

Behaviorally complex tier 1

Application for nursing facilities



Facility name: _____ Admission record number: _____

Resident name: _____ Medicaid ID: _____

BC program start date: _____ Facility admission date: _____

Diagnosis associated with the behaviors: _____

Indicate all behavioral symptoms that apply:

- Hallucinations Delusions
- Physical Behavioral Symptoms: directed toward others (hitting, kicking, grabbing, pushing, etc.)
- Verbal Behavioral Symptoms: directed toward others (threatening, screaming, cursing at others, etc.)
- Other Behavioral Symptoms: not directed toward others (disrobing, hitting self, pacing, rummaging, etc.)

Behaviors must include an impact on the resident and others through rejection of care, impact of wandering, or behaviors. These include:

- Putting the resident or others at significant risk of physical illness or injury.
- Significantly interferes with care, participation in activities, or social interaction.
- Significantly intrudes on the privacy or activity of others or disrupts the care/living environment.
- Rejection of care significantly impacts the resident's goal for health and well-being.
- Require ongoing intervention and must occur at least three days per week.

The application must include the following documentation:

- Baseline behavior profile tracking sheets that include specific dates, times, locations, and descriptions of the behaviors. It must also include persons and conditions present before and at the time of the behaviors, interventions for the behaviors, and their result and recommendations for future action.
- Documentation that the resident has a history of persistent disruptive behavior that is not easily altered. Must include a consecutive 30-day long behavior identification period while admitted to the facility which allows for identification of behaviors and an opportunity to provide remediation of environmental and social factors that likely precipitate or reinforce the inappropriate behavior.
- A behavior intervention plan completed by the interdisciplinary team that must include objectives stated in terms of specific behaviors, names/titles of persons responsible for conducting the plan, when the plan will be used, and methods and frequency of data collection. It must also include the least restrictive alternatives for producing the desired outcomes.
- Behavior plan data tracking sheet.

Applications must be submitted online through PRISM, attached as a file to the correct Admission Record. For questions, call 801-538-6155 or toll-free 1-800-662-9651 and select option 3, 3, and choose the correct RA nurse or send an email to residentassessment@utah.gov.

For more specific information or a list of behaviors, see Utah Administrative Code R414-502-6.

An Admission Record must be approved for the same dates of service as the Behaviorally Complex Add-on program. The Behaviorally Complex Add-on program cannot be combined with another add-on program.