CB IA), so the actions tab will populate to add the CSB findings.

QUESTION: Is a Family Resources provider considered a provider, for purposes of the MUI Rule?
ANSWER: Yes, under O.R.C 5126.11. 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: How would you file a MUI when a staff allegedly directs an individual to hit a peer?
ANSWER: If staff directs an individual to hit a peer, we will file these as Neglect MUI and the staff person would be listed as the PPI.

QUESTION: How would you categorize the MUI if a staff member has a gun around an individual?
ANSWER: If the staff member has the gun/taser unsecured in the vicinity of the person, we should consider a category of Neglect. Threatening harm with a gun/taser, we will categorize as Emotional Abuse. If a staff points a gun at an individual, we will categorize the MUI as Physical Abuse.

Investigations/Immediate Actions:

QUESTION: Is an agency required to place staff on administrative leave for every case of Abuse, Neglect, or Misappropriation?
ANSWER: No, the removal of an employee is only required for Physical and Sexual Abuse allegations. (E)(1) 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. Removal of an employee is not required for Neglect allegations: however, a provider may determine that removal is appropriate based on the seriousness of the allegation. 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.

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, (E)(2) in conjunction with the department, a county board has authority to remove an independent provider (which includes a shared living provider) from direct contact with any individual when the independent provider is alleged to have been involved in physical abuse or sexual abuse until such time as the county board has reasonably determined that removal is no longer necessary. a) The county board will inform the independent provider of the alleged major unusual incident category and provide the independent provider with the name of a person employed by the county board to whom the independent provider may direct questions. (b) The county board will keep the independent provider apprised of the status of the administrative investigation so that the independent provider can resume normal operations as soon as possible consistent with the health and welfare of individuals.

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 (I)(6) if it meets all requirements of the rule. An IA must conduct all MUI investigations that involve a waiver provider.

QUESTION: Can a county board accept an investigation completed by a probate court, Ohio Department of Health, or some other entity in the same manner that they can accept a law enforcement investigation?
ANSWER: No, the MUI Rule allows the county board to accept investigations completed by the police and/or Children Service Boards. The rule does not allow the county board to accept an investigation completed by a probate court investigator, Ohio Department of Health, or some other entity. However, information provided by a probate court investigator may be included in the investigation report completed by the county board.
The probate court as the superior guardian should be notified if the Primary Person Involved in the investigation is the guardian appointed by the court. This notification allows the court to be involved if the actions of the guardian are in question.

QUESTION: Does the guardian need to be notified when an individual with a court appointed guardian needs to be interviewed as part of an investigation?
ANSWER: When a person has a guardian, the guardian should be contacted to give permission for the person to be interviewed as part of the investigation. This allows the guardian to assist the person with the interview and to help protect their legal rights. The outcome of some investigations could potentially result in adverse legal actions for the person, so it is important for the guardian/person to give informed consent for the person's participation. If the person needs to be interviewed more than once, the guardian should be notified of the need for the additional interview, and consent should be obtained for each follow-up interview.

QUESTION: Will the county board be out of compliance if a guardian delays interviews, outside of the 3-day interview requirement for Category A investigations?
ANSWER: The county board will not be found out of compliance if documented attempts to notify the guardian are made within 3 days of discovery are available. Please include in the final report why the interview

was not conducted within 3 days.

QUESTION: If the guardian refuses to let us speak with the person served, we just document that and move on? How does that affect the rest of the investigation steps/requirements?
ANSWER: Correct, please document. The IA would make their disposition on what evidence they have as they normally would.

QUESTION: What do we do if Law Enforcement (LE) tells us not to alert the guardian or they disregard this whole request for joint investigations? In some cases LE has told us they do not need to get guardian permission for adult interviews & often want us involved with those initial interviews.
ANSWER: If LE doesn't want to do a joint investigation, there is nothing we can do. IAs are certified to conduct administrative investigations and have to follow code and guidance accordingly. LE can proceed how they see fit but we should not be interviewing an individual with police without consent. These are the cases that could have legal implications for individuals, and they have a guardian because they have been deemed in need of representation by the court. If there are specific circumstances like the guardian is the PPI, then that is different and can be discussed at that time.

QUESTION: What do we do if the guardian is the PPI, or is in the suspected pool of PPIs?
ANSWER: If the guardian is the PPI, you may proceed without obtaining their permission (Rule notes the PPI is not to receive notification so this will fall under that language). If the guardian is in the suspected pool of PPI's, we would ask that you use your best judgement and document if you did not obtain permission and why.

Intermediate Care Facility (ICF/IDD) Investigations:

QUESTION: How should the county board address their concerns when an ICF is interviewing and investigating a case where 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.

Notifications:

QUESTION: Can the county board notify a provider that their new DSP was involved in a previous MUI?
ANSWER: No, this information isn't public record and shouldn't be shared.

QUESTION: When would a provider be notified of a staff member's involvement in a MUI?
ANSWER: Notifications to the MUI Regional Manager should be made in cases where law enforcement is investigating or pursuing charges related to an alleged criminal act and the developmental disabilities employee works for another provider. The department may provide notification of the MUI to any other provider or county board for whom the developmental disabilities employee involved works, for the purpose of ensuring the health and welfare of any at-risk individual.

Emotional Abuse:

QUESTION: What is considered a pattern of behavior that constitutes a hostile environment?
ANSWER: A pattern of behavior that constitutes a hostile environment is a consistent, unwelcome action by a PPI, directed toward, around, or in front of an individual that causes an individual to fear for their well-being.

QUESTION: Would it be considered a hostile environment if two staff members historically do not get along and frequently yell and cuss at one another in front of an individual who was removed from his family home due to domestic violence? This individual cowers in fear when these staff argue.
ANSWER: Yes. This would be an emotional abuse MUI due to a pattern of behavior by the staff members that created a hostile environment where the individual did not feel safe.

QUESTION: Can you provide some examples of bullying that occurs at school that would meet the criteria for emotional abuse?
ANSWER: Some examples include:

- An older student frequently calls the individual derogatory names during home room period and tries to get other classmates to join in. The individual has reported to his parents how much he hates going to his home room period.
- A student makes jokes directed at the individual in front of classmates, encouraging all students to laugh at the individual. This same student routinely tapes a paper with the 'R' word written on it to his desk and on his back when he walks away.

QUESTION: If second-shift staff arrive 15 minutes late and first-shift staff yell at them in front of individuals and slam the door, is this a hostile environment?
ANSWER: No, a single incident is not considered a hostile environment that requires an emotional abuse MUI to be filed. The staff's behavior is unprofessional and should be handled administratively.

QUESTION: What happens if you obtain an incident report from staff for reported emotional abuse, but the incident report does not clearly identify the incident specific requirements set for emotional abuse in appendix A?
ANSWER: The county board should follow up to gather more details before deciding whether to file a MUI. They may need to contact the person who completed the incident report to obtain specific actions, exact words, gestures, or other communicative means to purposefully threaten, coerce, intimidate, harass, or humiliate an individual or a pattern of behavior that creates a hostile environment.

QUESTION: What information is required when completing an emotional abuse investigation?
ANSWER: Per Appendix A, incident specific requirements, the IA needs to include the exact actions, words, gestures, or other communicative means used to threaten, coerce, intimidate, harass, or humiliate the individual or the pattern of behavior that created a hostile environment and the context in which these were used; a description of the reaction of the individual; a description of the volume used (loud, soft, and tone of

voice), including the location of the primary person involved in relation to the person served; any history of interactions between the primary person involved and the person served.

QUESTION: What if an individual reports frequent bullying occurring at school to their home staff?
ANSWER: If an individual is subjected to ongoing emotional abuse in the form of bullying, a MUI should be reported regardless of where the incident occurred.

QUESTION: Does Emotional Abuse have to be intentional?
ANSWER: No, intent is not required to file a MUI of Emotional Abuse. But rather, the investigation will consider whether a reasonable person would conclude the actions of the PPI would cause harm or emotional distress. Emotional Abuse is defined as actions, words, gestures, or patterns of behavior that create a hostile environment or purposefully threaten, intimidate, coerce, harass, or humiliate an individual.

DEATHS

QUESTION: Where does it say that the coroner needs to be notified of a death with a person with a developmental disability?
ANSWER: ORC 313.12 requires that when a person with a developmental disability dies, professionals such as the attending physician, ambulance staff, emergency personnel, or law enforcement, health care worker, must immediately notify the coroner and provide all known details about the time, place, and circumstances of the death. In many cases, we don't know if this notification has been made and we ask that the board ensure that notification has been made.

Unapproved Behavioral Support (UBS):

QUESTION: If a person has a UBS (pending Human rights committee (HRC) approval) and then has 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 Appendix E form needs to be completed. 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: Please explain the risk of 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 a 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 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 an approved restrictive measure in their OhioISP and the individual is resistant to this a 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 a MUI if the DSP holds them down?
ANSWER: No, it is not a MUI if the individual has chosen to have DSP help hold them during a medical procedure.

QUESTION: Is it a chemical restraint when an individual is given calming medication before a medical procedure?
ANSWER: A medication routinely prescribed in conjunction with a medical or dental procedure for patients is not a chemical restraint requiring a MUI to be filed.

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 as an Unapproved Behavioral Support MUI. 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, staff should immediately release the hold.

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 an UBS MUI? What about locking the wheelchair or turning the wheelchair 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 an UBS. Turning off the wheelchair when the person cannot turn it back on would be considered an UBS and should be filed. Yes, the wheelchair is a part of the individual's ambulation and restricting this would be considered an 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 a MUI?
ANSWER: No, this would be an UI and not a MUI because of the risk for the individual. We would suggest that the team reviews the individual's plan to ensure all necessary supports are included, and DSPs are trained. If this happens routinely, it should be included in the person's OhioISP as a restriction.

QUESTION: If a person's plan states 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 a MUI needs to be filed for a UBS.

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

Failure to Report:

QUESTION: Is it possible to have a failure to report MUI with the PPI as unknown or systems?
ANSWER: No, the definition of Failure to Report means a person, who is required to report, has not done so therefore, the PPI in a Failure to Report allegation cannot be a system or unknown. During the course of your investigation, you may identify concerns with a provider's reporting systems and those should be addressed through the prevention plan.

QUESTION: Could you explain the difference between failure to report and late reporting?
ANSWER: Both Failure to Report and Late Reporting involve not reporting a MUI per the MUI Rule timelines. The difference involves whether the lack/late reporting placed an individual at continued risk.

Failing to Report is when:

- A person who has reason to believe an individual has suffered or faces substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate emotional abuse, neglect, misappropriation, exploitation, physical abuse, or sexual abuse that results in a risk to health and welfare of that individual, and
- Did not immediately report or take any action and
- The lack of reporting placed the person(s) at continued risk.

If the PPI took action to assist the individual and prevent further physical harm or substantial risk of harm, but simply forgot to report the incident within the required timeframe, then this would be a late report.
An example is a staff was told by an individual that his father hits him. The staff does not report and puts the individual on the bus to go home to his father. This would be a MUI Failure to Report. The individual is still at risk. In the same example, the staff does not report timely and instead the individual does not see his father because his father is away on business for 2 weeks and will not have any contact with the individual. This is an example of a Late Report and not a MUI. You should assess ongoing risk, actions, and timeliness when making the determination.

Significant Injury:

QUESTION: An individual fell and hit her head resulting in a trip to the emergency room. She was diagnosed with a contusion and closed head injury. Would this be filed as a Significant Injury MUI?
ANSWER:
No, this would not be a MUI. It would be considered a UI. Diagnosed concussions are the only closed head injury that is filed as a MUI.

QUESTION: What if an individual falls when he is alone in his apartment, but later calls his SSA because his leg hurts and asks the SSA to take him to the ER where he is diagnosed with a broken femur?
ANSWER: It would be a MUI for significant injury because a paid DD staff person was with him at the time he was diagnosed with a broken femur.

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. Burns that result in blisters could be considered a 2nd or 3rd degree burn.

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, large splint, or 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. 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?
ANSWER: No, this should be considered a Significant Injury of Known Origin. It should be entered into the OhioITMS dropdown box this way since the individual is telling DSP how the injury occurred.

QUESTION: Would you file a Significant Injury MUI for someone who had a laceration that required glue and/or adhesive to close the wound?
ANSWER: No, injuries that require glue and/or adhesive, regardless of size, would be considered an UI and investigated by the provider. The prevention plan should address causes and contributing and medical follow up. Please contact your Regional Manager to consult or if you have questions.

Peer-to-Peer Acts:

QUESTION: How would you file an incident in which there was an allegation of physical act involving a parent and a child, when they both receive services?
ANSWER: You would file a Peer-to-Peer Physical Act and the focus should be on prevention and needed supports for the family.

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 peers involved and the other individual's guardian should not receive, as it would be considered confidential.

QUESTION: Are Peer-to-Peer Acts filed as a group MUI?
ANSWER: Yes.

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 law enforcement 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 a MUI is filed? Do you have to file a MUI?
ANSWER: Yes, please file a 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.

QUESTION: How would I file a Peer-to-Peer if the peers reside in different counties.
ANSWER: Each county would file a Peer-to-Peer MUI for the person they serve.

QUESTION: Do you take age into consideration when it comes to Peer-to-Peer Acts?
ANSWER: Yes, you should consider age. For example, if two 4-year-old boys at a county board operated school bite each other, this would be considered a UI, due to the fact this is typical behavior for individuals of this age. However, if a 16-year-old boy hits a 5-year-old child in the eye causing a black eye at a county board, this would be considered a Peer-to-Peer MUI, as it is not typical behavior for a 16-year-old.

QUESTION: Would we file a Peer-to-Peer Theft MUI if one peer broke another peer's television?
ANSWER: When determining if the incident rose to the level of a Peer-to-Peer Theft MUI, we would consider if the act was intentional (broke the television with the intent to deprive or defraud the peer) and if the item broken had a value of $20 or more or was of significant value. This should clarify that property destruction being covered in plan does not mean to not file.

Misappropriation and Exploitation:

QUESTION: Would it be a MUI if a staff member used a person's ride-sharing account, such as Lyft or Uber, for personal use with that person's knowledge or permission?
ANSWER: Yes, this would meet the criteria for an exploitation MUI. Exploitation is the unlawful or improper use of a person or their resources for personal or financial gain. Permission does not change this determination. However, if a staff member used the account without the person's knowledge or permission, it would be considered for a misappropriation MUI and should be investigated. If the misappropriation MUI is substantiated, the prevention plan should address reimbursement by the provider.

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 a Criminal Act or Unlawful Act was committed.

QUESTION: Are you required to notify law enforcement for an allegation of Misappropriation (or another incident that is criminal if the individual and/or guardian does not want the police notified?
ANSWER: Yes, The MUI Rule requires LE to be notified when the incident is criminal in nature.

QUESTION: How should CBs handle recommending a MUI for closure for a criminal Misappropriation case when there has not been reimbursement made? Often times, the case is still active through the courts and LE states not to have the PPI to make reimbursement until the court case is finished.
ANSWER: If the PPI worked for a provider, the Personal Funds rule has language explaining the providers responsibilities to reimburse an individual when the provider or staff of the provider is found to have misappropriated from the individual. The individual should not have to wait for reimbursement. The MUI should not be closed until the provider has reimbursed the individual(s). Reimbursement by the provider should occur as soon as the investigation is concluded.

Law Enforcement:

QUESTION: Do we need to file a Law Enforcement MUI if an individual served is cited with a minor traffic violation, like jaywalking, speeding or not stopping at a stop sign?
ANSWER: No, you do not need to file a MUI for minor violations. The person and their team can handle these issues. They should look at them as possible safety risks and provide support as needed.

QUESTION: Should you file a MUI if an individual reports 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 a 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, arrested or tased, a Law Enforcement MUI is filed.

QUESTION: What if the IA's findings differ from Law Enforcement (LE)?
ANSWER: Sometimes the disposition of law enforcement may be different from the IA's disposition. The required substantiation for a MUI is preponderance (more than 51%). As the threshold for criminal cases is different, there may be a difference in disposition, and this should be noted in the report. In all cases, if LE are involved, the report should clearly state what actions LE took and the status of their involvement, at the time the case was recommended to be closed in Ohio ITMS.

QUESTION: Could you please advise when it is appropriate to close a Law Enforcement MUI when a person is incarcerated?

ANSWER: Law Enforcement MUIs can be left open, with approved extensions, while the individual is still incarcerated. However, if an individual has been released, the prevention plan should be implemented, and the MUI recommended for closure.

Unanticipated Hospitalization:

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 a MUI?
ANSWER: It is important that the OhioISP address chronic medical conditions. A MUI will be filed for the following diagnoses: aspiration pneumonia, bowel obstruction, dehydration, medication error, seizure or sepsis when the hospitalization lasted 48 hours.

QUESTION: What happens if no diagnosis is made within 48 hours of being admitted to the hospital?
ANSWER: The provider must coordinate with the hospital to obtain a diagnosis as soon as possible. If the Hospitalization meets MUI criteria, then the provider will complete the Unusual Incident Report (UIR) and Appendix D Form. The forms will be submitted by 3:00 pm on the first working day after the MUI determination was made.

QUESTION: If two providers serve the same individual, do both need to complete the UIR and Appendix D Form?
ANSWER: The provider at the time of the incident would need to complete both forms. The Investigative Agent (IA) ensures proper MUI coding, resolves outstanding concerns with the provider and the individual's team, identifies cause and contributing factors and ensures the implementation of prevention plans.

QUESTION: What if an individual is transported by squad to the hospital from the day program and the residential staff meet the individual at the hospital; which provider is responsible for the UIR and Appendix D Form?
ANSWER: The day program who was the provider at the time of the incident would complete UIR to describe what led to the team calling the squad. The residential provider will monitor the individual while at the hospital and determine if the hospitalization meets MUI criteria. At the time a MUI is determined, the residential provider will complete the Appendix D Form.

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 neglect. If the admitting diagnosis is aspiration pneumonia, bowel obstruction, dehydration, medication error, seizure or sepsis, then an unanticipated hospitalization can be added to the MUI if the admittance was 48 hours.

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. Once the individual is admitted for 48 hours and has one of the 6 diagnoses for an unanticipated hospitalization, it will meet criteria for a MUI. For example, if Jane was hospitalized for aspiration pneumonia on Friday morning and released the following Monday evening, the length of her hospital stay would be 4 days long.

QUESTION: If a person has bacterial pneumonia and is hospitalized for 48 hours, should I file a MUI?
ANSWER: No, only aspiration pneumonia is filed as a MUI unless this is the second hospitalization lasting 48 hours for bacterial pneumonia in the last 30 days.

QUESTION: How would you count hospital days in cases when individuals are hospitalized multiple times for the same issue while an Unanticipated Hospitalization MUI investigation is open?
ANSWER: If an individual is hospitalized for 48 hours for cardiac disease, then is discharged and readmitted two days later for the same diagnosis that lasted 48 hours, then an Unanticipated Hospitalization is filed. To determine the timelines for a second hospital stay, count the date of discharge as day one. We require the IA to determine if Neglect was a factor in these situations while ensuring all the required medical follow-up, medications, etc., were given from the first hospital discharge.

Question: If an individual has an open MUI for bowel obstruction and is readmitted to the hospital for another 48 hours for bowel obstruction, can the MUI be added to the open MUI?
ANSWER: No, please file a new MUI for the new hospital admission.

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 a 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, to be tracked for patterns and trends.

QUESTION: Would the use of an Epi-pen be a Medical Emergency?
ANSWER: No, the use of an Epi-pen should be tracked on the MAR as prescribed medication. This also pertains to the use of Diastat and Glucagon.

Neglect:

QUESTION: Should a neglect MUI be filed for a traffic accident when there was no injury and the driver was cited?
ANSWER: If there was no injury and the risk of harm was low, then no MUI needs to be filed, even if the driver was cited for a minor traffic violation.
If there was risk of serious injury, even when no injury occurred, a MUI should be filed for neglect. A traffic accident without injury does not automatically meet the criteria for a neglect MUI solely because the driver received a citation. The circumstances should be reviewed to determine whether a negligent act created a risk of serious injury to the individual.

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 the person is on. Another example of when a Neglect MUI would be filed would be if the 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.

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 the person is on. Another example of when a Neglect MUI would be filed would be if the 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. If the individual is hospitalized for more than 48 hours as a result of the medication error, an Unanticipated Hospitalization MUI should also be filed.

Findings and PPI Information:

QUESTION: What are the different finding levels for a MUI investigation?
ANSWER: Findings in protocol investigation shall be based upon a preponderance of the evidence standard. "Preponderance of evidence" means that credible evidence indicates it is more probable than not that the incident occurred. There are three possible findings of a protocol investigation as listed below.

- "Substantiated" means there is a preponderance of evidence that the alleged incident occurred.
- "Unsubstantiated/Insufficient evidence" means there is insufficient evidence to substantiate the allegation. "Insufficient evidence" means there is no preponderance of evidence to support the allegation or there is conflicting evidence that is inconclusive; or
- "Unsubstantiated/Unfounded" means the allegations are unfounded. "Unfounded" means evidence supports a finding that the alleged incident did not or could not have occurred.

QUESTION: What are the standards required for Abuser Registry?
ANSWER: For the Abuser Registry, the standard that must be met is Clear and Convincing**.** Clear and Convincing Evidence is evidence that is precise, explicit, lacking in confusion, and of such weight it produces a firm belief or conviction without hesitation about the matter in issue. It is substantially more probable to be true than untrue (Ohio Abuser Registry ORC 5123.51).

QUESTION: Why is it required to enter a date of birth for the PPI, even if the MUI is not substantiated.
ANSWER: It is important to include this information as we have some identifying information when reviewing cases. This information is helpful when reviewing cases that may have the same PPI.

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.

QUESTION: Do guardians have to be notified of UI's?
ANSWER: We believe it is the best practice for guardians to be notified of usual incidents. Each provider agency (including county boards) should have a policy identifying what is to be reported and to whom. It is also recommended that the notifications be addressed in team meetings and addressed in ISP/IEP's.

QUESTION: Are you required to write an incident for falls if a person falls frequently?
ANSWER: Yes, falls that do not rise to the level of a MUI would require an incident report be written, an investigation be completed, and included on the UI log for patterns and trends.

QUESTION: Are you required to write an unusual incident when someone goes to the urgent care/ER for a chronic medical condition that is addressed in their plan?
ANSWER: Yes, the unusual incident definition requires an incident report and unusual incident investigation for all events listed in the unusual incident including ER and urgent care visits.

QUESTIONS: Do county boards have to maintain UI logs for SSAs?
ANSWER: No, county boards are not required to complete UI logs for SSA services. We believe it is best practice to have a UI log system for county board employees who may observe, suspect, or become aware of a MUI allegation. Often these county board employees may be the SSA, job coach, QA staff or other county board administration personnel. This system would not only encourage the practice of writing incident reports for incidents but maintaining them on logs and reviewing for patterns and trends. County boards are required to maintain UI logs for any county board operated programs (schools, intermediate care facilities).

UI Logs and Analysis:

QUESTION: Does a provider have to keep a UI log and review it each month?
ANSWER: Yes, providers are required to keep a log and review it at least once a month. The provider should be prepared to submit the log to the county board or department upon request. If there are no incidents in a month, the log should indicate that there were zero incidents. This ensures that the UI log review has occurred, and a system is in place.

QUESTION: Is a provider required to submit the UI log to the county board?
ANSWER: No, the county board is no longer required to review a sample of provider logs each quarter.

QUESTION: What can we do about providers who refuse to do UI logs or provide analysis correctly?
ANSWER: We recommend you provide them with resources from the DODD Health and Safety Tool Kit. All attempts need to be documented. We also recommend you contact your Regional Manager.

QUESTION: Are providers required to complete an Annual Review if you have no MUIs for that year.
ANSWER: Yes, only agency providers are required to conduct an annual review and document that review. The annual review should include a three-year comparison of MUI categories. If the agency provider has no MUIs during this time period, they should sign and date their review.

QUESTION: Are remote support providers responsible for completing Unusual Incident logs and MUI annual reviews?
ANSWER: Yes, a remote support 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 the time of the MUI is required to notify all providers of services to ensure continuity of care and support for the individual.

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 constituents a trend based on the risk to the health and welfare of an individual. The MUI Unit has suggested that a UI trend is three same or similar incidents in a week or five 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. 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.

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 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, no longer than 90 days after being appointed to the board.

QUESTION: Do board members need to be trained annually?
ANSWER: No