## **Documenting a Participant Death in Crossroads**

The **Reporting Death in Family** functionality in Crossroads allows the user to document a participant death. This resource describes other actions that local users should take in Crossroads after reporting the death of a participant.

1) Open the Family Record and then navigate to Family Services > Reporting Death in Family

| Linne (               | Family Comises Cale duling Vander    | Onentiene  | Finance  | Administer   | inn Lle     | la.       |               |           |
|-----------------------|--------------------------------------|------------|----------|--------------|-------------|-----------|---------------|-----------|
| поте                  | ramily services scheduling vendor    | Operations | Finance  | Administrat  | ion re      | ыр        |               |           |
| Quick Links           | New Family                           |            |          |              |             | 2         |               |           |
| S New Fai             | Family Search                        |            | Α        |              |             |           |               |           |
| , Family S            | Certification                        | •          |          |              |             |           |               |           |
| Certifi               | Income Screening Calculator          |            |          | Red          | Yellow      |           |               |           |
| Family D              | Care Plan                            | •          |          |              |             |           |               |           |
| Family A<br>Participa | Issue Benefits                       | + Family   |          |              |             |           |               |           |
| Income                | Transfer                             | •          |          |              | v           |           |               |           |
| Anthro /              | Journal of Transactions              |            |          |              |             | $\otimes$ | Address 🚖     |           |
| Health II<br>Eco-Soc  | Family Services Analysis             | First N    | ame 🔶    | мт           |             |           | 569 Gardenia  | Lane      |
| Dietary               | Clinic Family Workflow Dashboard     | Ded        |          |              |             |           |               |           |
| Assigned<br>Certifica | Reporting                            | • Reu      |          |              |             |           |               |           |
| Issue EE              | Delayed Signatures for FMFI Issuance | Мак        | len Name |              | in 2        | s         | ZIP Code 🔀    | City 🔀    |
| Notes                 | Delayed Signatures for FI Issuance   |            |          |              | rdia<br>ker | dres      | 28422         | BOLIVIA   |
| Scanned               | Reporting Death In Family            |            | D        | ate of Birth | Gua<br>etal | Add       | State 🚖       | County 🚖  |
| Ger Care P            | Subsequent Certification             |            | - 5/     | 14/2000      | ent/<br>Car | ical      | NC 🔽          | BRUNSWICK |
| JISSUE                | Marital Ctatue Educati               | an Laval   |          |              | are         | ysi       | Droof of Dock | lanca 🔶   |

 Select the box next to the name of the deceased participant and enter data into the Deceased Date field. Click Save.

| teporting | g Death In Family |            |      |        |               |         |              |                        |
|-----------|-------------------|------------|------|--------|---------------|---------|--------------|------------------------|
| Family    | Members           |            |      |        |               |         |              | Total Items: 2         |
|           | Last Name         | First Name | M.I. | Suffix | Date of Birth | Gender  | WIC Category | Foster Care Entry Date |
| R         | lose              | Red        | R    |        | 5/14/2000     | Female  | В            |                        |
| 🗹 R       | lose              | Yellow     | W    |        | 4/1/2021      | Male    | I            |                        |
|           |                   |            |      |        |               |         |              |                        |
|           |                   |            |      |        |               |         |              |                        |
|           |                   |            |      |        |               |         |              |                        |
|           |                   |            |      | Deceas | ed Date 🌟 4/2 | 25/2021 |              | Save Cancel            |
|           |                   |            |      |        |               |         |              |                        |

3) Crossroads will automatically change the participant status to Deceased (D) in the Family Header and disable all screens/fields related to the deceased participant (non-family screens) such as Health Information, Anthro/Lab, and Prescribe Food.



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4) Crossroads will also generate a Family Alert: Family Composition Change. Support Staff should delete the Alert and create a new one with specific information about the participant death. This should help minimize the future mention of the deceased participant by local agency staff.



#### 5) Mother-Infant Dyads:

- A) If the deceased participant is an infant of a Non-Breastfeeding mother-infant dyad, Crossroads will remove the infant from the dyad. Local agency staff do NOT need to click "Unlink Child" on the Woman's Health Information screen.
- B) If the deceased participant is an infant of a Breastfeeding mother-infant dyad, local agency staff will need to click the Unlink Child button on the Woman's Health Information screen to change the Woman's WIC Category from Breastfeeding to Non-Breastfeeding. <u>Before selecting Unlink</u> <u>Child, take notes on the listed Delivery Type, Weeks Gestation, Birth Length, and Birth Weight.</u>

| Postpartum<br>Labor Medications Selected | Health Conditions                           | Pregnancy Induced Health Conditions |
|--|---|-------------------------------------|
|  |   |                                     |
|  |   |                                     |
|  |   |                                     |
|  |   |                                     |
| Delivery Date 🚖 Weight at Delivery 🚖     | Number of Fetuses this Pregnancy Gravida Pa | ara Medical Home                    |
| 4/1/2021                                 |   |                                     |
|  |   |                                     |

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After clicking **Unlink Child**, a confirmation message will appear:

Are you sure you want to unlink the dyad for this woman and infant? Once they are unlinked, it is not possible to link them back again. Do you want to continue?

### Click OK.

| Rose Family<br>Family ID: F00500004652<br>569 Gardenia Lane<br>BOLIVIA, NC 28422 | C<br>Velow  | Red R. Rose<br>Participant ID: 960136655Q<br>Age: 20 years and 11 months<br>WIC Category: Breastfeeding Woman |
|--|---|---|
| Postpartum<br>Labor Medications Selected   | Health Conditions   | Pregnancy Induced Health Conditions   |
| Delivery Date  | yad for this woman and infant? Once they are unlinked, it is not poss | ble to link them back again. Do you want to continue?   |

After the "Unlink Child" process has been completed, the woman's Health Information screen will list **Infant 1** and the following **fields will need to be reentered**: Delivery Type, Weeks Gestation, Birth Length, Birth Weight and Breastfeeding Information. Do NOT change the Outcome. The Outcome was a Live Term Birth at the time of the woman's initial postpartum certification.

Choose No for Do you give your baby any formula?

| F | amily<br>69 G         | <b>E Family</b><br><b>J D:</b> F00600004652<br>ardenia Lane<br>IA, NC 28422 | C C C C C C C C C C C C C C C C C C C |                                |                                    |                                 | Red R. Rose<br>Participant ID: 960138655Q<br>Age: 20 years and 11 month<br>WIC Category: Breastfeedin | 2<br>ns<br>ng Womar |
|---|-----------------------|---|---------------------------------------|--------------------------------|------------------------------------|---------------------------------|---|---------------------|
|   | Infan<br>Outo<br>Live | nt 1  | Delivery Type ★                       | Weeks Gestation 🖈              | Measurement Units                  | Birth Length ★                  | Birth Weight 🜟  |                     |
|   | Infa                  | int 🖈   |                                       |                                |                                    |                                 |   |                     |
|   | <b>e</b>              | Data Collection Date 🖈  |                                       | Are you breastfeeding? 😒       |                                    | Ever Breastfed? 🚖               |   |                     |
|   |                       | 4/26/2021   |                                       | 🔘 Yes 🥥 No                     |                                    | 🔘 Yes 🔘 No 🔘 Unknown            |   |                     |
|   |                       | Breastfeeding Frequency   |                                       | Age Infant Stopped Breas       | tfeeding 🚖                         | Reason Infant Stopped Breastfee | ding 📩  |                     |
|   | _                     |   |                                       |                                | <b>~</b>                           |                                 | <b>~</b>  |                     |
|   | atio                  | Complications   | Age Supplement                        | Was Given Number of Wet        | Diapers / 24 hr Period Number of S | tools / 24 hr Period            |   | OUY                 |
|   | Ë                     |   |                                       |                                |                                    |                                 |   | Hist                |
|   | Infe                  |   | Do you give you                       | r baby any formula? 対          |                                    |                                 |   | ing                 |
|   | ling                  |   | 💽 Yes 🔘 No                            |                                |                                    |                                 |   | eed                 |
|   | feed                  |   | How much form                         | ula do you give your infant in | a 24-hour period? 🜟                |                                 |   | astf                |
|   | asti                  |   | oz.                                   |                                |                                    |                                 |   | Bre                 |
|   | lre                   |   |                                       |                                |                                    |                                 |   |                     |

Once Save is clicked, Crossroads will change the woman's WIC Category to Non-Breastfeeding.



Crossroads will automatically update the woman's **Prescribe Food** screen to WIC Category: Non-Breastfeeding. Modify the Food Prescription if needed and click **Save**.

| Rose Family<br>Family ID: F00600004652<br>569 Gardenia Lane<br>BOLIVIA, NC 28422  | Yelow   | Pa<br>Pa<br>Ag<br>WJ      | ed R. Rose<br>rticipant ID: 960138655Q<br>e: 20 years and 11 months<br>IC Category: Non-Breastfee | eding Womai   |
|---|---|---------------------------|---|---|
| od Prescription Date WIC Category   | /26/2021  |                           |   |   |
| Non-Breasuleeding 23  | 1 100101(3)   |                           |   |   |
| od Prescription Items   |   |                           | Total Ite   | ms: 6 🕜   |
| od Prescription Items     Category  | Subcategory   | Quantity                  | Total Ite<br>Category Max Quantity  | ms: 6 🕜<br>UOM  |
| Avoir-Breasuredaing - 23  | Subcategory<br>Eggs   | Quantity                  | Total Ite<br>Category Max Quantity  | ms: 6 🕜<br>UOM<br>Dozen   |
| Korrescription Items     Category Eggs Breakfast Cereal   | Eggs<br>Breakfast Cereal  | Quantity 1 36             | Total Ite<br>Category Max Quantity<br>1<br>36   | ms: 6 🕐<br>UOM<br>Dozen<br>Ounces   |
| Korreasueeding = 23      Addresserver and a second se | Eggs<br>Breakfast Cereal<br>Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr  | Quantity 1 36 1           | Total Ite<br>Category Max Quantity<br>1<br>36<br>1  | ms: 6 🕐<br>UOM<br>Dozen<br>Ounces<br>Containers                           |
| Korrescription Items     Category     Eggs     Breakfast Cereal     Legumes     Fruit & Vegetable CVB   | Eggs<br>Breakfast Cereal<br>Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr<br>Fruit and Vegetables                            | Quantity 1 36 1 \$35.00   | Total Ite<br>Category Max Quantity<br>1<br>36<br>1<br>\$35.00                                     | ms: 6 (?)<br>UOM<br>Dozen<br>Ounces<br>Containers<br>\$\$\$               |
| Avoir-Breasueeding = 23      Avoir-Breas | Eggs<br>Breakfast Cereal<br>Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr<br>Fruit and Vegetables<br>Juice 48oz fl/12oz Conc | Quantity 1 36 1 \$35.00 2 | Total Ite<br>Category Max Quantity<br>1<br>36<br>1<br>\$35.00<br>2                                | ms: 6 (?)<br>UOM<br>Dozen<br>Ounces<br>Containers<br>\$\$\$<br>Containers |

- 6) Void any issued food benefits for future months and reissue. If current month food benefits have been issued and need to be modified, call the Nutrition Services Branch (NSB) Customer Service Desk for assistance.
- 7) Local agency staff will need to:
  - > Cancel any scheduled appointments for the deceased participant.
  - Cancel any Notifications such as Missed Appointment Letters: Navigate to the Notifications screen and Search by Family ID. Select the red X (delete) for any messages that need to be removed.
- 8) The CPA should document the participant death in the Nutrition Care Plan.