

Bureau of Long Term Care Provider Instructions For Completion of Level 1 HW0087 Job Aid

The electronic (PDF) HW0087 is the preferred version for use of this form. If you need to print a hard copy of a blank HW0087 utilize the Word version.

The HW0087 can be completed by a physician or physician extender (if monitored by a physician) or a hospital discharge planner who is an RN or Licensed Social Worker.

Instructions for Completion of Level I - HW0087

Demographics: Complete all demographics

Section I: Mental Illness

1. Check No, Suspected or Yes
 - For Yes or suspected check all that apply
2. Check No, Suspected or Yes
 - For Yes or suspected, check all that apply
3. Check No or Yes, If Yes write in the diagnosis(es)
4. Check No or Yes
 - 4a - if Yes write diagnosis(es)
 - 4b - and check No or Yes

Section II: Current Psychiatric Medications

5. List admission and discharge medications. In addition, list any medications that resulted in adverse reactions. A physician must clearly identify those meds that are not being included due to being used for a medical diagnosis

Section III: Symptoms

For questions 6-8: Every effort should be made to obtain history over the past 6 months. If this is impossible then use current information

6. Check No or Yes
 - If Yes, check all that apply and write in date
7. Check No or Yes
 - If Yes, check all that apply and write in date
8. Check No or Yes
 - If Yes, check all that apply and write in date
 - Describe symptoms

Section IV: History of Psychiatric Treatment

For questions 9-11: Every effort should be made to obtain history over the past 2 years. If this is impossible then use current information.

9. Check No or Yes
 - If Yes, check all that apply
10. Check No or Yes
 - If Yes, check all that apply and write in date
 - Attach evaluation, if available
11. Check No or Yes
 - If Yes, write in date

Section V: Dementia

12. Check No or Yes
 - Mark Yes **ONLY** if diagnosis of dementia or Alzheimer's disease is "Primary."
 - If Yes is marked, proceed to question #13
 - If No is marked, proceed to question #15
13. Check No or Yes
 - If Yes, check all that apply
 - Attach testing or information to support
14. If an individual is prescribed an antipsychotic medication and has an Alzheimer's/dementia diagnosis, list medication and dosage

Section VI: Intellectual Disabilities and Developmental Disabilities

15. Check No or Yes
 - If Yes, specify type/diagnosis
16. Check No or Yes
17. Check No or Yes
 - If Yes, check all that apply
18. Check No or Yes
19. Check No or Yes
 - If Yes, check all that apply

Signature Section:

HW0087 is signed by the person completing (either Physician or Discharge Planner) **OR** if not completed by a Physician or Discharge planner it must be signed by both a **Qualified Mental Health Professional (QMHP) AND a Qualified Intellectual Disabilities Professional (QIDP).**

Forward to Bureau of Long Term Care (BLTC) if ANY of the following are marked YES: 1, 4, 5, 6, 7, 8, 9, 10, 14, 15, 16, 17, 18, 19, **AND** attach the following:

- History and Physical
- Updating Documentation
- Nursing Facility Level of Care physician support
- Discharge Orders/Summary
- Functional/ADL Assessment

Notification of MH/DD review:

CAUTION!

This area must be completed prior to forwarding to the BLTC. The individual's name must be entered and the paragraph explained by the discharge planner.

The individual should print their name, sign and date indicating their understanding and consent.

If applicable a Legal representative/Guardian should also sign and date.

If the individual or their representative refuses to sign the HW0087 form the person who spoke to them should capture in writing in this area who they talked with and, if possible, the reason they refused to sign. The person who spoke to them should also sign and date the note.

BLTC Regional Contacts			
	Contact	Phone	Fax
Region 1	Coeur d' Alene	208-769-1567 855-769-1567	208-666-6856
Region 2	Lewiston	208-799-4430 877-799-4430	208-799-5167
Region 3	Caldwell	208-455-7150	208-454-7625
Region 4	Boise	208-334-0940	208-334-0953
Region 5	Twin Falls	208-736-3024 800-826-1206	208-736-2116
Region 6	Pocatello	208-239-6260	208-239-6269
Region 7	Idaho Falls	208-528-5750	208-528-5756