


CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 20
SECTION Recipient Rights		DESCRIPTION Report and Review of Deaths	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input checked="" type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input checked="" type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

POLICY:

Deaths of persons served will be reviewed and reported.

STANDARDS:

- A. The Clinical Case Review Committee (CCR) reviews any death of a person served who is open to services at the time of their death. The Rights Officer will report to Region 10 PIHP any deaths receiving the following services: CLS, Supports Coordination, Targeted Case Management, ACT, Home Based, Wraparound, any Waiver Services or anyone living in a specialized residential setting or a Child Caring Institution.
- B. The CCR, in conjunction with the Medical Director, will conduct a review of any death of a person served. This review includes examining the clinical chart which includes the plan of service, biopsychosocial assessment, progress notes, and other clinical documentations.
- C. The Rights Officer will gather the information and present it to the CCR for review and CCR will make any recommendations to the Quality Council Committee.

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 20
SECTION Recipient Rights		DESCRIPTION Report and Review of Deaths	

D. LCCMH will utilize the results of each review to examine the quality of care being provided through programs and to make improvements whenever possible.

PROCEDURES:

Who

Reporting Requirement

CMH Staff

1. Notify supervisor immediately.
2. Notify parent and / or guardian and / or next of kin immediately.
3. Notify Recipient Rights Officer (RRO) immediately.
4. Complete a Death Report Form in OASIS and submit to the RRO. (Case Manager is responsible to complete a death report form for anyone on his or her caseload who dies. Case managers shall use the definitions as applicable at the end of this report when completing their death report forms)

Residential Provider /
Contract Provider

1. Notify the Case Manager immediately; if after-hours, the next business day. If death is anything but natural cause, contact the after-hours emergency number.
2. Complete an incident report; submit to the RRO, immediately.
3. Report death to the state Licensing and Regulatory Affairs (LARA) per their policies and procedures.

Recipient Rights Officer

1. The RRO will review all deaths to determine if an independent Recipient Rights investigation is warranted.

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 20
SECTION Recipient Rights		DESCRIPTION Report and Review of Deaths	

2. The RRO will keep a log and report all deaths to the CCR.
3. The RRO will request the death certificate from the county clerk's office. If the RRO is unable to locate a death certificate the RRO will consult with the Medical Director to determine a cause of death that will be used for reporting requirements.
3. The RRO will compile all Death Report data for submission to Michigan Department of Health and Human Services (MDHHS) for Administrative review. The RRO will also submit this data on to the Pre-Paid Inpatient Health Plan (PIHP) for persons served with Medicaid Insurance.

Clinical Case Review
Committee (CCR) / Medical
Director

1. The CCR will review all deaths. The Medical Director will review and assist the committee with this review.
2. Submits semiannual (mid-year and year-end) reports to the PIHP which include:
 - The causes of death.
 - The services being provided at the time of the death.
 - Any trends that are identified to address any quality of care issues.
 - Any findings and recommendations from the CCR committee.

PIHP

1. The PIHP will receive all data regarding deaths for persons served with Medicaid Insurance. The PIHP will prepare quarterly analyses and recommendations to Utilization Management Committee (UMC) for review and disposition.

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 20
SECTION Recipient Rights		DESCRIPTION Report and Review of Deaths	

2. The PIHP UMC conducts administrative reviews quarterly and submits the reports to the PIHP Management Council.

DEFINITIONS:

Chronically Ill: Means a person who, because of long-term, serious illness or illnesses, is likely to die as a result of that same cause or causes.

Critically Ill: Means a person whose death is imminent.

Expected Death: means a death due to a recognizable disease, with the illness previously classified as chronic, serious, or critical.

Natural Causes: refers to deaths occurring as a result of a disease process in which death is one anticipated outcome, an accident, or a homicide. For deaths due to natural causes the specific nature includes: Heart Disease, Pneumonia/Influenza, Aspiration or Aspiration Pneumonia, Lung Disease, Vascular Disease, Cancer, Diabetes Mellitus, Endocrine Disorders, Neurological Disorders, Acute Bowel Disease, Liver Disease/Cirrhosis, Kidney Disease, Infection, including AIDS, Inanition, Complication of Treatment or if the cause is not known that should be noted.

Non-suicide death for individuals who were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving community living supports, supports coordination, targeted case management, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED waiver or Children’s Waiver services. If reporting is delayed because the PIHP is determining whether the death was due to suicide, the submission is due within 30 days after the end of the month in which the PIHP determined the death was not due to suicide.

Seriously Ill: means the condition of a person, who because of illness or injury is rendered more susceptible to death.

Unexpected death: means any accidental or violent death; any death occurring under suspicious circumstances; any death of a person served whose condition was not

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 20
SECTION Recipient Rights		DESCRIPTION Report and Review of Deaths	

classified critically ill, seriously ill, or chronically ill, or whose condition was so classified but death was due to some other condition; the death of a person without medical attendance during the 48 hours prior to death, unless the attending physician is able to determine accurately the cause of death; and any death meeting additional criteria established by the county medical examiner.

REFERENCES:

Michigan Mental Health Code 330.1720 Statistical Report of Deaths.
MDHHS / CMH Master Contract, Attachment C6.5.1.1
Administrative Rules: Licensing Rules for Adult Foster Care, R400.14311 & R330.1801-09
PIHP Death Reporting Policy and Procedure 07.01.03

LKJ

This policy supersedes
#07/06040 dated 07/10/2006.
