

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. Section I-IV are completed for any death of an ADW participant. Section V is completed in addition to previous sections to report an unexplained death (also suspicious and untimely).

Section I: Report all deaths (ADW Participants):

- 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.
- Complete Section I of the form by checking type of waiver the participant received and then follow the instructions for the appropriate way to notify the Operating Agency for that waiver.
- This form is completed by the Case Manager or Resource Consultant. Ensure that the CM's/RC's name, signature, email address, 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 Section III of the form which includes information about the person. Enter the cause of death and how you became aware of the death. Enter the location and time of death, if known. If not known, please enter N/A in those fields of Section III.
- Please ensure that Sections I, II, III, and IV of the form are completed for all deaths of all ADW participants. There should not be any blanks, especially not for Medical Diagnoses and Conditions. You will list the medical diagnoses and conditions as listed in the MNER and PAS. You will also include any diagnosis/condition for which the doctor may have sent additional documentation that is uploaded and attached in CareConnection.
- **Section IV Manner of Death:** Place an X beside the type: terminal, natural, disease, accidental, or other (describe).

Section V: Unexplained, Suspicious or Untimely 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. See criteria for unexplained deaths at end of instructions.
- **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.?

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- **Reporting in WV IMS:** If you complete Section V of this form (unexplained, suspicious or untimely death), you must also make a report in the WV IMS (Incident Management System). For incident type, choose “critical” incident category, then choose “unanticipated deaths” in the IMS system.

The following is a list of criteria for unexplained 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.