

Table of Contents

SECTION 1.....3

Introduction.....3

1.1 *Introduction and Overview.....3*

1.2 *Statutory Basis.....4*

 1.2.1 *Mandates for the Department.....4*

 1.2.3 *Immunity from Liability.....6*

SECTION 2.....7

Definitions.....7

2.1 *Terms Defined by Law.....7*

WV Code §16-19-1 and Legislative Rule, Title 6, Board of Funeral Service Examiners.....7

2.2 *Terms Not Specifically Defined in the Law But Defined for Casework Purposes.7*

SECTION 3.....9

Intake.....9

3.1 *Disposition of Unclaimed Body of a Deceased Person.....9*

3.2 *Eligibility Criteria.....9*

3.3 *Required Information.....9*

3.4 *Referral Triage/Disposition..... 11*

 3.4.1 *Supervisor’s Role..... 11*

 A. *If the referral is accepted:..... 11*

 B. *If the referral is screened out:..... 11*

SECTION 4.....12

Assessment..... 12

4.1 *Introduction..... 12*

4.2 *Conducting the Assessment..... 12*

4.3 *Time Frames..... 12*

4.4 *Search for Advance Directives, Next of Kin and Authorized Representative 13*

4.5 *Anatomical Gifts 15*

4.6 *Bodies Not Accepted for Anatomical Gifts..... 18*

4.7 *Conclusion of the Assessment..... 18*

SECTION 5.....19

Case Management..... 19

5.1 *Extension beyond Allowed Time Frames..... 19*

5.2 *Documentation..... 19*

5.3 *Assessment Disposition Options..... 19*

 • *Other (Additional Comments Mandatory when this selection is used).20*

Social Services Manual	Unclaimed Deceased Adult Body Policy	Chapter 17
-----------------------------------	---	-----------------------

5.6	<i>Financial Responsibility</i>	20
SECTION 6	21
	<i>General Information</i>	21
6.1	<i>Post Body Donation</i>	21
SECTION 7	22
	<i>Reports</i>	22
7.1	<i>Adult Initial Assessment</i>	22
7.2	<i>Client Information Report</i>	22
7.3	<i>Relative Release</i>	22
Section 8	Nondiscrimination, Grievance Procedure & Due Process Standards, Reasonable Modification Policies, and Confidentiality	23
8.1	<i>Nondiscrimination</i>	23
8.2	<i>Grievance Procedure and Due Process Standards</i>	23
8.3	<i>Reasonable Modification Policy</i>	26
APPENDIX A	Contact Information	28
	<i>Chairman of the Anatomical Board</i>	28
	<i>Marshall University</i>	28
	<i>West Virginia School of Osteopathic Medicine</i>	28
	<i>West Virginia State Medical Examiner</i>	28
	<i>State Treasurer's Office</i>	28
APPENDIX B	Client/Provider Grievance Form	29

SECTION 1

Introduction

1.1 Introduction and Overview

The Department is mandated by state law to assume control of unclaimed bodies. However, it is important to conduct a reasonable search for any Advance Directives, next of kin or authorized representative prior to disposition of the body. It is vital that the Department be able to proceed in a timely manner but also with sensitivity and understanding during this process. There are time constraints related to donation of the body as an anatomical gift, as well as limits on the amount of time the funeral home can reasonably keep the body before disposition.

After conducting a search for Advance Directives or next of kin, if neither can be found, the Department must proceed with disposition of the body, either as an anatomical gift or funeral arrangements. If Advance Directives are found, the Adult Service worker must follow these to the extent that financial resources allow. If next of kin or an authorized representative is located that is willing to assume responsibility for disposition of the body, the Adult Service worker will complete documentation in FACTS and close the Assessment as Incomplete.

The assignment of investigations/cases is done with service and continuity in mind. Investigations/cases are not assigned or reassigned arbitrarily and when appropriate, an Adult Service worker is assigned at Intake or very early in the contact.

A reasonable attempt will be made to accommodate collateral contacts with disabilities. For example, auxiliary aids for individuals with disabilities where necessary to ensure effective communication with individuals with hearing, vision or speech impairments will be arranged and provided. All offices have the capability to accommodate individuals that utilize TTY equipment. If further assistance is needed, the Adult Service worker will contact the local Division of Rehabilitation as well as the West Virginia Commission for Deaf and Hard of Hearing at (304)558-1675. The TTY toll free number is 1-866-461-3578.

Culturally competent practice will be ensured by recognizing, respecting and responding to the culturally defined needs of individuals that we serve. If someone is in need of an interpreter, the Adult Service worker must contact local resources to locate an interpreter. Examples include, but are not limited to, the Board of Education, local colleges and Division of Rehabilitation. If a local community resource cannot be located, the Adult Service worker will seek other resources such as the Department of Justice Immigration and Naturalization Service at (304) 347-5766, 210 Kanawha Boulevard West, Charleston, West Virginia 25302.

If an interpreter is used, confidentiality must be discussed with this individual, reminding them that all information is confidential and must not be shared with anyone.

1.2 Statutory Basis

1.2.1 Mandates for the Department

[WV Code of State Rules §6-1-24](#) Authorized representatives, right to control and duty of disposition. The right to control the disposition of the remains of a deceased person, including the location and conditions of final disposition, unless other directions have been given by the decedent pursuant to Section 24, vests in, and the duty of final disposition of the body devolves upon, the following authorized representatives in the order named:

- a) The person appointed in a dated written instrument signed by the decedent;
- b) The surviving legally recognized spouse;
- c) The surviving biological or adopted child or children of the decedent over the age of majority;
- d) The surviving parent or parents of the decedent or other permanent legal guardian of the decedent;
- e) The surviving biological or adopted siblings of the decedent over the age of majority;
- f) The person or persons respectively in the next degree of kinship in the order named by law to inherit the estate of the decedent; and,
- g) The appropriate public or court authority, as required by law, which is the Department of Health and Human Resources of the county in which the death occurs without apparent financial means to provide for final disposition.

Note: [WV Code §16-30-6](#) and [§44-A45](#) gives either a Guardian or Health Care Surrogate the authority to make arrangements for final disposition of the decedent, if Advance Directives or next of kin cannot be located.

[WV Code §30-6-22](#) No public officer or any person having a professional relationship with the deceased, shall send or cause to be sent, to any embalmer, funeral director or crematory operator the body of any deceased without first inquiring the desires of the next of kin. If any next of kin or person can be found, his or her authority and direction shall be used as to the disposal of the body of the deceased.

[WV Code §18B-4-8](#) There is hereby established the West Virginia anatomical board which consists of the following four (4) members: (1) The Dean of the School of Dentistry, West Virginia University; (2) The chairperson of the Department of Anatomy,

West Virginia University; (3) The chairperson of the Department of Anatomy, School of Medicine, Marshall University; and (4) The Dean of the School of Medicine, West Virginia School of Osteopathic Medicine.

It shall be the duty of any person who has charge or control of any unclaimed body in this state and which may be required to be buried at public expense, shall be subject to requisition by the board, to give notice to the board of that fact by telephone or telegraph within twenty-four (24) hours after such body comes under that person's control. Thereafter, such person shall hold the body subject to the order of the board for at least twenty-four (24) hours after the sending of such notice. If the board makes requisition for the body within the twenty-four (24) hour period, it shall be delivered, pursuant to the order of the board, to the board or its authorized agent for transportation to any education institution which the board considers to be in bona fide need of the body and able to adequately control, use and dispose of the body. The board shall make suitable arrangements for the transportation of any body, or part or parts of any body, which may come under its authority to the education institution. All expenses incurred in connection with the preservation, delivery and transportation of anybody delivered pursuant to the order of the board shall be paid by the education institution receiving the body.

Any person who shall neglect, refuse or fail to perform any duty required by this Section relating to the board shall be guilty of a misdemeanor and upon conviction thereof, shall be punished by a fine of not more than one hundred (\$100.00) dollars or by imprisonment in the county or regional jail for not more than ten (10) days or by both such fine and imprisonment. Any person who fails to give the required notice that that person has charge of an unclaimed body subject to requisition by the board shall also be personally liable for all burial expenses, if such body was buried at public expense, to the public agency that paid for the burial.

[WV Code of State Rules §6-1-27](#) Every funeral establishment shall create and maintain on its premises an accurate record of every funeral and preparation of a dead human body.

[WV Code §9-5-18](#) Funeral expenses for indigent persons; filing of affidavit to certify indigence; penalties for false swearing; payment by division.

- a) The Department of Health and Human Resources shall pay for reasonable funeral service expenses for indigent persons, in an amount set by WV Code;
- b) For purposes of this section the indigence of a deceased person is determined by the filing of an affidavit with the Department;
- c) Signed by the heir or heirs-at-law which states that the estate of the deceased person is peculiarly unable to pay the costs associated with a funeral; or

- d) Signed by the county coroner or the county health officer, the attending physician or other person signing the death certificate or the state medical examiner stating that the deceased person has no heirs or that heirs have not been located after a reasonable search and that the deceased person had no estate or the estate is peculiarly unable to pay the cost associated with a funeral.

1.2.3 Immunity from Liability

[WV Code §16-19-13](#) states that any person who acts in good faith in accord with the terms of this article or with the anatomical gift laws of another state or a foreign country is not liable for damages in a civil action or subject to prosecution in any criminal proceeding for his or her act. Any individual who makes an anatomical gift pursuant to Section two (2) or three (3) of this Article and the individual's estate are not liable for any injury or damage that may result from the making or the use of the anatomical gift.

SECTION 2

Definitions

2.1 Terms Defined by Law

[WV Code §16-19-1 and Legislative Rule, Title 6, Board of Funeral Service Examiners](#)

Anatomical Gift: A donation of all or part of a human body to take effect upon or after certification of death.

Decedent: A deceased individual and includes a stillborn infant or fetus.

Note: Adult Services will only be responsible for a decedent that is eighteen (18) years or older.

Emancipated Minor: A child over the age of sixteen (16) who has been emancipated by 1) order of the court based on a determination that the child can provide for his physical well-being and has the ability to make decisions for himself; or, 2) marriage of the child. An emancipated minor has all the privileges, rights and duties of an adult including the right to contract. Refer to [WV State Code §49-7-27](#).

Funeral Establishment: A place of business maintained and operated and devoted to such activities that are incident, convenient, or related to the preparation and arrangements, financial or otherwise, for the embalming, funeral transportation, burial or other disposition of dead human bodies.

2.2 Terms Not Specifically Defined in the Law But Defined for Casework Purposes

Advance Directives: Mechanisms used by individuals to make health care decisions prior to their potential incapacity. State law recognizes Living Wills, Medical Powers of Attorney and Durable Powers of Attorney that include provisions for making medical decisions as Advance Directives. See [WV Code §16-30-4](#)

Agent: A person granted authority to act for a principal under a Uniform Power of Attorney. The term includes an original agent, co-agent, successor agent and a person to which an agent's authority is delegated.

Death: The cessation of all vital functions of the body including the heartbeat, brain activity (including the brain stem), and breathing.

Do Not Resuscitate Order: A written signed directive by a capacitated individual directing the health care provider not to administer cardiopulmonary resuscitation or any mechanical means to prolong or continue life.

e-Directive Registry: An electronic registry that will house and make available to treating health care providers West Virginian's Advance Directive forms, Physicians Orders for Scope of Treatment (POST) forms and Do Not Resuscitate (DNR) cards. The purpose of e-Directive Registry will make accurate, relevant information available in a medical crisis.

Living Will: A written, witnessed Advance Directive governing the withholding or withdrawing of life-prolonging intervention, voluntarily executed by a person in accordance with the requirements set forth in state statutes.

Medical Power of Attorney: A written, witnessed Advance Directive that authorizes an individual that is at least eighteen (18) years of age to make medical decisions on behalf of another individual. A Medical Power of Attorney must be duly executed prior to the individual becoming incapacitated and duly executed in accordance with the provisions of [Article 30, Chapter 16 of the West Virginia Code](#) or existing and executed in accordance with the laws of another state.

POST Form: The Physician Orders for Scope of Treatment (POST) is a form developed for the purpose of documenting orders for medical treatment and directives concerning provision of CPR, code/no code, level of intervention, etc., [WV Code §16-30-25](#).

Principal: A person who grants authority to an agent to execute an Advanced Directive.

Unattended Death: Any death where the time of death cannot be confirmed to be less than six (6) hours prior to discovering the body. Even if someone died alone, but was observed alive within six (6) hours prior to discovering the body, the body would be acceptable for donation to the anatomical gift program. The body would have to be placed immediately in cold storage.

Unclaimed Body: An adult deceased body, age eighteen (18) years of age or older, or an emancipated minor, who has no known Advance Directives, authorized representative, or next of kin, willing and able to make final disposition of the remains of a deceased person.

SECTION 3

Intake

3.1 Disposition of Unclaimed Body of a Deceased Person

[The WV Code of State Rules, Board of Funeral Service Examiners, 6-1-24, Section 24.2.7](#) authorizes the Department of Health and Human Resources the right to control and the duty of disposition for the deceased unless the decedent has next of kin or an authorized representative to perform this duty or unless other directives have been located that were given by the decedent.

In order for Adult Services to control and authorize disposition of the deceased body, certain criteria must be met. For more detailed information refer to the [Eligibility Criteria](#) section of this policy.

Prior to authorizing final disposition of the decedent, the Adult Service worker must offer the body to the Anatomical Board if it meets the preliminary criteria. For more detailed information refer to the [Anatomical Gifts](#) section of this policy.

3.2 Eligibility Criteria

In order for the Department to assume charge and control of an unclaimed body, a report must be made to the Department, usually by a hospital or funeral home.

The following criteria must be met:

- The individual must be presumed to be eighteen (18) years of age or older, or an emancipated minor;
- No known Advance Directives; and,
- No known next of kin or authorized representative willing and able to take charge and control of the body.

Whenever these criteria are met and the Intake is assigned for Assessment, the Assessment is to commence and be completed within a specified period of time. For detailed information refer to [Assessment](#). The Assessment must be brought to conclusion in all situations that are assigned for Assessment.

3.3 Required Information

During the Intake process, information gathered must be as complete and thorough as possible. The individual identified as the decedent in the Intake process will become the “client” within FACTS and will be reflected as such in the Assessment. Basic identifying information and detailed information about the client’s needs are to be gathered during the Intake process and entered in FACTS as a Request to Receive Intake. This

information must be sufficient to determine the type of services and/or assistance being requested and other relevant information.

At a minimum, the following information must be gathered during the Intake process and documented in FACTS:

- Name(s) of the decedent;
- County where death occurred;
- Current location of the decedent;
- Directions to location of the decedent;
- Date of birth or approximate age of decedent;
- Date of death;
- Social Security Number, if known;
- Last known address of the decedent;
- Name, address and telephone number of the reporter;
- Relationship of the reporter to the decedent;
- Advance Directives in place, if known;
- Relatives, if known;
- Type of service(s) reporter/caller is requesting; and,
- Other relevant information.

At the conclusion of gathering the referral information, the Intake worker may indicate whether the Intake should be accepted or screened out. The final determination regarding the screening of the referral rests with the supervisor.

When the Intake information is completed, the Intake worker is to conduct a search to determine if the Department has had prior contact with the client. This search of the FACTS system is to determine if there are other referrals/assessments/cases as appropriate. If any are found, associations are to be made as appropriate. When the search is completed the Request to Receive Unclaimed Deceased Adult services is to be forwarded to the appropriate supervisor for further action including merging and associating all duplicate client ID numbers for this individual and making the decision to

accept/screen out the referral. In addition, a search in RAPIDS and OSCAR must be conducted to determine if this client is known to the Department.

3.4 Referral Triage/Disposition

The supervisor is the primary decision-maker at the Intake stage of the Unclaimed Body casework process. This is consistent with other Department policy which recognizes the unique blend of experience, skills, and leadership which the supervisor provides.

The supervisor's role includes 1) ensuring that all referrals are appropriately considered to determine if the referral is to be assigned for an Assessment or screened out; and, 2) for those assigned for assessment that it is assigned to an Adult Service worker in a timely manner. In no instance shall the assigning of the referral exceed three (3) calendar days from the date of referral.

3.4.1 Supervisor's Role

The supervisor will:

- a) Review the information collected at Intake for thoroughness and completeness;
- b) Identify/verify the type of referral received;
- c) If not previously completed by Intake worker, conduct a search of the FACTS system to determine if other referrals/investigations/cases already exist for the identified client. Also, conduct a search in RAPIDS and OSCAR, if not previously completed by the Intake worker; and,
- d) Create associations in FACTS between the current referral and other referrals/investigations/cases as appropriate, as well as merge all duplicate client ID numbers.

Determine if the referral will be accepted for an Assessment or if the referral will be screened out and not accepted for an Assessment. In determining whether to accept the referral or screen out the referral, the supervisor must consider:

- The information provided regarding the decedent;
- Whether or not there are current or previous referrals in FACTS to assist in locating any next of kin or authorized representative;
- Whether the information collected appears to meet the definition of an unclaimed body;
- The sufficiency of information in order to determine if there are Advance Directives or locate any relatives; and,

- The motives and truthfulness of the reporter.

A. If the referral is accepted:

- Document acceptance of the referral; and,
- Assign the referral for Assessment.

B. If the referral is screened out:

- Document the decision regarding screening;
- Document the reason(s) for the screen-out decision; and,
- Make referrals to other resources outside the Department, if appropriate.

SECTION 4

Assessment

4.1 Introduction

When the referral is received, if there is any missing information, such as name, last known address, birth date, etc. and the Adult Service worker learns any of this information at any time, this information must be documented in FACTS.

It is extremely important that contact with any known relative, friends, collateral, etc. in the Assessment be accurately, carefully and thoroughly documented. The information documented in the case record is critical since family members may contact the Department at a later date regarding disposition of the body.

4.2 Conducting the Assessment

Once the referral is assigned to an Adult Service worker, completion of the Assessment is to begin promptly and must be completed and documented in FACTS within thirty (30) days from the date of the Intake.

Completion of the Assessment involves gathering a variety of information about the client's situation. Information is to be gathered by conducting a series of interviews with any relatives or collaterals having knowledge of the situation, and other significant individuals. Information gathered during this Assessment process will be focused on determining 1) if Advance Directives exist; and, 2) whether or not there are any next of kin or authorized representative to assume control and charge of the decedent.

The Adult Service worker must gather and document demographic information about the client and the client's current location.

If Advance Directives are or are not located, this must be documented on the Decision Maker screen. The Adult Service worker must do a search to determine if the decedent has any Advance Directives for disposition of the body or next of kin or an authorized representative that is willing to take charge and control of the body. The Adult Service worker can also contact the [e-Directive Registry](#) to see if any Advance Directives have been filed. If Advance Directives, next of kin or an authorized representative is not located, the Department will assume control and charge of the body. WV Code requires any individual that has charge or control of any unclaimed body and which may be required to be buried at public expense, to give notice of availability of the body to the Anatomical Board within twenty-four (24) hours after the body comes under the person's control. For detailed information refer to the section in policy [Anatomical Gifts](#).

4.3 Time Frames

If workload and time constraints will allow, arrangements for disposition of the body should begin as soon as possible after the Intake is received. However, arrangements for disposition of the body must begin within seven (7) days from the date the Intake was received. All documentation must be completed in FACTS within thirty (30) days.

The body may be released to the funeral home prior to making arrangements for disposition of the body and prior to conducting a search for additional information such as:

- Advance Directives;
- Next of kin;
- Authorized representatives;
- Identification of the body;
- Personal background history;
- Pre-need burial; and,
- Other information.

4.4 Search for Advance Directives, Next of Kin and Authorized Representative

The Adult Service worker is to conduct as reasonable and thorough search as time limitations permit to determine if the decedent has next of kin or authorized representative who will assume control and charge of the decedent and agree to make arrangements for disposition of the body. The Adult Service worker is also to conduct a reasonable and thorough search to determine if there is an existing Will, Medical Power of Attorney, or Advance Directives. The Adult Service worker should also contact the [e-Directive Registry](#) to see if the decedent filed any Advance Directives. If any oral or written instructions are discovered, they shall be carried out to the extent that the decedent has provided resources for the purpose of carrying out the directions.

If any written instructions are located, the Adult Service worker will:

- Obtain a copy of the instrument and file it in the case record, as well as indicate this in Document Tracking in FACTS;
- Provide a copy of the instrument to the funeral home;
- If next of kin or an authorized representative is located, provide them with a copy of the instrument;
- Provide a copy of the instrument to the Sheriff's Department;
- If next of kin or an authorized representative is not located, or are unwilling to take control and charge of the body, the Adult Service worker will carry out the wishes of the decedent; and,

- Document all information in FACTS.

If oral instructions are discovered, the Adult Service worker will:

- Determine the validity of the instructions;
- Obtain a written statement from the reporter of the oral instructions affirming that this is what the decedent's wishes were;
- If next of kin or an authorized representative is located, provide them with the name, address and telephone number of the reporter stating the oral instructions; and,
- Document all information in FACTS.

If oral or written instructions are not discovered or if no one is found to assume control and charge of the decedent, the Adult Service worker will either donate the body as an anatomical gift or authorize instructions for final disposition of the body.

Depending upon information available to the Adult Service worker, a reasonable and thorough search may include, but is not limited to:

- Check personal effects of the decedent in the presence of witnesses, such as law enforcement, medical personnel, funeral home staff, etc.;
- If the individual has any documents on their person that gives an indication of their last known address, the Adult Service worker will check the telephone directory for a listing or call Directory Assistance and place a call to any telephone numbers located;
- Check with local authorities to determine if they have a report of a missing person or if person is known to them;
- If a Social Security number or the individual's name is known, contact the Social Security office, Veteran's Administration, homeless shelter, local mental health, etc. to determine if this individual received or is receiving any benefits;
- Conduct or have a search in FACTS, RAPIDS and OSCAR conducted;
- Contact the [e-Directive Registry](#); and,
- Interview any known acquaintances of the decedent.

If no one is found that has the right to control and arrange for disposition of the body, the Adult Service worker is to make the necessary arrangements for disposition.

Contact must be made immediately with the [Gift Registry](#) for anatomical gifts to determine if the Anatomical Board wishes to requisition the body. If the Anatomical Board indicates the body meets the criteria for donation, the Adult Service worker cannot release the body to the Board until a search has been conducted to determine if there are any Advance Directives, next of kin or authorized representatives to take control of the body. If Advance Directives are located that are contrary to donation of the body to the Anatomical Board, the Adult Service worker must notify the Anatomical Board that the body will not be released for donation and the Adult Service worker will follow the instructions to the extent possible within financial means of the decedent and notify all appropriate parties. For further information refer to the section in policy [Anatomical Gifts](#).

If next of kin or an authorized representative is located that will take charge and control of the body, the Adult Service worker must relinquish charge and control of the body to that individual and stop the Assessment. If the Anatomical Board had been contacted, the Adult Service worker must notify the next of kin or authorized representative that the Anatomical Board was contacted. The decision for donation of the body to the Anatomical Board now rests with the next of kin or authorized representative. The Adult Service worker must contact the Anatomical Board that next of kin or an authorized representative has been located and the body will not be released for donation by DHHR.

If the Adult Service worker does not find next of kin or an authorized representative that will take charge and control of the body, arrangements for disposition of the body must be made within seven (7) days from the date the Intake was received. If the individual does not have the financial means to pay for the cost of the burial, the funeral director may make application through the local Income Maintenance Unit to cover this cost. The DHHR Adult Service worker is **NOT** authorized to make the application.

Note: If a pre-need burial or assets are located, this must be documented on the Asset screen. If no financial means are located to pay for the cost of disposition of the body, the funeral home director, relative, or friend may make application to the local Income Maintenance Unit. This is outlined in the Income Maintenance Manual in Chapter 19, Indigent Burial Program section and is in [WV Code §9-5-18](#).

4.5 Anatomical Gifts

After the Adult Service worker has begun a search for Advance Directives, next of kin and authorized representatives, and the body is subject to be buried at public expense, the Anatomical Board of [Gift Registry](#) must be contacted to determine if they are interested in accepting the body. If medical personnel are involved or have knowledge of the individual's medical history, the Adult Service worker may request that the call to the Anatomical Board be made by them. If medical personnel will not comply with this request, it is the Adult Service worker's responsibility to contact the Anatomical Board.

The body cannot be donated as an Anatomical Gift until the search for Advance Directives, next of kin and authorized representatives is complete. If any Advance

Directives are located, these must be followed or if next of kin or an authorized representative is located that is willing to take control of the body, control of the body must be relinquished to that individual.

If Advance Directives, next of kin or an authorized representative is not located and the body is subject to be buried at public expense, the Adult Service worker must proceed with donation to the Anatomical Board, if the Board has indicated the body meets their criteria for acceptance. If the Anatomical Board will not accept the body for donation, the Adult Service worker must proceed with arrangements for final disposition.

The four (4) Board members consist of:

1. The Dean of the School of Dentistry, West Virginia University;
2. The Chairperson of the Department of Anatomy, West Virginia University;
3. The Chairperson of the Department of Anatomy, School of Medicine, Marshall University; and,
4. The Dean of the School of Medicine, West Virginia School of Osteopathic Medicine.

The Anatomical Board and may be reached at (304) 293-5979. Contact must be made within twenty-four (24) hours after the body comes under their control.

Once the body is donated as an anatomical gift and embalmed, the body cannot be reclaimed by anyone for any reason. After the medical school has concluded their usage of the body, the body will be cremated and the ashes can be returned to a family member, if they make their request known in writing to the medical school. If the request is made known to the medical school prior to interment in the mausoleum, there will not be a charge to return the ashes. Returning ashes is not a legal obligation of the Human Gift Registry. There may be a charge to next of kin for disinterment if the request is made after interment.

Conditions which may preclude acceptance of a donation to the Board of Anatomical Human Gift Registry include, but are not limited to:

- Body not subject to burial at public expense;
- Autopsy;
- Major trauma (examples include, but not limited to: gunshot, major incision, open wound or cut that has not healed);
- Amputations;

- Sepsis;
- Contagious diseases, such as AIDS, hepatitis, herpes, etc.;
- Conditions treated with therapeutic radio-active pellets;
- Organs harvested, except eyes;
- Embalmed;
- Unattended death;
- Body weight over 300 pounds;
- Body not placed in cold storage within 3 – 6 hours;
- Surgery within six (6) weeks prior to death; and,
- Under the age of eighteen (18) or an emancipated minor.

Utilization of the donated body may occur at any time after receipt of the body, but it may be several years before utilization is completed.

Generally, the hospital or the transporter of the deceased body will make an initial determination as to the appropriateness of the body as an anatomical gift. If it is determined by the Adult Service worker that the body will be offered for an anatomical gift, the Adult Service worker should contact the school that is in closest proximity to the location of the body. The representative at the school will want details about the death prior to making their decision to accept the body. Generally this is provided by the hospital.

Examples include, but are not limited to:

- Cause of death;
- Date and time of death;
- Medical history (if known); and,
- Any other pertinent information.

If the school determines that the donation meets their criteria, the Adult Service worker must complete and sign the Relative Release Donation form, located in the Reports section of FACTS, and forward the original to the appropriate school. This form must be witnessed by two (2) individuals that are not DHHR employees. A copy of the signed

form by the Adult Service worker and witnesses must be placed in the paper record. All costs related to storage of the body, transportation, embalming at the school, cremation, etc., will be at the expense of the school accepting the donation.

4.6 Bodies Not Accepted for Anatomical Gifts

If the Anatomical Board of Gift Registry declines a body for research, the Adult Service worker must document this in the Contact screen in FACTS and proceed with making funeral arrangements.

4.7 Conclusion of the Assessment

The final step in the Assessment process is to determine, based on the information gathered, whether or not the Department will accept control and charge of the unclaimed body.

The following requirements apply regarding the conclusion of the Assessment:

- Consider all information gathered;
- If next of kin or an authorized representative is located and willing to take control and charge of the body, the Department will document this and notify all appropriate parties;
- If Advance Directives are located, the Adult Service worker will follow the instructions to the extent possible within financial means of the decedent and will notify all appropriate parties;
- If the Anatomical Board accepts the body for donation, the Adult Service worker must complete and sign the Relative Release Donation form, and forward to the appropriate school;
- If it is determined the unclaimed body is under the age of eighteen (18), a referral to Children's Services must be made, unless the unclaimed body is an emancipated minor;
- Record all documents in Document Tracking;
- Complete all documentation in FACTS on the Assessment and contacts within thirty (30) days from receipt of the Intake. If extenuating circumstances have prevented the completion of the Assessment within the time frame, the Adult Service worker will request the approval of an extension from the supervisor; and,
- After all documentation has been completed the Adult Service worker will send the Conclusion screen to the supervisor for approval.

SECTION 5

Case Management

5.1 Extension beyond Allowed Time Frames

In rare situations when it is not possible to begin disposition of the body, the Adult Service worker must request an extension in FACTS. To request an extension, the Adult Service worker must submit an extension request to the supervisor prior to expiration of the seven (7) day response time.

At a minimum, this request must clearly state the following:

- Explanation of why the assigned time frame cannot be met;
- Statement of the extenuating circumstances that exist;
- Estimation of the amount of additional time required; and,
- Other relevant information.

Based on the information provided, the supervisor may approve or deny the extension request. If approved, the maximum period of time allowed shall not exceed the maximum of two (2) days.

5.2 Documentation

Documentation is an integral part of case work and must be thorough, relevant, qualitative, specific, concise, factual (opinions must be supported by facts) and professional. All contacts made must be documented in FACTS on the Contact screen prior to sending the Assessment to the supervisor for approval. After arrangements have been made for disposition of the body, the Conclusion screen must be completed and sent to the supervisor for approval. The Adult Service worker must document all contacts in the Contact screen as soon as possible after the contact has been made.

5.3 Assessment Disposition Options

When Assessment is completed, all the information and findings are to be documented in FACTS. At the conclusion of the Assessment, the Adult Service worker will submit the Assessment, along with their recommendation about conclusion of the Assessment, to the supervisor for approval.

The possible conclusions available to the Adult Service worker are:

- Close the Assessment with DHHR assuming control and charge of the body;
- Close the Assessment, DHHR donated body to Anatomical Board;

- Incomplete Assessment, with next of kin or authorized representative assuming control and charge of the body;
- Incomplete Assessment, Advance Directives discovered; or,
- Other **(Additional Comments Mandatory when this selection is used)**.

The disposition shall be based on all the information gathered during the Assessment. From this information, the Adult Service worker will determine if the Assessment meets the applicable eligibility criteria for the Department to assume control and charge of the unclaimed body.

5.6 Financial Responsibility

The Adult Service worker shall not make financial arrangements or assume financial responsibility for disposition of the body. In addition, the Adult Service worker shall not make application for payment of burial through Income Maintenance. If no other financial means are available to pay for the cost of disposition of the body, the funeral home director may make application to the local Income Maintenance Unit. This is outlined in the Income Maintenance Manual in Chapter 19, Indigent Burial Program section and is in [WV Code §9-5-18](#).

The Adult Service worker must not get involved in disposal of the decedent's belongings. If the decedent has personal or real property, or finances, these must be disposed of by either the local Sheriff's office or the Unclaimed Property Division of the State Treasurer's Office.

SECTION 6

General Information

6.1 Post Body Donation

A memorial service honoring all those persons whose bodies were received during the year, are held annually. West Virginia University's Robert C. Byrd Health Sciences Center holds a joint memorial service for West Virginia University and Marshall University. The West Virginia School of Osteopathic Medicine holds an annual memorial service at their school. Family members and friends are welcome to attend the memorial service. Invitations to the memorial service are sent to family members, if known. The donor's names will be permanently inscribed after death, in Memorial Volumes housed in the Sciences Center at WVU where family members may view them.

After the body is no longer being utilized for scientific study, the remains are cremated and family members can request the ashes be returned. If the donor prefers to have the ashes returned to a family member or a designated recipient, the Human Registry must be advised in writing upon completing the Donor Registration form. However, the ashes may be returned upon request from the next of kin if the Human Gift Registry is notified upon death of the donor. Returning the ashes is not a legal obligation of the Human Gift Registry. Reasonable efforts will be made to comply with requests within its guidelines. There may be a charge to the next of kin for disinterment.

Ashes of bodies utilized by Marshall University Joan C. Edwards School of Medicine are interred in a mausoleum in Spring Hill Cemetery in Huntington. Ashes of bodies utilized at the WV School of Osteopathic Medicine are interred in Rosewood Cemetery Mausoleum in Lewisburg. Ashes of bodies utilized at WVU are interred in a special memorial vault on the grounds of the Health Sciences Center.

SECTION 7

Reports

7.1 Adult Initial Assessment

The Adult Initial Assessment is completed in the Assessment phase of the case process. It is a compilation of elements from several areas of the system and is available as a DDE in FACTS, accessible through the Reports area. This report may be opened as a Word document and will populate with information that has been entered in FACTS. The Adult Service worker then has the ability to make modifications, as appropriate, before printing the document. The completed document must then be saved to the FACTS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of FACTS.

7.2 Client Information Report

The form, which includes demographic and other information about the client, is to be used to furnish necessary information about the client to the Assisted Living Facility Provider at the time the client is placed in the facility. The information on the report is pulled from various areas of the FACTS system. As a result, the Adult Service worker must ensure that all applicable documentation in FACTS is current at the time the form is printed so the information on the form is complete and accurate. It is available as a FACTS online report and may be accessed through the Reports area of FACTS.

7.3 Relative Release

This form must be completed when donating the body as an anatomical gift. This report may be opened as a Word document and will populate with information that has been entered in FACTS. The Adult Service worker then has the ability to make modifications, as appropriate, before printing the document. The completed document must then be saved to the FACTS file cabinet for the case. Finally, creation of this form must be documented in the Document Tracking area of FACTS.

Section 8 Nondiscrimination, Grievance Procedure & Due Process Standards, Reasonable Modification Policies, and Confidentiality

8.1 Nondiscrimination

As a recipient of Federal financial assistance, the Bureau for Children and Families (BCF) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, age, sex, sexual orientation, religion or creed in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by BCF directly or through a contractor or any other entity with which BCF arranges to carry out its programs and activities .

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin) ("Title VI"), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability) ("Section 504"), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age) ("Age Act"), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

The Bureau for Children and Families shall not retaliate against, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title VI, Section 504 or the Age Act, or because she or he has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

In addition, BCF will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all BCF programs, services, and activities. For example, individuals with service animals are welcomed in Department of Health and Human Resources, Bureau for Children and Families, offices even where pets are generally prohibited.

In case of questions, or to request an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a BCF program, service, or activity, please contact:

WV DHHR: Children and Adult Services
Contact Person: Health and Human Resources Specialist
Telephone number: (304) 558-0955

8.2 Grievance Procedure and Due Process Standards

It is the policy of the Bureau for Children and Families (BCF) not to discriminate on the basis of disability. BCF has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12131 *et seq.*, and/or Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794. These statutes prohibit discrimination on the basis of disability. In

addition, the Bureau for Children and Families does not discriminate against individuals due to race, color, national origin, disability, age, sex, sexual orientation, gender identity or religion. Laws and Regulations, 28 C.F.R. Part 35 and 45 C.F.R. Part 84, may be examined by visiting <https://www.ada.gov/reg3a.html>.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for any Bureau for Children and Families official to retaliate in any way against anyone who files a grievance or cooperates in the investigation of a grievance.

A. Procedure:

Grievance requests due to alleged discriminatory actions must be submitted to the Department of Health and Human Resources, Equal Employment Opportunity (EEO)/Civil Rights Officer, within 180 business days of the date the person filing the grievance becomes aware of the alleged discriminatory action. To file the grievance, the grievant must complete form [IG-CR-3](#) and mail to West Virginia Department of Health and Human Resources, Office of Human Resources Management, EEO/Civil Rights Officer, One Davis Square, Suite 400, Charleston, WV 25301. The grievant may also contact the WV DHHR, EEO/Civil Rights Officer, for more information.

WV DHHR: Office of Human Resource Management
Contact Person: EEO/Civil Rights Officer
Telephone number: (304) 558-6811
Fax: (304) 558-6051

A grievance must be in writing, containing the name and address of the person filing it. The grievance must state the problem or action alleged to be discriminatory and the remedy or relief sought.

EEO/Civil Rights Officer shall conduct an investigation of the grievance. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the grievance. EEO/Civil Rights Officer shall maintain the files and records of Bureau for Children and Families relating to such grievances.

The EEO/Civil Rights Officer shall issue a written decision on the grievance no later than thirty (30) calendar days after its filing, unless the Coordinator documents exigent circumstances requiring additional time to issue a decision.

The person filing the grievance may appeal the decision by contacting the U.S. Department of Health and Human Service, Office for Civil Rights.

The availability and use of this grievance procedure does not prevent a person from filing a private lawsuit in Federal court or a complaint of discrimination on the basis of disability with the:

Office for Civil Rights
U.S. Department of Health & Human Services

200 Independence Ave., S.W.
Room 509F HHS Bldg.
Washington, D.C. 20201
800-368-1019 (voice)
202-619-3818 (fax)
800-537-7697 (TDD)
OCRCComplaint@hhs.gov (email)

The Bureau for Children and Families will make appropriate arrangements to ensure that individuals with disabilities are provided reasonable modifications, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The EEO/Civil Rights Officer will be responsible for such arrangements.

B. Grievances Regarding the Adult Services Worker or Casework Process

At any time that the Bureau for Children and Families (BCF) is involved with a client, the client (adult or child), or the counsel for the child has a right to express a concern about the manner in which they are treated, including the services they are or are not permitted to receive.

Whenever a parent, child or counsel for the parent or child has a complaint about Adult Services or expresses dissatisfaction with Adult Services the worker will:

- Explain to the client the reasons for the action taken or the position of the BCF which may have resulted in the dissatisfaction of the client.
- If the situation cannot be resolved, explain to the client his/her right to a meeting with the supervisor.
- Assist in arranging for a meeting with the supervisor.

The supervisor will:

- Review all reports, records and documentation relevant to the situation.
- Determine whether all actions taken were within the boundaries of the law, policies and guidelines for practice.
- Meet with the client.
- If the problem cannot be resolved, provide the client with the form "Client and Provider Hearing Request", SS-28, found in Appendix B of this policy.
- Assist the client with completing the SS-28, if requested.
- Complete the form IG-BR-29 CPS/APS (to be completed by Bureau staff)
- Submit the form immediately to the Chairman, state board of Review, DHHR, Building 6, Capitol Complex, Charleston, WV 25305.

For more information on Grievance Procedures for Social Services please see Common Chapters Manual, Chapter 700, and Subpart B or see WV Code [§29A-5-1](#).

Note: Some issues such as the decisions of the Circuit Court cannot be addressed through the Grievance Process. Concerns about or dissatisfactions with the decisions of the Court including any approved Case plan must be addressed through the appropriate legal channels.

8.3 Reasonable Modification Policy

A: Purpose:

In accordance with the requirements of Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act of 1990 (ADA), the Bureau for Children and Families (BCF) shall not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. The BCF shall make reasonable modifications in Adult Services program policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless BCF can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.

B: Policy:

The Bureau for Children and Families is prohibited from establishing policies and practices that categorically limit or exclude qualified individuals with disabilities from participating in the Adult Services program.

The Bureau for Children and Families will not exclude any individual with a disability from the full and equal enjoyment of its services, programs, or activities, unless the individual poses a direct threat to the health or safety of themselves or others, that cannot be mitigated by reasonable modifications of policies, practices or procedures, or by the provision of auxiliary aids or services.

The Bureau for Children and Families is prohibited from making Adult Services program application and retention decisions based on unfounded stereotypes about what individuals with disabilities can do, or how much assistance they may require. The BCF will conduct individualized assessments of qualified individuals with disabilities before making Youth Services application and retention decisions.

The Bureau for Children and Families may ask for information necessary to determine whether an applicant or participant who has requested a reasonable modification has a disability-related need for the modification, when the individual's disability and need for the modification are not readily apparent or known. BCF will confidentially maintain the medical records or other health information of Adult Services program applicants and participants.

The Bureau for Children and Families upon request, will make reasonable modifications for qualified Adult Service program applicants or participants with disabilities unless BCF can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.

BCF must consider, on a case-by-case basis, individual requests for reasonable modifications in its Adult Services program, including, but not limited to, requests for substitute caregivers, respite caregivers, more frequent support from a case worker, additional classroom and/or online training, mentorship with an experienced foster/adoptive parent, note takers, and other auxiliary aids and services.

The Bureau for Children and Families will not place a surcharge on a particular qualified individual with a disability or any group of qualified individuals with disabilities to cover the cost of measures, such as the provision of auxiliary aids and services or program accessibility, that are necessary to provide nondiscriminatory treatment required by Title II of the ADA and Section 504.

To address any violations of this Reasonable Modification Policy, consult the Bureau for Children and Families Grievance Procedure. To request reasonable modifications, or if you have questions, please contact:

WV DHHR: Children and Adult Services
Contact Person: Health and Human Resource Specialist
Telephone number: (304) 558-0955

APPENDIX A Contact Information

Chairman of the Anatomical Board

West Virginia University's Chair of the Department of Neurobiology and Anatomy
P. O. Box 9128, West Virginia University
Morgantown, West Virginia 26506
Telephone: (304) 293-5979

West Virginia University Human Gift Registry

4052 Robert C. Byrd Health Sciences Center, North
Morgantown, West Virginia 26506-9131
Telephone: (304) 293-6322
After-hour calls defer to an answering service

Marshall University

Joan C. Edwards School of Medicine
1542 Spring Valley Drive
Huntington, West Virginia 25704-9388
Telephone: (304) 696-7382
After-hours (304) 412-1903 or 412-0918 or 453-1751

West Virginia School of Osteopathic Medicine

400 North Lee Street Lewisburg,
West Virginia 24901
Telephone: (304) 647-6208

West Virginia State Medical Examiner

619 Virginia Street, West
Charleston, West Virginia 25302
Telephone: (304) 558-6920

State Treasurer's Office

Building #1, Room E-145
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305
Telephone: 1-800-642-8687 (Unclaimed Property Division)
(304) 558-2937 (Main Number)

APPENDIX B Client/Provider Grievance Form

**West Virginia Department of Health and Human Resources
Office of Social Services
Client/Provider Grievance Form**

I, _____, wish to file a grievance with the West Virginia Department of Health and Human Resources, Office of Social Services.

I am dissatisfied for the following reasons:

I understand this form will be forwarded to the State Office, Chairman, Board of Review. A Grievance Hearing will be scheduled by a State Hearing Officer.

Signature of Client/Provider _____

Address _____

Phone _____

Signature of Worker _____ Date _____

Signature of Supervisor _____ Date _____

Orig: Chairman, State Board of Review

CC: Case Record
Client/Provider

SS-28