

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: West Virginia Home and Community-Based Waiver Notification of Death

Purpose: To report the death of an ADW member to the State. You must complete Sections I through IV, and if the death was unexplained, suspicious, or untimely, you must also complete Section V.

Mortality reporting is an area of focus for CMS and it is important that ALL deaths are reported to the State. This is an area of health and safety. This form is used to report the death of a person on the ADW, TBIW or I/DDW programs. There is a disclaimer on the form that it is understood that at the time of completion of this form, the Case Manager/Resource Consultant may not know the exact cause or time of the death.

Note: The agency that learns of the death first must complete the NOD form, enter the incident into the IMS and submit the forms to the OA when requesting discharge.

Section I: Select Type of Waiver:

- Select the type of Waiver for the member death you are reporting.

Section II: Agency/Reporter Information

- Enter the Agency Name and Type. (CMA, PAA or F/EA)
- Enter the Reporter's name, phone number and email address.

Section III: Information about the Deceased

- Enter the deceased member's:
 - Name
 - CareConnection Record ID#
 - Medicaid #
 - Last known address
 - Date of Birth
 - Date of Death
 - Time of Death
 - Location of Death
 - Cause of Death
- Indicate how you became aware of the death. It is important to include the source of notification. Example: If the person's neighbor reported it rather than a family member reporting the cause of death then it may not be as accurate. This information is important to know when tracking mortality reports.
- Indicate member's medical diagnosis and physical condition. Indicate if person had terminal cancer, diabetes, etc. It is very important to complete this section. You will list the medical diagnoses and conditions as listed in the MNER and PAS. You will also include any diagnosis/condition the doctor may have sent additional documentation for that is uploaded and attached in CareConnection.

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Section IV: Manner of Death

- Place an X beside the type: Terminal, Natural, Disease, Accidental or Other. If you choose “Other”, you must describe the circumstances of the death.

NOTE: If you check “Unexplained/Suspicious/Untimely” – Section V must be completed.

Section V: Unexplained, Suspicious or Untimely Deaths: Cause of death is undetermined at the time of death. Describe all life-saving measures attempted, if applicable, and if none were attempted, explain why.

Examples of life-saving measures: CPR, calling 911.

Example of why life-saving measures were not attempted: A Do Not Resuscitate (DNR) order was in place for the member.

- Describe circumstances preceding the death, if known.
- Indicate applicable agencies/authorities notified: Were any of the following reports made: a police report, fire marshal report for suspicious home fire, Medicaid fraud report, abuse/neglect/exploitation by a Medicaid provider (could be the worker)? Was an incident report filed in the WV Incident Management System, etc.?

Examples of Unexplained, Suspicious or Untimely Deaths:

- Participant found deceased with no known cause (by anyone- worker, family, neighbor, etc.).
- Prognosis is not listed as terminal.
- Participant is not receiving hospice or palliative care or has not had a physician report an expectation of being terminal (Example: Participant does not have terminal illness and hospice is not in the home).
- Untimely death - Death does not appear to be “age-related” (Example: Participant is not 100 years old).
- Medical conditions or diagnoses are not associated with “unexpected death” (Example: participant has well-managed Diabetes Mellitus, macular degeneration and moderate dementia).
- Medical staff not present at the time of death (not in a hospital or medical facility). This factor would not be a stand-alone criterion for unexplained death. It must be found in conjunction with another criterion. For example, person does not have a terminal prognosis **and** no medical staff present at time of death or participant found deceased with no known cause **and** medical staff not present at time of death.
- Suspicious death - Evidence of foul play or criminal activity (burglary/break-ins, theft of medication/money/goods, house fire, etc.).
- Evidence of violence, abuse, neglect or exploitation that led to the death.
- Person was sent to the Medical Examiner for autopsy or further inquiry.

The person completing this form must sign, including credentials, and date form at the bottom.