

## LEARNING THE BASICS

### DEATH: NOTIFICATION REQUIREMENTS & TIMELINES

**Deaths of individuals served by the Division , regardless of service type, must be reported to the Director of the Regional Office or his/her designee immediately when notification is received by a TCM entity or other DDD staff.** Each Regional Office has a twenty-four hour on call system which may be utilized during non-working hours. The Division Directive which covers the Consumer Death Notification and Mortality Review Process is number 3.070: <http://dmh.mo.gov/docs/dd/directives/3070.pdf>

This directive contains additional information regarding the providers' role in the death notification process which is not included in the service coordination manual.

#### **Procedures to Follow When an Individual Death Occurs:**

**Immediately**, if the individual is in the care and supervision of a provider at time of death, either in residential placement or in any other DMH paid service (state or contracted), the provider will ensure necessary and reasonable precautions are taken to secure the safety of others. (The provider will later document these actions on the Event Report and/or within the Provider section of the Mortality Report as appropriate.)

**Immediately**, the provider notifies Regional Office personnel of the death, utilizing the on call service outside of business hours, and completes the CIMOR EMT Community Event Report Form DMH 9719-B. The EMT form must be faxed or delivered to the Regional Office so that the information may be entered into the CIMOR-EMT database within 24 hours or by the close of the next business day.

**Immediately** Regional Office or TCM entity staff receiving notification of an individual's death will notify the Regional Director or his/her designee. Guardian or appropriate family shall also be notified immediately by provider or TCM entity staff.

In the case of an **individual residing in a natural home**, notification of death often comes via family report or public record and is not always received in a timely fashion. In this case, the TCM service coordinator notifies the Regional Director or his/her designee **immediately** and completes the Community Events Form 9719-B. The form must be entered into the CIMOR-EMT database within 24 hours from the notification of the death.

**Immediately**, Regional Office Administration will assure necessary and reasonable precautions were taken by the provider to secure the safety of others with the identification of conditions or practices requiring immediate intervention to protect other individuals from problematic events. Any additional actions taken by the Regional Office will be documented on the Event Report or within the Regional Office section of the Mortality Report as appropriate.

**Immediately** upon notification, the Regional Director will determine:

- If an autopsy is recommended or required and will arrange family/guardian contact to recommend autopsy if applicable. (See Autopsy Section of Div. Dir. 3.070)
- Whether additional information is needed.
- Whether the case is to be referred to the abuse/neglect investigations unit in accordance with Department Operating Regulation 2.205, “Abuse and Neglect Definitions, Investigation Procedures and Penalties, State Operated Facilities”  
<http://dmh.mo.gov/docs/diroffice/dors/2.205.pdf>

OR

Department Operating Regulation 2.210, “Abuse and Neglect Definitions and Procedures; Community Provider Facilities”.  
<http://dmh.mo.gov/docs/diroffice/dors/ch2/DOR2210.pdf>

**Immediately**, the Regional Director or his/her designee must notify the District Administrator of all suspicious, unexpected, or high profile deaths, including such deaths referred to another authority for follow-up. The DA will notify the Division Director of these deaths.

**Within one (1) business day**, the Regional Director will ensure all necessary authorities were notified; documenting contacts and dates in CIMOR-EMT:

- DMH Director, Division DD Director, and District Administrator are to be notified of all deaths.
- Appropriate Regional Office staff are notified (Quality Enhancement, Business Administration, Provider and Consumer Relations).
- Deaths that occur in community ICF/MRs need to be flagged in CIMOR-EMT as such for follow-up by the Investigations Unit.
- Electronic DMH Consumer Death Notification form must be completed and submitted to Central Office Division Director’s office.
- Local law enforcement must be notified. The Community Event Report Form should be faxed to the Missouri State Highway Patrol Troop serving that area in which the individual death occurred; refer to Executive Order 49:  
[http://www.sos.mo.gov/library/reference/orders/2006/eo06\\_049.asp](http://www.sos.mo.gov/library/reference/orders/2006/eo06_049.asp)

- Refer to the following web site for troop areas and contact information:  
<http://www.mshp.dps.missouri.gov/MSHPWeb/Root/index.html>
- Deaths of individuals under the age of 18 must be reported to Department of Social Services' Child Abuse Hotline at 1-800-392-3738.
- Community Event Report Form must be faxed to the Medical Examiner/Coroner for the area in which the individual death occurred.
- <http://www.mcmea.org/membershiproster.html>
- Assure state or contracted provider notified Family/Guardian.

A **natural home death** is handled using the same process as described above for individuals in community placement or participating in funded services at time of death, except that there is no determination for need of an autopsy. The information is still faxed to the nearest Highway Patrol office and the medical examiner/coroner. A death review is not required for natural home individuals.

**Within approximately 5 days of EMT entry** into the CIMOR-EMT data base, the Regional QE Specialist will pull and print a document called the Death Data Verification form, which is then forwarded to the service coordinator for the individual who has died. The service coordinator fills in all needed information not already on the form, including a list of medications prescribed to the individual at the time of death. The service coordinator returns the completed form to the QE specialist as soon as possible, and the completed form is immediately forwarded to the Division's Director of Quality Enhancement.

#### **Mortality Review Process at the Regional Office Level:**

The mortality review process through at the regional office level may be found in Division Directive 3.070 Consumer Death Notification and Mortality Review Process  
<http://dmh.mo.gov/docs/dd/directives/3070.pdf>

A Death Notification & Review Timeline and Process flowchart may be found in Section B of this manual.

Division Directive 3.070 contains additional information regarding Central Office procedures, Division Quality Enhancement responsibilities, Autopsies, and Root Cause Analysis.

#### **Applicable Rules/Regulations:**

**Division Directive 3.070 Consumer Death Notification and Mortality Review Process**  
<http://dmh.mo.gov/docs/dd/directives/3070.pdf>

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Death Notification Requirements

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**Also reference Service Coordinator Manual Section J: Quality Enhancement**