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)

	Section I: Select Type of Waiver	Notify the Operating Agency:
	☐ ADW ☐ TBIW ☐ IDDW	Attach form in ADW CareConnection© and submit Discharge
	The first to learn of the death (CM, RN, or RC), must complete the NOD form and enter the incident into the IMS.	***The CM/RN/RC must submit the NOD and IMS report to the OA and enter the member discharge request in CareConnection.***

Section II: Agency/Reporter Information	
CM, RN 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:					

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

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 if none were attempted, why not?: (Example: CPR, 911, DNR, etc.)	
Describe circumstances preceding death (if known):	
Indicate applicable agencies or authorities who were notified, if applicable: (Example: Adult/Child Protective Services, Police, Medicaid Fraud Control Unit, Physician, WV Incident Management System, Legal Representative/Family)	

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Signature/Credentials of person completing this form Date Submitted

DATE OF MORTALITY REVIEW COMMITTEE: ______________________________

☐ No further action required ☐ Further action Required: ____