

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
STAKEHOLDER REVIEW:	09/17/2024	BY: Recipient Rights Advisory Committee
(LAST) REVISION DATE:	06/16/2020	BY: Recipient Rights Officer
(LAST) REVIEW DATE:	10/17/2024	BY: Policy 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 Institution;
- 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

None.

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, care 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 Operating 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"

Header Information:

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

0 Death Reports

Date	CMH / Affiliate	Date of Death	Cause of Death	Status
				Add Death Report

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

characters left: 256 [text area]

Under Program Supervision: ☐ Yes ☐ No

Was death expected or unexpected? ☐ Death Expected ☐ Death Unexpected

Back	Home	Logout	Help	Add Death Report
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Disability Designation
Developmental Disability
☒ Yes ☐ No

SUD
☒ 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: 02/28/2010 Last Date of Service: 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

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.

Index					
1. Death Report					
2. Medications					
3. Diagnosis					
4. Signatures					

2. Death Report: Medications					
Prescribed Medications					
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
 [Sign and Save](#)

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

[Save](#) [Cancel](#)

Staff will need to specify Recipient Rights Officer, the appropriate Supervisor, Medical Director, Chief Operating 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.