

Information Needed for Death Cases

D.) 12 Questions (living in ICF or 24/7 Residential setting with a waiver or if Accidental/Suspicious Death)	
1. Copy of DC/Autopsy/Coroner Report/Supplementary Medical Certification (was coroner notified)	
2. Location of Death	
3. Death Expected/Unexpected - DNR (order, reason)	
<i>* type: DNR-CC or DNR-CCA</i>	<i>* what date was it put in place and for what diagnosis or reason</i>
4. What DD services was individual receiving?	
5. Describe in detail 72 hrs prior to death or hospitalization (72 hour prior to hospitalization if died in hospital)	
6. History/Cancer screenings for cancer/hospice death	
7. Law Enforcement Investigation	
8. Med/Psych Diagnosis prior to death	
9. Medications taking Prior to Death or hospitalization (if death occurred during hospitalization)	
10. Past medical history	
<i>* List previous surgeries or medical treatments</i>	
<i>* List previous illnesses (Pneumonia's) and chronic medical problems</i>	
<i>* Date of the Most recent pneumonia vaccine and Influenza vaccine</i>	
<i>* Most recent Height and Weight</i>	
11. Name of Primary Physician	
12. Aspiration/Pneumonia/Respiratory Failure cases:	
<i>* what was diet texture</i>	<i>* was the diet followed</i>
<i>* date of most recent swallowing study</i>	<i>* how did the individual receive their medications</i>

C.) Hospice/Cancer (if individual lived in ICF or 24/7 Residential setting with a waiver, or did 1 month prior to moving to a hospice setting and passing away = answer questions under "D")	
1. Copy of DC/Autopsy/Coroner Report/Supplementary Medical Certification (was coroner notified)	
2. Location of Death	
3. Death Expected/Unexpected - DNR (order, reason)	
<i>* type: DNR-CC or DNR-CCA</i>	<i>* what date was it put in place and for what diagnosis or reason</i>
4. What DD services was individual receiving?	
5. Describe in detail 72 hrs prior to death or hospitalization (72 hour prior to hospitalization if died in hospital)	
6. History/Cancer screenings for cancer/hospice death	

B.) Live at Home or Community (with No Waiver or less than 20 hours of services weekly)	
1. Copy of DC/Autopsy/Coroner Report/Supplementary Medical Certification (was coroner notified)	
2. Location of Death	
3. Death Expected/Unexpected - DNR (order, reason)	
<i>* type: DNR-CC or DNR-CCA</i>	<i>* what date was it put in place and for what diagnosis or reason</i>
4. What DD services was individual receiving?	
5. Describe in detail 72 hrs prior to death or hospitalization (72 hour prior to hospitalization if died in hospital)	

A.) ODH (Nursing Home, ODM Waivers - if individual lived in ICF or 24/7 Residential setting with a waiver or did 1 month prior to moving to ODH setting and passing away = answer questions under "D")	
1. Copy of DC/Autopsy/Coroner Report/Supplementary Medical Certification (was coroner notified)	
2. Location of Death	
3. Death Expected/Unexpected - DNR (order, reason)	
<i>* type: DNR-CC or DNR-CCA</i>	<i>* what date was it put in place and for what diagnosis or reason</i>
4. What DD services was individual receiving?	