

# WV Home and Community-based Waiver Notification of Death - Form Instructions

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**Form Name:** West Virginia Home and Community-Based (HCB) Waiver Notification of Death

**Purpose:** The form serves as a venue by which providers will report the death of someone receiving services through a WV HCB program.

**Background:** Mortality reporting is an area of focus for the Centers for Medicare and Medicaid Services (CMS). Providers must report the death of all persons receiving home and community-based services to the Operating Agency. Proper reporting allows the WV Department of Health and Human Resources Bureau for Medical Services Program Managers to follow-up when necessary, review systemic issues and make programmatic changes to better the health, safety and welfare of those receiving services.

## Section I: Select the Type of Waiver – and Notify the Operating Agency

- Complete Section I of the form by checking type of waiver the person received and then follow the instructions for the appropriate way to notify the Operating Agency for that Waiver.
  - For **Aged and Disabled Waiver (ADW)**, attach the report in CareConnection© -and- submit the discharge in CareConnection©.
  - For **Intellectual/Developmental Disability Wavier (IDDW)**, either attach the report in CareConnection© -and- submit a discharge in CareConnection© -or- email the report to [WVIDDwaiver@apshealthcare.com](mailto:WVIDDwaiver@apshealthcare.com).
  - For **Traumatic Brain Injury Waiver (TBIW)**, email reports to [WVTBIwaiver@apshealthcare.com](mailto:WVTBIwaiver@apshealthcare.com).

## Section II: Agency/Reporter Information

Indicate the name of the agency who is notifying the Operating Agency of the death. Typically, this would be the Service Coordination Agency for IDDW, or the Case Management Agency for ADW and TBIW. If the person did not have a Case Manager in ADW, then the Fiscal/Employer Agency (F/EA) should complete and submit this form.

- Include the Agency Name.
- Include the name of a contact person.
- Include the contact person's phone number.
- Include the contact person's email address.

## Section III: Information About the Deceased

Section III includes information about the deceased, about their death, and how the reporter became aware of the death. Complete as much information as possible. If an item is unknown, report that field as "unknown." "Medical diagnoses and conditions" must be completed – the reporter should refer to medical records for this information.

## Section IV: Manner of Death

The reporter should check the one box that is most applicable to the manner of death experienced by the deceased. Options for selection include:

- Terminal
- Natural
- Disease
- Accidental

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- Other (description is required)
- Unexplained/Suspicious/Untimely

**\* Complete Section V of the form if the death is reported as unexplained, suspicious and/or untimely.**

**Section V: Unexplained, Suspicious or Untimely Deaths:** Cause of death is undetermined at the time of death. See **Criteria for Unexplained Deaths** below.

- **Describe all life-saving measures attempted-** If none were attempted, explain why (ex. lives beside hospital, police already on scene, etc.). Examples of life-saving measures might Cardiopulmonary Resuscitation (CPR), calling 911, administration of First Aid,
- **Describe circumstances preceding death (if known)** - If the reporter is aware of circumstances that might have been associated with the death, they must be included in the notice of death report.
- **Indicate applicable agencies/authorities notified-** State the applicable reports made including but (not limited to): a police report, fire marshal report for suspicious home fire, Medicaid fraud report, abuse/neglect/exploitation by a Medicaid provider (could be the worker), or/and an incident report filed in the WV Incident Management System, notification to other agencies, notification to the legal representative, etc.

**If Section V of this form was completed, the reporter must also make a report in the WV Incident Management System (IMS). For Incident Type, choose "Critical," Incident Category, choose "unanticipated death."**

**The following is a list of potential criteria for unexplained deaths.**

- Person found deceased with no known cause.
- The prognosis is not listed as terminal; the person was not receiving hospice or palliative care or has not had a physician report an expectation of being terminal (ex. person does not have terminal illness and hospice is not in the home).
- The death is untimely (or does not appear to be "age-related").
- Medical conditions or diagnoses are not associated with "unexpected death" (Example: participant has well-managed Diabetes Mellitus, macular degeneration and moderate dementia).
- Medical staff were not present at the time of death (not in a hospital or medical facility) - This factor alone would not be a criteria for unexplained death (must be found in conjunction with other criteria). 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.
- The death is suspicious as evidenced by foul play or criminal activity (burglary/break-ins, theft of medication/money/goods, house fire, etc.).
- There is evidence of violence, abuse, neglect or exploitation that led to the death.
- The Medical Examiner was required to complete an autopsy or further inquiry.