



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: MORTALITY REVIEWS POLICY 7.05

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Authority: [Chapter 71A RCW - Developmental Disabilities](#)

Reference: DSHS Administrative Policy 9.01, *Incident Reporting*  
DSHS Administrative Policy 9.03, *Administrative Review - Death of a Residential Client*  
DDD Policy 9.10, *Client Autopsy*  
DDD Policy 12.01, *Incident Reporting*

### **PURPOSE**

This policy establishes guidelines for the review of the deaths of individuals who were clients of the Division of Developmental Disabilities (DDD) 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 DDD staff and applicable service providers. This policy applies to deaths of clients who received services in the following programs/settings:

- Adult Family Homes;
- Community Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID);
- Companion Homes;
- Certified Residential Services, which includes Supported Living, Group Homes, Group Training Homes, and State Operated Living Alternatives (SOLA) programs;
- Licensed Staffed Residential Homes;
- Licensed Family Foster Homes;
- Licensed Children’s Group Care Facilities;

- Medically Intensive Children’s Program (MICP) nursing agencies; and
- Residential Habilitation Centers (RHCs).

### **POLICY**

DDD has established a consistent process for review of all deaths of clients supported by the division, as defined in the *Procedures* section of this policy, in an effort to:

- Identify factors that may have contributed to the deaths; and
- Recommend measures to improve supports and services for persons served by DDD.

### **PROCEDURES**

A. Deaths of individuals who resided in Residential Habilitation Centers (RHCs) and community ICF/IDs

1. RHCs must follow the procedures and requirements of DSHS Administrative Policy 9.03, *Administrative Review – Death of a Residential Client*.
2. The RHC must send a copy of the completed mortality report to the Regional Administrator (RA) and the Chief, Office of Quality Programs and Services (OQPS).
3. Community ICF/IDs must send a copy of the completed mortality report to the regional Quality Assurance Manager.
4. The OQPS Chief or designee will scan, upload and enter the RHC mortality report information into the electronic DDD Mortality Review Log.

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

- Adults who received services from a certified Supported Living provider or who was supported by an Adult Family Home, a Companion Home, a Group Home, a Group Training Home, or State Operated Living Alternatives (SOLA) program; and
- Children (birth to 21) who received residential services in any of the three licensed settings: Staffed Residential Home, Family Foster Home, or Group Care Facility; and
- Children who received services through the Medically Intensive Children’s Program (in and out of home); and
- Children who received Children’s Intensive In-home Behavioral Support (CIIBS) waiver services.

1. The Case Resource Manager (CRM) or Social Worker (SW) must file an incident report using the DDD 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, DDD Mortality Review Part 1: Provider Report](#) and send it to the CRM/SW within fourteen (14) calendar days of the death of the individual.
  3. The service provider completes [DSHS 10-331, DDD Mortality Review Part 1: Provider Report](#) and sends it to the CRM/SW within fourteen (14) calendar days of the death, in the following cases:
    - 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.
  4. 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.
  5. Within 21 calendar days of receipt of the report, the QAM reviews the report, scans and enters the information into the electronic DDD Mortality Review Log. If the death was unusual or unexplained, refer to Section D of this policy.
- C. Deaths of individuals who resided in settings other than those described in Sections A and B above
1. The CRM will file an incident report using the DDD IR System immediately upon notification of the death, and update the IR as new information becomes available.
  2. If the death occurs when the client is 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 should be documented in the DDD 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*.

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 electronic DDD 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 electronic DDD Mortality Review Log within ten (10) work days of completion of the plan.

**E. DDD 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 DDD Mortality Review Team (MRT) appointed by the Division Director will review the information entered in the electronic DDD Mortality Review Log. The team will include the following members:
  - a. Chief, Office of Quality Programs and Services (OQPS);
  - b. Chief, Quality Control and Compliance (QCC);
  - c. Community Residential Services Program Manager;
  - d. Incident Management Program Manager;
  - e. Registered Nurse or Physician;

- f. Statewide Investigations Unit Program Manager, and
  - g. Other program managers or staff, when applicable.
2. In conducting its work, the MRT will:
- a. Review each individual's mortality review report entered into the electronic DDD Mortality Review Log;
  - b. Review data from the CARE System and the IR System and identify any trends and/or patterns;
  - c. Make recommendations to the OQPS concerning needed training, policy changes, and other related issues;
  - d. Submit an annual report to DDD executive management; and
  - e. Complete its review within 60 calendar days. The QAM will be notified of any needed follow up via email from Chief, OQPS or designee. In some instances, follow up may be completed by DDD Central Office staff. The results will be entered in the DDD Mortality Review Log.
  - f. The Regional QAM will provide any necessary follow up information and the results of the mortality review with the CRM and the provider.

### **EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Division Director.

### **SUPERSESSION**

DDD Policy 7.05  
Issued May 1, 2009

Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

Date: January 3, 2012