

MUI RULE WEBCAST
12/19/18
QUESTIONS AND RESPONSES

1. Just to clarify, when is the rule implementation date?
January 1, 2019 will be the rule effective date. There will be a 3-month grace period for any new rule requirements. The Office of Provider Standards and Review will be offering technical assistance on the new requirements until April 1, 2019.
2. Are electronic signatures on file for Unusual Incident (UI)/MUI ok?
Yes, electronic signatures are acceptable for incident reports and other documentation.
3. Are you required to let other providers know of MUIs but not UIs?
No, providers are required to let other service providers know of MUIs (5123-17-02 (G)(1)(c) and UIs (5123:17-02(M)(4) as necessary, to ensure continuity of care.
4. For a Peer to Peer Physical Act, if the skin is broken, but it's not caused by biting, is it still a Peer to Peer Major Unusual Incident (MUI)?
To determine if it meets Peer to Peer Physical Act, you would need to consider if the injury (not from biting) involved strangulation, a bloody nose, a bloody lip, a black eye, a concussion or resulted in examination or treatment by a physician, physician assistant, or nurse practitioner.
5. Will the DODD Provider training modules be revised?
Yes, the MUI Modules through My Learning will be revised and available in early 2019.
6. Should County Boards expect to receive daily Unusual Incident reports?
Independent providers are required to send in unusual incident reports to the individual's SSA (or designee). Agency providers are required to send unusual incidents reports upon request.
7. Does an agency provider need to report an Unusual Incident (UI not MUI) to SSA and Guardian? Each Agency is required to have a policy and procedure that outlines notifications for unusual incidents. Agency providers are not required to submit unusual incident reports to the SSA although communication is critical to ensure quality services. Additionally, it should be discussed in team meetings, if the individual/guardian would like to receive a copy of all unusual incident reports and how they would like to receive them.
8. What is a trend or pattern for UI's?
A trend/pattern for unusual incidents can vary and is dependent on the person. A general rule of thumb is three same, similar incidents in a week or five in a month.

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9. I think it is great that there will be increased communication to the individual/guardian within 14 days (preliminary findings for sexual and physical abuse allegations). I am wondering if there will be an opportunity for extensions given special circumstances? Extensions will not be granted for these notifications. If the preliminary findings cannot be determined within 14 working days, the County Board will provide a case status update to individual /guardian and provider.

10. What might fall under program implementation?

Some examples of program implementation unusual incidents include:

- An individual is dropped off at home with no staff present. The individual uses his key and enters the home. The individual is home alone for an hour before the Direct Support Professional arrives. There is no known risk to the individual.
- An individual is angry and grabs the steering wheel while staff is driving in a parking lot. The staff hits a parked car. No one is injured. Staff is cited for hitting the car.
- An individual with eyes on supervision walks away from staff while they are paying for groceries. The individual makes it to the front door before staff catches up to them.
- An individual with no history of skin breakdown is found to be in a soiled undergarment when the 1st shift staff arrive at the home.
- John's staff is there to provide overnight support in case he has a seizure. The staff self-reported she fell asleep for 10 minutes. John was checked on and fine. He suffered no adverse effects.
- An agency staff was involved in a minor car accident while transporting 2 individuals. Staff was cited for failing to assure clear distance. No one was harmed.

11. How about a peer throwing hot water on another peer? Isn't this a Peer to Peer Physical Act?

Yes, that could possibly meet the criteria as a physical act if it resulted in an injury that requires examination or treatment by a physician, physician assistant, or nurse practitioner. Always consult with the County Board MUI office if you have questions.

12. What type of documentation is required for the 14-day notification?

The investigative agent would document the preliminary findings notification in their investigative file, including the date and who was notified.

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13. What happens if an Service and Support Administrator goes to an individual's home and services are not provided per the ISP, is this neglect?

To determine if this meets the level of a Neglect MUI, risk would need to be assessed. Please consult with the County Board MUI office to make this determination. You can also refer to DODD's guidance documents such as Interpretive Guidelines and FAQ which include examples.

14. Remember when some things were MUIs if individual was with provider, but not MUI if individual was not with provider? Is that still a thing?

Yes, the following five categories are only filed when it occurs in a County Board operated program or when served by a licensed or certified provider.

- (a) Medical emergency;
- (b) Rights code violation;
- (c) Significant injury;
- (d) Unanticipated hospitalization; and
- (e) Unapproved behavioral support.

The other fourteen categories (D)(2) (a-n) are filed regardless where it occurs.

15. What if an individual's service plan includes thicket in drinks and specific language regarding soft textured food, because of known choking issues; although, the individual chooses not to use the thicket and the recommended diet?

The team should clearly identify the risk, provide education and choices to the individual, family and guardian. If the individual, family or guardian do not wish to act on the team recommendations, it should be addressed in the service plan. Please contact the County Board MUI office or DODD Regional Manager for additional assistance, if necessary.

16. Who is going to train these providers to do their own investigations when they currently don't write unusual incident reports correctly?

Providers are currently required to completed unusual incident investigations. County Boards, Providers and DODD should work together to ensure that incident reports and investigations are completed appropriately. The Department has taped webinars on how to complete unusual incident investigations and the UI process for DSP.

<http://dodd.ohio.gov/Training/Pages/Webinar-Catalog.aspx>

17. What if you have a client that self-abuses. Is that a MUI or UI?

It depends on the level of injury whether it would meet criteria for a significant injury MUI. Please feel free to consult your County Board or the Department's MUI office with any questions.

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18. Would late Non-Medical Transportation (NMT) providers or no shows NMT be determined a program implementation incident per the new rule?
The determination would be made based on risk. If the late or no-show NMT resulted in serious risk, it would result in a neglect MUI. If the late or no-show resulted in minimal or no risk, it would be a programmatic implementation unusual incident.
19. How does removal from direct contact for allegations of sexual and physical abuse allegations affect independent providers?
Independent providers should be immediately removed from direct contact for the individual(s) and their protection. The independent provider should cooperate with the investigation. The County Board, in consultation with the Independent Provider, shall determine when removal is no longer necessary. If the County Board and the provider cannot agree, the Department can be consulted.
20. Do car accidents when staff are cited but there is no injury/harm result in a MUI?
No, if a staff person is transporting an individual(s) in a car accident and the staff/driver is cited and no injury, little risk, this would be considered a programmatic implementation unusual incident.
21. What if safety protocols have not been followed for someone in a wheelchair?
If there was a duty and a failure to provide an individual with a support that places them at risk of serious injury, a neglect MUI should be filed. If there is minimal or no risk, this would be considered a programmatic implementation unusual incident which needs to be investigated by the provider.
22. What happens if a provider should have taken the individual to see a doctor and doesn't because they don't want an MUI. Who proves the neglect then?
If there was a duty and a failure to provide an individual with medical care that places them at risk of serious injury, a neglect MUI should be filed and investigated.
23. The example says that any provider should be informed of an MUI. Is that in writing?
How does that occur so that there is accountability?
Yes, the provider at the time of the incident is required to let other service provider(s) know of MUIs (5123-17-02 (G)(1)(c) as necessary, to ensure continuity of care. We would expect to see this documented on the incident report or other forms of documentation.

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24. When an individual falls and is injured but doesn't have to go to the hospital, is that now considered a UI when it was clearly a safety issue?
In order to determine if this meets the level of a Neglect MUI, risk would need to be assessed. Please consult with the County Board MUI office to make this determination. You can also refer to DODD's guidance documents such as Interpretive Guidelines and FAQ which include examples.
25. It appears that the rule for UI's has changed to requiring the other relevant providers to be notified of UIs but not guardians? Do guardians still need to be notified of all UIs?
Guardian should still be notified. Additionally, it should be discussed in team meetings, if the individual/guardian would like to receive a copy of all unusual incident reports and how they would like to receive them.
26. Are we only removing PPIs from client contact for Physical and Sexual abuse? What about misappropriation
Nothing precludes any employer from removing an employee if they believe it is necessary (i.e. in cases of verbal abuse, neglect and misappropriation...).
27. The provider shall immediately but no later than 4 hours make notification.... is typically for category A incidents has this been changed for Peer to Peer even though it is noted in (D) 6 of rule.
Peer to Peer Act MUIs are still required 4-hour notifications.
28. So just for clarification "Program Implementation Unusual Incidents" are now a new MUI category?
No, a program implementation is a type of unusual incident defined in the rule.
29. For clarification, in the example of someone who fell at home and communicating with the Day Service Provider - Is the communication needed only if it is an MUI?
No, providers are also required to communicate about unusual incidents as necessary, to ensure continuity of care.
30. Are provider board members and County Board members to be trained on MUI rule?
Yes, all agency Board members, including County Board members are required to be trained on the MUI rule.

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31. Are all DD employees required to be trained on the rule changes by March 31, 2019?
Agency employees, including County Board staff, who are responsible for providing oversight and administration of the rule, should be trained by March 31, 2019. People in other positions (including Direct Support Positions) should be provided updated information at their annual MUI Rule training. Information about training requirements are found in (P) (1)-(3) of the rule.
32. How is "injury" defined for a neglect MUI? If someone does not have incontinence briefs changed and they develop skin breakdown or a UTI- is that an injury per rule? If staff neglect to administer someone's insulin for several days (not just a couple missed doses), would that be neglect? Huge risks, both immediate and long-term, are there but not necessarily considered immediate "injuries".
To determine if this meets the level of a Neglect MUI, risk would need to be assessed. Please consult with the County Board MUI office to make this determination.
33. Can you address the removal of "may be adversely affected/likely risk of harm" from the MUI definition?
This language was removed from the general MUI definition as the Stakeholder Committee believed the MUI definition for each incident captured the essence of this language. Please consult with your Regional Manager with specific questions.