Community Mental Health Partnership of Southeast Michigan/PIHP	Policy and Procedure Report and Review of Recipient Death
Committee/Department: Recipient Rights	Local Policy Number (if used)
Implementation Date 10/24/2023	Regional Approval Date 09/28/2023

Reviewed by:	Recommendation Date:
ROC	08/09/2023
CMH Board:	Approval Date:
Lenawee	09/28/2023
Livingston	08/29/2023
Monroe	09/27/2023
Washtenaw	08/25/2023

I. PURPOSE

The purpose of this policy is to establish guidelines for the reporting and review of all recipient deaths.

II. REVISION HISTORY

DATE	MODIFICATION
06/04/2010	Full policy revision
05/31/2013	Template updated
01/13/2017	Template Updated
02/13/2020	3-year review No Content Changes
09/28/2023	3 year review No Content Changes

III. APPLICATION

CMHPSM PIHP Staff, Board Members, Interns & Volunteers	
Regional Partner CMHSP Staff, Board Members, Interns & Volunteers	
Service Providers of the CMHPSM and/or Regional CMHSP Partners:	
Mental Health / Intellectual or Developmental Disability Service Providers	
SUD Treatment Providers SUD Prevention Providers	
Other as listed:	

IV. POLICY

It is the policy of the CMHPSM that all recipient deaths are reviewed for quality of care and recipient rights issues.

V. DEFINITIONS

<u>Community Mental Health Partnership Of Southeast Michigan (CMHPSM)</u>: The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

<u>Community Mental Health Services Program (CMHSP)</u>: A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

<u>Regional Entity</u>: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

VI. STANDARDS

A. All recipient deaths shall be reviewed for quality of care and recipient rights issues.

B. Data regarding recipient deaths shall be reported to the Michigan Department of Health and Human Services in compliance with their reporting requirements.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1974	Х	330.1778(1)
MDHHS Medicaid Contract	Х	
CMHPSM Policy: <u>Confidentiality and Access</u> to Consumer Records	Х	
CMHPSM Policy: Office of Recipient Rights	Х	
CMHPSM Policy: Critical Incident, Sentinel Event, and Risk Event	Х	

IX. PROCEDURES

WHO	DOES WHAT
Any staff notified of a recipient death	 Secures as much information as available regarding the circumstances of the death.
	 Verbally reports death to immediate supervisor, assigned clinical staff, and Office of Recipient Rights, no later than the next business day.
	 Completes an Incident Report by the end of shift.

Assigned Clinical Staff	 Ensures the following: a) Notification of death to Office of Recipient Rights, Clinical Supervisor, and Department Head, no later than the next business day. b) Completion of an Incident Report.
	 Ensures completion of the Report of Death form. Forwards a copy of the completed form to supervisor for review.
	 Ensures that a final copy of the Report of Death form is forwarded to the Office of Recipient Rights and filed in the recipient's medical record.
	 Ensures that the recipient's medical record is complete, up-to-date, and closed.
	5) Ensures notification of guardian/next of kin as appropriate, and in compliance with confidentiality standards.
Clinical Supervisor/Designee	 Ensures notification of death to Department Head and Office of Recipient Rights, no later than the next business day.
	 2) Ensures the following: a) Incident Report has been accurately completed. b) Report of Death has been accurately completed, filed in the medical record, and forwarded to the Office of Recipient Rights. c) Recipient's medical record is complete, up-to-date, and closed. d) Notification of next of kin, in compliance with confidentiality standards.
	 Consults with the CMH Director to determine if any additional action is necessary, including Adverse Event or Sentinel Event review.

Local CMH Director	1) Determines if any additional action is
	necessary, including Adverse Event or Sentinel Event Review.
	 Coordinates, or designates coordination, of additional action as appropriate.
Recipient Rights Officer	 Conducts and documents a review of all recipient deaths, including review of the medical record and Report of Death form.
	 2) Forwards copy of the Recipient Rights death review to: a) CMH Director b) Department Head c) Medical Director
	 In the event that staff action/lack of action may have contributed to the recipient's death, or if there is an appearance of a lapse in quality of care, conducts an investigation in compliance with CMHPSM Policy: <u>Office of Recipient Rights</u>.
	 4) In the event that an investigation is completed in response to a recipient's death, the Investigative Report shall take the place of the Recipient Rights death review. A copy of the report shall be forwarded to: a) CMH Director b) Department Head c) Medical Director
Designated PIHP Staff	 Ensures accurate reporting of deaths to the Michigan Department of Health and Human Services, in compliance with their data reporting requirements.