



STATE OF NEVADA
DEPARTMENT OF HEALTH HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
(775) 684-3676 • Fax (775) 687-3893

BEHAVIORALLY COMPLEX CARE PROGRAM

NEVADA MEDICAID
LONG TERM SERVICES and
SUPPORTS

BCCP

1. A Medicaid recipient of a nursing facility who has a medically-based mental health disorder or diagnosis and exhibits significant behaviors
2. A Medicaid recipient with a severe, medically-based behavior disorder, including, but not all inclusive:
 - Traumatic/acquired brain injury
 - Dementia
 - Depression
 - Alzheimer's
 - Huntington's Chorea
 - Psychosis

BEHAVIORS

Nursing Facilities and Acute Care Hospitals must demonstrate that the resident has a history of persistent disruptive behavior that is not easily altered and requires an increase in resources from nursing facility staff.

Documentation submitted must reflect the frequency and severity of the behavior(s), and each behavior should be documented separately.

BEHAVIORS

- Injures self
- Engages in verbally abusive behavior where resident threatens, screams or curses at others
- The resident presents a threat of hitting, shoving, scratching, or sexually abusing other residents
- Regressive behaviors: disrobing, smearing/throwing food/feces, stealing, hoarding, going through other residents/staff belongings
- Resist care: meds, meals, personal cares

NON-ELIGIBLE CRITERIA

Presence of elopement or wandering behaviors alone, not in conjunction with aggressive or assaultive behaviors exhibiting a danger to self or others, does not qualify recipient for the BCCP. The BCCP is not appropriate for those caring for suicidal individuals. Hospice enrollment voids the BCCP.

The BCCP may be requested while the recipient is in an acute placement if there is sufficient documentation to support a medically based behavior disorder.

TIERS

- Tier I- Behaviors requiring a minimal amount of intervention or assistance. Add on per diem rate of \$111.23
- Tier II- Serious behaviors requiring moderate intervention. Add on per diem rate of \$222.45
- Tier III- Extreme behaviors exhibiting danger to themselves or others requiring frequent intervention. Add on per diem rate of \$326.26

TIERS

The tiers are assigned points reflective of the frequency of the behavior.

- Always- Daily
- Usually- 4 or more times a week
- Usually Not- Less than 4 times a week
- Never

TIER RENEWAL

- Tier I- Annually
- Tier II- Every six months
- Tier III – Every three months

PROVIDER RESPONSIBILITY

- Verify resident is a Medicaid recipient
- Verify a person professionally qualified in the field of psychiatric mental health as defined in NRS 433.209 has clearly documented the severe medically based behavior disorder or other medical condition prompting the approval of the BCCP.
- Go to www.dhcfp.nv.gov → Resources tab → Nursing Facilities Forms → FORMS – select BCCP Request Form

PROVIDER RESPONSIBILITY

- Submit supportive documentation as listed in request packet to LTSS via secure fax 775-687-8724 ATTN: Sandra Kitchener- BCCP request
- Clinical review of materials submitted to determine whether there is sufficient medical documentation and justification for the BCCP.
- After review, the facility will receive a Notice of Decision.

OUTCOMES

- The request is approved at the tier requested
- The request is approved for a higher tier than requested
- The request is approved for a lower tier than requested
- The request is denied
- A NOD (Notice Of Decision) will be mailed

NOTICE OF DECISION

A Notice of Decision (NOD) will be mailed to your facility with determination after medical review is done by our team. Reason(s) for a lower tier approval or for a denial will be provided.

The fax date of your packet submittal to LTSS will be the start date for the requested tier.

The Prior Authorization number and start date for Tier reimbursement can be found on the NOD.

- https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_UB.pdf
- Field 63a-c the PA number from the NOD.

BCCP Current Updates

1. BCCP Tier pre-approval has averted 8 OOS placements
2. 20/21 NFs participating in BCCP have received BCCP training
3. 6/27 NFs Not participating in BCCP have received BCCP training
4. NFs receptive to Conference call and on – site BCCP training (per BCCP evaluation forms)
5. BCCP training RESULTS reveal a higher quality of care provided by NFs.
6. 4 Discharging organizations received BCCP training: Renown/Legacy/Senior Pathways/Carson Tahoe/St. Mary's
7. DHCFP – LTSS's collaborative effort will provide Discharging hospitals staffing calls beginning Dec 16, 2015 to educate on the BCCP and coordinate discharge planning
8. BCCP Training is available via Conference call or on- site.

**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.

Face Sheet

Medication Administration Record (MAR) Include psychotropic meds only

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

<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

**Nevada Division of Health Care Financing and Policy (DHCFP)
Evaluation of the Behavioral Complex Care Program**

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

Nurse Reviewing: _____ **Date:** _____

Recipient Name: _____

Medicaid #: _____ **DOB:** _____

Diagnoses: Alzheimer's Dementia Traumatic/Acquired 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
Score	3	2	1	0	
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)					
Total					Total Score

* 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: _____

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street * Suite 101 * Carson City, Nevada 89701

FACILITY NAME FACILITY CONTACT FACILITY ADDRESS PA# 00000000000 Beginning DATE

**NOTICE OF DECISION
BEHAVIORALLY COMPLEX CARE PROGRAM**

Notice Date: _____
 Recipient's name: _____
 Medicaid No.: _____
 Date of Request: _____

The following Medicaid decision(s) has/have been made _____
(Date of Action)

The requested Tier for the Behaviorally Complex Care Program is:

- Approved for Tier requested:** **Tier One** **Tier Two** **Tier Three**
- Approved for a higher Tier:** **Tier One** **Tier Two** **Tier Three**
- Approved for a lower Tier:** **Tier One** **Tier Two** **Tier Three**
- Denied due to no medical necessity to support the requested BCCP tier**

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

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

If denied, or approved at a lower tier than requested, this decision, is based on Medicaid Services Manual Chapter 500 and is based on the following clinical rationale:

If you have any questions regarding this decision, please call the Division of Health Care Financing and Policy at (775) 684-3619 and request the Long Term Support Services unit.

PLEASE RETURN PAGE 1 WITH REQUEST FOR FAIR HEARING FORM
Fair Hearing Request Form

If you disagree with Medicaid's decision regarding requested benefits, you may request a Fair Hearing by completing, signing and returning this form to Nevada Medicaid within 90 days of the effective date (Date of Action), shown on the enclosed Notice of Decision. The day after the effective date is the first day of the 90-day period. If you are currently receiving the Medicaid benefit in question, and you want to continue receiving this benefit during the Fair Hearing process, your Fair Hearing request must be received no later than the 10th day after the effective date (Date of Action) shown on the enclosed Notice of Decision.

At the Fair Hearing, you may represent yourself or be represented by a family member, lawyer, or other responsible adult. To be represented by someone else, you must sign a written authorization which must be received by Nevada Medicaid before the hearing preparation meeting (you can grant authorization by completing the appropriate fields below). A signature is not required for a recipient who is incompetent or incapacitated. If you cannot afford legal counsel, one of the Legal Services Programs listed below may be able to help.

Nevada Legal Services, Inc. (Reno) (Washoe County)
(775) 284-3491

Nevada Legal Services, Inc. (Las Vegas) (Clark, Lincoln, Nye and Esmeralda Counties)
(702) 386-0404 or (866) 432-0404, TDD: (702) 386-1059

Nevada Legal Services, Inc. (Elko) (Elko County)
(775) 753-5880

Nevada Legal Services, Inc. (Carson City) (Carson City and remaining counties)
(775) 883-0404 or (800) 323-8666

Senior Law Project (Las Vegas) (Clark County for residents aged 60 years and older)
(702) 229-6596, TDD: (702) 386-9108

Washoe County Senior Law Project (Washoe County residents aged 60 years and older)
(775) 328-2592

Nevada Disability Advocacy and Law Center (South) Disabled Persons and Families with Disabled Persons
(702) 257-8150 or (888) 349-3843, TTY: (702) 257-8160

Nevada Disability Advocacy and Law Center (North)
(775) 333-7878 or (800) 992-5715, TTY: (775) 788-7824

I am submitting this form to request a Fair Hearing. *(Check all that apply and complete fields below.)*

- I disagree with Nevada Medicaid's denial of the Behaviorally Complex Care Program requested tier
- I disagree with Nevada Medicaid's decision of the selected tier of the Behaviorally Complex Care Program

Recipient Name: _____ Phone No. _____

Recipient Mailing Address _____ Recipient ID No. _____

Recipient Signature: _____ Date: _____

Authorized Representative Name: _____ Phone No. _____

Authorized Representative Mailing Address: _____

Authorized Representative Signature: _____ Date: _____

Return this request to: Long Term Support Services
Division of Health Care Financing and Policy
1100 E. William St., Ste. 101
Carson City, NV 89701

FREQUENTLY ASKED QUESTIONS ABOUT THE PREPARATION MEETING AND FAIR HEARING

WHO MAY REQUEST A HEARING PREPARATION MEETING AND/OR A FAIR HEARING? Any recipient who is receiving Medicaid Services from the Division of Health Care Financing and Policy (DHCFP), who disagrees with any action resulting in the reduction, suspension, termination or denial of a Medicaid service. Also, any recipient who makes application for a service and believes the application was not acted upon with reasonable promptness by Medicaid and/or the Health Plan may request a hearing preparation meeting and/or Fair Hearing.

HOW TO REQUEST A HEARING PREPARATION MEETING OR A FAIR HEARING? A recipient may request a hearing preparation meeting and/or Fair Hearing by completing the FAIR HEARING REQUEST FORM and a copy of the Notice of Decision (enclosed), and submitting it to Nevada Medicaid within the required time limits. To request a Fair Hearing for not acting with reasonable promptness, please check the appropriate box on Page 2.

WHAT HAPPENS AT A HEARING PREPARATION MEETING? The purpose of the hearing preparation meeting is to provide the recipient with an explanation as to why Nevada Medicaid took the adverse action against the item or service requested. The recipient will be given the opportunity to provide Nevada Medicaid with any additional information that he or she believes should be considered in reversing the determination made by Nevada Medicaid.

WILL MEDICAID CONTINUE PROVIDING BENEFITS DURING THE FAIR HEARING PROCESS? Continued Medicaid benefits may be provided if the recipient's FAIR HEARING REQUEST FORM is RECEIVED at Nevada Medicaid's Central Office no later than the 10th day after the effective date of the proposed action (see "Date of Action" on your Notice of Decision form).

WHAT HAPPENS AT A FAIR HEARING? The Fair Hearing is a proceeding during which the recipient can show why he or she disagrees with the denial of service. The recipient will be allowed to present his/her case personally or through his or her authorized representative. The recipient and/or the recipient's representative will be given an opportunity to examine all documents and records pertaining to the denial decision. This information is provided to the recipient within a reasonable time before the date of the Fair Hearing. The recipient is allowed to bring witnesses, to present evidence, and to question or refuse any testimony or evidence, including the opportunity to cross-examine witnesses. The Medicaid office, the Health Plan, and/or the nursing facility will present their position as well.

WHO IS THE FAIR HEARING OFFICER? The Fair Hearing Appeals Officer may be an employee of the DHCFP or under contract with the DHCFP, but shall not have been connected in any way with the action in question.

WHEN AND WHERE IS A FAIR HEARING HELD? When the recipient's FAIR HEARING REQUEST FORM is received, the Fair Hearing is scheduled as soon as possible. The recipient will be advised in writing of the time, date, and place of the Fair Hearing at least ten (10) days prior to the Fair Hearing. Fair Hearings are usually held in the city where the Nevada Medicaid office at which the decision to deny services was made. If the recipient is unable to travel to the Fair Hearing or is unable to attend the Fair Hearing in person for other reasons, a Fair Hearing may be held at another location or may be conducted by telephone, when all parties are in agreement to do so.

WHAT WILL A FAIR HEARING COST? There is no charge for the Fair Hearing.

CAN SOMEONE ELSE HELP ME WITH THE FAIR HEARING? The recipient may represent him or herself or be represented at a hearing preparation meeting/Fair Hearing by an authorized representative such as a friend, parent or other family member, or lawyer, or other responsible adult. The recipient must sign a written authorization and it must be received at the Nevada Medicaid Office before the hearing preparation meeting/Fair Hearing. If the recipient is incompetent or incapacitated, a signature is not required. Information regarding resources which may be able to help is listed on Page 2 of this packet.

HOW IS A DECISION MADE? The Hearing Officer's decision will be based on the evidence and testimony introduced at the Fair Hearing. The Department of Administration will notify the recipient and Nevada Medicaid in writing of the decision within 30 days from the date of the Fair Hearing. Should the recipient abandon or withdraw his or her appeal or if the Hearing Office agrees with Nevada Medicaid's decision to deny the service, the denial decision will stand and any continued benefits the recipient may have received, but was not entitled to, will be subject to recovery by the Division of Welfare and Supportive Services.

YOUR RIGHT TO JUDICIAL REVIEW: If you are dissatisfied with the Fair Hearing decision, you may appeal your case to your local District Court of the State of Nevada within 90 days after the date the written decision was mailed. A transcript of the Fair Hearing together with all papers filed in the proceeding will constitute the official record of the Fair Hearing. All parties must be notified when an appeal is made to District Court.