

**Nevada Division of Health Care Financing and Policy (DHCFP)  
Behaviorally Complex Rate Request**

**Client Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medicaid #** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Provider #:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Facility Contact:** \_\_\_\_\_

The Behaviorally Complex Rate (BCR) may be approved for those recipients exhibiting extreme, unpredictable aggression; recipients who have been treated for their severe medically-based behavior disorder or other medical conditions across multiple medical, institutional and/or correctional environments with little or no success; or recipients exhibiting behaviors extremely disruptive or dangerous to themselves, other recipients or Nursing Facility staff. The term “medically based behavior disorder” includes mental health diagnoses, if the diagnosis substantiates the behavioral manifestations, or if the individual is aggressive for no known reason (Medicaid Service Manual Chapter 500). Eligibility for the BCR is based on each recipient’s cumulative score, which reflects the acuity of the recipient’s needs. This approach assesses the same behaviors and weighs each of the components on a scale of 0(never occurs) to a maximum of 3 (always occurs) depending on the amount of assistance/intervention that would be required for a recipient with that type of, frequency and level of behaviors. A minimum score of three (3) or greater is required for approval of BCR.

**Type of Request:**  New Request  Continued Request – provide current documentation within the last 90 days

**Period of Time Requested:** From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Diagnoses:**  Alzheimer’s  Dementia  Traumatic Brain Injury  Depression  Psychosis  
 Alcohol/Drug Related Dementia  Other Medical: \_\_\_\_\_

**Behaviors:**  Injures Self  Physical Aggression (Assaults residents, staff, property)  Verbal Aggression (extreme disruptive sounds, noises, screaming)  Regressive Behavior (Sexual behavior, disrobing, smearing/throwing food/feces, stealing, hoarding, going through other resident/staff belongings)  Resists Care (Resists personal care activities, eating, or medications)  Other: \_\_\_\_\_

**Documentation Required:**  New Requests - provide current documentation  
 Continued Request – documentation must be submitted for review as listed:  
 Tier I – Annually  Tier II – every 180 days  Tier III – every 90 days

**(Any Documentation not received to support request will result in denial of request).**

Required documentation to support the exceptional needs of the resident. Documentation must include a summary of the frequency and extent of adverse behaviors, the interventions applied and the effectiveness of such interventions.
<input type="checkbox"/> Face Sheet
<input type="checkbox"/> Medication Administration Record (MAR) Include psychotropic meds only
<input type="checkbox"/> Primary Care Provider Progress Note – Most recent
<input type="checkbox"/> Psychiatric Notes and/or Group Therapy Notes
<input type="checkbox"/> Nurses notes and/or Social Services and/or CNA notes
<input type="checkbox"/> Behavioral Plan
<input type="checkbox"/> Care Plan – Most recent pages that address behaviors
<input type="checkbox"/> Behavior Monitor Logs
<input type="checkbox"/> Daily progress notes for behaviors
<input type="checkbox"/> Interdisciplinary Team Notes
<input type="checkbox"/> Behavior Management Team Review
<input type="checkbox"/> Sleep Logs

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Behaviorally Complex Rate Request**

**Medicaid Use Only: (refer to Form Release Memo for Instructions)**

**Nursing Review: Date:** \_\_\_\_\_

**Diagnoses:**  Alzheimer's  Dementia  Traumatic Brain Injury  Depression  Psychosis  
 Alcohol/Drug Related Dementia  Other Medical: \_\_\_\_\_

(Medically based behavior which causes a significant capacity for judgment, retention of information and/or decision making skills. Or medically based mental health disorder or diagnosis and has a high level of resource use).

**Psychotropic Medications:**  Yes  No  
 Is resident compliant with taking medication(s)?  Yes  No

Behaviors	Always	Usually	Usually not	Never	Interventions Documented
<b>Score</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	
Injures Self	*	*			
Physical Aggression – (assaults residents, staff, property)	*	*			
Verbal Aggression – (extreme disruptive sounds, noises, screaming)					
Regressive Behaviors – (Sexual behavior, disrobing, smearing/throwing food/feces, stealing, hoarding, going through other resident/staff belongings)					
Behaviors that Resists Care – (resists personal care activities, eating, or medications)					
Other Behaviors (List)					
<b>Total</b>					<b>Total Score</b>

\* ANY SCORE IN THIS AREA IS APPROVED FOR TIER III

**Approved**                       **Tier I**                       **Tier II**                       **Tier III**  
**Total Score:**                      (3 – 7)                      (8 – 13)                      (14 – 18)

Request Denied

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_