

**STATE OF CONNECTICUT
DEPARTMENT OF MENTAL RETARDATION**

Procedure No. I.D.PR.004

Issue Date: June 25, 2001

Subject: Autopsies

Effective Date: June 25, 2001

Designated Area of Responsibility: Quality Enhancement

Revised: March 15, 2002

A. Purpose

The purpose of this procedure is to ensure that appropriate efforts are made to obtain consent for autopsy upon the sudden and/or unexpected death of a person receiving supports and services from the Department of Mental Retardation. An autopsy is generally conducted in order to determine the cause of death. It may also result in the identification of a previously undetected condition or disease, which may lead to improvements in medical care and monitoring, and the advancement of medical knowledge. An autopsy is especially important for cases of alleged abuse or neglect. For these reasons, an autopsy is always helpful for any death and is critical in some situations.

B. Applicability

This procedure shall apply to individuals served by programs licensed, operated and/or funded by the Department of Mental Retardation and for whom the department bears direct or oversight responsibility for medical care. This includes people living in community living arrangements, community training homes, and those receiving supported living services if the department had involvement with their medical care. It does not apply to individuals who live independently in their own or family homes or who have individual support agreements.

C. Definitions

1. Legally Empowered Person: Per CGS 19a-286, whichever one of the following persons, 18 years or older, assumes custody of the body for purposes of burial: 1) father; 2) mother; 3) husband; 4) wife; 5) child; 6) guardian; 7) next-of-kin; 8) friend; or 9) any person charged by law. (If there is no next-of-kin, a legal guardian may consent to autopsy if the guardian assumes custody of the body and responsibility. Whoever assumes custody of the deceased person's remains is responsible for the burial costs.)
2. Next-of-kin: Per CGS 19a-570, next-of-kin means any member of the following classes of persons in order of priority listed: 1) spouse; 2) adult son or daughter of the person; 3) either parent of the person; 4) adult brother or sister of the person; 5) either grandparent of the person.

D. Implementation

1. Guidelines for requesting autopsies

- a. Autopsies are strongly encouraged and shall be pursued in the following situations:
 - 1) Sudden and/or unexpected deaths;
 - 2) Deaths involving an earlier accident or trauma;
 - 3) Deaths involving questionable contributing factors;
 - 4) Cases in which the cause of death is not due to a previously diagnosed condition or disease;
 - 5) Cases involving an allegation of abuse or neglect, even if the case meets criteria listed in 1b, below.
- b. An autopsy is not required if the individual was receiving regular medical supervision and had a previously diagnosed:
 - 1) Terminal illness such as cancer, diagnosed with biopsy or other appropriate diagnostic procedures;
 - 2) Progressive condition such as severe progressive congestive heart failure, renal failure, liver failure, etc.;
 - 3) Degenerative process (e.g., Alzheimer's Disease) or metabolic disorder with expected deterioration such as mucopolysaccharide disorders;
 - 4) Serious medical condition for which death is the normally expected outcome and diagnosis has been well documented and deterioration was expected.
- c. In cases of death due to situations listed in *Section 1.a.* above, the Office of the Chief Medical Examiner (OCME) shall be notified (see I-D-PR-003, Reporting Deaths to the Office of the Chief Medical Examiner). If the OCME does not assume jurisdiction, the process delineated below shall be followed.

2. Consent for Autopsy

- a. Whenever possible, the request for autopsy shall be made by a person who has had a pre-existing relationship with the individual's family. This consent shall be obtained from the individual's next-of-kin (CGS 19a-570) or other legally empowered person, pursuant to *Connecticut General Statute Sec. 19a-286*. This consent shall be pursued with extreme sensitivity at the appropriate time in the person's care or immediately following the individual's death.
- b. Documentation of efforts to obtain consent for autopsy shall be entered into the deceased individual's master file and shall include the following information:
 - 1) Name and title/position of the person requesting consent for autopsy
 - 2) Date the request was made
 - 3) Name of the person asked to consent to the autopsy and his or her relationship to the deceased
 - 4) Outcome of the request

3. Payment for Autopsy

- a. Possible payment sources or alternative avenues to pursue include the following:
 - 1) Medical insurance policies

If the deceased had medical insurance coverage other than those listed in *section b* below, the DMR designee or family members should determine whether an autopsy is covered under the policy.

- 2) Hospital Pathology Departments

For clinical purposes and for cases of medical interest, hospital pathologists may perform autopsies without charge on individuals who expire in their facility or who had routinely received care in their facility. This can be determined by the DMR designee through the individual's attending physician after obtaining appropriate consent. Without such agreement, the person giving the consent for autopsy automatically assumes the responsibility for payment except when authorized as detailed in *Section 3*) below.

3) Department of Mental Retardation

If attempts at securing third party payment are unsuccessful, the department will bear the cost of autopsy as long as the following conditions are met:

a) Authorization for payment was obtained from the Regional Director or designee prior to the request for and performance of the autopsy.

b) Request for autopsy was made the by DMR designee based on the guidelines previously delineated in this procedure.

4) The Office of the Chief Medical Examiner is responsible for the cost of any autopsy for which it has assumed jurisdiction.

b. Payment is not available through the following sources:

1) Title XVIII (Medicare)

2) Title XIX (Medicaid)

3) Social Security

4. Autopsy results

Upon receipt of autopsy results, the regional health service director shall notify the deceased's next-of-kin and shall review results with family members as requested. A copy of the notification letter shall be put into the individual's mortality review file.

E. References

1. Statute

a. Connecticut General Statute Sec. 19a-286

b. Connecticut General Statute Sec. 19a-570

2. Rules, Regulations and Policy – DMR

a. DMR Policy I-D-PO-001, [Mortality Reporting and Review](#)

b. DMR Procedure I-D-PR-001, [Mortality Reporting: Reporting Deaths of Individuals](#)

c. DMR Procedure I-D-PR-003, [Reporting Death to the Office of the Chief Medical Examiner](#)

d. DMR Procedure I-D-PR-005, [Mortality Review](#)

3. Attachment:

a. [Telephone Report to the Office of the Chief Medical Examiner \(OCME\) of Death of a DMR Client](#)