



**Division of Nevada Medicaid
Behaviorally Complex Care Program (BCCP) Request Form
for Nursing Facilities**

Please submit this form and all supporting documentation to LTSS@nvha.nv.gov

Request Submission Date:

Section 1: Screening Type

Reason for Screening (select one)

- Preapproval Request (pending placement)
- New Request
- Continued Request
- Tier Level Change Request
- Facility Transfer Request*

**Facility Transfer Request – Only the facility Face Sheet is required with this form. It should be noted the tier authorization continues through the approved authorization end date.*

Tier Level Requested (select one)

- All Tiers are authorized for 180 days
- Tier Level 1
 - Tier Level 2
 - Tier Level 3

Section 2: Provider Contact Information

Provider NPI	Provider Name	Email	
Provider Address		City	State Zip code
Contact Last Name	Contact First Name	Telephone	

*Transferring Facility Provider Name and NPI:

Section 3: Recipient Information

Last Name	First Name	Middle Name
Medicaid ID Number	Date of Birth _____/_____/_____	

Section 4: Recipient Diagnosis

- | | |
|---|---|
| <input type="radio"/> Alcohol / Drug Related Dementia | <input type="radio"/> Psychosis |
| <input type="radio"/> Alzheimer's | <input type="radio"/> Traumatic / Acquired Brain Injury |
| <input type="radio"/> Dementia | <input type="radio"/> Other _____ |
| <input type="radio"/> Depression | |

Section 5: Behavior Information

Behavior	Description	Interventions	Duration of behavior	Frequency per week	Behavior occurrence over past eight weeks
Physical Aggression	<ul style="list-style-type: none"> ○ Assaultive ○ Breaking/throwing items ○ Chasing ○ Hitting/kicking/shoving ○ Biting / Spitting ○ Engages in acts of sexual abuse ○ Other _____ 	<ul style="list-style-type: none"> ○ Distraction ○ Redirection ○ 1:1 Sitter ○ Protective Equipment ○ Other _____ 	<ul style="list-style-type: none"> ○ 0-15 min ○ 16-30 min ○ 31-45 min ○ 46-1 hr. ○ >1 hr. 	<ul style="list-style-type: none"> ○ Less than 1 day ○ 1-3 days ○ 4-6 days ○ 7 days 	<ul style="list-style-type: none"> ○ 1-2 weeks ○ 3-4 weeks ○ 5-6 weeks ○ 7-8 weeks
Regressive	<ul style="list-style-type: none"> ○ Disrobing in public areas ○ Disruptive sounds, noises and screams ○ Rummaging through others' belongings ○ Hoarding -must disrupt the ability to use living space and/or compromise living environment ○ Public sexual behavior or sexual comments ○ Smearing/throwing food/feces ○ Stealing ○ Other _____ 	<ul style="list-style-type: none"> ○ Distraction ○ Redirection ○ 1:1 Sitter ○ Protective Equipment ○ Other _____ 	<ul style="list-style-type: none"> ○ 0-15 min ○ 16-30 min ○ 31-45 min ○ 46-1 hr. ○ >1 hr. 	<ul style="list-style-type: none"> ○ Less than 1 day ○ 1-3 days ○ 4-6 days ○ 7 days 	<ul style="list-style-type: none"> ○ 1-2 weeks ○ 3-4 weeks ○ 5-6 weeks ○ 7-8 weeks
Resisting Care	<ul style="list-style-type: none"> ○ Resists personal care activities (ex: pushing away) ○ Resists eating (ex: spitting out food) ○ Resists medications (ex: spits meds out) ○ Interference with medical devices (ex: IV, vent, G-tube, catheter, etc.) ○ Other _____ 	<ul style="list-style-type: none"> ○ Distraction ○ Redirection ○ 1:1 Sitter ○ Protective Equipment ○ Other _____ 	<ul style="list-style-type: none"> ○ 0-15 min ○ 16-30 min ○ 31-45 min ○ 46-1 hr. ○ >1 hr. 	<ul style="list-style-type: none"> ○ Less than 1 day ○ 1-3 days ○ 4-6 days ○ 7 days 	<ul style="list-style-type: none"> ○ 1-2 weeks ○ 3-4 weeks ○ 5-6 weeks ○ 7-8 weeks
Self-Injury (Intentional or Unintentional)	<ul style="list-style-type: none"> ○ Biting ○ Cutting or burning skin ○ Hair pulling ○ Head banging/slapping ○ Pinching ○ Scratching/picking ○ Other _____ 	<ul style="list-style-type: none"> ○ Distraction ○ Redirection ○ 1:1 Sitter ○ Protective Equipment ○ Other _____ 	<ul style="list-style-type: none"> ○ 0-15 min ○ 16-30 min ○ 31-45 min ○ 46-1 hr. ○ >1 hr. 	<ul style="list-style-type: none"> ○ Less than 1 day ○ 1-3 days ○ 4-6 days ○ 7 days 	<ul style="list-style-type: none"> ○ 1-2 weeks ○ 3-4 weeks ○ 5-6 weeks ○ 7-8 weeks
Behavior	Description	Interventions	Duration of behavior	Frequency per week	Behavior occurrence over past eight weeks

Verbal Aggression (extreme and disruptive)	<ul style="list-style-type: none"> ○ Cursing/name calling ○ Extreme hostility or rage towards others ○ Threatening, domineering or forceful language ○ Yelling/screaming at others with use of profanity or vulgar language ○ Other _____ 	<ul style="list-style-type: none"> ○ Distraction ○ Redirection ○ 1:1 Sitter ○ Protective Equipment ○ Other _____ 	<ul style="list-style-type: none"> ○ 0-15 min ○ 16-30 min ○ 31-45 min ○ 46-1 hr. ○ >1 hr. 	<ul style="list-style-type: none"> ○ Less than 1 day ○ 1-3 days ○ 4-6 days ○ 7 days 	<ul style="list-style-type: none"> ○ 1-2 weeks ○ 3-4 weeks ○ 5-6 weeks ○ 7-8 weeks
Behavior	Description	Interventions	Duration of behavior	Frequency per week	Behavior occurrence over past eight weeks
Other Behaviors (Not already listed)	<ul style="list-style-type: none"> ○ Other _____ ○ Other _____ ○ Other _____ ○ Other _____ 	<ul style="list-style-type: none"> ○ Distraction ○ Redirection ○ 1:1 Sitter ○ Protective Equipment ○ Other _____ 	<ul style="list-style-type: none"> ○ 0-15 min ○ 16-30 min ○ 31-45 min ○ 46-1 hr. ○ >1 hr. 	<ul style="list-style-type: none"> ○ Less than 1 day ○ 1-3 days ○ 4-6 days ○ 7 days 	<ul style="list-style-type: none"> ○ 1-2 weeks ○ 3-4 weeks ○ 5-6 weeks ○ 7-8 weeks

Section 6: Documentation Requirements

The following documentation is required to be submitted with this request. Behavior documentation must include a summary of:

1. frequency and extent of behaviors,
2. interventions applied, and
3. effectiveness of interventions.

If your facility does not have these records, or it is not applicable, please provide an explanation. It should be noted absence of sufficient supporting documentation may result in an adverse action on the BCCP Request.

ADMINISTRATIVE DOCUMENTATION	MEDICAL AND PSYCHIATRIC RECORDS
<input type="checkbox"/> Face Sheet	<input type="checkbox"/> Primary Care Progress Notes (most recent but not older than 180 days) <input type="checkbox"/> Psychiatric Notes and/or Group Therapy Notes (pertinent to diagnosis) <input type="checkbox"/> Medication Administration Record for Psychotropics (60-day history)
BEHAVIORAL DOCUMENTATION	
<input type="checkbox"/> Behavior Monitor Plan <input type="checkbox"/> Behavior Monitor Logs <input type="checkbox"/> Daily Progress Notes*	NURSING AND SUPPORT STAFF NOTES <input type="checkbox"/> Nurses' Notes <input type="checkbox"/> Social Services Notes <input type="checkbox"/> CNA Notes
* Daily behavior checklists are required to be accompanied by detailed notes that include examples of behaviors observed.	
CLINICAL CARE PLANS	PHYSICAL HEALTH ASSESSMENTS
<input type="checkbox"/> Care Plan (most recent pages that address behaviors) <input type="checkbox"/> Behavior Modification Plan <input type="checkbox"/> Behavior Management Team Review <input type="checkbox"/> Interdisciplinary Team Notes (must include behavior management review within 180 days)	<input type="checkbox"/> Skin / Wound Assessments
Submitter Signature	
Name	Title/Credentials

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