



**UTAH DEPARTMENT OF HEALTH
DIVISION OF MEDICAID AND HEALTH FINANCING**

Print Form

1-800-662-9651 toll free
(801) 538-6155
(801) 536-0970 Fax

BEHAVIORALLY COMPLEX APPLICATION

RESIDENT INFORMATION

FACILITY NAME 10-A DOCUMENT NUMBER

RESIDENT LAST NAME RESIDENT FIRST NAME MEDICAID ID

PRIMARY DIAGNOSIS CODE

SECONDARY DIAGNOSIS

DOES THE RESIDENT HAVE A CURRENT DOCUMENTED DIAGNOSIS OF:

DIAGNOSIS WITH BEHAVIORAL SYMPTOMS		MEDICAL DIAGNOSIS WITH BEHAVIORAL SYMPTOMS		PSYCHIATRIC DIAGNOSIS WITH BEHAVIORAL SYMPTOMS	
Diagnosis Code	Diagnosis Description	Code	Diagnosis Description	Code	Diagnosis Description
DEMENTIA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRAMATIC BRAIN INJURY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ALZHEIMER'S DISEASE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the resident exhibit any of the following behavioral symptoms? (Indicate all that apply)

- HALLUCINATIONS DELUSIONS
- PHYSICAL BEHAVIORAL SYMPTOMS are directed toward others (hitting, kicking, pushing, scratching, grabbing or abusing other sexually)
- VERBAL BEHAVIORAL SYMPTOMS are directed toward others (threatening others, screaming at others cursing at others)
- OTHER BEHAVIORAL SYMPTOMS not directed toward others (physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes or verbal/vocal symptoms like screaming, disruptive sounds)

IMPACT ON RESIDENT	IMPACT OF OTHERS	WANDERING IMPACT
<input type="checkbox"/> Puts the resident at significant risk for physical illness or injury? <input type="checkbox"/> Significantly interferes with the resident's care? <input type="checkbox"/> Significantly interferes with resident's participation in activities or social interaction?	<input type="checkbox"/> Puts others at significant risk for physical injury <input type="checkbox"/> Intrudes on the privacy or activity of others <input type="checkbox"/> Disrupts care or living environment	<input type="checkbox"/> The wandering places the resident at significant risk of getting to a potentially dangerous place (stairs, outside the facility) <input type="checkbox"/> The wandering significantly intrude on the privacy or activities of others?
<input type="checkbox"/> REJECTION OF CARE (blood work, taking medications, ADL assistance) that is necessary to achieve the resident goals for health and well-being. Not including behaviors addressed above.		

THE NURSING FACILITY STAFF HAVE ESTABLISHED BEHAVIOR BASELINE PROFILE AND HAVE IMPLEMENTED THE FOLLOWING
(Indicate all that apply)

- A behavioral intervention program designed to reduce/control the aberrant behaviors.
- Specialized documented programs that increase staff intervention in an effort to enhance the residents quality of life, functional and cognitive status.

Administrator or Designee Signature Date

STATE USE ONLY

Effective Date Does the resident qualify as behaviorally complex?
 Yes No

Nurse Reviewer Signature Approval Date