

Claim & City Burial Request Checklist for Long Term Care Facilities & Nursing Homes

OCME FAX NUMBER: (646) 500-5762

General

- ✓ This guidance is for Long Term Care Facilities and Nursing Homes, if you are a Hospital please DO NOT follow these instructions, there is separate guidance and fax instructions for hospitals
- ✓ ALL spellings of names, dates and times of birth / death must agree throughout ALL paperwork: cover letter, face sheet, clinical summary worksheet, death certificate, burial permit.
- ✓ All required decedent paperwork must be faxed to OCME Communications at **646-500-5762** as soon as possible. Pick up of the decedents CANNOT occur until all the following paperwork is completed.
- ✓ Please submit *only* the documents requested based upon the case type. Please do not attach any additional medical records or otherwise unsolicited documentation.
- ✓ Once competent paperwork is received, we will pick up remains as operations allow.
- ✓ If a Funeral Home cannot pick up a decedent within 24 hours, and you do not have refrigeration, speak with both the family and the Funeral Home and indicate that you will be putting in claim paperwork to the OCME.
 - For cases that have been claimed by a funeral home, the Long Term Care or Nursing Home Facility does **not** need to modify the death certificate OR submit the burial permit provided the Death Certificate is **registered** in eVital.
- ✓ Do not keep faxing the same paperwork over and over, please wait for OCME follow up.

Key Points to Remember

- ✓ Send over the paperwork as soon as possible. Do not send over incomplete or partially done paperwork.
- ✓ Do not provide a general phone number that you can be reached at, you must provide a <u>DIRECT line</u> to someone who can answer questions regarding cases you are submitting paperwork for.
- If you do not have refrigeration at your facility, please indicate this by writing NO REFIGERATION on the Fax Cover Sheet.
- ✓ Please include a contact name and number for a DIRECT phone line to an individual who can fix paperwork issues.
- ✓ You must submit via fax to (646) 500-5762:

Send the following paperwork as ONE fax (not as separate ones)

- 1. Facility Face Sheet (see below for instructions)
- 2. Completed OCME Clinical Summary Worksheet 3.0
- 3. A work copy of the signed Death Certificate
- 4. The Burial Permit
- 5. If requesting City Burial: Next of Kin Authorization Form

Fax Cover Sheet

- ✓ Please indicate the name of your nursing home (NH) as it is registered with the Department of Health in eVital.
- ✓ Please include a contact person and phone number.
 - Please note that the Nursing Home general line is NOT acceptable. OCME requests a direct line or extension so that we can promptly address any paperwork concerns.
- ✓ Indicate if your facility has a refrigerated morgue space or if there is **no refrigeration**.

Facility Face Sheet

- ✓ This is generated from the Nursing Home or Long Term Care Facility
- ✓ This is not something provided by the OCME
- ✓ It is often a 1- or 2-page sheet that you have as a facility that has basic patient admitting information (name, DOB, NOK information, name of their doctor, etc.)

Clinical Summary Worksheet

- ✓ Please complete *only* the required sections. *Section E is not required* for claim cases.
- ✓ Please indicate '*unknown*' in fields where you do not have the requested information. Do not leave fields blank.
- ✓ OCME requires the medical record number for all decedents coming to OCME from a nursing home.
- ✓ OCME requests any aliases known to be used by the decedent.
- ✓ OCME requests as much next-of-kin (name and contact) information as possible:
 - Where the NOK are known, the HCF must notify the NOK of the death. Failure to notify NOK of the death of their loved
 one interferes with the NOK's right to direct final disposition without delay and may therefore be a violation of the NOK's
 right of sepulchre. If the HCF was unable to reach the NOK, all notification attempts must be documented.
 - Where the NOK are unknown, your facility shall notify the Public Administrator (PA) of the death and document notification as indicated.
 - If NOK are unknown, the decedent CANNOT be submitted for City Burial. Please notify the PA and submit paperwork for a CLAIM ONLY case.

Public Administrators					
Borough	Name	Email	Telephone		
Bronx Matilda Sanchez	Joevani Cruz (Intake) Milly Merced (NH Cases) Christine Paulino Heiry Roman (Intake Backup)	jcruz@bronxpa.nyc.gov mimerced@bronxpa.nyc.gov cpaulino@bronxpa.nyc.gov hroman@bronxpa.nyc.gov	718-293-7660 Fax: 718-293-7851		
Brooklyn Richard Buckheit	Latoya Richardson (Intake) Julio Chen Kno Nelson Guzman Raymond Paulucci	Irichardson@kingspa.nyc.gov jchenkon@kingspa.nyc.gov nguzman@kingspa.nyc.gov rpaulucci@kingspa.nyc.gov	718-643-3032 Fax: 718-522-4475		
Manhattan Dahlia Damas	Dahlia Damas Frank Fang Paulette Pennant Sunita Tamang-Gurung	ddamas@nycountypa.nyc.gov ffang@nycountypa.nyc.gov ppennant@nycountypa.nyc.gov sugurung@nycountpa.nyc.gov	212-788-8430 Fax: 212-385-0220		
Queens Lois Rosenblatt	Barbara Banks-Grier (NH cases) Susan Brown (all other cases)	Barbara@queenscountypa.com sbrown@queenscountypa.com	718-526-5037 Fax: 718-526-5043		
Staten Island Edwina Martin	Vincent Argenziano Paul Bogdanov	vargenziano@richmondpa.nyc.gov pbogdanov@richmondpa.nyc.gov efmartin@richmondpa.nyc.gov	718-876-7228 Fax: 718-876-8377		

- ✓ Please provide all available contact information for NOK, PA and NH so that OCME can follow up, as appropriate.
- ✓ Please provide a response ("Yes" or "No") for all screening questions.
- ✓ If the case is COVID-19 positive, you should select NO to the question in the Clinical Summary Worksheet Section D regarding public health. While this is a public health issue, selecting yes will cause this case to be flagged as a possible ME case, which will delay its processing. If the death poses OTHER threats to public health select yes.

yes	no	✓	Does the death pose a threat to public health, such as bacterial meningitis?
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Death Certificate

✓ Please ensure that the method and place of disposition on the death certificate matches the burial permit.

Death Certificate Field	City Burial*	Claim Only
21a Method of Disposition	City Comptony	Other
	City Cemetery	<i>Then type in:</i> Interim
21b Place of Disposition	City Cemetery at Hart Island	OCME Morgue
22a Funeral Establishment	Office of Chief Medical Examiner	Office of Chief Medical Examiner
22b Address	520 1 st Ave, NY, NY 10016	520 1 st Ave, NY, NY 10016

^{*}For all City Burial cases, all paperwork must also be accompanied by a completed and signed **NOK Authorization Form**. If no NOK is available, the case must be submitted as CLAIM ONLY.

Burial Permit

✓ Please ensure that the method and place of disposition on the burial permit matches the death certificate

Burial Permit Field	City Burial*	Claim Only
Method of Disposition	Interment / City Burial	Other - Interim
Place of Disposition	City Cemetery at Hart Island	OCME Morgue

^{*}For all City Burial cases, all paperwork must also be accompanied by a completed and signed **NOK Authorization Form**. If no NOK is available, the case must be submitted as CLAIM ONLY.

In Closing

- ✓ If any of the above requirements are not met, the case cannot be accepted by OCME.
- ✓ Please visit the OCME official website which includes a "Case Reporting Criteria for Clinicians" page and the clinical summary worksheet and instructions at www.nyc.gov/ocmereportacase.