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5123-17-02 Addressing major unusual incidents and unusual incidents to ensure health, welfare, and continuous quality improvement.

(A) Purpose

This rule establishes the ~~requirements~~ system for addressing major unusual incidents and unusual incidents and implements a continuous quality improvement process to prevent or reduce the risk of harm to individuals. The intent of the system is to create a culture that fosters trust through open communication, universal accountability, learning, and fair treatment of all persons involved.

(B) Scope

This rule applies to county boards, developmental centers, and providers of services to individuals with developmental disabilities.

(C) Definitions

For the purposes of this rule, the following definitions ~~shall~~ apply:

- (1) "Administrative investigation" means the gathering and analysis of information related to a major unusual incident in category A as described in paragraph (C)(17)(a) of this rule or a major unusual incident in category B as described in paragraph (C)(17)(b) of this rule, conducted by an investigative agent, so that appropriate action can be taken to address any harm or risk of harm and prevent recurrence. There are ~~three~~ two administrative investigation procedures (category A; set forth in appendix A to this rule and category B set forth in appendix B to this rule, and category C) that correspond to ~~the three~~ two categories of major unusual incidents.
- (2) "Administrative review" means the gathering and analysis of information related to a major unusual incident in category C as described in paragraph (C)(17)(c) of this rule, initiated by an individual's provider and completed by an individual's team in collaboration with an investigative agent, so that a prevention plan can be developed and implemented. The administrative review procedure varies based on the specific type of major unusual incident:
 - (a) "Hospitalization" completed on the administrative review form contained in appendix C to this rule.
 - (b) "Law enforcement" completed on the administrative review form contained in appendix D to this rule.
 - (c) "Unapproved behavioral support" completed on the administrative review form contained in appendix E to this rule.
- (3) "Agency provider" means a provider, certified or licensed by the department that employs staff to deliver services to individuals and who may subcontract the delivery of services. "Agency provider" includes a county board while the county

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board is providing specialized services.

- (4) "At-risk individual" means an individual whose health or welfare is adversely affected or whose health or welfare may reasonably be considered to be in danger of being adversely affected.
- (5) "Common law employee" has the same meaning as in rule 5123-9-32 of the Administrative Code.
- (6) "County board" means a county board of developmental disabilities as established under Chapter 5126. of the Revised Code or a regional council of governments as established under Chapter 167. of the Revised Code when it includes at least one county board.
- (7) "Department" means the Ohio department of developmental disabilities.
- (8) "Developmental center" means an intermediate care facility for individuals with intellectual disabilities under the managing responsibility of the department.
- (9) "Developmental disabilities employee" means:
 - (a) An employee of the department;
 - (b) A superintendent, board member, or employee of a county board;
 - (c) An administrator, board member, or employee of a residential facility licensed under section 5123.19 of the Revised Code;
 - (d) An administrator, board member, or employee of any other public or private provider of services to an individual with a developmental disability; or
 - (e) An independent provider.
- (10) "Incident report" means documentation that contains details about a major unusual incident or an unusual incident and ~~shall include~~ includes, but is not limited to:
 - (a) Individual's name;
 - (b) Individual's address;
 - (c) Date and time of incident;
 - (d) Location of incident;
 - (e) Description of incident that answers the questions, "who?, what?, when?, and where?";
 - (f) Type and location of injuries;
 - (g) Immediate actions taken to ensure health and welfare of individual involved and any at-risk individuals;

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- (h) Name of primary person involved and ~~his or her~~ that person's relationship to the individual;
 - (i) Names of witnesses;
 - (j) Statements completed by persons who witnessed or have personal knowledge of the incident;
 - (k) Notifications with name, title, and time and date of notice;
 - (l) Further medical follow-up; and
 - (m) Name and signature of person completing the incident report.
- ~~(10) "Incident tracking system" means the department's web-based system for reporting major unusual incidents.~~
- (11) "Independent provider" means a self-employed person or a common law employee who provides services for which ~~he or she must be~~ the person is certified in accordance with rules promulgated by the department and does not employ, either directly or through contract, anyone else to provide the services.
- (12) "Individual" means a person with a developmental disability.
- (13) "Individual served" means an individual who receives specialized services.
- (14) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual and includes an "individual program plan" as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.
- (15) "Intermediate care facility for individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code.
- (16) "Investigative agent" means an employee of a county board or a person under contract with a county board who is certified by the department to conduct administrative investigations of major unusual incidents.
- (17) "Major unusual incident" means the alleged, suspected, or actual occurrence of an incident described in paragraph ~~(C)(16)(a), (C)(16)(b), or (C)(16)(c)~~ (C)(17)(a), (C)(17)(b), or (C)(17)(c) of this rule when there is reason to believe the incident has occurred. There are three categories of major unusual incidents ~~that correspond to three administrative investigation procedures delineated in appendix A, appendix B, and appendix C to this rule:~~
- (a) Category A
 - (i) Accidental or suspicious death. "Accidental or suspicious death" means the death of an individual resulting from an accident or suspicious circumstances.

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- (ii) Exploitation. "Exploitation" means the unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit, profit, or gain.
- (iii) Failure to report. "Failure to report" means that a person, who is required to report pursuant to section 5123.61 of the Revised Code, has reason to believe that an individual has suffered or faces a substantial ongoing risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse, neglect, misappropriation, or exploitation that results in a risk to health and welfare of that individual, and such person does not immediately report such information to a law enforcement agency, a county board, or, in the case of an individual living in a developmental center, either to law enforcement or the department. Pursuant to division (C)(1) of section 5123.61 of the Revised Code, such report ~~shall~~ will be made to the department and the county board when the incident involves an act or omission of an employee of a county board.
- (iv) Misappropriation. "Misappropriation" means depriving, defrauding, or otherwise obtaining the real or personal property of an individual by any means prohibited by the Revised Code, ~~including Chapters 2911. and 2913. of the Revised Code~~ or the Administrative Code.
- (v) Neglect. "Neglect" means when there is a duty to do so, failing to provide an individual with medical care, personal care, or other support that consequently results in death or serious injury or places an individual or another person at risk of serious injury. Serious injury means an injury that results in treatment by a physician, physician assistant, or nurse practitioner.
- (vi) Physical abuse. "Physical abuse" means the use of physical force that can reasonably be expected to result in physical harm to an individual. Such physical force may include, but is not limited to, hitting, slapping, pushing, or throwing objects at an individual.
- (vii) Prohibited sexual relations. "Prohibited sexual relations" means a developmental disabilities employee engaging in consensual sexual conduct or having consensual sexual contact with an individual who is not the employee's spouse, and for whom the developmental disabilities employee was employed or under contract to provide care or supervise the provision of care at the time of the incident.
- (viii) Rights code violation. "Rights code violation" means any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a likely risk of harm to the health or welfare of an individual.
- (ix) Sexual abuse. "Sexual abuse" means "unlawful sexual conduct" or "sexual contact" as those terms are defined in section 2907.01 of the Revised Code and the commission of any act prohibited by Chapter 2907. of the Revised Code (e.g., public indecency, importuning, and voyeurism) when the sexual

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conduct, sexual contact, or act involves an individual.

- (x) ~~Verbal~~Emotional abuse. "~~Verbal~~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.

(b) Category B

- (i) Attempted suicide. "Attempted suicide" means a physical attempt by an individual that results in emergency room treatment, in-patient observation, or hospital admission.
- (ii) Death other than accidental or suspicious death. "Death other than accidental or suspicious death" means the death of an individual by natural cause without suspicious circumstances.
- (iii) Medical emergency. "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, ~~such as back blows or~~ cardiopulmonary resuscitation, use of an automated external defibrillator, or ~~use of an epinephrine auto injector~~ administration of overdose reversal medication such as "Narcan").
- (iv) Missing individual. "Missing individual" means ~~an incident that is not considered neglect and~~ law enforcement has been contacted because an individual's whereabouts, ~~after immediate measures taken,~~ are unknown and the individual is believed to be at or pose an imminent risk of harm to self or others. ~~An incident when an individual's whereabouts are unknown for longer than the period of time specified in the individual service plan that does not result in imminent risk of harm to self or others shall be investigated as an unusual incident.~~
- (v) Peer-to-peer act. "Peer-to-peer act" means any of the following incidents involving two individuals:
- (a) Exploitation which means the unlawful or improper act of using another individual or another individual's resources for monetary or personal benefit, profit, or gain.
- (b) Theft which means intentionally depriving another individual of real or personal property valued at twenty dollars or more or property of significant personal value to the individual.
- (c) Physical act which means a physical altercation that:
- (i) Results in examination or treatment by a physician, physician assistant, or nurse practitioner; or

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(ii) Bowel obstruction;

(iii) Dehydration;

(iv) Fall;

(v) Heart attack;

(vi) Medication error;

(vii) Psychiatric condition;

(viii) Seizure;

(ix) Sepsis; or

(x) Stroke.

(ii) Law enforcement. "Law enforcement" means any incident that results in the individual served being tased, arrested, charged, or incarcerated.

(iii) Unapproved behavioral support. "Unapproved behavioral support" means the use of a prohibited measure as defined in rule 5123-2-06 of the Administrative Code or the use of a restrictive measure implemented without approval of the human rights committee or without informed consent of the individual or the individual's guardian in accordance with rule 5123-2-06 of the Administrative Code, when use of the prohibited measure or restrictive measure results in risk to the individual's health or welfare. When use of the prohibited measure or restrictive measure does not result in risk to the individual's health or welfare, the incident ~~shall~~ will be investigated as an unusual incident.

(18) "Ohio incident tracking and monitoring system" (also known as "OITMS") means the department's web-based system for reporting major unusual incidents.

(19) "Physical harm" means any injury, illness, or other physiological impairment, regardless of its gravity or duration.

(20) "Primary person involved" means the person alleged to have committed or to have been responsible for the accidental or suspicious death, exploitation, failure to report, misappropriation, neglect, physical abuse, prohibited sexual relations, rights code violation, sexual abuse, or ~~verbal~~ emotional abuse.

(21) "Program implementation incident" means an unusual incident involving the failure to carry out a person-centered plan when such failure causes minimal risk or no risk. Examples include, but are not limited to, failing to provide supervision for short periods of time, automobile accidents without harm, an individual's whereabouts are unknown for longer than the period of time specified in the individual service plan that does not result in imminent risk of harm to self or others, and self-reported incidents with minimal risk.

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- (22) "Provider" means an agency provider or an independent provider.
- (23) "Qualified intellectual disability professional" has the same meaning as in 42 C.F.R. 483.430 as in effect on the effective date of this rule.
- (24) "Specialized services" means any program or service designed and operated to serve primarily individuals, including a program or service provided by an entity licensed or certified by the department.
- (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, attributed to multiple variables that contributed to the situation or outcome.
- (26) "Team" means, as applicable:
- (a) The group of persons chosen by an individual with the core responsibility to support the individual in directing development of ~~his or her~~ the individual service plan. The team includes the individual's guardian or adult whom the individual has identified, as applicable, the service and support administrator, direct support staff, providers, licensed or certified professionals, and any other persons chosen by the individual to help the individual consider possibilities and make decisions; or
- (b) An "interdisciplinary team" as that term is used in 42 C.F.R. 483.440 as in effect on the effective date of this rule.
- (27) "Unusual incident" means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or 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. ~~;- dental injuries; falls; an injury that is not a significant injury; medication errors without a likely risk to health and welfare; overnight relocation of an individual due to a fire, natural disaster, or mechanical failure; an incident involving two individuals served that is not a peer-to-peer act major unusual incident; rights-code violations or unapproved behavioral supports without a likely risk to health and welfare; emergency room or urgent care treatment center visits; and program-implementation incidents.~~
- (28) "Working day" means Monday, Tuesday, Wednesday, Thursday, or Friday except when that day is a holiday as defined in section 1.14 of the Revised Code.
- (D) Reporting requirements for major unusual incidents
- (1) Reports regarding all major unusual incidents involving an individual who resides in an intermediate care facility for individuals with intellectual disabilities or who receives round-the-clock waiver services ~~shall~~ will be filed and the requirements of

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this rule followed regardless of where the incident occurred.

- (2) Reports regarding the following major unusual incidents ~~shall~~ will be filed and the requirements of this rule followed regardless of where the incident occurred:

(a) Accidental or suspicious death;

(b) Attempted suicide;

(c) Death other than accidental or suspicious death;

(d) Emotional abuse;

(e) Exploitation;

(f) Failure to report;

(g) Law enforcement;

(h) Misappropriation;

(i) Missing individual;

(j) Neglect;

(k) Peer-to-peer act;

(l) Physical abuse;

(m) Prohibited sexual relations; and

(n) Sexual abuse; ~~and.~~

~~(n) Verbal abuse.~~

- (3) Reports regarding the following major unusual incidents ~~shall~~ will be filed and the requirements of this rule followed only when the incident occurs in a program operated by a county board or when the individual is being served by a licensed or certified provider at the time of the incident:

(a) Hospitalization;

(b) Medical emergency;

(c) Rights code violation;

(d) Significant injury; and

~~(d) Unanticipated hospitalization; and~~

(e) Unapproved behavioral support.

- (4) Immediately upon identification or notification of a major unusual incident, ~~the~~

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~~provider shall~~ 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 disabilities 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 and county board ~~shall~~ will discuss any disagreements regarding reasonable measures in order to resolve them. Reasonable measures to be taken and by whom will be documented in writing. If the provider and county board are unable to agree on reasonable measures to ensure the health and welfare of at-risk individuals, the department ~~shall~~ will make the determination. ~~Such measures shall include:~~

- ~~(a) Immediate and ongoing medical attention, as appropriate;~~
 - ~~(b) Removal of an employee from direct contact with any individual when the employee is alleged to have been involved in physical abuse or sexual abuse until such time as the provider has reasonably determined that such removal is no longer necessary; and~~
 - ~~(c) Other necessary measures to protect the health and welfare of at-risk individuals.~~
- (5) Immediately upon receipt of a report or notification of an allegation of a major unusual incident, the county board ~~shall~~ will:
- (a) Ensure that all reasonable measures necessary to protect the health and welfare of at-risk individuals have been taken;
 - (b) Determine if additional measures are needed; and
 - (c) Notify the department if the circumstances in paragraph ~~(H)(1)~~ (J)(1) of this rule that require a department-directed administrative investigation are present. Such notification ~~shall~~ will take place on the first working day the county board becomes aware of the incident.
- (6) The provider ~~shall~~ will immediately, but no later than four hours after discovery of the major unusual incident, notify the county board through means identified by the county board of the following incidents or allegations:
- (a) Accidental or suspicious death;
 - (b) Emotional abuse;
 - (c) Exploitation;
 - (d) Misappropriation;
 - (e) Neglect;
 - (f) Peer-to-peer act;

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- (g) Physical abuse;
 - (h) Prohibited sexual relations;
 - (i) Sexual abuse; and
 - ~~(i) Verbal abuse; and~~
 - (j) When the provider has received an inquiry from the media regarding a major unusual incident.
- (7) For all major unusual incidents, a provider ~~shall~~ will submit a written incident report to the county board contact or designee by three p.m. on the first working day following the day the provider becomes aware of a potential or determined major unusual incident. The report ~~shall~~ will be submitted in a format prescribed by the department.
- (8) The county board ~~shall~~ will enter preliminary information regarding the major unusual incident in the Ohio incident tracking and monitoring system and in the manner prescribed by the department by five p.m. on the first working day following the day the county board receives notification from the provider or otherwise becomes aware of the major unusual incident.
- ~~(9) When a provider has placed an employee on leave or otherwise taken protective action pending the outcome of the administrative investigation, the county board or department, as applicable, shall keep the provider apprised of the status of the administrative investigation so that the provider can resume normal operations as soon as possible consistent with the health and welfare of at risk individuals. The provider shall notify the county board or department, as applicable, of any changes regarding the protective action. [Moved to paragraphs (E)(1) and (E)(2).]~~
- ~~(10)~~ (9) If the provider is a developmental center, all reports required by this rule ~~shall~~ will be made directly to the department.
- ~~(11)~~ (10) The county board ~~shall~~ will have a system that is available twenty-four hours a day, seven days a week, to receive and respond to all reports required by this rule. The county board ~~shall~~ will communicate this system in writing to all individuals receiving services in the county or their guardians as applicable, providers in the county, and ~~to~~ the department.

(E) Removal of a developmental disabilities employee

- (1) An agency provider will remove an employee from direct contact with any individual when the employee is alleged to have been involved in physical abuse or sexual abuse until such time as the agency provider has reasonably determined that such removal is no longer necessary. When an agency provider removes an employee from direct contact with an individual:
- (a) The agency provider will inform the employee of the alleged major unusual

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incident category and provide the employee with the name of a person employed by the agency provider to whom the employee may direct additional questions.

(b) 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.

(c) The agency provider will notify the county board or department, as applicable, when the employee returns to work.

(2) 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 such removal is no longer necessary. When a county board removes an independent provider from direct contact with an individual:

(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 additional 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.

(F) Reporting of alleged criminal acts

(1) ~~The~~^A provider ~~shall~~ will immediately report to the law enforcement entity having jurisdiction of the location where the incident occurred, ~~any allegation of a criminal act when the provider has reason to believe a criminal act has occurred.~~ The provider ~~shall~~ will document the time, date, and name of person notified of the alleged criminal act. The county board ~~shall~~ will ensure that the notification has been made.

(2) The department ~~shall~~ will immediately report to the Ohio state highway patrol, any allegation of a criminal act occurring at a developmental center. The department ~~shall~~ will document the time, date, and name of person notified of the alleged criminal act.

(G) Abused or neglected children

(1) All allegations of abuse or neglect as defined in sections 2151.03 and 2151.031 of the Revised Code of an individual under the age of twenty-one ~~years shall~~ will be immediately reported to the local public children's services agency. The notification may be made by the provider or the county board. The county board will ensure the

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notification has been made.

(2) When a public children's 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's 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.

(H) Notification requirements for major unusual incidents

- (1) ~~The~~A provider ~~shall~~ will make the following notifications, as applicable, when the major unusual incident or discovery of the major unusual incident occurs when such provider has responsibility for the individual. The notification ~~shall~~ will be made on the same day the major unusual incident or discovery of the major unusual incident occurs and include immediate actions taken.
 - (a) Guardian or other person whom the individual has identified.
 - (b) Service and support administrator serving the individual.
 - (c) Other providers of services as necessary to ensure continuity of care and support for the individual.
 - (d) Staff or family living at the individual's residence who have responsibility for the individual's care.
- (2) All notifications or efforts to notify ~~shall~~ will be documented. The county board ~~shall~~ will ensure that all required notifications have been made.
- (3) Notification ~~shall~~ will not be made:
 - (a) If the person to be notified is the primary person involved, the spouse of the primary person involved, or the significant other of the primary person involved;
or
 - (b) When such notification could jeopardize the health and welfare of an individual involved.
- (4) Notification to a person is not required when the report comes from such person or in the case of a death when the family is already aware of the death.
- (5) In any case where law enforcement ~~has been notified of~~ is conducting an investigation of or pursuing charges related to an alleged criminal act, the department may provide notification of the major unusual incident to any other provider, developmental center, or county board for whom the ~~primary person~~ developmental disabilities employee involved works, for the purpose of ensuring the health and welfare of any at-risk individual. The notified provider or county board ~~shall~~ will

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take such steps necessary to address the health and welfare needs of any at-risk individual and may consult the department in this regard. The department ~~shall~~ will inform any notified entity as to whether the major unusual incident is substantiated. Providers, developmental centers, or county boards employing ~~a primary person involved shall~~ the developmental disabilities employee involved will notify the department when they are aware that the ~~primary person involved~~ developmental disabilities employee works for another provider.

(6) Senior management of an agency provider will be informed Staff of an agency provider will inform the director of operations or administrator of the agency provider within ~~two~~ 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.

(I) General requirements for administrative investigation and administrative review requirements

(1) Each county board ~~shall~~ will employ at least one investigative agent or contract with a person or governmental entity for the services of an investigative agent. An investigative agent ~~shall~~ will be certified by the department in accordance with rule ~~5123:2-5-07~~ 5123-5-07 of the Administrative Code. Employees of the department who are designated investigators are considered certified investigative agents for the purpose of this rule.

(2) All major unusual incidents in category A or category B require an administrative investigation meeting the applicable administrative investigation procedure in appendix A, or appendix B, ~~or appendix C~~ to this rule ~~unless it is not possible or relevant to the administrative investigation to meet a requirement under this rule, in which case the reason shall be documented.~~ [This concept was relocated to **Appendix A and Appendix B.**] Administrative investigations ~~shall~~ will be conducted and reviewed by investigative agents.

(3) All major unusual incidents in category C require an administrative review using the applicable administrative review form in appendix C, appendix D, or appendix E to this rule. The applicable administrative review form will be initiated by an individual's provider and completed by an individual's team in collaboration with an investigative agent for the purpose of developing a prevention plan. An After completion of the administrative review, the investigative agent will:

(a) Review the completed administrative review form and:

(i) Ensure the major unusual incident was properly designated as a category C major unusual incident;

(ii) Resolve any outstanding questions or concerns with the individual's provider and/or the individual's team; and

(iii) Indicate approval of the prevention plan by signing the administrative review

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form entering the information captured on the administrative review form in the Ohio incident tracking and monitoring system.

(b) Verify the prevention plan has been implemented.

- (a) (4) The department or county board may elect to follow the administrative investigation procedure for category A major unusual incidents for any major unusual incident.
- (b) (5) Based on the facts discovered during administrative investigation or administrative review of the major unusual incident, the category may change or additional categories may be added to the record. If a major unusual incident changes category, the reason for the change ~~shall~~ will be documented and the new applicable category administrative investigation procedure ~~shall~~ will be followed ~~to investigate the major unusual incident.~~
- (c) (6) Major unusual incidents that involve an active criminal investigation may be closed as soon as the county board ensures that the major unusual incident is properly coded, the history of the primary person involved has been reviewed, cause and contributing factors are determined, a finding is made, and a prevention measures plan is implemented. Information needed for closure of the major unusual incident may be obtained from the criminal investigation.
- (d) (7) ~~County board staff~~ Staff of county boards or agency providers may assist the investigative agent by gathering documents, entering information into the Ohio incident tracking and monitoring system, fulfilling category C administrative ~~investigation~~ review requirements, or performing other administrative or clerical duties that are not specific to the investigative agent role.
- (4) (8) Except when law enforcement or the public children's services agency is conducting the investigation, the investigative agent ~~shall~~ will conduct all interviews for major unusual incidents in category A or category B unless the investigative agent determines the need for assistance with interviewing an individual. For a major unusual incident occurring at an intermediate care facility for individuals with intellectual disabilities, the investigative agent may utilize interviews conducted by the intermediate care facility for individuals with intellectual disabilities or personally conduct ~~his or her own~~ the interviews. If the investigative agent determines the information is reliable, the investigative agent may utilize other information received from law enforcement, the public children's services agency, or providers in order to meet the requirements of this rule.
- (5) (9) Except when law enforcement or the public children's services agency has been notified and is considering conducting an investigation, the county board ~~shall~~ will commence an administrative investigation or administrative review. If law enforcement or the public children's services agency notifies the county board that it has declined to investigate, the county board ~~shall~~ will commence 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, but no later than twenty-four hours for a major

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unusual incident in category A or no later than three working days for a major unusual incident in category B or category C.

- (6) (10) An intermediate care facility for individuals with intellectual disabilities ~~shall~~ will conduct an investigation that complies with applicable federal regulations, including 42 C.F.R. 483.420 as in effect on the effective date of this rule, for any unusual incident or major unusual incident involving a resident of the facility, regardless of where the unusual incident or major unusual incident occurs. The intermediate care facility for individuals with intellectual disabilities ~~shall~~ will provide a copy of its full report of an ~~administrative~~ investigation of a major unusual incident to the county board. The investigative agent may utilize information from the ~~administrative~~ investigation conducted by the intermediate care facility for individuals with intellectual disabilities to meet the requirements of this rule or conduct a separate administrative investigation. ~~The county board shall provide a copy of its full report of the administrative investigation to the intermediate care facility for individuals with intellectual disabilities. The department shall resolve any conflicts that arise.~~
- ~~(7) When an agency provider, excluding an intermediate care facility for individuals with intellectual disabilities, conducts an internal review of an incident for which a major unusual incident has been filed, the agency provider shall submit the results of its internal review of the incident, including statements and documents, to the county board within fourteen calendar days of the agency provider becoming aware of the incident.~~
- (8) (11) All developmental disabilities employees ~~shall~~ will cooperate with administrative investigations ~~and administrative reviews~~ conducted ~~by entities authorized to conduct investigations in accordance with this rule.~~ Providers and county boards ~~shall~~ will respond to requests for information within the time frame requested. The time frames identified ~~shall~~ will be reasonable.
- (9) (12) Except when law enforcement or the public children's service agency is conducting an investigation, the investigative agent ~~shall~~ 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 working days, ~~he or she shall~~ 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.~~
- (10) (13) The investigative agent ~~shall~~ will complete a report of ~~the each~~ administrative investigation ~~or administrative review~~ and submit it for closure in the Ohio incident tracking ~~and monitoring~~ system within thirty working days 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.

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~~(H)~~ (14) The [administrative investigation](#) report ~~shall~~ [will](#) follow the format prescribed by the department. ~~The investigative agent shall include the initial allegation, a list of persons interviewed and documents reviewed, a summary of each interview and document reviewed, and a findings and conclusions section which shall include the cause and contributing factors to the incident and the facts that support the findings and conclusions.~~ [\[This is covered in Appendix A and Appendix B and OITMS.\]](#)

(J) Department-directed administrative investigations of major unusual incidents

- (1) The department ~~shall~~ [will](#) conduct the administrative investigation when the major unusual incident includes an allegation against:
 - (a) The superintendent of a county board or developmental center;
 - (b) The executive director or equivalent of a regional council of governments;
 - (c) A management employee who reports directly to the superintendent of the county board, the superintendent of a developmental center, or executive director or equivalent of a regional council of governments;
 - (d) An investigative agent;
 - (e) A service and support administrator;
 - (f) A major unusual incident contact or designee employed by a county board;
 - (g) A current member of a county board;
 - (h) A person having any known relationship with any of the persons specified in paragraphs ~~(I)(1)(a) to (I)(1)(g)~~ [\(J\)\(1\)\(a\) to \(J\)\(1\)\(g\)](#) of this rule when such relationship may present a conflict of interest or the appearance of a conflict of interest; or
 - (i) An employee of a county board or a developmental center when it is alleged that the employee is responsible for an individual's death, has committed sexual abuse, engaged in prohibited sexual [activity relations](#), or committed physical abuse or neglect resulting in emergency room treatment or ~~hospitalization~~ [hospital admission](#).
- (2) A department-directed administrative investigation or administrative investigation review may be conducted following the receipt of a request from a county board, developmental center, provider, individual, or guardian if the department determines that there is a reasonable basis for the request.
- (3) The department may conduct a review or administrative investigation of any major unusual incident or may request that a review or administrative investigation be conducted by another county board, a regional council of governments, or any other governmental entity authorized to conduct an investigation.

(K) Written summaries of major unusual incidents [in category A and category B](#)

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- (1) No later than five working days following the county board's, developmental center's, or department's recommendation for closure via the Ohio incident tracking and monitoring system, the county board, developmental center, or department ~~shall~~ will provide a written summary of the administrative investigation of each category A or category B major unusual incident, including the allegations, the facts and findings, including as applicable, whether the case was substantiated or unsubstantiated, and ~~preventive measures~~ a prevention plan implemented in response to the major unusual incident to:
 - (a) The individual, individual's guardian, or other person whom the individual has identified, as applicable; in the case of a peer-to-peer act, both individuals, individuals' guardians, or other persons whom the individuals have identified, as applicable, ~~shall~~ will receive the written summary;
 - (b) The licensed or certified provider and provider at the time of the major unusual incident; and
 - (c) The individual's service and support administrator and support broker, as applicable.
- (2) In the case of an individual's death, the written summary ~~shall~~ will be provided to the individual's family only upon request by the individual's family.
- (3) The written summary ~~shall~~ will not be provided to the primary person involved, the spouse of the primary person involved, or the significant other of the primary person involved.
- (4) When the primary person involved is a developmental disabilities employee or a guardian, the county board ~~shall~~ will, no later than five working days following the recommended closure of a case, ~~make a reasonable attempt to~~ provide written notice to the primary person involved as to whether the major unusual incident has been substantiated, unsubstantiated/insufficient evidence, or unsubstantiated/unfounded.
- (5) If a service and support administrator is not assigned, a county board designee ~~shall~~ will be responsible for ensuring ~~the preventive measures are~~ a prevention plan is implemented based upon the written summary.
- (6) 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 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 receipt of the findings. An individual may receive assistance from any person selected by the individual to prepare a letter of dispute and provide supporting documentation.
- (7) The superintendent of the county board ~~superintendent or his or her~~ or the

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superintendent's designee or the director of the department or ~~his or her~~ the director's designee, as applicable, ~~shall~~ will consider the letter of dispute, the supporting documentation, and any other relevant information and issue a determination within thirty calendar days of such submission and take action consistent with such determination, including confirming or modifying the findings or directing that more information be gathered and the findings be reconsidered.

- (8) In cases where the letter of dispute has been filed with the county board, the disputant may dispute the final findings made by the county board by filing those findings and any documentation contesting such findings as are disputed with the director of the department within fifteen calendar days of the county board determination. The director of the department ~~shall~~ will issue a decision within thirty calendar days.

(L) Review, prevention, and closure of major unusual incidents

- (1) Agency providers ~~shall~~ will implement a written procedure for the internal review of all major unusual incidents and ~~shall be~~ are responsible for taking all reasonable steps necessary to prevent the recurrence of major unusual incidents. ~~The written procedure shall require senior management of the agency provider to be informed within two working days following the day staff become aware of a potential or determined major unusual incident involving misappropriation, neglect, physical abuse, or sexual abuse. [Now addressed in paragraph (H)(6).]~~
- (2) Members of an individual's team ~~shall~~ will ensure that risks associated with major unusual incidents are addressed in the ~~individual plan or~~ individual service plan of each individual affected and collaborate on the development of ~~preventive measures~~ a prevention plan to address the causes and contributing factors to the major unusual incident. The team members ~~shall~~ will jointly determine what constitutes reasonable steps necessary to prevent the recurrence of major unusual incidents. If there is no service and support administrator, team, qualified intellectual disability professional, or agency provider involved with the individual, a county board designee ~~shall~~ will ensure that a reasonably possible ~~preventive measures are~~ prevention plan is fully implemented.
- (3) ~~The department may review reports submitted by a county board or developmental center.~~ The department may obtain additional information necessary to consider the report, including copies of all administrative investigation reports that have been prepared. Such additional information ~~shall~~ will be provided within the time period specified by the department.
- (4) The department ~~shall~~ will review and close reports regarding the following categories of major unusual incidents:
- (a) Accidental or suspicious death;
 - (b) Attempted suicide;
 - (c) Death other than accidental or suspicious death;

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- (d) Emotional abuse;
 - (e) Exploitation;
 - (f) Failure to report;
 - (g) Medical emergency;
 - (h) Misappropriation;
 - (i) Neglect;
 - ~~(g) Peer-to-peer act;~~
 - (j) Physical abuse;
 - (k) Prohibited sexual relations;
 - (l) Sexual abuse;
 - (m) Significant injury when cause is unknown;
 - ~~(m) Verbal abuse;~~
 - (n) Any major unusual incident that is the subject of a director's alert; and
 - (o) Any major unusual incident investigated by the department.
- (5) The county board ~~shall~~ will review and close reports regarding the following categories of major unusual incidents:
- ~~(a) Attempted suicide;~~
 - ~~(b) Failure to report;~~
 - (a) Hospitalization;
 - (b) Law enforcement;
 - (c) Missing individual;
 - (d) Peer-to-peer act;
 - (e) Rights code violation;
 - (f) Significant injury when cause is known; and
 - ~~(f) Unanticipated hospitalization; and~~
 - (g) Unapproved behavioral support.
- (6) The department may review any case to ensure it has been properly closed and ~~shall~~ will conduct sample reviews to ensure proper closure by the county board. The

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department may reopen any administrative investigation or administrative review that does not meet the requirements of this rule. The county board ~~shall~~ will provide any information deemed necessary by the department to close the case.

- (7) The department and the county board ~~shall~~ will consider the following criteria when determining whether to close a case:
- (a) Whether sufficient reasonable measures have been taken to ensure the health and welfare of any at-risk individual;
 - (b) Whether a thorough administrative investigation or administrative review has been conducted consistent with the standards set forth in this rule;
 - (c) Whether the team, including the county board and provider, collaborated on developing ~~preventive measures~~ a prevention plan to address the causes and contributing factors;
 - (d) Whether the county board has ensured that ~~preventive measures have~~ the prevention plan has been implemented to prevent recurrence;
 - (e) Whether the incident is part of a pattern or trend as flagged through the Ohio incident tracking and monitoring system requiring some additional action; and
 - (f) Whether all requirements set forth in statute or rule have been satisfied.
- (M) Analysis of major unusual incident trends and patterns
- (1) ~~By January thirty first of each year, a~~An agency provider ~~shall~~ will conduct, ~~for each county in which the agency provider delivered services,~~ an in-depth review and analysis of trends and patterns of major unusual incidents occurring during the preceding calendar year and compile an annual report which contains:
- (a) Date of review;
 - (b) Name of person completing review;
 - (c) Time period of review;
 - (d) Comparison of data for previous three years;
 - (e) Explanation of data;
 - (f) Data for review by major unusual incident category type;
 - (g) Specific individuals involved in established trends and patterns (i.e., five major unusual incidents of any kind within six months, ten major unusual incidents of any kind within a year, or other pattern identified by the individual's team);
 - (h) Specific trends by residence, region, or program;
 - (i) Previously identified trends and patterns; and

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- (j) Action plans and ~~preventive measures~~ prevention plans implemented to address noted trends and patterns.
- (2) ~~A~~ An agency provider other than a county board ~~shall~~ will send the annual report to the county board for all programs operated in the county by February twenty-eighth of each year. The county board ~~shall~~ will review the annual report to ensure that all issues have been reasonably addressed to prevent recurrence of major unusual incidents. The county board ~~shall~~ will keep the annual report on file and make it available to the department upon request.
- (3) A county board that provides specialized services ~~shall~~ will send the annual report to the department for all programs operated by the county board by February twenty-eighth of each year. The department ~~shall~~ will review the annual report to ensure that all issues have been reasonably addressed to prevent recurrence of major unusual incidents.
- (4) Each county board or as applicable, each council of governments to which county boards belong, ~~shall~~ will have a committee that reviews trends and patterns of major unusual incidents. The committee ~~shall~~ will be made up of a reasonable representation of the county board(s), providers, individuals who receive services and their families, and other stakeholders deemed appropriate by the committee.
- (a) The role of the committee ~~shall be~~ is to review and share the county board or council of governments aggregate data prepared by the county board or council of governments to identify trends, patterns, or areas for improving the quality of life for individuals served in the county or counties.
- (b) The committee ~~shall~~ will meet each March to review and analyze data for the preceding calendar year. The county board or council of governments ~~shall~~ will send the aggregate data prepared for the meeting to all participants at least ten calendar days in advance of the meeting.
- (c) The county board or council of governments ~~shall~~ will record and maintain minutes of each meeting, distribute the minutes to members of the committee, and make the minutes available to any person upon request.
- (d) The county board ~~shall~~ will ensure follow-up actions identified by the committee have been implemented.
- (5) The department ~~shall~~ will prepare a report on trends and patterns identified through the process of reviewing major unusual incidents. The department ~~shall~~ will periodically, but at least semi-annually, review this report with a committee appointed by the director of the department which ~~shall~~ will consist of at least six members who represent various stakeholder groups, including disability rights Ohio and the Ohio department of medicaid. The committee ~~shall~~ will make recommendations to the department regarding whether appropriate actions to ensure the health and welfare of individuals served have been taken. The committee may request that the department obtain additional information as may be necessary to

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make recommendations.

(N) Requirements for unusual incidents

- (1) Unusual incidents ~~shall~~ will be reported and investigated by the provider.
- (2) Each agency provider ~~shall develop and implement a written unusual incident policy and procedure that will:~~
 - (a) Develop and implement a written unusual incident policy and procedure that:
 - (i) Identifies what is to be reported as an unusual incident which ~~shall~~ will include unusual incidents as defined in this rule;
 - (ii) Requires an employee who becomes aware of an unusual incident to report it to the person designated by the agency provider who can initiate proper action;
 - (iii) Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and
 - (iv) Requires the agency provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop ~~preventive measures~~ a prevention plan to protect the health and welfare of any at-risk individuals.
 - ~~(3) (b) The agency provider shall ensure that~~ Ensure all staff are trained and knowledgeable regarding the unusual incident policy and procedure.
- (3) The provider ~~providing~~ delivering services when an unusual incident occurs ~~shall~~ will notify other providers of services as necessary to ensure continuity of care and support for the individual.
- (4) ~~Independent providers shall~~ Each independent provider will complete an unusual incident report, notify the individual's guardian or other person whom the individual has identified, as applicable, and forward the unusual incident report to the service and support administrator or county board designee on the first working day following the day the unusual incident is discovered.
- (5) Each provider will maintain a log of all unusual incidents. The log will contain only unusual incidents as defined in paragraph (C)(27) of this rule and will include, but is not limited to, the name of the individual, a brief description of the unusual incident, any injuries, date, time, location, cause and contributing factors, and prevention plan.
- (6) Each ~~agency provider and independent~~ provider ~~shall~~ will review ~~all its log of all~~ unusual incidents as necessary, but no less than monthly, to ensure appropriate ~~preventive measures~~ prevention plans have been implemented and trends and patterns identified and addressed as appropriate. When no unusual incidents occur

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during a calendar month, the provider will make a notation to that effect on its log of unusual incidents.

~~(7) The unusual incident reports, documentation of identified trends and patterns, and corrective action shall be made available to the county board and department upon request.~~

~~(8) Each agency provider and independent provider shall maintain a log of all unusual incidents. The log shall contain only unusual incidents as defined in paragraph (C)(25) of this rule and shall include, but is not limited to, the name of the individual, a brief description of the unusual incident, any injuries, time, date, location, cause and contributing factors, and preventive measures.~~

(7) Members of an individual's team ~~shall~~ will ensure that risks associated with unusual incidents are addressed in the ~~individual plan or~~ individual service plan of each individual affected.

(8) A provider ~~shall~~ will, upon request by the department or a county board, provide any and all information and documentation regarding an unusual incident and investigation of the unusual incident as well as unusual incident reports, documentation of identified trends and patterns, and corrective action.

(O) Oversight

~~(1) The county board shall review, on at least a quarterly basis, a representative sample of provider unusual incident logs, including logs where the county board is a provider, to ensure that major unusual incidents have been reported, preventive measures have been implemented, and that trends and patterns have been identified and addressed in accordance with this rule. The sample shall be made available to the department for review upon request.~~

~~(2) When the county board is a provider, the department shall review, on a monthly basis, a representative sample of county board logs to ensure that major unusual incidents have been reported, preventive measures have been implemented, and that trends and patterns have been identified and addressed in accordance with this rule. The county board shall submit the specified logs to the department upon request.~~

~~(3)~~ (1) The department ~~shall~~ will conduct reviews of county boards and providers as necessary to ensure the health and welfare of individuals and compliance with this rule. Failure to comply with this rule may be considered by the department in any regulatory capacity, including certification, licensure, and accreditation.

~~(4)~~ (2) The department ~~shall~~ will review and take any action appropriate when a complaint is received about how an administrative investigation or administrative review is conducted.

(P) Access to records

(1) Reports made under section 5123.61 of the Revised Code and this rule are not public

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records as defined in section 149.43 of the Revised Code. Records may be provided to parties authorized to receive them in accordance with sections 5123.613 and 5126.044 of the Revised Code, to any governmental entity authorized to investigate the circumstances of the alleged abuse, neglect, misappropriation, or exploitation and to any party to the extent that release of a record is necessary for the health or welfare of an individual.

- (2) A county board or the department ~~shall~~ will not review, copy, or include in any report required by this rule a provider's personnel records that are confidential under state or federal statutes or rules, including medical and insurance records, workers' compensation records, employment eligibility verification (I-9) forms, and social security numbers. The provider ~~shall~~ will redact any confidential information contained in a record before copies are provided to the county board or the department. A provider ~~shall~~ will make all other records available upon request by a county board or the department. A provider ~~shall~~ will provide confidential information, including the date of birth and social security number, when requested by the department as part of the abuser registry process in accordance with rule 5123-17-03 of the Administrative Code.
- (3) Any party entitled to receive a report required by this rule may waive receipt of the report. ~~Any waiver of~~ A party waiving receipt of a report ~~shall be made~~ will do so in writing.

(Q) Training

- (1) Agency providers and county boards ~~shall~~ will ensure staff employed in direct services positions are trained on the requirements of this rule prior to direct contact with any individual. Thereafter, staff employed in direct services positions ~~shall~~ will receive annual training on the requirements of this rule including a review of health and welfare alerts issued by the department since the previous year's training.
- (2) Agency providers and county boards ~~shall~~ will ensure staff employed in positions other than direct services positions and members of county boards are trained on the requirements of this rule no later than ninety calendar days from date of hire or appointment to the county board. Thereafter, staff employed in positions other than direct services positions ~~shall~~ and members of county boards will receive annual training on the requirements of this rule including a review of health and welfare alerts issued by the department since the previous year's training.
- (3) Independent providers ~~shall~~ will be trained on the requirements of this rule prior to application for initial certification in accordance with rule ~~5123:2-2-01~~ 5123-2-09 of the Administrative Code and ~~shall~~ receive annual training on the requirements of this rule including a review of health and welfare alerts issued by the department since the previous year's training.

~~(Q) Authority of director to modify provisions of this rule~~

~~During the COVID-19 state of emergency declared by the governor, the director of the~~

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~~department may:~~

- ~~(1) Modify the requirement in paragraph (H)(4) of this rule for an investigative agent to conduct all interviews for major unusual incidents to allow a service and support administrator or an employee of an agency provider to conduct interviews working under the guidance of an investigative agent;~~
- ~~(2) Modify the timeline in paragraph (H)(9) of this rule, from fourteen working days to twenty one working days, for an investigative agent to reach a preliminary finding and notify the individual or individual's guardian and the provider;~~
- ~~(3) Modify the requirement in paragraph (H)(10) of this rule to allow the department to grant an extension of the timeline for a county board to submit a report of an administrative investigation for closure in the incident tracking system without the county board being required to submit a request; and/or~~
- ~~(4) Modify the timeline in paragraph (J)(1) of this rule, from five working days to ten working days, for a county board, a developmental center, or the department to provide a written summary of the administrative investigation of a category A or category B major unusual incident.~~

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APPENDIX A

ADMINISTRATIVE INVESTIGATION PROCEDURE FOR MAJOR UNUSUAL INCIDENTS IN CATEGORY A

(ACCIDENTAL OR SUSPICIOUS DEATH, EXPLOITATION, FAILURE TO REPORT,
MISAPPROPRIATION, NEGLIGENCE,
PHYSICAL ABUSE, PROHIBITED SEXUAL RELATIONS,
RIGHTS CODE VIOLATION, SEXUAL ABUSE,
AND ~~VERBAL~~ EMOTIONAL ABUSE)

Findings in administrative investigations of major unusual incidents in category A ~~shall~~ will be based upon a preponderance of evidence standard. "Preponderance of evidence" means that credible evidence indicates that it is more probable than not that the incident occurred. There are three possible findings of a category A administrative investigation:

- "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 not a preponderance of evidence to support the allegation or there is conflicting evidence that is inconclusive.
- "Unsubstantiated/unfounded" means the allegation is unfounded. "Unfounded" means the evidence supports a finding that the alleged incident did not or could not have occurred.

When it is not possible or relevant to the administrative investigation to meet a requirement of this appendix, the Investigative Agent will document the reason.

Steps for Investigating Major Unusual Incidents in Category A

1. Commence the administrative investigation immediately, or no later than twenty-four hours after discovery of the incident. "Commencing the administrative investigation" means any of the following:
 - a. Interviewing the reporter of the incident.
 - b. Gathering relevant documents such as nursing notes, progress notes, or incident report.
 - c. Notifying law enforcement when there is reason to believe a criminal act has occurred or the public children's services agency when there is an allegation of abuse or neglect of an individual under the age of twenty-one and documenting the time, date, and name of the person notified. If law enforcement or the public children's services agency decides not to conduct an investigation, the investigative agent ~~shall~~ will commence the administrative investigation.
 - d. Initiating interviews with witnesses or victims.
2. Interview the victim no later than three working days following notification of the major unusual incident and document the results. Exceptions to this requirement are when the individual is unable to provide any information or the investigative agent determines that the

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- circumstances warrant interviewing the individual later in the administrative investigation.
3. Visit the scene of the incident.
 4. Secure physical evidence. Take photographs of injuries, as applicable. Secure and sketch and/or photograph the scene of the incident. Provide a detailed description of any injury that may have resulted from the incident, including the shape, color, and size. Take a photograph of any injury that may have resulted from the incident; record the name of the person who took the photograph and the date and time the photograph was taken. Provide a written description of the physical evidence along with the date, time, and location of the gathering of evidence. Photograph and/or describe materials or objects that played a part in the incident. Provide a written description, sketch, or photograph of the area where the incident occurred. Note environmental factors that may have caused or contributed to any injury.
 5. Follow-up with law enforcement. Include a copy of the police report, as applicable.
 6. Review all relevant documents relating to the primary person involved that form the basis for the reported incident and the relevant documents relating to the individual who is the alleged victim.
 7. Interview persons who have relevant information about the incident and document the interviews. Interviews may be documented and statements taken via videotape, audiotape, or other means as appropriate. Gather written statements from all relevant witnesses.
 8. Interview medical professionals as to the possible cause/age of ~~the~~ physical injuries and document the interviews. Include a statement from a qualified medical professional as to whether or not the injury is consistent with the description of the incident, including the apparent age of the injury and probable force necessary to cause the injury. Include a description of treatment received or ordered. Qualified medical professionals include, but are not limited to, physicians, nurses, and emergency medical technicians, ~~and therapists~~ working within the scope of their licenses.
 9. Conduct follow-up interviews if needed.
 10. Evaluate all witnesses and documentary evidence in a clear, complete, and non-ambiguous manner.
 11. Evaluate the relative credibility of the witnesses. Factors to be considered in judging the credibility of a witness include:
 - a. Whether the witness's statements are logical, internally consistent, and consistent with other credible statements and known facts (e.g., does the witness appear to leave out or not know about information that ~~he or she~~ the witness should know about?);
 - b. Whether the witness was in a position to hear or see what is claimed;
 - c. Whether the witness has a history of being reliable and honest when reporting incidents or making statements regarding incidents;
 - d. Whether the witness has a special interest or motive for making a false statement (e.g., is there a possible bias of the witness?);
 - e. The relevant disciplinary history of the primary person involved, such as involvement in similar past allegations;
 - f. The witness's demeanor during the interview (e.g., did the witness appear evasive or not forthcoming?); and
 - g. Whether the witness did other things that might affect ~~his or her~~ the witness's credibility.
 12. Complete a written report that:
 - a. Includes a clear statement of the allegation;
 - b. Includes a succinct and well-reasoned analysis of the evidence;

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- c. Includes a clearly stated conclusion that identifies which allegations were and were not substantiated;
- d. Identifies the causes and contributing factors to the incident; and
- e. Addresses ~~preventive measures that have~~ [the prevention plan that has](#) been implemented.

Incident Specific Requirements – Accidental or Suspicious Death

1. Provide a statement explaining why the death is considered accidental or suspicious.
2. Document relevant medical interventions, treatment, or care received by the individual.
3. Include a copy of the police and/or coroner's investigation report.
4. Complete the required questions following deaths as specified by the department.

Incident Specific Requirements – Exploitation or Misappropriation

When five or more people had access to the individual's property and the value of the property is fifty dollars or less, detailed questionnaires may be substituted for initial interviews. Follow-up interviews ~~shall~~ [will](#) be conducted as indicated based on information included or omitted in responses to the detailed questionnaires.

1. Document that there was an unlawful or improper act of using an individual or an individual's resources for monetary or personal benefit or gain of the primary person involved.
2. Document the depriving, defrauding, or otherwise obtaining the real or personal property of an individual by means prohibited by the Revised Code [or the Administrative Code](#). Include any indication of the intent of the primary person involved.
3. Describe any items taken from the individual or anything received by the primary person involved as a result of the exploitation or misappropriation.
4. Gather copies of all financial records related to the incident, including cancelled checks.
5. Document the time, date, and officer's name for law enforcement agency notification.
6. Include an indication of whether or not the individual may have consented to the taking of ~~his~~ [the individual's](#) property or to the exploitation.
7. Verify that the property belonged to the individual.
8. Provide a description of how the improper act occurred.
9. Obtain the outcome of a criminal case, if resolved.
10. [When applicable, ensure an individual's personal funds are restored in accordance with rule 5123-2-07 of the Administrative Code.](#)

Incident Specific Requirements – Failure to Report

1. Provide a statement indicating the abuse, neglect, exploitation, or misappropriation the primary person involved did not report, including when and how it occurred.
2. Provide a statement indicating that the primary person involved was aware of the abuse, neglect, exploitation, or misappropriation, including when and how the primary person

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- involved became aware of the abuse, neglect, exploitation, or misappropriation.
3. Provide a statement of how the failure to report the abuse, neglect, exploitation, or misappropriation by the primary person involved caused physical harm or a substantial risk of harm to the individual; be specific regarding any wound, injury, or increased risk of harm to which the individual was exposed as a result of the failure to report.
 4. Explain why the primary person involved knew or should have known that the failure to report would result in a substantial risk of harm to the individual.
 5. Provide a written description of any injury.
 6. Provide an explanation from the primary person involved of why ~~he or she~~ [that person](#) failed to report.
 7. Provide a statement of any reasons or circumstances explaining the failure to report by the primary person involved.

Incident Specific Requirements – Neglect

1. Verify and document the duty of the primary person involved to provide care to the individual.
2. Document the medical care, personal care, or other support required but not provided by the primary person involved that consequently resulted in serious injury or placed the individual or another person at risk of serious injury. Include the time period of the alleged neglect.
3. Verify and document the primary person involved had knowledge that the withheld medical care, personal care, or other support was needed by the individual. Such documentation might include the [individual service plan or the](#) individual's plan of care, medical information available to the primary person involved, statements made by others to the primary person involved, statements made by the primary person involved, or training received by the primary person involved.
4. Verify that the action or inaction of the primary person involved resulted in serious injury or placed the individual or another person at risk of serious injury.
5. Specifically describe the serious injury or risk of serious injury caused by the action or inaction by the primary person involved.
6. [Consider whether a systems issue contributed to the situation or outcome.](#)

Incident Specific Requirements – Physical Abuse

1. Provide written statements that include a description of the amount of physical force used which may include, but is not limited to, speed of the force, range of motion, open or closed hand (fist), the sound made by impact, texture of surface if the individual was dragged or pulled, and the distance the individual was dragged, pulled, or shoved.
2. Provide a description of the individual's reaction to the physical force used (e.g., the individual fell backward or the individual's head or other body part jerked backward) and any indication of pain or discomfort experienced by the individual which may include words, vocalizations, or body movements.
3. Include comments made during the incident by the primary person involved.
4. Document how the harm to the individual is linked to the physical force used by the primary

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person involved.

Incident Specific Requirements – Prohibited Sexual Relations

1. Describe and document the type of sexual conduct or contact.
2. Document whether or not the incident was consensual. (Note: Consent does not excuse sexual contact by a caregiver with an individual when the caregiver is paid to care for the individual.)
3. Verify and document that the primary person involved was providing paid care to the individual.
4. Verify and document that the primary person involved was not married to the individual.
5. Provide a statement of any known, long-term, personal relationship the primary person involved has with the individual or other circumstances relevant to the sexual contact or conduct.

Incident Specific Requirements – Rights Code Violation

1. Indicate the specific right or rights of the individual violated by the primary person involved and describe how each right was violated, including any information or circumstances relevant to the incident.
2. Describe the harm or risk of harm caused to the individual as a result of the rights code violation by the primary person involved.

Incident Specific Requirements – Sexual Abuse

1. Document that the sexual activity was unwanted or the individual was unwilling.
2. Document that the primary person involved engaged in importuning, voyeurism, public indecency, pandering, or prostitution with regard to an individual.
3. Document the individual's capacity to consent.
4. Document any touching of an erogenous zone for the apparent sexual arousal or gratification of either person.
5. Describe the sexual conduct/contact, including any penetration of the individual.
6. Include the results of any physical assessment conducted by a medical professional.
7. Include the results of any human sexuality assessment.
8. Provide a copy of the police report.
9. Include all medical information related to the incident.
10. Document the date, time, and officer's name for law enforcement agency notification.

Incident Specific Requirements – ~~Verbal~~ Emotional Abuse

1. Provide a statement of the exact actions, words, ~~or~~ gestures, or other communicative means used to threaten, coerce, intimidate, harass, or humiliate the individual or the pattern of

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- behavior that created a hostile environment and the context in which these were used.
2. Provide a description of the reaction of the individual to the words, ~~or~~ gestures, or communicative means, including any words or vocalizations which will be taken into account but not serve as the basis for not substantiating a major unusual incident.
 3. Describe the volume used, including such description as loud, soft, and tone of voice, and where the primary person involved was located in relation to the individual.
 4. Describe the past history of ~~verbal~~ interactions between the primary person involved and the individual.

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APPENDIX B

ADMINISTRATIVE INVESTIGATION PROCEDURE FOR MAJOR UNUSUAL INCIDENTS IN CATEGORY B

(ATTEMPTED SUICIDE, DEATH OTHER THAN ACCIDENTAL OR SUSPICIOUS DEATH, MEDICAL EMERGENCY, MISSING INDIVIDUAL, PEER-TO-PEER ACT, AND SIGNIFICANT INJURY)

When it is not possible or relevant to the administrative investigation to meet a requirement of this appendix, the Investigative Agent will document the reason.

Steps for Investigating Major Unusual Incidents in Category B

1. Determine that the major unusual incident is properly coded.
2. Review relevant documents which may include recent medical history, individual service plan, progress notes, nursing notes, hospital records, police report, and behavior support documentation.
3. Interview witnesses as necessary to determine the cause or resolve conflicting information.
4. Interview others with relevant information as necessary.
5. Maintain a summary of each interview conducted.
6. Identify the causes and contributing factors to the incident.
7. Review past related incidents as appropriate, including but not limited to, prior immediate health and welfare measures taken and other ~~preventive measures~~ prevention plans.
8. Verify that ~~preventive measures have~~ the prevention plan has been implemented.

Incident Specific Requirements – Attempted Suicide

1. Review the individual's involvement with mental health services and supports at the time of the incident, including but not limited to, physician appointments, prescribed medications, counseling, accessing crisis services (including walk-in, community-based crisis teams, and contacting the 988 Suicide and Crisis Lifeline).
2. Review the individual's participation in the identified mental health services and supports.
3. Review the individual's level of supervision and support.
4. Provide a detailed description of the incident.
5. Document the individual's history of suicide attempts, self-injurious behavior, hospital admissions, and outpatient services.
6. Ensure the prevention plan includes information on planned involvement with mental health services and supports, including but not limited to, physician appointments, prescribed medications, counseling, accessing crisis services (including walk-in, community-based crisis teams, and contacting the 988 Suicide and Crisis Lifeline), and other support options (e.g., warm lines, peer centers, or support groups).
7. Verify that the prevention plan has been implemented.

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Incident Specific Requirements – Medical Emergency Involving Choking

1. Provide a detailed description of the choking incident including the type, texture, dimension, consistency, preparation, and amount of the item or items upon which the individual choked.
2. Determine the source of the item or items and how obtained by the individual.
3. Provide a detailed description of the individual's dietary requirements, supervision, and meal preparation supports.
4. Provide a detailed accounting of what happened before, during, and after the choking incident.
5. Describe any prior history of choking or prevention measures implemented.

Incident Specific Requirements – Peer-to-Peer Physical Act; or Peer-to-Peer Sexual Act; ~~or Peer-to-Peer Verbal Act~~

1. Interview the individuals within three calendar days.
2. Review the individuals' level of supervision and support.
3. Provide a detailed description of the incident.

Incident Specific Requirements – Significant Injury Involving a Fall

1. Provide a detailed description of the individual's requirements, if any, for supervision, supports, or aid at the time of the incident.
2. Document the individual's past history of falls.
3. Provide a detailed accounting of the time period before, during, and after the fall and include, if any, relevant environmental factors that may have contributed to the incident.

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APPENDIX C

ADMINISTRATIVE INVESTIGATION PROCEDURE FOR MAJOR UNUSUAL INCIDENTS IN CATEGORY C

(LAW ENFORCEMENT, UNANTICIPATED HOSPITALIZATION, AND UNAPPROVED BEHAVIORAL SUPPORT)

The following information shall be collected for major unusual incidents in Category C. The investigative agent shall review the information to ensure that the information is complete and the major unusual incident is properly coded. Information collected does not take the place of an incident report.

Incident Specific Requirements—Law Enforcement

1. Provide name, title, and phone number of person reporting to the county board.
2. Provide prior history of law enforcement involvement.
3. Describe individual's activities prior to the incident (e.g., followed normal routine).
4. Record the individual's supervision level and whether the supervision level was met.
5. Describe immediate actions taken to ensure health and welfare (e.g., alerting jail of medical concerns and dietary restrictions or ensuring medications are available to individual).
6. Describe the incident in detail.
7. Describe injuries, if any, to the individual or to the individual's victim.
8. Include outcome of court hearing.
9. Identify cause and contributing factors.
10. Verify that preventive measures have been implemented.

Incident Specific Requirements—Unanticipated Hospitalization

1. Provide name, title, and phone number of person reporting to the county board.
2. Provide list of documents reviewed.
3. Address individual's medical history (e.g., recent similar illnesses or chronic/acute conditions).
4. Describe individual's health during prior seventy-two hours.
5. Document date and reason for most recent prior hospitalization.
6. Indicate if the symptoms were addressed in a timely manner, and if not, explain why.
7. Describe incident.
8. Include diagnosis, discharge summary, and follow-up appointment.
9. Identify cause and contributing factors.
10. If individual had the flu or pneumonia, indicate whether he or she received a flu shot or pneumonia vaccine.
11. Verify that preventive measures have been implemented.

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~~Incident Specific Requirements—Unapproved Behavioral Support~~

- ~~1. Provide name, title, and phone number of person reporting to the county board.~~
- ~~2. Indicate whether the individual has a behavioral support strategy.~~
- ~~3. Describe what happened prior to the incident; develop a timeline.~~
- ~~4. Describe the intervention used.~~
- ~~5. Indicate whether the individual was injured and if excessive force was used.~~
- ~~6. Explain the health and welfare risk.~~
- ~~7. Document how long the unapproved behavioral support lasted.~~
- ~~8. Describe what, if any, other measures were taken first.~~
- ~~9. Identify cause and contributing factors.~~
- ~~10. Verify that preventive measures have been implemented.~~

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APPENDIX C

ADMINISTRATIVE REVIEW FORM FOR CATEGORY C MAJOR UNUSUAL INCIDENT

HOSPITALIZATION

Individual's Name: Date Form Completed:
Date of Hospitalization: Major Unusual Incident Number:
Name of Person Completing Form:
Title: Provider:
Contact Information:

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

HISTORY / ANTECEDENTS:

Please list what led to the hospitalization and describe the medical history of the individual. Have there been recent similar illnesses? 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 behavior, eating, sleeping, or bathroom habits)?

SYMPTOMS AND RESPONSE:

Why did the individual go to the hospital? What were the individual's symptoms (e.g., fever, rash, bloody stool, trouble breathing) – over what length of time – and what was the response?

TYPE OF HOSPITALIZATION:

Medical Psychiatric

How many days was the individual in the hospital?

Date of discharge:

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INDIVIDUAL'S DIAGNOSIS AT POINT OF DISCHARGE FROM HOSPITAL:

- Aspiration Pneumonia
- Bowel Obstruction
- Dehydration
- Fall
- Heart Attack
- Medication Error
- Psychiatric Condition
- Seizure
- Sepsis
- Stroke

Please attach discharge summary.

FOLLOW-UP APPOINTMENTS / CHANGES TO MEDICATION / CONTINUING CARE:

Please list the changes and the continuing needs of the individual along with the person responsible for these. Please attach discharge paperwork and follow-up appointment outcomes.

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

CAUSES AND CONTRIBUTING FACTORS:

- Medication change
- Medication error
- Choked on food
- Fall due to environmental factors
- Fall due to mobility issues
- Aspiration due to improper diet texture
- Failure to provide timely medical care
- Staff did not monitor input/output of fluids
- Family history
- Chronic medical condition that places individual at higher risk
- Smoking
- Drug use
- Supervision not met during meals
- Insufficient fluid intake
- Poor hygiene
- Refusal to use adaptive equipment
- Refusal to follow diet
- Refusal of staff assistance

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- [Lack of health care coordination](#)
- [Other:](#)

PREVENTION PLAN:

Please describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, fall precautions, diet change).

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assistive equipment known and addressed – especially if the individual is incarcerated?

DESCRIPTION:

Describe in detail the incident.

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

CAUSES AND CONTRIBUTING FACTORS:

- Supervision not met
- ~~Staff ratio was not appropriate~~
- ~~Diet not followed~~
- ~~Asked to complete task~~
- ~~Change in routine~~
- ~~Excessive noise~~
- ~~1:1 attention unavailable~~
- Peer aggression
- Peer influences
- ~~Outing cancelled~~
- Control issues - staff/family/peers
- Medication change/refusal
- ~~Illness~~
- ~~Possible hallucination~~
- ~~Loss of important relationship~~
- Individual service plan/behavioral support plan not followed
- Domestic dispute
- Lack of resources leads to shoplifting
- Unmet health needs
- Substance abuse
- Other:

PREVENTION PLAN:

Please describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, level of supervision).

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APPENDIX E

ADMINISTRATIVE REVIEW FORM FOR CATEGORY C MAJOR UNUSUAL INCIDENT

UNAPPROVED BEHAVIORAL SUPPORT

Individual's Name: _____ Date Form Completed: _____
Date of Unapproved Behavioral Support: _____ Major Unusual Incident Number: _____
Name of Person Completing Form: _____
Title: _____ Provider: _____
Contact Information: _____

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

HISTORY / ANTECEDENTS:

Please list what led to the unapproved behavioral support. Provide a timeline and whether the individual has a history of the behavior. Provide details of prevention plans from prior incidents.

How many times was the intervention/support used?
How long (total) was the individual restrained?

TYPE OF UNAPPROVED BEHAVIORAL SUPPORT:

- Physical Restraint**
 - Baskethold**
 - Multiple Person Carry**
 - Multiple Person Escort**
 - One Person Carry**
 - One Person Escort**
 - Physically Prompted Hands Down With Resistance**
 - Prone**
 - Restraint of Multiple Appendages**
 - Restraint of One Appendage**
 - Seated Restraint**
 - Side Restraint**
 - Standing Restraint**
 - Supine**
 - Time-Out**
 - Other:**

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Chemical Restraint

- Anti-Anxiety
- Anticonvulsant
- Antidepressant
- Antipsychotic
- Mood Stabilizer
- Other:

Mechanical Restraint

- Full Body - Papoose 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
- 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? Did the staff know about the strategies? Was the staff trained on the implementation of the behavioral support strategies?

INJURIES:

Were there any injuries to the individual or anyone else involved in the unapproved behavioral support? Did the individual receive timely medical attention?

DESCRIPTION:

Describe in detail the intervention/support 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.](#)

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

CAUSES AND CONTRIBUTING FACTORS:

- Supervision not met
- Staff ratio was not appropriate
- ~~Diet not followed~~
- ~~Asked to complete task~~
- Change in routine
- Excessive noise
- 1:1 attention unavailable
- ~~Peer aggression~~
- Outing cancelled
- Control issues - staff/family/peers
- Medication change
- Illness
- ~~Possible hallucination~~
- Loss of important relationship
- Individual service plan/behavioral support plan not followed
- Self-harm
- Harm to others
- Other:

PREVENTION PLAN:

Please describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, level of supervision).

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APPENDIX F

UNUSUAL INCIDENTS

"Unusual incident" means an event or occurrence involving an individual that is not consistent with routine operations, policies and procedures, or the individual's care or individual service plan, but is not a major unusual incident. "Unusual incident" includes, but is not limited to:

- (1) Dental injury that does not require treatment by a dentist.
- (2) Fall.
- (3) An injury that is not a significant injury.
- (4) Medication error without a likely risk to health and welfare.
- (5) Overnight relocation of an individual due to a fire, natural disaster, or mechanical failure.
- (6) An incident involving two individuals served that is not a peer-to-peer act major unusual incident but does involve:
 - (a) A physical altercation; or
 - (b) The use of actions, words, gestures, or other communicative means to purposefully threaten, coerce, or intimidate when there is the opportunity and ability to carry out the threat.
- (7) Rights code violation or unapproved behavioral support without a likely risk to health and welfare.
- (8) Emergency room or urgent care treatment center visit.
- (9) An unanticipated hospital admission or stay that is not a major unusual incident as defined in paragraph (C)(17)(c)(i) of this rule.
- (10) A situation where an individual's whereabouts are unknown for longer than the period of time specified in the individual service plan that does not result in imminent risk of harm to the individual or others and is not a major unusual incident as defined in paragraph (C)(17)(b)(iv) or (C)(17)(c)(ii) of this rule.
- (11) Program implementation incident.