

HEALTHWEST

Policy

No. 04-021

Prepared by: Effective: November 1, 1989
Revised: April 6, 2018

Risk Management Committee

Approved by: Subject: Reporting a Review of Recipient Death

DocuSigned by:

Rich Francisco

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Rich Francisco, Executive Director

I. POLICY

The policy of HealthWest is that all deaths of persons receiving HealthWest services at the time of death be internally reviewed by appropriate clinical, supervisory, and Recipient Rights staff and reported to designated MDHHS representatives.

II. PURPOSE

To ensure that appropriate services were provided to the recipient and that correct reporting procedures were followed by CMH and contracted provider staff.

III. APPLICATION

All HealthWest employees and contracted providers.

IV. DEFINITIONS

Death: Expired.

V. PROCEDURE – ALL DEATHS

A. Primary Therapist/Worker:

1. Notifies their immediate supervisor and Recipient Rights Officer/Advisor of recipient death and completes/obtains an Incident Report ([C260](#)) within twenty-four (24) hours.
2. Request/obtains a copy of the Certificate of Death from the County Clerk's office and completes a HealthWest Report of Death form ([C272](#)). A Certificate of Death can be requested from the County Clerk's office through interagency mail. This information is forwarded to the immediate supervisor who will then forward all documents to the Recipient Rights Officer within thirty (30) days.

3. Primary worker will request an Autopsy Report from the Muskegon County Health Department/Coroner's Office if one is completed. It may take up to three (3) months for it to be ready for distribution.
4. Complete and finalize a Discharge Summary in the Electronic Record.
5. Complete SS/DHS Status Change Form ([DSH 3471](#)) to stop benefits and payments.

B. Designated Supervisor:

1. Follows the Agency hierarchy to notify the Executive Director/Designee, Executive Team, and Recipient Rights Officer of the recipient death within twenty-four (24) hours from the time of notification of death.
2. Reviews the Incident Report (C260) and Report of Death form ([C272](#)), comments/investigates as needed, and forwards the completed forms to the Recipient Rights Officer/Advisor within time frames as specified in Policy & Procedure No. 04-019 – Reporting Unusual Incidents, Section IV.
3. The supervisor will determine the need for a critical incident review with their staff member(s) of each recipient death as part of the quality improvement process.
4. The supervisor will assure the autopsy report is requested from the County Medical Examiner when an autopsy has been completed. (Note: The Medical Examiner will determine if an autopsy is necessary.)

C. Recipient Rights Officer/Advisor:

1. Reviews Incident Report, Report of Death, Certificate of Death, and autopsy report when available. Investigates any apparent recipient rights violations.
2. Forwards reports as indicated to Executive Director/Designee, Deputy Director, responsible Program Manager, and PIHP Regulatory Manager.
3. The Recipient Rights Officer/Advisor shall inform the Recipient Rights/Personnel Committee monthly of the total number of recipient deaths.
4. On a biannual basis, the Recipient Rights Officer/Advisor shall complete an aggregated report of death, which shall be forwarded to Contract Management staff members at the Michigan Department of Health and Human Services (MDHHS) Mental Health and Substance Abuse Administration.
5. In addition, the PIHP shall immediately notify MDHHS of any consumer death that occurs as a result of suspected staff member action or inaction, or any death that is the subject of a recipient rights, licensing, or police investigation. This report shall be submitted electronically within forty-eight (48) hours of

either the death, or the PIHP's receipt of notification of the death, or the PIHP's receipt of notification that a rights, licensing, and/or police investigation has commenced to QMPMeasures@michigan.gov and include the following information:

- a. Name of beneficiary;
 - b. Beneficiary ID number (Medicaid, ABW, MICHild);
 - c. Consumer ID (CONID) if there is no beneficiary ID number;
 - d. Date, time, and place of death (if a licensed foster care facility, include the license number);
 - e. Preliminary cause of death; and
 - f. Contact person's name and e-mail address.
6. The RRO/Advisor initiates protocol for a Sentinel Event if criteria are met or if a Critical Incident.

D. Recipient Death at a HealthWest Service Site:

1. For a HealthWest directly-operated residential facility or contracted HealthWest program location: If recipient death occurs while the recipient is under the direct care of a HealthWest employee, the on-site provider, volunteer, or responsible HealthWest staff must notify Central Dispatch.
2. For Contract Services sites: HealthWest staff that is made aware of a recipient death at a contract service site must assure appropriate notification to Central Dispatch.
3. Supervisory Notification: Responsible HealthWest staff must immediately notify their direct supervisor that Central Dispatch has been called. The supervisory hierarchy will be followed to notify the HealthWest Executive Director/Designee. Staff must complete paperwork as required in Policy 04-019.

V. REFERENCES

Public Mental Health Manual III-001-00110, VI-002-0002T.
HealthWest Policy and Procedure No. 04-005.
HealthWest Policy and Procedure No. 04-019.
MDHHS Master Contract
Attachment: Report of Death ([C272](#)) and [Instructions](#)
Attachment: Incident Report ([C260](#))

MP/hb