

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: MORTALITY REVIEWS POLICY 7.05

Authority: [Chapter 71A RCW](#) *Developmental Disabilities*
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*

Reference: DSHS Administrative Policy 9.01, *Incident Reporting*
DSHS Administrative Policy 9.03, *Administrative Review - Death of a Residential Client*
DDA Policy 9.10, *Client Autopsy*
DDA Policy 12.01, *Incident Reporting and Management for DDA Employees*

PURPOSE

This policy establishes guidelines for the review of the deaths of individuals who were clients of the Developmental Disabilities Administration (DDA) and were receiving paid services at the time of their death. These reviews are intended to monitor support systems and programmatic operations to ensure reasonable medical, educational, legal, or psychological interventions were being provided prior to deaths. A “reasonable” intervention is one that would have been possible given known circumstances and resources available. The systematic review of deaths described in this policy does not replace procedures conducted by investigative agencies.

SCOPE

This policy applies to all DDA staff and applicable service providers. This policy applies to deaths of clients who received services in the following programs/settings:

- Adult Family Homes (AFH);
- Children’s Intensive In-home Behavioral Support (CIIBS) services;
- Community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID);
- Companion Homes (CH);
- County Programs funded by DDA (including employment and day program services) – when the death occurs during employment or day program services;

- Certified Residential Services, which includes Supported Living (SL) and State Operated Living Alternatives (SOLA) programs, Group Homes (GH), Group Training Homes (GTH);
- Licensed Staffed Residential Homes;
- Licensed Child Foster Homes;
- Licensed Children’s Group Care Facilities;
- Medically Intensive Children’s Program (MICP) nursing agencies;
- Preadmission Screening Resident Review (PASRR) – when the death occurs during participation in a PASRR Specialized Service;
- Private Duty Nursing (PDN); and
- Residential Habilitation Centers (RHCs).

DEFINITIONS

Administration means the Department of Social and Health Services (DSHS) Developmental Disabilities Administration (DDA).

CRM/SW means the DDA Case Resource Manager and/or the Social Worker or Social Service Specialist.

POLICY

- A. DDA has established a consistent process for review of all deaths of clients supported by the Administration, as defined in the Procedures section of this policy, in an effort to:
1. Identify factors that may have contributed to the deaths; and
 2. Recommend measures to improve supports and services for persons served by DDA.
- B. The DDA Assistant Secretary or designee shall establish and appoint members to the Central Office Mortality Review Team (MRT). The MRT is responsible to conduct reviews of the information entered in the electronic DDA Mortality Review Log. See Procedures Section E for more information. The MRT will include the following members:
1. Chief, Office of Quality Assurance and Communication
 2. Chief, Office of Compliance, Monitoring, and Training
 3. Community Residential Services Program Manager;
 4. Incident Management Program Manager;

5. Registered Nurse or Physician;
6. Statewide Investigations Unit (SIU) Unit Manager, and
7. Other program managers or staff, when applicable.

PROCEDURES

A. Deaths of individuals who resided in Residential Habilitation Centers (RHCs)

1. RHCs must follow the procedures and requirements of [DSHS Administrative Policy 9.03, Administrative Review – Death of a Residential Client](#). Note: this policy is available only via the DSHS Intranet website.
2. Within twenty-one (21) calendar days of the RHC mortality review, the designated RHC staff reviews the report, scans and enters the information into the Mortality Review Log.
3. Within fourteen (14) calendar days of the information being entered into the Mortality Review Log, the Superintendent will review and either approve the report or request further information or follow-up. If further information is requested, the Mortality Review Team chair at Central Office should be notified of the delay.

B. Deaths of adults and children who received the following services:

- Adults who received services from a certified SL provider, including SOLA programs, or who was supported by an AFH, a CH, a GH, or a GTH; and
- Adults who received services in a Community ICF/IID; and
- Adults who received Private Duty Nursing (PDN); and
- Children (birth to 21) who received residential services in any of the three licensed settings: Staffed Residential Home, Child Foster Home, or Group Care Facility; and
- Children who received services through the MICP (in and out of home); and
- Children who received CIIBS waiver services;
- Individuals who received county services funded by DDA (including employment and day programs), where the client died during the course of employment or day program services; and

- Individuals who receive PASRR services and the death occurs during participation in a PASRR Specialized Service.
 1. The Case Resource Manager (CRM) or Social Worker (SW)/Social Service Specialist (SSS) must file an incident report using the DDA Electronic Incident Reporting (IR) System immediately upon notification of the death and update the IR as new information becomes available.
 2. The CRM/SW will notify the provider regarding their responsibility to complete [DSHS 10-331](#), *DDA Mortality Review Provider Report* and send it to the CRM/SW within fourteen (14) calendar days of the death of the individual. The following exceptions apply:
 - a. If the death occurs while a child is being served under the CIIBS waiver, the CRM/SW completes the report; and
 - b. If the death occurs while a child is being served in the MICP, the nursing agency completes the report.
 3. Within seven (7) calendar days of receipt of the provider's report, the CRM/SW reviews the report, completes the CRM section at the end of the report, and sends it to the regional Quality Assurance Manager (QAM) or designee.
 4. Within twenty-one (21) calendar days of receipt of the report, the QAM reviews the report, scans and enters the information into the Mortality Review Log. If the death was unusual or unexplained, refer to Section D of this policy. The QAM will notify the Regional Administrator when it is ready for review.
 5. The report must include copies of incident reports from the previous twelve months, other relevant documents, and pertinent information contained in the latest Individual Instruction and Support Plan (IISP) or other pertinent service plans (e.g., CIIBS Child and Family Team Care Plan).
 6. Within fourteen (14) calendar days of the information being entered into the Mortality Review Log, the Regional Administrator will review and either approve the report or request further information or follow-up. If further information is requested, the Mortality Review Team chair at Central Office should be notified of the delay.
- C. Deaths of individuals who resided in settings other than those described in Sections A and B above
 1. The CRM/SW will file an incident report using the DDA IR System immediately upon notification of the death, and update the IR as new information becomes available.

2. If the death occurred when the client was in the care of a paid Individual Provider (e.g., Medicaid Personal Care or respite care provider) or Alternative Living program, the CRM must consult with the RA and/or designee and the QAM to determine whether additional follow up is warranted. The outcome of this consultation and the grounds for the decision on whether or not to request a mortality review must be documented in the DDA IR System.
3. If the death was unusual or unexplained, refer to Section D of this policy.

D. Regional Fact Finding Review

In cases where the circumstances of the death were unusual or unexplained, the Region may assemble a “mortality review team” to conduct an additional internal fact finding review and make recommendations for follow up action, as appropriate. See also [DSHS Administrative Policy 9.03, Administrative Review - Death of a Residential Client](#). Note: this policy is available only via the DSHS Intranet website.

1. The fact finding review may identify issues in three areas:
 - a. Policy and procedures;
 - b. Clinical support practices; and
 - c. Medical practice.

Note: Specific personnel issues must be addressed separately.
2. The regional mortality review team must review its preliminary fact finding report with an Assistant Attorney General (AAG).
3. Upon completion, the regional mortality review team scans and uploads its fact finding report and recommendations to the Mortality Review Log.
4. Additionally, if the RA or designee develops an action plan, a copy of this plan must be scanned and uploaded to the Mortality Review Log within ten (10) working days of completion of the plan.

E. DDA Central Office Mortality Review Team

1. For further review of deaths described in A and B above, and in all cases where an additional review was conducted due to unusual or unexplained circumstances, the Mortality Review Team (MRT) will review the information entered in the Mortality Review Log.
2. In conducting its review, the MRT will:

- a. Review each individual's mortality review information entered into and attached to the Mortality Review Log;
- b. Review data from the CARE System, Individual Instruction and Support Plan (IISP), the IR System and identify any trends and/or patterns;
- c. Make recommendations concerning needed training, policy changes, and other related issues;
- d. Submit an annual report to DDA executive management; and
- e. Complete its review within sixty (60) calendar days. The QAM will be notified of any needed follow up via email from the Chief, Office of Quality Assurance and Communication, or designee. In some circumstances, follow up may be completed by Central Office staff. The results will be entered in the Mortality Review Log.
- f. The Regional QAM will provide any necessary follow up information and the results of the mortality review with the CRM/SW and the service provider.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESSION

DDA Policy 7.05
Issued April 25, 2013

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: March 1, 2016