



**Department of  
Developmental  
Disabilities**

1

**Major Unusual Incident Rule:  
Exploring Key Changes  
to OAC 5123-17-02**

**MUI Road Show**

2

## Purpose of today's training

- Share vision for revised rule
- Review rule process
- Explore rule changes
- Discuss timelines
- Talk about resources and future trainings

3

## Rule Considerations



4

# Rule Process

People Served • Family Advocates • Direct Support Professionals • Independent Providers  
Agency Providers • Developmental Centers • ICF/IDDs • County Boards • Council of  
Government • Ohio Health Care Association • Ohio Provider Resource Association • Ohio  
Association of County Boards • DODD

- Asked DODD physicians and other experts for guidance
- Reviewed MUI data
- Elicited information from other states
- Engaged different stakeholder groups
- Responded to ongoing feedback from business partners

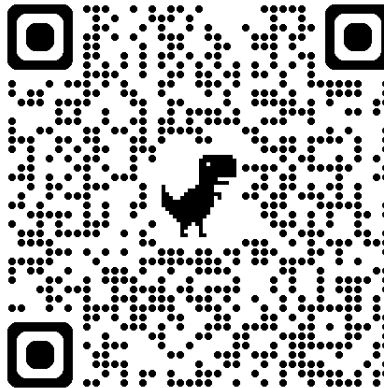


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5

## OAC 5123-17-02

For a copy of revised rule (effective July 1, 2025) and appendices, scan below



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6

## Rule Purpose Changes

The system is intended to create a culture that fosters trust through open communication, universal accountability, learning, and fair treatment of all persons involved.

What does this mean and how can we all work together to improve Ohio's health and welfare system for all involved?



## MUI Processes Streamlined



**Administrative Investigations**  
OAC 5123-17-02 (C)(1)



**Administrative Reviews**  
OAC 5123-17-02 (C)(2)

# MUI Processes Streamlined

## Administrative Investigations – A and B MUIs

Abuses, Deaths, Neglect, Misappropriation, Peer to Peer, Exploitation, Prohibited Sexual Relations, Significant Injury, Attempted Suicide, Medical Emergency, Failure to Report, Missing Individual, and Rights Code Violation

## Administrative Reviews -Category C MUIs

Appendix C-E -Mandatory use of forms

Unapproved Behavioral Supports, Unanticipated Hospitalization, Law Enforcement



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9

# MUI Processes Streamlined

- The provider will also submit the administrative review form in appendix C, D, or E.
- The provider will submit the incident report and the administrative review form at the same time.

When an individual is hospitalized, the provider is responsible for following up with the hospital so that a diagnosis is determined as soon as possible after forty-eight hours, and incident report made to the county board, and the administrative review form in appendix D  
OAC 5123-17-02 (D)(8)(a)-(b)



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10



# Appendix D Form-Unanticipated Hospitalization

**Department of Developmental Disabilities**  
5123-17-02 APPENDIX D PAGE 1 of 3

**ADMINISTRATIVE REVIEW FORM FOR UNANTICIPATED HOSPITALIZATION**

Individual's Name: \_\_\_\_\_  
 Date of Unanticipated Hospitalization: \_\_\_\_\_  
 Major Unusual Incident Number: \_\_\_\_\_  
 Date Form Initiated: \_\_\_\_\_  
 Name of Person Initiating Form: \_\_\_\_\_  
 Title of Person Initiating Form: \_\_\_\_\_  
 Contact Information for Person Initiating Form: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_

**PART 1 – TO BE COMPLETED BY THE INDIVIDUAL'S PROVIDER**

**DESCRIPTION** – Indicate which situation applies.

☐ Hospital admission lasting 48 hours or longer due to one or more of the specified diagnoses (i.e., aspiration pneumonia, bowel obstruction, dehydration, medication error, seizure, or sepsis)  
☐ Hospital re-admission lasting 48 hours or longer due to any diagnosis that is the same diagnosis as a prior hospital admission lasting 48 hours or longer within the past 30 calendar days

**HISTORY/ANTECEDENTS:** Explain what led to the unanticipated hospitalization.

Describe the medical history of the individual.

Have there been recent similar illnesses?

If so, please describe the illness and date or the occurrence.

What was the health of the individual in the 72 hours leading up to the hospitalization?

Did the individual complain of feeling unwell or deviate from routine (e.g., change in behavior, eating, sleeping, or bathroom habits)?

Page 1 of 3  
DODD APRIL 2015

**Department of Developmental Disabilities**  
5123-17-02 APPENDIX D PAGE 2 of 3

**SYMPTOMS AND RESPONSE** – What were the individual's symptoms (e.g., fever, rash, bloody stool, or trouble breathing) and over what length of time?

What actions did the provider take to address the symptoms?

**PART 2 – TO BE COMPLETED BY THE INVESTIGATIVE AGENT IN COLLABORATION WITH THE INDIVIDUAL'S TEAM**

**DETAILS OF HOSPITALIZATION**

Date of Admission: \_\_\_\_\_  
 Date of Discharge: \_\_\_\_\_

WHEN UNANTICIPATED HOSPITALIZATION IS BASED ON A HOSPITAL ADMISSION LASTING 48 HOURS OR LONGER DUE TO ONE OR MORE OF THE FOLLOWING DIAGNOSES

Indicate which apply:

☐ Aspiration Pneumonia      ☐ Medical Error  
☐ Bowel Obstruction      ☐ Seizure  
☐ Dehydration      ☐ Sepsis

WHEN UNANTICIPATED HOSPITALIZATION IS BASED ON A HOSPITAL RE-ADMISSION LASTING 48 HOURS OR LONGER DUE TO ANY DIAGNOSIS THAT IS THE SAME DIAGNOSIS AS A PRIOR HOSPITAL ADMISSION LASTING 48 HOURS OR LONGER WITHIN THE PAST 30 CALENDAR DAYS

Indicate the diagnosis of the hospitalizations:

Provide the dates of the prior hospital admission and discharge:

**DISCHARGE SUMMARY** – Attach discharged summary

**FOLLOW-UP APPOINTMENT/CHANGES TO MEDICATION/CONTINUING CARE** – List the changes and the continuing needs of the individual.

Page 2 of 3  
DODD APRIL 2015

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13

# Appendix D Form-Unanticipated Hospitalization

**Department of Developmental Disabilities**  
5123-17-02 APPENDIX D PAGE 3 of 3

The person responsible for these changes: \_\_\_\_\_

Confirm follow-up appointments have been made: \_\_\_\_\_

**CAUSES AND CONTRIBUTING FACTORS**

☐ Medication change      ☐ Failure to monitor input/output of fluids  
☐ Medication error      ☐ Failure to follow bowel protocol  
☐ Aspiration due to improper diet texture      ☐ Failure to provide timely medical care  
☐ Refusal to follow diet      ☐ Failure to monitor urination and/or bowel movements  
☐ Insufficient fluid intake      ☐ Other: \_\_\_\_\_  
☐ Chronic medical diagnosis that places individual at higher risk  
☐ Refusal of staff assistance  
☐ Lack of health care coordination

**ADMINISTRATIVE REVIEW SUMMARY AND CONCLUSION**

**PREVENTION PLAN** – Describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, or diet change).

Name of Investigative Agent Completing Form: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

Page 3 of 3  
DODD APRIL 2015

The provider should submit the

- Incident report
- Appendix D form and
- Discharge paperwork

to the county board by 3 p.m. on the first working day following the day the provider becomes aware of the Unanticipated Hospitalization.

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14

# Appendix E Form-Unapproved Behavioral Support

5123-17-02 APPENDIX E Page 1 of 4

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ADMINISTRATIVE REVIEW FORM FOR UNAPPROVED BEHAVIORAL SUPPORT

Individual's Name: \_\_\_\_\_  
 Date of Unapproved Behavior Support: \_\_\_\_\_  
 Major Unusual Incident Form: \_\_\_\_\_  
 Form Initiated: \_\_\_\_\_  
 Name of Person Initiating Form: \_\_\_\_\_  
 Title of Person Initiating Form: \_\_\_\_\_  
 Contact Information for Person Initiating Form: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_

PART 1 - TO BE COMPLETED BY THE INDIVIDUAL'S PROVIDER

DESCRIPTION - Describe the intervention/support in detail and the reason used.

How was the intervention/support necessary for the health and welfare of the individual or other individuals?

List the staff involved

How many times was the intervention/support used?

How long (total) was the individual restrained?

HISTORY/ANTECEDENTS - Does the individual have a history of the behavior?

Page 1 of 4  
DODD APRIL 2021

5123-17-02 APPENDIX E Page 2 of 4

Department of Developmental Disabilities

If so, describe history:

TYPE OF UNAPPROVED BEHAVIORAL SUPPORT

**Physical Restraint**

- ☐ Basket Hold
- ☐ Multiple Person Carry
- ☐ Multiple Person Escort
- ☐ Prone
- ☐ Restraint of One Appendage
- ☐ Supine
- ☐ Seated Restraint
- ☐ One Person Carry
- ☐ One Person Escort
- ☐ Physically Prompted Hands Down With Resistance
- ☐ Restraint of Multiple Appendages
- ☐ Side Restraint
- ☐ Standing Restraint
- ☐ Time-Out
- ☐ Other: \_\_\_\_\_

**Chemical Restraint**

- ☐ Anti-Anxiety
- ☐ Anticonvulsant
- ☐ Antidepressant
- ☐ Antipsychotic
- ☐ Mood Stabilizer
- ☐ Other: \_\_\_\_\_

**Mechanical Restraint**

- ☐ Full Body - Papeze Board Wrap
- ☐ Full Body - Seated Position
- ☐ Full Body - Supine Position
- ☐ Gait Belt
- ☐ Helmet
- ☐ Locked Seatbelt/Vest - During Transportation
- ☐ Locked Seatbelt/Vest - Not During Transportation
- ☐ Mitts
- ☐ Splints or Tethers
- ☐ Wheelchair Controls Disabled
- ☐ Wheelchair for Individual Who Does Not Use Normally
- ☐ Other: \_\_\_\_\_

BEHAVIORAL SUPPORT STRATEGIES - Did the individual's service plan outline behavioral support strategies?

Page 2 of 4  
DODD APRIL 2021

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15

# Appendix E Form-Unapproved Behavioral Support

5123-17-02 APPENDIX E Page 3 of 4

Department of Developmental Disabilities

Did the staff know about the behavioral support strategies?

Were staff trained on implementation of the behavioral support strategies?

INJURIES - Were there any injuries to the individual or anyone else involved in the unapproved behavioral support? If yes, please describe injuries sustained by the individual.

Did the individual receive timely medical attention?

PART 2 - TO BE COMPLETED BY THE INVESTIGATIVE AGENT IN COLLABORATION WITH THE INDIVIDUAL'S TEAM

CAUSES AND CONTRIBUTING FACTORS

- ☐ Supervision not met
- ☐ Staff ratio was not appropriate
- ☐ Excessive sensory input
- ☐ Medication change
- ☐ Illness
- ☐ Engaging in self-harm
- ☐ Others: \_\_\_\_\_
- ☐ 1:1 attention unavailable
- ☐ Change in routine or schedule
- ☐ Control issues - staff/family/peers
- ☐ Loss of important relationship
- ☐ Individual service plan behavioral support strategy not followed
- ☐ Initiating harm to others

ADMINISTRATIVE REVIEW SUMMARY AND CONCLUSION

Page 3 of 4  
DODD APRIL 2021

5123-17-02 APPENDIX E Page 4 of 4

Department of Developmental Disabilities

PREVENTION PLAN - Describe the prevention plan being implemented to address causes and contributing factors (e.g. environmental change, staff training, medication changes, or level of supervision).

Name of Investigative Agent Completing Form: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

The provider should submit the

- Incident report
- Appendix E form

to the county board by 3 p.m. on the first working day following the day the provider becomes aware of the Unapproved Behavioral Support.

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16

## Category A Changes-Emotional Abuse

Emotional Abuse 5123-17-02 (C) (16)(a)(i)

*Replaces Verbal Abuse and incorporates those elements in this definition.*

*"Emotional abuse" means the use of actions, 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.***

## Emotional Abuse Examples

The person alleges their father threatened to punch him if he did not do the dishes.

Staff take an unflattering photo or video of a person and posts it on social media (i.e. Facebook, Twitter, Instagram).

The Home Manager sprays a person in the face with water as a way to coerce them into getting out of bed and doing their chores.

## Emotional Abuse Examples

A staff member works with a person who is known to be very sensitive to loud noises. Despite being trained on this and repeatedly reminded by supervisors, the staff appears to intentionally slam doors and clap loudly near the person, causing them to flinch or cover their ears in distress. This behavior occurs consistently over time, and other staff members report seeing the person become visibly anxious, withdrawn, and upset when this staff member is on shift. The staff member dismisses concerns by saying they're "just joking around" or that the person is "too sensitive."

## Category A Changes-Failure to Report

The specific MUI categories were added in the definition to provide further clarification.

"Failure to report" means that a developmental disabilities employee does not immediately report the alleged, suspected, or actual occurrence of an individual suffering or facing a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably *indicate emotional abuse, exploitation, misappropriation, neglect, physical abuse, or sexual abuse* to the agency provider, county board, or department.

## Category B Changes-Deaths

Death categories were renamed to align with CMS language. The investigation protocols and mortality review processes remain unchanged.

"Unexplained or unanticipated death" means the death of an individual resulting from an accident or that was otherwise unexpected.

"Death other than unexplained or unanticipated death" means the death of an individual by natural cause.



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21

## Category B Changes-Medical Emergency

The Medical Emergency definition was changed to:

- Clarify that medical emergencies are filed only when completed by DD employee
- Removal of Epi-Pen from definition
- Add use of Overdose Reversal medication administration

"Medical emergency" means an incident where *emergency medical intervention by a developmental disabilities employee* is required to save an individual's life (e.g., choking relief techniques, cardiopulmonary resuscitation, use of an automated external defibrillator, or administration of *overdose reversal medication such as "Narcan"*). OAC 5123-17-02 (C)(16)(b)(iii)



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22

## Category B Changes-Missing Individual

Missing Individual was changed to include the more serious cases when law enforcement was notified, and person is at imminent risk.

Missing individual. "Missing individual" means *law enforcement has been contacted* because an individual's whereabouts are unknown, and the individual is believed to be at or pose *an imminent risk of harm to self or others*.

OAC 5123-17-02 (C)(16)(b)(iv)



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23

## Category B Changes-Peer to Peer

*Verbal Act was removed from the Peer to Peer definition.*

The new definition of Peer to Peer acts include 4 types.

- a) Exploitation
- b) Theft
- c) Physical act which means a physical altercation...
- d) Sexual act

OAC 5123-17-02 (C)(16)(b)(v)



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24

## Category B Changes-Significant Injury

Removed the part of definition that said is “not considered abuse or neglect” and added dental injuries requiring treatment by dentist.

“Significant injury” means an injury to an individual of known cause or unknown cause that *results in a dental injury that requires treatment by a dentist*, concussion, broken bone, dislocation, or second or third degree burns or that requires immobilization, casting, or five or more sutures. A significant injury will be designated in the Ohio incident tracking and monitoring system as either known cause or unknown cause.

OAC 5123-17-02 (C)(16)(b)(vi)



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25

## Category C Changes-Unanticipated Hospitalizations



- Rationale for changes (CMS, focus on more serious and repeated hospitalizations)
- Hospitalizations make up 37% of MUIs
- Readmittance for any hospitalization within 30 days
- Focus on conditions that results in most hospitalizations and deaths of people with DD (6 defined conditions).
- Hospitalizations that are not deemed as MUIs are still investigated and followed up as unusual incidents by provider



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26

## Category C Changes-Unanticipated Hospitalization

(ii) Unanticipated hospitalization means:

(a) A hospital admission lasting forty-eight hours or longer that:

- i. Is not associated with planned evaluations, scheduled procedures, or routine diagnostic tests that are part of ongoing medical care, including the diagnosis of conditions; and
- ii. Is due to one or more of the following diagnoses:
  - A. Aspiration pneumonia;      E. Seizures
  - B. Bowel obstruction;        F. Sepsis
  - C. Dehydration;
  - D. Medication error;

## Category C Changes-Unanticipated Hospitalization

(b) A hospital re-admission lasting forty-eight hours or longer that:

- i. Is not associated with planned evaluations, scheduled procedures, or routine diagnostic tests that are part of ongoing medical care, including the diagnosis of conditions; and
- ii. Is due to any diagnosis that is the same diagnosis as a prior hospital admission lasting forty-eights hours or longer within the past thirty calendar days.

## Unanticipated Hospitalization Examples

- Janet is hospitalized for over 48 hours due to seizures. Her OhioISP describes that she has epilepsy and is regularly seen by a neurologist.
- Jim was hospitalized for 3 days due to hallucinations and threatening to harm himself. After being discharged, he was readmitted two weeks later for another week due to a recurrence of self-harm and ongoing hallucinations.
- Jose is admitted to the hospital for 4 days due to a bowel obstruction.
- Mary is prone to dehydration. She is admitted to the hospital for 3 days due to dehydration.


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29

## Definitions

Definitions clarifies that systems is only for neglect allegations OAC 5123-17-02 (C)(25).

Systems issue" means underlying circumstances (such as the physical environment, staffing levels, training provided to staff or supervisors, Supervisory support for staff, previous awareness of a potential event, adequacy of processes and procedures, or availability of resources and equipment) beyond the action or inaction of the primary person involved in a *substantiated major unusual incident of neglect*, that contributed to the situation or outcome.


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30

## Reporting Requirements for MUI

Immediately upon identification or notification of a major unusual incident a provider will take all reasonable measures to ensure the health and welfare of at-risk individuals.

*Reasonable measures include, but are not limited to, securing immediate and ongoing medical attention and removal of a developmental disability's employee from direct contact with any individual when the developmental disabilities employee is alleged to have been involved in physical abuse or sexual abuse. **The provider will document reasonable measures taken and by whom in the incident report.***

OAC 5123-17-02 (D)(5)



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31

## Removal of a DD Employee

- *The agency provider will inform the developmental disabilities employee of the alleged major unusual incident category and provide the developmental disabilities employee with the name of a person employed by the agency provider to whom the developmental disabilities employee may direct questions.*
- The county board or department, as applicable, will keep the agency provider apprised of the status of the administrative investigation so that the agency provider can resume normal operations as soon as possible consistent with the health and welfare of individuals.
- The agency provider will notify the county board or department, as applicable, when the developmental disabilities employee returns to work. OAC 5123-17-02 (E)



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32

## Removal of a DD Employee

- 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.*
- 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.
- In conjunction with the department, a county board has authority to remove an independent 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. When a county board removes an independent provider from direct contact with an individual.


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33

## Abused or Neglected Children

Changes made to address challenges getting information while still focus on prevention planning.

When a public children services agency is conducting an investigation, the investigative agent will submit a report to the Ohio incident tracking and monitoring system with a brief description of the allegation and immediate steps taken to protect the health and welfare of the individual. *Upon notification of case closure by the public children services agency, the investigative agent will record the results in the Ohio incident tracking and monitoring system and ensure a prevention plan to address causes and contributing factors is implemented.*


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34

## Abused and Neglected Children

When the public children services agency notifies the county board that it has declined to investigate, the county board will initiate the administrative investigation or administrative review within a reasonable amount of time based on the initial information received or obtained and consistent with the health and welfare of all at-risk individuals.

OAC 5123-17-02 (G)

## Notification Requirements for MUIs

Staff of an agency provider will inform the *director of operations or administrator of the agency* provider within *one working day following the day* staff become aware of a potential or determined major unusual incident involving misappropriation, neglect, physical abuse, or sexual abuse. OAC 5123-17-02 (H)(2)



## General Investigation Requirements

- All major unusual incidents category A or category B require an administrative investigation.
- Administrative investigations will be conducted and reviewed by investigative agents.
- The IA will make sure all the MUI is properly coded, resolve any outstanding questions or concerns with the individual's provider and/or the individual's team, identify the causes and contributing factors to the incident, and address the prevention plan.

## General Investigation Requirements

- Except when law enforcement or the public children services agency is conducting an investigation, the investigative agent will endeavor to reach a preliminary finding regarding allegations of physical abuse or sexual abuse and notify the individual or individual's guardian and provider of the preliminary finding within fourteen working days.  
*When it is not possible for the investigative agent to reach a preliminary finding regarding an allegation of physical abuse or sexual abuse within fourteen days, the investigative agent will instead notify the individual or individual's guardian and provider of the status of the investigation **every seven working days thereafter**.* OAC 5123-17-02 (I)(10)

# General Investigation Requirements

The investigative agent will complete a report in the format prescribed by the department of each administrative investigation or administrative review and submit it for closure in the Ohio incident tracking and monitoring system *within forty-five working days* from submission of the incident report unless the county board requests and the department grants an extension for good cause. If an extension is granted, the department may require submission of interim reports and may identify alternative actions to assist with the timely conclusion of the report.

- Timeline is for boards, cog and developmental centers

OAC 5123-17-02 (I)(11)



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39

# Disputing the findings of written summary

(L) Disputing the findings of a written summary

(1) An individual, individual's guardian, other person whom the individual has identified, or provider *(except when the primary person involved is the independent provider or the owner, director of operations, or administrator of the agency provider)* may dispute the findings of a written summary of an administrative investigation described in paragraph (K)(1) of this rule by submitting a letter of dispute and supporting documentation to the county board superintendent, or to the director of the department if the department conducted the administrative investigation, within fifteen calendar days following a receipt of the findings.



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40

# Review, Prevention and Closure of MUIs

The department will review and close the **additional** following major unusual incidents

- Attempted suicide
- Failure to Report
- Emotional (previously verbal abuse)

County boards will review Peer to Peer  
OAC 5123-17-02 (M)(1)-(6)



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41

# Analysis of MUIs

- *Independent providers are no longer required to do annual analysis.*
- Independent providers should continue to work with the teams to ensure that people's plan address the risks associated with trends of unusual incidents and major unusual incidents.



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42

## Requirements for UIs

- All providers have to maintain an unusual incident log monthly and review for trends, however they *only need to submit to county board upon request.*
- Each provider will review its log of all unusual incidents as necessary, but no less than monthly, to ensure appropriate prevention plans have been implemented and identified trends and patterns have been addressed as appropriate. *When no unusual incidents occur during a calendar month, the provider will make a notation to that effect on its log of unusual incidents.*

OAC 5123-17-02 (O)(6)



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43

## Requirements for UIs

- Members of an individual's team will ensure risks associated with unusual incidents are addressed in the individual service plan of each individual affected.
- *When the unusual incident involves a hospital stay, the provider and the individual's team will review what preceded the hospital stay and consider what could have been done differently to prevent the hospital stay.*
- All providers have to maintain an unusual incident log monthly and review for trends, *however they only need to submit to county board upon request.*

OAC 5123-17-02 (O)(7)



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44

## Oversight

- *County boards do not have to review unusual incident logs on a quarterly basis. However, can request at any time.*
- Unusual incident logs will still be reviewed during compliance reviews and upon request.
- *Department will no longer review county board operated programs unusual incident logs on quarterly basis*

OAC 5123-17-02 (P)



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45

## Minor changes

- Training Changes 5123-17-02 (P)(1)(c) Board members (agency, county) are only required to be trained within 90 days of appointment and *no longer annually.*
- "Unusual incident" means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual service plan, but is not a major unusual incident. "Unusual incident" includes, but is not limited to, the events and occurrences *described in appendix F to this rule.*



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46

## Minor changes

- "Incident Report" will include Date and *time* of incident; description of incident that answers the questions, "*who?, what?, when?, and where?*"
- Service and Support Administrator is now defined in the MUI rule.
- Eliminate an Agency Provider to submit internal review of a major unusual incident to the county board of developmental disabilities within 14 days.
- County boards no longer required to send ICF full administrative investigation report.
- To address increase in **Attempted Suicide and Suicide deaths**, an **investigation protocol** was added.


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47

## Implementation Timelines



- Rule effective date
- Staff must be trained by July 1, 2025.
- Resources
- Collaboration


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48

## Frequently Asked Questions

### **What happens if the hospitalization is not in the descriptions list?**

If the hospitalization type is not listed in OAC 5123-17-02 (C)(c)(a)-(b), then it would be considered a UI.

### **Does the provider wait till 48 hours to report, or do we still report an unanticipated hospitalization within the time frame?**

Yes, a provider would wait until the criteria for an Unanticipated hospitalization is met, to report it. A written report will be submitted by 3pm the first working day post awareness of potential/determined MUI.

### **What is the timeframe for submitting MUI reports and forms?**

Providers must submit the incident report and form by 3 p.m. on the day following discovery of allegation.



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49

## Frequently Asked Questions

### **What happens if person is hospitalized for over 48 hours for one of the 6 diagnoses and then discharged and re-admitted, can these MUIs be combined?**

No, each time a person is hospitalized for one of the 6 diagnoses specified for longer than 48 hours and it not planned, it should be reported and filed as a MUI.

### **What if a provider has a policy that anytime a person's whereabouts are unknown, they call 911 but they are not at imminent risk. Is this a Missing Individual MUI?**

No, a "Missing individual" MUI is when law enforcement has been contacted because an individual's whereabouts is unknown, **and** the individual is believed to be at or pose an imminent risk of harm to self or others. You should have both elements.



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50

## Frequently Asked Questions

### **Who is responsible for filing Category C-E cases?**

The provider completes and submits the Appendix C-E Forms to the county board. The county board then enters the data into the Ohio Incident Tracking and Monitoring System (OhioITMS).

### **Would you write an incident report for hospitalizations?**

Yes, you would generate an incident report for all unplanned hospitalizations. The provider would conduct a UI investigation for hospitalizations that don't rise to the MUI level.

### **Would you write an incident report for the use of an Epi-pen?**

No, you would document it on the medication administration record as the use of a prescribed medication.



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51

## Frequently Asked Questions

### **What constitutes a hostile environment?**

A hostile environment could be a situation where an individual is repeatedly bullied, leading to fear or an unsafe setting for the individual.

### **Does there need to be intent for emotional abuse?**

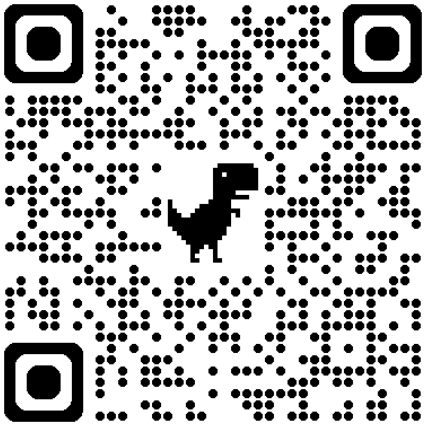
No, intent is not required to file a MUI of emotional abuse. But rather, the investigation will consider whether a reasonable person would conclude the actions of the PPI would cause harm or emotional distress. Emotional abuse is defined as actions, words, gestures, or patterns of behavior that create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



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52

## Resources-Health and Welfare Toolkit



Abuse and Neglect Hotline  
(800)617-6733 Option 1  
DODD MUI Office  
614-995-3810  
[MUI.UNIT@dodd.ohio.gov](mailto:MUI.UNIT@dodd.ohio.gov)  
[www.dodd.ohio.gov](http://www.dodd.ohio.gov)

QUESTIONS?

THANK YOU

# Presenters

Scott Phillips  
Assistant Deputy Director  
(614) 752-0090  
[Scot.Phillips@dodd.ohio.gov](mailto:Scot.Phillips@dodd.ohio.gov)

Connie McLaughlin  
Health and Welfare Systems Manager  
(614) 752-0092  
[Connie.McLaughlin@dodd.ohio.gov](mailto:Connie.McLaughlin@dodd.ohio.gov)