

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

Recipient Name: _____ **Date:** _____

Medicaid # _____ **DOB:** _____

Facility: _____

Address: _____

Provider #: _____ **Phone Number:** _____

Facility Contact: _____

The Behaviorally Complex Care Program (BCCP) is for those Nevada Medicaid recipients with a severe, medically-based behavior disorders resulting in the recipient posing a danger to self and/or others. Medically based disorders may include (not all inclusive) traumatic/acquired brain injury, dementia, Alzheimer's, Huntington's Chorea, which causes diminished capacity for judgment, or a resident, who meets the Medicaid criteria for nursing facility level of care and who has a medically-based mental health disorder or diagnosis and exhibits significant behaviors. (Refer to Medicaid Services Manual Chapter 500 and Medicaid Billing Guides for further information).

Tier 1: Behaviors require a minimal amount of intervention or assistance

Tier 2: Serious behaviors require moderate intervention

Tier 3: Extreme behaviors exhibiting danger to themselves or others, requiring frequent intervention

Tier Level Requested: **Tier Level I** **Tier Level II** **Tier Level III**

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

Period of Time Requested: **From** _____ / _____ / _____ **To** _____ / _____ / _____

Diagnoses: Alzheimer's Dementia Traumatic/Acquired 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:

Any Documentation not received to support request may result in denial of request.

Documentation must include a summary of the frequency and extent of adverse behaviors, the interventions applied and the effectiveness of such interventions. If your facility does not have these records, or it is not applicable, please provide explanation.
<input type="checkbox"/> Face Sheet
<input type="checkbox"/> Medication Administration Record (MAR) Include psychotropic meds only

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<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 if applicable
<input type="checkbox"/> Sleep Logs

* For continuation of services, records and care plans must be submitted and reviewed as follows:

Tier I – Annually Tier II – every 180 days Tier III – every 90 days