West Virginia Home and Community-Based Waiver
Notification of Death
(This form is used to report the death of a person who receives ADW, TBI or I/DD Waiver services)

Disclaimer: *Verification of cause and time of death may not be available at time of report.*

☒	SECTION I: SELECT TYPE OF WAIVER	NOTIFY THE OPERATING AGENCY:
☐	Aged and Disabled Waiver	Attach form in ADW CareConnection© and submit Discharge
☐	Intellectual/Developmental Disability Waiver	Email form to: WVIDDWaiver@kepro.com –or Attach form in CareConnection© and submit discharge
☐	Traumatic Brain Injury Waiver	Email form to WVTBIWaiver@kepro.com

SECTION II: AGENCY/REPORTER INFORMATION	
CM or F/EA Agency Name:	
Contact Person Name:	
Contact Person Phone #:	
Contact Person Email:	

SECTION III: INFORMATION ABOUT THE DECEASED					
Deceased Person's Name:		Record ID#:		Medicaid #:	
Last Known Address:					
Date of Birth:		Date of Death:		Time of Death:	
Location of Death:					
Cause of Death:					
How did you become aware of the death?					
Medical Diagnoses and Conditions:					

SECTION IV: MANNER OF DEATH
(MARK THE ONE BOX THAT IS MOST APPLICABLE)

☐Terminal ☐Natural ☐Disease ☐Accidental

☐Other (describe):_____

↓↓ ☐***Unexplained/Suspicious/Untimely: Section V must be completed** ↓↓

*SECTION V: MUST BE COMPLETED IF DEATH WAS UNEXPLAINED, SUSPICIOUS OR UNTIMELY (USE ADDITIONAL PAGES AS NECESSARY)	
Describe all life-saving measures attempted (if applicable) and why, if none were attempted: (Example: CPR, 911, DNR, etc.)	
Describe circumstances preceding death (if known):	
Indicate applicable agencies or authorities who were notified, if necessary: (Example: Adult/Child Protective Services, Police, Medicaid Fraud Control Unit, Physician, WV Incident Management System, SC Agency, Legal Representative/Family)	

SIGNATURE/CREDENTIALS OF PERSON COMPLETING THIS FORM DATE SUBMITTED

FOR BMS USE ONLY – DO NOT WRITE IN THIS SECTION

DATE OF MORTALITY REVIEW COMMITTEE: _____

☐ No further action required ☐ Further action Required: _____