

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Notification of ADW Participant Death (Policy Section 501.4.1)

Purpose: To report the death of an ADW participant to the State. There are 2 types of notifications. 1. For any death of an ADW participant. 2. Report of an unexplained death.

Report of the death of an ADW Participant: All deaths.

- 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 completed by the Case Manager or Resource Consultant. Ensure that the CM's/RC's name, signature, date and phone are listed on the form.
- This form is to be utilized at the death of any ADW participant. There is a disclaimer on the form. At the time of completion of this form, the Case Manager/Resource Consultant may not know the exact cause of death.
- Attach the completed form in CareConnection.
- Complete the demographics section. Enter the location and time of death, if known.
- Date sent to BoSS is the date you attached it in CareConnection. Either fax the form to BoSS or email a BoSS staff person to let her know it has been completed.
- **Cause of 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.
- **Medical Diagnosis and Medical Conditions:** Indicate if person had terminal cancer, diabetes, etc.
- Do not go past the **"STOP"** unless it is an unexplained death.

Unexplained Deaths: Cause of death is undetermined at the time of death.

- **Examples of Unexplained Deaths:** "Worker goes to the home and the person is deceased. Door is broken"; "Person is found on sidewalk beside home, deceased"; "Worker finds person in bed deceased when reporting for morning shift", etc.
- **Describe lifesaving measures.** If not attempted, explain why. Example: Was CPR performed? Was 911 called? Why- person lived next to the hospital; police were there when worker arrived; etc.
- **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.?