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**South Carolina
Department of Disabilities
and Special Needs**

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M E M O R A N D U M

TO: Case Management Provider Executive Directors
Case Management Supervisors

FROM: Harley T. Davis, Ph.D, Chief Administrative Officer
Lori C. Manos, Associate State Director- Policy

DATE: October 13, 2022

RE: Revised Directive 505-02-DD: Death Reporting and its impact on Case Managers

On October 11, 2022, the DDSN Policy Committee approved a revision to the DDSN Death Reporting Directive: 505-02-DD. This revision will impact Case Managers as they will now have a responsibility for reporting deaths among Waiver participants in the community. The revised Directive will be presented to the full DDSN Commission for approval at their next regular meeting on October 20, 2022, and, pending full DDSN approval, will be effective November 1, 2022.

DDSN has planned a training for Case Managers during the Case Management Workgroup Meeting on October 26, 2022, to address this revision. The training will be recorded for those unable to attend. However, due to the short turn-around period, DDSN is providing this notice of training and guidance ahead of time. The attached guidance provides general information for Case Managers.

In order to assist providers with their implementation of the revised directive, please review the revised directive and attached guidance, and submit your questions in advance of the October 26th training to qualitymanagement@ddsn.sc.gov.

Thank you for your continued services to individuals and families with disabilities in South Carolina.

Case Management Impact

Changes to Directive 505-02-DD: Death Reporting

Who: All Waiver Case Managers

What: New Responsibilities to report deaths of Waiver Participants in the community

When: Effective November 1, 2022

Where: Incident Management System on the DDSN Applications Portal

How: Training will be provided during the Case Management Workgroup Meeting on October 26, 2022 at 10:00 AM. (Teams Meeting) This meeting will be recorded for those who are unable to attend.

Why: In order to provide quality assurance oversight, DDSN is responsible for tracking relevant information on the deaths of all persons enrolled in a DDSN operated HCB Waiver. When the death occurs in the absence of any other direct service provider, the Waiver Case Manager is responsible for reporting to DDSN.

Going forward, Case Managers will have a responsibility to report deaths of Waiver participants when there is not a direct service provider responsible for that report. This will include submitting the initial and final death reports in the Incident Management System. The initial report will include basic details surrounding the individual's death. Since the Case Manager is reporting for participants who are not receiving residential services, the reporting process will be streamlined as noted in the attached examples.

In order to assist providers with their implementation of the revised directive, please submit your questions in advance of the training to qualitymanagement@ddsn.sc.gov.



SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**Report of Death
Part I: Initial Report**

2022DR0123

Notification to SLED: <input type="checkbox"/> Yes- Date: _____ <input type="checkbox"/> Not required		Notification to DHEC <input type="checkbox"/> Yes- Date: _____ <input type="checkbox"/> Not Required	
Name of Deceased:		First	Middle
		Last	
DOB: (mm/dd/yy)	Age:	Sex:	Race:
Provider/Regional Center Reporting Death:		County:	
<input type="checkbox"/> Region: <input type="checkbox"/> Midlands <input type="checkbox"/> Piedmont <input type="checkbox"/> Coastal <input type="checkbox"/> Pee Dee			
Type Facility: <input type="checkbox"/> DDSN Contracted Provider <input type="checkbox"/> DDSN Regional Center <input type="checkbox"/> DDSN Operated Facility			
Individual's residence: <input type="checkbox"/> Lives at home with family/guardian or in own home <input type="checkbox"/> CRCF <input type="checkbox"/> CTH-I <input type="checkbox"/> CTH-II <input type="checkbox"/> ICF/IID <input type="checkbox"/> SLP-I <input type="checkbox"/> SLP-II <input type="checkbox"/> Unit @ Regional Center (ICF/IID) <input type="checkbox"/> Other (specify):		Descriptive location of residence: (i.e., Smith CTH II)	How long has individual lived at this residence:
Location of death: <input type="checkbox"/> At home with family or in own home <input type="checkbox"/> CRCF <input type="checkbox"/> CTH <input type="checkbox"/> ICF <input type="checkbox"/> SLP <input type="checkbox"/> Day program <input type="checkbox"/> Hospital <input type="checkbox"/> Regional Center (ICF/IID) <input type="checkbox"/> Other (specify):		Descriptive location of death: (i.e., Main St. CTH II, Carolina Day Services, At home with family)	
Primary medical diagnosis: 1. _____ 2. _____ 3. _____ 4. _____			
Medical Devices and Conditions: Did individual have: (Mark all that apply) <input type="checkbox"/> N/G Tube <input type="checkbox"/> G-Tube <input type="checkbox"/> J-Tube <input type="checkbox"/> J/G Tube <input type="checkbox"/> Trach <input type="checkbox"/> Seizures <input type="checkbox"/> Dysphagia <input type="checkbox"/> Gastro Reflux <input type="checkbox"/> Nutritional Management Program <i>Indicate last Nutritional Management Evaluation date:</i> <i>Type of diet:</i> _____ <i>Time last ate:</i> _____ <i>Briefly describe Physical Management and Nutritional Management Plan/Program (If applicable):</i>			
Date of death: m(m/dd/yy)		Time of Death: : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Shift: (If applicable) <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Suspected Cause of Death: Death was <input type="checkbox"/> Expected <input type="checkbox"/> Unexpected/Unexplained			
Cause of Death Category: <input type="checkbox"/> Accident <input type="checkbox"/> Terminal illness <input type="checkbox"/> Natural Causes <input type="checkbox"/> Aspiration <input type="checkbox"/> Bowel obstruction, <input type="checkbox"/> Dehydration, <input type="checkbox"/> Seizures <input type="checkbox"/> Sepsis/infection <input type="checkbox"/> Other			
Events leading to death:			
Attending Physician:		Autopsy done: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate reason:	
Consent obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No		Coroner notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian/Primary Correspondent: Name _____ Address _____ When notified: _____ By whom: _____			
Name: _____ Signature: _____ <i>Executive Director/ CEO (or designee for Executive Director/ CEO)</i>			Date ____/____/____

The information shaded in blue will be pulled from the participant's record in CDSS. The Case Manager will not be responsible for entering this information.

The information shaded in orange will not be required when the individual's residence is "at home with family." Direct service providers must enter this information when the location of death is a licensed facility.



SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
Report of Death
Part II: Final Report
2022DR0123

Note: An internal Administrative Review will be conducted of all deaths as required in DDSN Directive 505-02-DD. Results of all reviews must be submitted via the Incident Management System within 10 days of the death.

Name of Deceased: _____ **Date of Death:** _____

Provider: _____

County: _____

Region: Midlands Piedmont Coastal Pee Dee

Type Facility: DDSN Contracted Provider DDSN Regional Center DDSN Operated Facility

Location of Death: _____

Time of Death: _____ **Shift:** _____

Suspected Cause of Death: _____

Death was: _____

Cause of Death Category: _____

Events Leading to Death:

Additional Information:

Review Outcome:

***Results of Administrative Review:**

***Date of Case Manager's last Face to Face Contact with the individual:** _____

***Are Corrective Actions Required to mitigate/prevent future incidents?** Yes No
If yes, please describe: (Mandatory if "Yes" is checked above.)

Additional Comments:

The information shaded in blue will be automatically pulled from the initial death report. The Case Manager will not be required to re-enter this information.

The Administrative Review section on the Final Report should include information about the participant's services and any concerns noted during prior monitoring visits. The purpose of this section is to ensure that any concerns for the participant's health, safety, or welfare received appropriate follow-up.