

# CLEARWATER CURRENTS

Spring 2011

Clearwater Council of Governments

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## FROM THE DESK OF THE EXECUTIVE DIRECTOR



Welcome to our newly designed newsletter: it is chock full of information. Please take the time to distribute it widely.

Additionally, please join us in congratulating both Cheryl Plaster and Lee Wedemeyer. Cheryl, an 18-year employee of the Marion County Board of DD, is being named Marion County's new Superintendent.

Cheryl will succeed Lee Wedemeyer, who announced his retirement in February after leading the agency for 20 years. Lee will continue lead the agency until September 30<sup>th</sup>. Cheryl will spend the next seven months transitioning into her new position and will assume her new duties October 1, 2011.

Again, our congratulations to Cheryl; and to Lee "Job well done--Enjoy your retirement!"

## COST PROJECTION TOOL

The Cost Projection Tool (CPT) transition has begun. All individuals on a waiver will have to be put into the CPT by December 31, 2011. Below are a couple of common questions or problems we have noticed so far using the CPT.

- If individuals are sharing services, be sure to add the DRA provider. This can be done in the manage providers screen under the second tab called "Manage Providers and DRA Provider Spans."
- If you are looking in the un-scheduled services screen,

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## PROVIDER RECERTIFICATION

Due to Ohio Administrative Code Rule 5123.2-2-01 (Provider Certification Rule) that went into effect in October 1, 2009, both Independent and Agency Providers are required to renew their certifications. Ohio Department of Developmental Disabilities has begun the process of notifying providers by U.S. mail that they are due to renew their certifications. Providers will receive a letter with instructions and a renewal application 90 days prior to certification expiration.

Requested information must be returned to the Ohio Department of

--continued on page 4--

## CLEARWATER COG WAVE AWARDS

Clearwater COG believes in giving credit when and where credit is due. Therefore, we are initiating *Clearwater COG Wave Awards*. What better way to start the New Year on a positive note.

Nominations for these awards can be made by anyone.

Individuals receiving supports can nominate their staff or their staff can **nominate them**.

People can **nominate** co-workers or mentors.

*There is no limit*

★ Did someone give 110% when they were helping you? **Nominate them**.

★ Did an individual try really hard to accomplish a difficult goal? **Nominate them**.

★ You will see a list of categories along with examples in which to **nominate people**.

Don't limit yourself to those examples.

Let's show people how much we **appreciate their hard work** and help with things.

**Nominations** are to be sent to Barb Tatlock at Clearwater COG. Barb's contact information is included on the nomination form.

**See the Wave Award specifics and a nomination form on our website**

[www.clearwatercog.org](http://www.clearwatercog.org)

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## HOW MUCH DO YOU REALLY KNOW ABOUT MUI'S?

Take our quiz on page 6 to find out!

????????????????



## MARCH IS DEVELOPMENTAL DISABILITIES AWARENESS MONTH.

We encourage you to think about the similarities people have, rather than the differences, and encourage everyone to welcome people with disabilities into their communities as equal partners.



## IN THE SPOTLIGHT ...

### DARREN MOSLEY

Darren Mosley lives with his parents in their home in Marion County. His parents provide most of his support. Julie Newsome has been Darren's Independent Provider since March 2008, and he really looks forward to his time with Julie.

Darren and Julie get together two days a week and participate in a variety of activities. They have visited The Columbus Zoo, COSI, Chucky Cheese, The Disney Store and the movies. Darren especially enjoyed his visit to a Halloween store. They frequently go to the YMCA where Darren gets exercise as they walk on the track. Darren recently became interested in dancing to Wii music.

One of Darren's favorite places to go is a flower factory in Mansfield; where he has been know to spend up to three hours just looking around. He also enjoys scouring the local Hobby Lobby store where he buys craft supplies for the projects he and Julie work on together. They made a scrapbook with pictures from their activities together and gave this to his parents as a Christmas gift. Darren enjoys making crafts for all of the holidays.

Julie has worked with Darren to learn new skills that will be helpful to him at home. She said, "I like to get Darren's mind going and make him think. He is catching on to new things." She made homemade flash cards from ideas she got on the internet. Darren is learning to identify items and sounds from practicing with flash cards as well as reading books. The internet has provided a lot of suggestions for many of their craft projects.

Darren believes that a stranger is just a friend he hasn't met yet, and will walk up to people and introduce himself and then ask their name. He is known by many people in the Marion community, and enjoys meeting new people and talking to fellow shoppers.

Darren also enjoys going camping at River Bend with his parents. He likes to walk, build camp fires at night and tell ghost stories. I'll bet there is a s'more or two involved!



## TIPS ON HANDLING FINANCES

Here are a few guidelines to remember when handling an individual's finances:

For each type of account established for an individual (checking, savings or cash account), an account transaction record shall be maintained and include the following:

- The individual's name
- The amount and date that the funds are received
- The source of all funds

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## PROJECT STIR

By Andrew Wells

Three weeks ago I attended a training course called Project STIR. STIR means Step Towards Independence and Responsibility. Project STIR helps people be more independent and be vocal in their communities.

On the first day of training, the trainers and the trainees introduced themselves and the counties that they were from. We set some ground rules. The last thing that we did was learn about "*Speak Up for Yourself*" and "*Speaking Up in Ohio*".

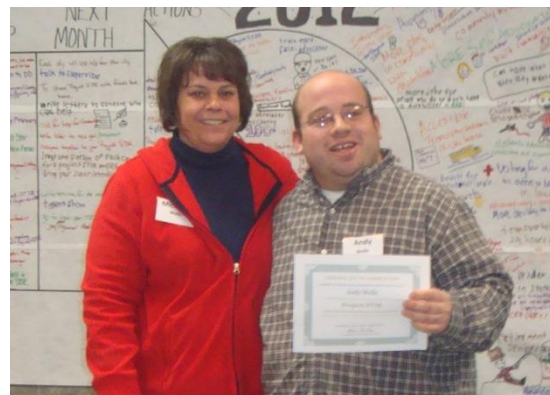
On the second day of training, we took steps to become self advocates. The first step is knowing yourself. The second step is to communicate. The third step we learned was problem solving steps. The five problem solving steps are:

1. Relax and tell yourself something positive,
2. Identify the problem,
3. Think of good solutions,
4. Choose a good solution, and
5. Just do it.

On the third day it was real fun. We were in groups all day. We learned about starting a self-advocacy group, self-advocacy, team work, and finding allies and partners. At the end of the day, we talked briefly about goals that were accomplished last year.

The last day we set new goals for the path: more jobs for people with disabilities and making our state representatives and legislators and communities aware of problems and situations of people with disabilities.

I am proud to say I'm glad I went through this training, so I can give the people of Ottawa County a voice.





*COST PROJECTION TOOL*  
-Continued from page 1-

be sure you are using the correct ISP span. The CPT opens with the ISP span that includes the current date.

- If a Level One individual receives routine weekly services, these should be put onto the calendar not in the unscheduled services.
- Services should be authorized for the entire waiver span. If a prior authorization is required, you can put a statement into the ISP for services to be short spanned for PAWS purposes.
- For adult day services, the CPT will use the daily rate amount and code if services are authorized between five and seven hours in a day. If services are authorized for more than seven or less than five hours in a day the unit rate amount and code will be listed on the cost projection detail report. For PAWS purposes, the Clearwater COG will be using the unit code for all day services.
- For adult day services, be sure you are listing the service in the ISP to match the CPT.
- After you have completed a site, please print the cost projection detail report from the reports section to attach to the plan. It is much easier to read than the cost projection detail from the manage cost projection section of the CPT.



If you have any questions about the CPT as you start working on it, feel free to give Amy (567-262-3153) or Michelle (567-262-3154) a call.

*CLEARWATER WAVE AWARDS*  
-Continued from page 1 -

*The nominations may commence!*  
*Please share with everybody! We are looking forward to receiving them!*

We have started to receive recognition from providers and county boards. We have yet to receive recognition from or for an individual receiving supports. Please pass this information on to the individuals so they too may participate. I recommend passing the information and forms on to your local self-advocacy group.

*Please* be specific when writing why you are recommending the recipient for a Clearwater Wave Award. You don't have to write a novel but information other than they do a great job would be helpful when we *expand* this to awarding a *special* award to those that are deserving.

The Clearwater Wave Awards so far this year include the following people identified by employer. The number behind their names identifies how many times they have been nominated if more than once.

**Broken Arrow**

Dawn Pollock

**Country View Home**

Alda Brown

**Crawford County Board**

Amy Huff  
Melissa Ellis

**Erie County Board**

Mike Painter 2     Adrienne Keys 2  
Larrick Zirckle 2     Megan Etzel 2  
Felicia Zendejas     Jean Kriedler

**Huron County Board**

Rachel Chaffin 2     Connie Bower 2  
Barbara Wrabel 2     Amy Pender 2  
Erin McDougall 2     Stephanie Mays 2  
Katie Bemis 2     Bri Holtz  
Holly Binkley     Kari Smith

**Marion County Board**

Christina Grimes     Jean Anne Hark  
Carla Blazer     Kristina Sanderson  
Wes Pinney     Julie Cummins  
Jessica Clements

**Morrow County Board**

Connie Tillotson  
Lorrie Williams

**Ottawa County Board**

Amy Cantu     Jill Bothe  
Amy Boling     Don Janes  
Sandy Riojas     Susan Miner

**Sandusky County Board**

Jessica Gedert 6

**Seneca County Board**

Terri Roddy     Rodney Biggert  
Glenn Maddy     Rebecca Nusbaum  
Erin Wolph

**Wyandot County Board**

Natasha Hiser

**Wynn-Reeth**

Janie Mendoza 6

**REMOTE MONITORING**

A new service is becoming a big hit in Sandusky County. The very first remote monitoring system has been installed in a home in Fremont. During an interview with two of the participants in this trial service, we found out many benefits to this using this system. As of October 1<sup>st</sup>, Rest Assured has installed video cameras, sensors, an interactive monitor, and speakers into a home with three individuals with disabilities. Aaron F. and Steve Q. are two gentlemen that live in the remote monitoring setting and provided good feedback about the system. Steve says, "This system can really save lives". The men told us about how the system works and how it will always work because it has a generator to back it up when the power goes out. The equipment is installed in their main living area with a camera in the kitchen and one pointed towards the door. There are sensors they can put on the stove and doorway that trigger a signal to the response center.

Rest Assured's goal is to improve the lives of seniors, adults, and people with disabilities while increasing their independence and

**PROVIDER RECERTIFICATION***-Continued from page 1-*

Developmental Disabilities 30 days prior to their expiration date. This will allow for processing time and ensure there is no lapse in certification. If certification lapses due to providers not returning information prior to expiration date, they will not be able to provide services or submit claims for reimbursement.

Providers that were certified effective October 1, 2009 and after, are required to renew their certifications after one year. Some of these providers have already received their renewal instructions. Providers that were certified prior to October 1, 2009 will begin the renewal process in September 2010. The first renewal letters will be sent to providers that have not billed since 1999. They will be issued an expiration date of January 1, 2011 and will be given instructions for renewal. Active providers in this category will be addressed in the future with the intention of using Provider Certification Wizard to renew certifications. This new online certification tool will be launched near the end of the year.

**Renewal Requirements for Independent Providers:**

- Valid "American Red Cross" or equivalent certification in first aid
- Valid "American Red Cross" or equivalent certification in cardiopulmonary resuscitation (CPR)
- Current BCII
- A certificate for training in the requirements of rule 5123:2-17-02 of the Administrative Code relating to incidents adversely affecting health and safety. The certificate should include the name of the attendee, the date of the training, and the topics covered.
- A certificate for training in the provisions governing rights of individuals set forth in section 5123.62 to 5123.64 of the Revised Code. The certificate should include the name of the attendee, the date of the training, and the topics covered.

**Renewal Requirements for Agency Providers:**

All agency providers must submit the CERT-01a (renewal certification form) and fee payment in order to renew certification.

In addition to the renewal certification form, agency providers must maintain and submit **upon request only**, the following documentation for all CEOs, employees, contractors, and employees of a contractor who are engaged in direct services positions:

- Valid "American Red Cross" or equivalent certification in first aid
- Valid "American Red Cross" or equivalent certification in cardiopulmonary resuscitation (CPR)
- BCII at a frequency of at least once every three years
- A certificate for training in the requirements of rule 5123:2-17-02 of the Administrative Code relating to incidents adversely affecting health and safety. The certificate should include the name of the attendee, the date of the training, and the topics covered.
- A certificate for training in the provisions governing rights of individuals set forth in section 5123.62 to 5123.64 of the Revised Code. The certificate should include the name of the attendee, the date of the training, and the topics covered.

- For staff hired after 10/1/09 only: Certificate or other verification of eight hours of training as indicated in 5123:2-2-01(C)(3)(c) prior to providing services.
- Fees (a requirement of a complete application):
- Provider Type Renewal Certification Fee
  - Independent Provider or Family Consortium  
\$ 100
  - Small Agency Provider  
(serving 50 or fewer individuals)  
\$ 800
  - Large Agency Provider  
(serving 51 or more individuals)  
\$ 1,600

Fees, application and materials should be sent to:

The Ohio Department of Developmental Disabilities  
Attention Accounts Receivable  
30 East Broad Street  
13<sup>th</sup> Floor

## GREAT SERVICE AND SUPPORT ADMINISTRATORS

It was time again for file reviews. The following is a list of all the SSAs that had at least one perfect file review.

**CRAWFORD:** Amy Huff, Duana Coleman, Keith Bradley, Mary Griffith

**ERIE:** Adrienne Keys, Felicia Zendejas, Jean Kreidler, Larrick Zirkle, Megan Etzel, Mike Painter

**HURON:** Bri Holtz, Erin McDougall, Connie Bower, Katie Bemis, Barbara Wrabel, Stephanie Mays, Amy Pender, Rachel Chaffin

**MARION:** Christina Grimes, Jean Anne Hark, Carla Blazer, Kristina Sanderson, Wes Pinney, Julie Cummins, Jessica Clements

**MORROW:** Connie Tillotson, Lorrie Williams

**OTTAWA:** Amy Boling, Don Janes, Jill Bothe, Sandy Riojas, Susan Minier

**SENECA:** Terri Roddy, Rodney Biggert, Glenn Maddy, Erin Wolph, Rebecca Nusbaum

**WYANDOT:** Natasha Hiser

**Kudos** to you all! A Clearwater Wave Award has been written for everyone on this list.



*FINANCIAL TIPS*

*-Continued from page 2-*

- The signature of the person crediting the account – unless electronically deposited
- The amount withdrawn and the date of the withdrawal
- The signature of the person receiving the debited amount

For checking and savings accounts, a current account balance reconciled to the most recent bank statement.

For cash kept in the home – the current amount of cash reflected in the transaction record shall equal the amount of cash present for use by the individual.

For each type of account maintained a verification of the reconciliation of the recorded balance to the actual funds should be completed at least every 60 days.

**Remember:**

- All transactions should be documented at the time when they take place.
- All accounts should have their own ledger, which needs to be accessible to anyone who will be handling finances.

The most important thing to keep in mind when handling an individual’s finances, is that someone who is unfamiliar with the documentation should be able to come in and be able to understand how the individual’s money has been spent.

**SYSTEMS REVIEW: CHOKING AND FALLS**

During the 27<sup>th</sup> OACB Annual Convention, Scott Phillips, Assistant Deputy Director, MUI/Abuser Registry Unit with DODD presented a systems review of choking and falls. There are significant risks that are associated with choking and falls and close attention to these matters is greatly needed.

**FALL FACTS:**

1. One in 3 adults age 65 or older will fall this year.
2. Two million people will be treated for injuries from falls in the ER this year.
3. Most serious injuries are: hip fractures and traumatic brain injuries.
4. For individuals 65 or older, falls are the leading cause of injury and death.
5. Falls are the leading cause of unintended injury for children. Children age 14 and under account for 1/3 of all fall reported visits to hospital ER’s.
6. Most common fractures noted from falls: spine, hip, leg, ankle, pelvis, upper arm, forearm and hand.
7. Thirteen (13) falls in 2009 resulted in deaths.

**MUI DATA**

**CAUSES:** The number one cause of falls was found to be tripping with environmental causes. In specific, wet surfaces, snow/ice, uneven surfaces, chair legs, shoe laces, curbs, carpet and rugs. Other top causes of falls were found to be accidental

falls with no cause, seizures, medical concerns, gait concerns, lost balance, stairs, wheelchair transfers, falling at night, in a hurry, van/bus loading and became excited.

**PREVENTION PLANNING:** When falls occur, the most important thing is ensuring immediate care and attention is given. After care is given, a prevention plan needs to be implemented. Too many times the prevention plan does not address the problem. In order to prevent falls, it is HIGHLY recommended that the individual be referred for an OT evaluation. Especially for individuals that have a history of falling. OT evaluations are a great way to address the core cause of the falls and how to prevent future ones from occurring.

**CHOKING FACTS:**

1. Choking deaths account for approximately 4600 deaths each year in the United States.
2. In the US, one (1) child dies from choking every 5 days. Hot dogs are responsible for nearly 20% of the deaths.
3. Sixty (60) percent of the deaths are food related. Forty (40) percent are related to objects such as coins, buttons, marbles, etc.
4. A study in 2003 looked at choking deaths from 1999-2002. The study revealed 14,921 choking deaths of which 11,286 or 76% were age 65- 85.

**MUI DATA**

**LOCATION and INTERVENTION:** Choking incidents primarily occur at the residence (62%) and at the workshop/day habilitation (28%). The number one intervention used in choking incidents was the abdominal thrust or Heimlich Maneuver (82%). The other intervention types were listed at back blows (13%) and floor thrust (5%).

**FOOD CATEGORIES:** What are individuals choking on? You name it; meats (beef, chicken, pork, hot dogs and ham), vegetables (number one being broccoli, carrots and pickles), fruits (apples, peaches, grapes, strawberries and bananas), bread (sandwich, crackers, buns, muffins, pizza crust and garlic bread), and others (cereal, cookies, tuna, pills, PICA, phlegm and oatmeal).

**CAUSES:** The primary cause leading to choking was found to be eating too quickly (39%). Thirty-six percent (36%) had an unknown cause listed. Other causes were listed as medical issues, wrong diet texture, behavioral, dental issues, isolated incidents and seizure related.

**IMMEDIATE ACTIONS:** The following immediate actions were noted after an individual chokes; nurse (37%), ER (25%), No action (15%), EMS (13%), Supervision (9%) and Follow up with physician (1%). Sixty-eight percent (68%) of the time no follow up assessment was completed after the individual choked. Only 10% had a barium or swallow study completed and only 5% had follow up with a physician. DODD is HIGHLY recommending that as best practice, an individual needs to be checked out by a nurse or physician after choking and intervention (thrust) was implemented. An individual may still be at risk after choking and

it is very important that a medical assessment is completed. Please keep this in mind when providing immediate actions. If the individual chokes at the workshop, a Program Nurse is available. Make sure to call them so that they can provide an assessment. If the individual chokes at home, best practice will be to take the individual to a medical expert to ensure that they are not at further risk.

**PREVENTION PLANNING:** Choking incidents are increasing and change needs to occur. Better supervision needs to occur during meal and snack times. Encouragement needs to be provided to slow down, put utensils down before the next bite. These changes also need to be added to the Individual's Service Plan. If the individual has a barium/swallow study, recommendations will be made and these also need to be added to the individual's plan.

If you have concerns or questions, please feel free to contact your Investigative Agent.

## PERFECT PROVIDER COMPLIANCE REVIEWS

Clearwater COG conducts provider compliance reviews on behalf of eight of the nine counties in the Clearwater COG. These provider compliance reviews are assigned by DODD. The following providers had a provider compliance review in 2010 with **No Citations**. Congrats and keep up the good work!

**Stephanie Bouillon Logsdon**  
Seneca County

**United Seating and Mobility**  
Morrow County

**S & B Home Improvements LLC**  
Seneca County



Visit us on web at:

[WWW.CLEARWATERCOG.ORG](http://WWW.CLEARWATERCOG.ORG)

## MUI QUIZ

How much do you *really* know about MUIs? Most of us only receive our MUI training annually, here's an MUI quiz to see how MUI savvy you really are!

1. How long do you have to report an allegation of abuse, misappropriation, exploitation, neglect, or a suspicious death?
 

a. 4 minutes	c. 4 hours
b. 4 days	d. Next day by 3pm
  
2. Who is responsible to develop a prevention plan in response to an MUI?
 

a. SSA	c. Guardian/Individual
b. Provider	d. all of the above
  
3. Who can investigate MUIs?
 

a. SSA	c. Provider
b. Superintendent	d. Investigative Agent
  
4. What type of investigation is an MUI investigation?
 

a. Administrative	c. Civil
b. Criminal	d. Personnel
  
5. If you are involved in an MUI investigation, do you have the right to refuse to cooperate?
 

a. Yes	c. Yes, if you have an attorney
b. No	d. Maybe
  
6. Who determines the discipline for an employee involved in a substantiated MUI allegation?
 

a. Investigative Agent	c. Employer
b. Superintendent	d. Investigative Agent
  
7. If an individual becomes seriously ill or injured, who should be contacted first?
 

a. Investigative Agent	c. On-Call
b. 911	d. Supervisor
  
8. Anytime an MUI is substantiated and the PPI (Primary Person Involved) is known, the case is reviewed by DODD for possible placement on the Abuser Registry.
 

a. True	b. False
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9. If someone is placed on the Abuser Registry, he or she will be removed from the registry five years from the date of his or her original placement on the registry.
 

a. True	b. False
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10. How many specific categories for MUIs are there?
 

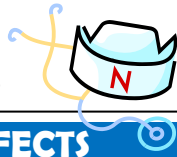
a. 10	c. 22
b. 19	d. 23

*See Page 7 for Answers*

## NURSE'S CORNER

Lisa Arebaugh, RN

QA RN Coordinator



### MEDICATION SIDE-EFFECTS

Any effect of a drug, chemical, or other medication that is, in addition to its intended effect (especially an effect that is harmful or unpleasant) is called a side effect.

Side effects can occur when you start new medications, change the dose of a current medication, or when you stop a medication. It is important for you to be familiar with possible side effects of medications and notify your doctor if you are having side effects. Some side effects can be minor but can also be a sign of danger or suggest that the drug is not working correctly.

The following is a list of common medications, along with some related side effects.

#### ANXIETY MEDICATIONS

##### **Alprazolam – Xanax**

Use: Panic attacks

Side Effects: skin rash, mood changes, confusion, depression, trouble passing urine

##### **Buspirone – Buspar**

Use: Anxiety

Side Effects: Blurred vision, dizziness, drowsiness, headache, nausea

##### **Clonazepam – Klonopin**

Use: Seizure and Panic disorders

Side Effects: Confusion, hallucinations, drowsiness, depressed mood, painful or difficult urination, slurred speech, drooling or dry mouth

##### **Diazepam – Valium**

Use: Anxiety management

Side Effects: Drowsiness, in coordination, muscle weakness, tiredness

##### **Escitalopram – Lexapro**

Use: Generalized anxiety disorder

Side Effects: Insomnia, sweating, and fatigue

##### **Fluoxetine – Prozac**

Use: Panic and Anxiety, Antidepressant

Side Effects: Drowsiness, very stiff muscles, nausea, vomiting, diarrhea, headache, weakness, tremors, severe blistering

##### **Lorazepam – Ativan**

Use: Anxiety management

Side Effects: Confusion, depressed moods, thought of suicide or hurting self, agitation, hallucinations, fainting

#### AUTISM MEDICATIONS

##### **Risperidon –Risperdal**

Use: Autism,

Side Effects: Increased appetite, fatigue, constipation, upper respiratory infections, coughing, rash, Tardive Dyskinesia

#### SEIZURE MEDICATIONS

##### **Carbamazepine - Tegretol**

Use: Seizures

Side Effects: Dizziness, dry mouth, nausea, unsteadiness, vomiting

##### **Gabapentine – Neurontin**

Use: Partial Seizures and Epilepsy

Side Effects: Dizziness, somnolence, and peripheral edema

##### **Topiramate –Topamax**

Use: Seizures and Epilepsy

Side Effects: Depression, diarrhea or constipation, nausea, tremors, loss of appetite

##### **Valproate semisodium – Depakote**

Use: Seizures

Side Effects: Drowsiness, weakness, constipation, tremor, hair loss, urinating less

#### BIPOLAR MEDICATIONS

##### **Aripiprazole – Abilify**

Use: Bipolar, Depression, Schizophrenia

Side Effects: Nausea, vomiting, constipation, headache, dizziness, uncontrolled movements, increased appetite

##### **Lamotrigine – Lamictal**

Use: Bipolar and Schizophrenic Disorder

Side Effects: Drowsiness, double vision, headache, unsteady gait, blurred vision

##### **Olanzapine – Zyprexa**

Use: Bipolar and Schizophrenic Disorder

Side Effects: Postural Hypertension, dizziness, constipation, weight gain

##### **Risperidone – Risperdal**

Use: Autism,

Side Effects: Increased appetite, fatigue, constipation, upper respiratory infections coughing, rash, Tardive Dyskinesia

##### **Valproic acid – Divalproex**

Use: Bipolar and Epilepsy

Side Effects: Headache, diarrhea, cough, bleeding gums, depression

##### **Ziprasidone – Geodon**

Use: Bipolar and Schizophrenic Disorder

Side Effects: Somnolence, dizziness, tremor, twitching, abnormal vision, vomiting

#### MAJOR DEPRESSIVE DISORDER MEDICATIONS

##### **Amitriptyline – Elavil**

Use: Antidepressant

Side Effects: Fast, pounding, or uneven heart beat, sudden headache, hallucinations, urinating less than usual, constipation, dry mouth

##### **Citalopram – Celexa**

Use: Antidepressant

Side Effects: Confusion, dizziness, hallucinations, suicidal thoughts or mood changes, blurred vision, headache, and nausea

##### **Duloxetine – Cymbalta**

Use: Antidepressant

Side Effects: Nausea, feeling like you might pass out, agitation, hallucinations, painful or difficult urination, dry mouth, constipation

##### **Escitalopram – Lexapro**

Use: Generalized anxiety disorder

Side Effects: Insomnia, sweating, and fatigue

##### **Fluvoxamine – Luvox**

Use: Antidepressant

Side Effects: Fast talking and excited feels or actions that are out of control, hallucinations, seizures, suicidal thought or mood changes, tremors, increased sweating

ANSWERS TO MUI QUIZ

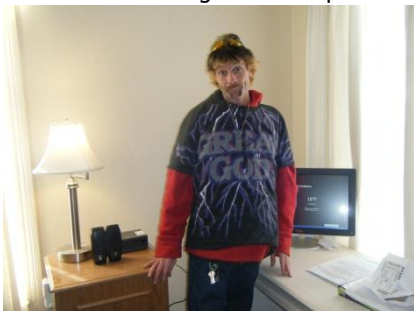
1. c - 4 hours. All other MUIs must be reported to the county board by 3 p.m. the next working day.
2. d - all of the above. The individual, along with the team, should be involved in all aspects of MUI prevention planning.
3. d - Only a certified Investigative Agent, Law Enforcement, Children Services, or DODD can conduct MUI investigations.
4. a - administrative. Unless law enforcement files criminal charges, all MUI investigations are considered administrative investigations.
5. b - no. As an employee providing services to individuals with a developmental disability, you are mandated to cooperate in an MUI investigation.
6. c - employer. Although the Investigative Agent and the county board can make recommendations, ultimately this decision lies with the employer.
7. b - 911. According to the MUI rule, an employee's first responsibility is to ensure health and safety. 911 should be called first and all other calls should be made after the individual is safe.
8. a - True. All substantiated MUIs for abuse, neglect, misappropriation, and exploitation are reviewed by DODD for possible placement on the Abuser Registry.
9. b - False. A person who is placed on the Abuser Registry has the right to petition for removal from the registry after 5 years. There is no an "automatic removal" after 5 years.
10. c - 22. Physical abuse, verbal abuse, sexual abuse, misappropriation, exploitation, neglect, death, peer-to-peer verbal, peer-to-peer sexual, peer-to-peer physical, peer-to-peer misappropriation, hospitalization, known injury, unknown injury, missing person, attempted suicide, medical emergency, unapproved behavior support, rights code violation, prohibited sexual relations, failure to report, and law enforcement.

Remote Monitoring

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maintaining their privacy, health and safety. Their patented web-based Telecare system that uses the latest wireless technology with secure broadband internet connections and state-of the art network support and response center has helped Aaron feel that, "he is never home alone." Although the network support and response center is located in Lafayette, Indiana, they are able to communicate 24/7 with their clients. They know how to effectively respond to the clients from the pre-screening processes used to assist in the set up of services through the detailed consumer-specific protocols, notifications of listed agency's/providers, on call staff, or families. They monitor daily activities and act as home security system as well.

Steve and Aaron both see this system as a benefit to them while trying to live independently in the community. It makes them feel safe and secure while providing them with an alternative to having a physical staff member in their home. The system is a more cost effective way to provide the supports they need. They can use the additional service money they are saving to do things like improve their quality of life or reaching more of their goals. They recommend this to any of their peers that would like to work on living more independently.



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