

## ANNUAL REPORT – INDEPENDENT PROVIDER

INDEPENDENT PROVIDER NAME: \_\_\_\_\_

MUI ANNUAL REVIEW (January 1 through December 31) for the year: \_\_\_\_\_

**Independent providers are required to complete the Annual Review by January 31 and send to the County Board by February 28.**

Total Number of MUI categories for previous year: \_\_\_\_\_

Total Number of MUI categories for the same period 2 years ago: \_\_\_\_\_

Total Number of MUI categories for the same period 3 years ago: \_\_\_\_\_

Number of MUI categories by type:

MUI Categories	Previous year	2 years ago	3 years ago
Accidental/suspicious death			
Attempted suicide			
Death-non-accidental			
Exploitation			
Failure to Report			
Law Enforcement			
Medical Emergency			
Misappropriation			
Missing Individual			
Neglect			
Peer-to-Peer Act			
Physical Abuse			
Prohibited Sexual Relations			
Rights Code Violation			
Sexual Abuse			
Significant Injury			
Unapproved Behavioral Support			
Unanticipated Hospitalization			
Verbal Abuse			

Explain the reasons for any significant differences from year to year and any MUI categories with a high number of incidents (use additional pages as necessary):

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## TRENDS and PATTERNS

Individuals with 5 or more MUI categories in 6 months or 10 or more MUIs in 12 months in the current year: \_\_\_\_\_

Name: \_\_\_\_\_

MUI types: \_\_\_\_\_

Action plans and preventive measures taken to address this trend/pattern:

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Date the action plans and preventive measures were added to the individual's plan:

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## Previous year's trends and patterns:

Name of individual: \_\_\_\_\_

Have the MUI categories involving the individual increased, decreased, or stayed the same?

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Were the action plans and preventive measures effective? \_\_\_\_\_  
(Use additional pages to add other individuals if needed.)

Date this review was completed: \_\_\_\_\_

Name of person completing this review: \_\_\_\_\_