

# SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## CLINICAL POLICY

**NUMBER: RR047**

**NAME: DEATH REPORTS FOR ACTIVE CASES**

INITIAL APPROVAL DATE:	07/26/1994	BY: Sanilac CMH Board
(LAST) REVISION DATE:	06/16/2020	BY: Recipient Rights Officer
(LAST) REVIEW DATE:	06/20/2023	BY: Recipient Rights Advisory Committee
DISCONTINUED DATE:	NA	REPLACED BY: NA

### I. PURPOSE

To assure that Sanilac CMH is reviewing all information related to the death of an individual who is receiving services that had an open, active case at the time of their death and who met the criteria as outlined in the "Application" section of this policy.

### II. APPLICATION

Populations: All

Programs:

- Persons served by CMH living in 24 hour specialized residential settings or Child Caring Institutions;
- Those served living in their own homes receiving ongoing (one or more times per week) and continuous (6 months or longer) in-home assistance with activities of daily living; and
- Persons receiving Targeted Case Management; Habilitation Supports Waiver; Supports Coordination (this would include programs such as Home Based services; ACT; Wraparound; SED Waiver, or Child Waiver Services.)

### III. POLICY

It is the policy of Sanilac County Community Mental Health Authority that a Report of Death be completed according to the following procedures for individuals receiving services who, at the time of their death:

- A. Was receiving Mental Health services, or
- B. Who received an emergent service within the last 30 calendar days and committed suicide.

### IV. DEFINITIONS

### V. STANDARDS

- A. Any staff receiving information regarding the death of an individual meeting the above criteria will advise Administration within 24 hours during regularly scheduled working hours, unless the death occurs on a site for which Sanilac County Community Mental Health Authority has supervisory or clinical responsibility. In this latter case, Administration should be informed immediately by phone and the Incident Report form must be completed before the end of the workday.

In cases where a Recipient Rights violation is apparent or suspected, the Recipient Rights Officer is to be notified immediately by the primary staff responsible for the individual receiving services.

- B. The Chief Executive Officer, the Executive Administrative Assistant and the Recipient Rights Officer of Sanilac County Community Mental Health Authority shall be notified immediately of an individual's death. The Executive Administrative Assistant will immediately make notation of the death in the individual's electronic (OASIS) record.**
- C. The primary staff** (therapist, case manager, support coordinator, etc.) **responsible for the individual receiving services is to complete the Report of Death form as soon as pertinent information (i.e. Manner of Death; Cause of Death; Date of Death) on the Death Certificate is available, but no later than 60 days from the date of death.** The primary staff will contact the County Clerk, and/or physician performing the autopsy, and/or other individuals as needed, to complete the report. A copy of the death certificate is not required but may be requested by Administration for clarification.
- D.** The Death Report form shall be completed in the individual's electronic record (OASIS). When all the necessary information is completed on the report, the primary staff will sign the form. The primary staff will need to specify the Recipient Rights Officer, the appropriate Supervisor, the Medical Director, the Chief Clinical Officer and the Chief Executive Officer before signing the document. When staff specify the need for these signatures, each Chief and Supervisor will receive notification that the Death Report has been completed and will need their signature.
- E.** The Recipient Rights Officer will review all Reports of Death to monitor any corrective action that may be required and shall record these events in the MDCH/PIHP Event Reporting System according to guidelines. (See RR012 Event Reporting System)
- F.** Whenever necessary, appropriate action will be taken by the Chief Executive Officer to correct any problems or deficiencies discovered through the review process.

## **VI. ATTACHMENTS**

OASIS Death Report Procedure

## **VII. REFERENCES**

Event Reporting System - Policy RR012

## Death Report

The new Death Report replaces the paper version (Death Report Regional from 1033).

To access the Death Report - select the correct individual as the form is located under the Consumer Chart under Legal/Consents:

**Legal / Consents**

- [Advanced Directives](#)
- [Authorizations for Release of Information](#)
- [Consents for Treatment](#)
- [Consent for Mental Health Services](#)
- [Consumer Notices](#)
- [Coordination of Care](#)
- [Death Report](#)**
- [Disclosure Log](#)
- [Other Legal Documents](#)
- [Summary of Section 748 of the MH Code](#)

Select "Add Death Report"

**Consumer Information**

Date of Birth: 01/01/2001	Phone: (888) 225-4447	Primary County: St. Clair County CMH	Current Admission: St. Clair County CMH	Chart Documents	11 Alerts
Address: 5555 Sunnyville Lane, Inlay City, MI 48444		Primary Program: ACT TEAM	Case Holder: PCE Dmitry	Eligibility/Insurance	Diagnosis
				Health Info	
				Consumer Calendar	

**0 Death Reports**

Date	CMH / Affiliate	Date of Death	Cause of Death	Status
				<a href="#">Add Death Report</a>

Index #1 – Death Report has many narrative sections, plus pre-fills information from demographics.

**Index**

- 1. Death Report**
- 2. Medications
- 3. Diagnosis
- 4. Signatures

**1. Death Report: Death Report**

Date of Report: [Calendar icon]

Use Current Date

**Consumer Information**

CMH Affiliate: St. Clair County Community Mental Health	Program/Home: ACT TEAM		
Consumer Name: John Doe	Case #: 000011		
Date of Birth: 01/01/2001	Age: 13	Sex: M	Ethnicity: White

**Death Information**

Date of Death: 09/02/2014 [Calendar icon] Time of Death: AM [Dropdown]  Time of Death Unknown

Place Of Death (i.e. home, hospital, or group home): [Text area]

characters left: 258 [Checkmark icon]

Under Program Supervision:  Yes  No

Was death expected or unexpected?  Death Expected  Death Unexpected

**Disability Designation**

**Developmental Disability**      **SUD**  
 Yes    No     
  No SUD  
   
  Not Evaluated for SUD  
   
  1 or more SUD Dx Codes active or in partial remission (use within past year)  
   
  1 or more SUD Dx Codes with all SUD Dx codes in full remission (no use for 1 year)  
   
  Results from screening suggest SUD

**Mental Illness**  
 Yes    No

Individual received an assessment only, and was found to meet none of the disabilities listed above  
 Yes    No

**Location / Program**

24 Hour Care     
  CLS     
  SC/CSM     
  ACT  
 Home Based     
  Wraparound     
  Waiver     
  Outpatient  
 Other: \_\_\_\_\_

Was the person discharged from a State operated service within 12 months of death?  
 Yes    No

Living Arrangement  
 Specialized Residential  
  Own Apartment  
  Living with Family  
  Adult Foster Care  
  Other

[Living Arrangement Explain](#)

characters left: 256

Admission Date      Last Date of Service  
 02/28/2010      09/30/2014

[Recent Changes in Psychiatric Status](#)

characters left: 8000

**Most Recent Hospitalization**

Date \_\_\_\_\_ Length of Stay \_\_\_\_\_

Location \_\_\_\_\_

characters left: 256

Comments \_\_\_\_\_

characters left: 1024

Significant Health Factors: (e.g., chronic illness, other predisposing health concerns)

\_\_\_\_\_

Primary Care Physician [lookup](#) [clear](#)  
St. John Family Practice  
**Name** Dr. David Hindy **Specialty** General Practice  
**Address**  
1051 St. Clair River Dr  
Algonac MI 48001

Individual under treatment from PCP at time of death?

Yes  No  Unknown

[Explain](#)

characters left: 8000

[Summary of Condition and Services Being Provided to Consumer Preceding Death](#)

characters left: 8000

**Preliminary Cause of Death**  
Natural Causes

**Autopsy**  
Autopsy Completed  Yes  No **Completion Date**

If no autopsy was performed, indicate why it was not completed

**Natural Cause**  
\* Select Natural Cause  
\* Select Natural Cause  
Acute Bowel Disease  
Aspiration/Aspiration Pneumonia  
Cancer  
Complication of Treatment  
Diabetes Mellitus  
Endocrine Disorders  
Heart Disease  
Inanition  
Infection, Including AIDS  
**Kidney Disease**  
Liver Disease/Cirrhosis  
Lung Disease  
Neurological Disorders  
Pneumonia/Influenza  
Unknown/Unreported  
Vascular Disease

characters left: 8000

[Additional Comments or Other Relevant History](#)

characters left: 8000

**Who was notified of the death?**

Family       Guardian       Probate  
 State/Local Police       APS       CPS  
 Other: \_\_\_\_\_

**Action Required in Response to the Above Information**

characters left: 8000

**Family Outreach Provided?**

Yes  No

**Explain**

characters left: 8000

**Spell Check**

**Record Added**  
 MMEASEL 10/10/2014 10:34:44 AM

**Record Changed**  
 MMEASEL 10/10/2014 10:34:44 AM

Record ID: 4035456

Many fields are pre-filled to save time writing everything out. Medications and Diagnosis are separate screens with no need to add additional information. The Diagnosis page will pull the more recent diagnosis, so if this is not correct, use the Diagnosis Update Form to change the diagnosis before filling out the Death Report.

Medication	Dates	Prescribed By	Qty Prescribed	Number of Refills
Ability 10mg Tablet	Order Date: 06/14/2013 Days Remaining: 0	PCE Staff	80	0

**Instructions:**  
 Take 1 by mouth Daily every morning  
 Take 1 by mouth Daily at bedtime  
 and one at noon as needed

The last page is the signature page.

A reminder to "complete an Incident Report" is shown at the top. Incident Reports are kept separate from the Consumer Chart but also must be filled out detailing the death details.

**Index**

- 1. [Death Report](#)
- 2. [Medications](#)
- 3. [Diagnosis](#)
- 4. [Signatures](#)

### 4. Death Report: Signatures

Be sure to complete an Incident Report for this Recipient.

#### Electronic Signatures

**Instructions**  
When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

Staff Signature Required By [lookup](#)  
741967 MICHELLE L. MEASEL-MORRIS

Enter your password to sign

Recipient Rights Officer Signature Required By [lookup](#)

Supervisor Signature [lookup](#) [clear](#)

Medical Director Signature [lookup](#) [clear](#)

Clinical / Program Director Signature [lookup](#) [clear](#)

Executive Director / Other Signature [lookup](#) [clear](#)

Record Added: MMEASEL 10/10/2014 10:34:44 AM  
Record Changed: MMEASEL 10/10/2014 10:34:44 AM  
Record ID: 4035456

Staff will need to specify Recipient Rights Officer, the appropriate Supervisor, Medical Director, Chief Clinical Officer and Chief Executive Officer before signing the document. When staff specifies the signatures of directors, each director will receive a notification that the death report was completed.

\*\*The Executive Administrative Assistant must be notified of any deaths.