

ELECTRONIC DEATH REPORTING FORM (TO BE COMPLETED WITHIN 24 HOURS)

INDIVIDUAL INFORMATION

- (1) Individual's First Name: [Click here to enter text.](#) (2) Individual's Last Name: [Click here to enter text.](#)
- (3) SSN: [Click here to enter text.](#)
- (4) Date of Birth: [Click here to enter text.](#) (5) Age: [Click here to enter text.](#)
- (6) Address Line 1: [Click here to enter text.](#)
- (7) Address Line 2: [Click here to enter text.](#)
- (8) City: [Click here to enter text.](#) (9) State: [Click here to enter text.](#)
- (10) Zip Code: [Click here to enter text.](#) (11) Phone Number: [Click here to enter text.](#)
- (12) Region (check one): NE CW SE Metro MRC/ABI-N or MFP-CL
 ABI/MFP NE ABI/MFP CW ABI/MFP SE ABI/MFP Metro
- (13) Area Office/Facility (Dictionary #1): [Choose an item.](#) [Choose an item.](#) N/A (If ABI/MFP)
- (14A) Waiver Program Enrollment (Dictionary #2): [Choose an item.](#)
- (14B) Class Status (check all that apply): Ricci Rolland Boulet Brewster
- (15) Guardianship (Name and Address of guardian): [Click here to enter text.](#)
- (16) Level of Intellectual Disability: Mild Moderate Severe Profound N/A
- (17A) Down Syndrome: Yes No Unknown
- (17B) Acquired Brain Injury: Yes No N/A (not on ABI/MFP waiver) Unknown
- (18) Individual's Case Manager/Service Coordinator: [Click here to enter text.](#)
- (19) Primary Care Practitioner First Name*: [Click here to enter text.](#) (20) PCP Last Name*: [Click here to enter text.](#)
- (21) PCP Phone Number: [Click here to enter text.](#)

DEATH INFORMATION

- (22) Date of Death*: [Click here to enter text.](#) (23) Time of Death: [Click here to enter text.](#) AM PM
- (24) Type of Location of Death (See Dictionary #3): [Choose an item.](#)
- (25) If Death was at an Acute Care Hospital, Name of Hospital*: [Click here to enter text.](#)
- (26) Actual Name of Location of Death: [Click here to enter text.](#)
- (27) Address Line 1*: [Click here to enter text.](#)
- (28) Address Line 2: [Click here to enter text.](#)
- (29) City*: [Click here to enter text.](#) (20) State*: [Click here to enter text.](#)
- (31) Zip Code*: [Click here to enter text.](#) (32) Phone Number*: [Click here to enter text.](#)

REPORTER INFORMATION

- (33) Reporter's First Name*: [Click here to enter text.](#) (34) Reporter's Last Name*: [Click here to enter text.](#)
- (35) Reporter's Title*: [Click here to enter text.](#)
- (36) Reporter's Area Office/Facility (Dictionary 1)*: [Choose an item.](#) [Choose an item.](#) N/A (If ABI/MFP)

(37) Reporter's Phone Number*: [Click here to enter text.](#)

(38) Date of Report*: [Click here to enter text.](#)

CIRCUMSTANCES OF DEATH INFORMATION

(39) Presumed Cause of Death (Dictionary #4)*: [Choose an item.](#) [Choose an item.](#)

(40) If Other Presumed Cause of Death, please describe: [Click here to enter text.](#)

(41) Initial information available regarding circumstances of death (please include the source of the information)*: [Click here to enter text.](#)

(42) Did the person have a Level II or Level III Behavior Modification Plan?*: Yes No Unknown

(43) Was the person being restrained or in Time Out at, or just prior to, death?*: Yes No Unknown

(44) Was a DNR in place?: Yes No Unknown

(45A) At the Time of Death, receiving Hospice services? : Yes No Unknown

(45B) Services Received on the Date of Death (From Meditech): [Click here to enter text.](#)

(46A) Is a Mortality Review Required? : Yes No

(46B) If not required, is a Mortality Review requested?: Yes No Unknown

(46C) If Requested, reason for the request: [Click here to enter text.](#)

(47A) Was an autopsy requested?*: Yes No Unknown

(47B) Was an autopsy completed?*: Yes No Unknown

NOTIFICATIONS INFORMATION

(48A) Alert your Service Coordinator Supervisor/Program Coordinator and the Area Office/regional designee when you click save?*: Yes No Unknown

(48B) Was the Senior Investigator (or Regional on-call person, if after hours) notified by phone immediately?:

Yes No Unknown

(49) Was DPPC notified immediately by phone?: Yes No Unknown

(50) Date of DPPC notification: [Click here to enter text.](#)

(51) Time of DPPC notification: [Click here to enter text.](#) AM PM

(52) Was guardian or next of kin notified of the death?: Yes No Unknown

(53) Was the Death under Suspicious Circumstances?: Yes No Unknown

(54) Were there any Indications of Violence (Including Sexual Abuse)?*: Yes No Unknown

(55) Were the State/Local Police Notified Immediately? (If the Answer to (54) is "Yes", then the Police must be notified.):
 Yes No Unknown

(56) Was the Medical Examiner's Office Notified? (If the Answer to (54) is "Yes", then the Medical Examiner's Office must be notified.): Yes No Unknown

(57) If the Medical Examiner's Office was notified, did it take jurisdiction? Yes No Unknown

(58) If the individual was over 60 years old and if there are indications of violence, was EOEA notified immediately by phone?: Yes No Unknown N/A

(59) Date of EOEa notification: [Click here to enter text.](#)

(60) Time of EOEa notification: [Click here to enter text.](#) AM PM

(61) Finalized by: [Click here to enter text.](#)

(62) Finalized Date: [Click here to enter text.](#)

FOR DDS INDIVIDUALS (INCLUDING ABI-RES HAB AND MFP-RS), ONCE SECTIONS 1-62 ARE COMPLETED THE DEATH REPORT MUST BE SUBMITTED ELECTRONICALLY (EMAIL) TO DDS CENTRAL OFFICE INVESTIGATIONS. FOR MRC INDIVIDUALS (ABI-N AND MFP-CL ONLY), ONCE SECTIONS 1-62 ARE COMPLETED THE DEATH REPORT MUST BE SUBMITTED ELECTRONICALLY (EMAIL) TO MRC CENTRAL OFFICE.

INITIAL CENTRAL OFFICE/INVESTIGATIONS REVIEW

(63) Is the Death Report Accepted? Yes No Unknown

(64) If not, why not? [Click here to enter text.](#)

(65) Finalized by: [Click here to enter text.](#)

(66) Finalized Date: [Click here to enter text.](#)

CENTRAL OFFICE REVIEW

(67) Is the Death Report Accepted? Yes No

(68) Final Cause of Death (Primary; Dictionary #4): [Choose an item.](#) [Choose an item.](#)

(69) Underlying Cause of Death (Secondary, Dictionary #5): [Choose an item.](#)

(70) If Other to #68 or #69, please describe: [Click here to enter text.](#)

(71) Manner of Death (Dictionary #6): [Choose an item.](#)

(72) Was the Regional Clinical Mortality Review received at the Regional level? Yes No Unknown

(73) If yes, Date Received: [Click here to enter text.](#)

(74) Finalized by: [Click here to enter text.](#)

(75) Finalized Date: [Click here to enter text.](#)

Filename: AC47C2FD
Directory: C:\Users\Hernande\AppData\Local\Microsoft\Windows\Temporary
Internet Files\Content.MSO
Template: C:\Users\Hernande\AppData\Roaming\Microsoft\Templates\Normal.do
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Title:
Subject:
Author: Bruner-Canhoto, Laney (DDS)
Keywords:
Comments:
Creation Date: 7/22/2014 11:31:00 AM
Change Number: 3
Last Saved On: 7/22/2014 11:31:00 AM
Last Saved By:
Total Editing Time: 1 Minute
Last Printed On: 10/1/2014 7:50:00 AM
As of Last Complete Printing
Number of Pages: 3
Number of Words: 1,048 (approx.)
Number of Characters: 5,980 (approx.)