

**Notification to the Department of Aging and Disability Services (DADS)  
Regarding a Death in Home and Community-based Services (HCS),  
Texas Home Living (TxHmL) and Deaf Blind with Multiple Disabilities (DBMD) Programs**

**Note: This form must be faxed to Waiver Survey and Certification by the end of the next business day following the death or the program provider's learning of the death.**

**To:** Waiver Survey and Certification

**Attn:** Risk Assessment Coordinators

**Fax No.:** 512-438-4148

Provider Name		Contract No.		Comp Code (HCS & TxHmL)	
Date Submitted to DADS	Submitted by		Area Code and Telephone No.		Area Code and Fax No.
Contact			Contact Telephone No.		

Name	Care ID No. (HCS/TxHmL)	HCS <input type="checkbox"/>	TxHmL <input type="checkbox"/>	DBMD <input type="checkbox"/>	Date of Death	Date Provider Notified of Death
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Cause of Death (if known)
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DFPS Notified  <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Residence (FC, 3P, 4P, Oh/FH, ALF)	Place of Death (home, hospital, etc.)	Type of Death (expected, unexpected, accident)	Autopsy  <input type="checkbox"/> Yes <input type="checkbox"/> No
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Brief Description of Events Surrounding the Death:
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The following documents to be submitted to DADS (as applicable based on the program) **within three business days** after faxing this form of the initial notification to DADS:

**HCS & TxHmL**

- Most recent Person Directed Plan and Implementation Plan(s)
- Any training regarding the individual's special needs provided to service providers
- Last two months of medication administration records
- Most current nursing assessment
- Last three months of nursing notes, physician orders and lab work
- Last three weeks of Residential Support Services, Supported Home Living, Community Support or Foster/ Companion Care Notes
- Last week of day habilitation notes

**DBMD**

- Most current Individual Program Plan
- Last two months of medication administration records
- Most current nursing assessment
- Training regarding individual's special needs provided to service providers
- Last three months of nursing notes, physician orders and lab work
- Last three weeks of Assisted Living Facility, Residential Habilitation or Intervener Notes.
- Last week of day habilitation notes, if applicable.

**Note:** Additional documents will be requested after the initial review by DADS Waiver Survey and Certification risk assessment coordinator.