

# Information Needed for Death Cases

<b>D.) 12 Questions (living in ICF or 24/7 Residential setting with a waiver or if Accidental/Suspicious Death)</b>	
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>

<b>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")</b>	
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>B.) Live at Home or Community (with No Waiver or less than 20 hours of services weekly)</b>	
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)	

<b>A.) ODH (Nursing Home, Carestar, Homecare Waiver - 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" )</b>	
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?	