

## SKILLED NURSING FACILITY ADMISSIONS REQUEST / ORDERS

### Utilizing the Silver State ACO SNF 3-Day Rule Waiver

Silver State ACO (SSACO) has been granted a SNF 3-Day Rule Waiver by CMS. An SSACO beneficiary who we believe would benefit from SNF services has been identified. A facility has been chosen from among those with which SSACO has contracted, as per CMS rules. This form sets forth required steps and protocols before the patient can be transferred. We request that all parties work with the Silver State ACO representative when contacted. For additional assistance, please call **702-800-7084**.

#### TRANSFER BEING REQUESTED

FROM (Facility):

TO (Facility):

Estimated length of stay:

Days

Checkbox (grey) for REQUIRED Steps before Transfer

#### PROVIDER REQUESTING TRANSFER TO SNF ("Requestor")

Name and Title

Phone:

Facility or Group

Date:

Time:

#### SILVER STATE ACO Representative Responsible

Name and Title

Phone:

#### SILVER STATE ACO Confirmation of Eligibility

Name (Rena Kantor, Tommy Ahsan or Rhonda Hamilton)

### PATIENT

First Name

DOB

MI

Gender

Last Name

MRN / MBI

#### PATIENT'S PCP

Name

Phone:

#### SNF 3-Day RULE WAIVER BENEFICIARY NOTICE DELIVERED TO PATIENT BY:

Name/ Title

Date:

Time:

#### PATIENT MEDICAL DATA and HISTORY

Allergies:

TB Test (Required):

Test type and Results:

Date:

Vaccinations:

Pneumonia: Date

Type:

None

Influenza: Date

None

Medical History and Reason for SNF Admission:

<u>SNF INFORMATION:</u>			
Admitting Provider		Phone:	<input type="checkbox"/> Checkbox (grey) for REQUIRED Steps before Transfer
Primary Dx:		Secondary Dx:	
<u>SNF Representative giving (verbal) approval / acceptance</u>			
Name/ Title		Phone:	
	Date:	Time:	
Verbal Approval received by (SSACO Representative) :			
<u>SSACO REVIEW AND AUTHORIZATION</u>			
<u>Participant Provider Review by:</u>			
Name / Title		Phone:	
	Date:	Time:	
	Verbally to:		
<u>SSACO Admission Certification by CMO / CEO:</u>			
Name / Title		Phone:	
	Date:	Time:	
	Verbally to:		
<u>SNF Representative responsible for receiving patient:</u>			
Name / Title		Phone:	
Patient Accepted:	Date:	Time:	
<b>MEDICAL ORDERS ON ADMISSION TO SNF:</b>			
<i>Please circle:</i>			
Labs to be Obtained:	CBC	BMP	U/A C&S
Additional / Follow up Chest X-Ray?	Needed		Report on hand - Results:
Activity:	Independent	WC	
Diet:	Regular	Mechanical Soft	Puree Other:
Consult Requested for:	Physical Therapy	Occupational Therapy	Speech Therapy
Appointment with Specialist?	Existing:		
	Required:		
<u>Instructions:</u>			
IV (antibiotics or other)?			None
Albuterol Nebulizer?			None
Other?			
<u>VITAL SIGNS</u>			
Weight	Upon Admission:	Daily	
Pulse OX	Upon Admission:	Q shift	
O2	Upon Admission:	Q shift	
BP / Pulse	Upon Admission:	Q shift	

MEDICATION RECONCILIATION

<u>Medication</u>	<u>Directions</u>	<u>Last Dose Given:</u>	<u>Notes</u>

Please work with US Health Systems, Silver State ACO's care coordination team, to create an individualized case management plan. Contact for US Health Systems is Tarra Cortez or Sadie Howes at (833) 208-0588. Contact at Silver State ACO: Rena Kantor or Tommy Ahsan (702) 800-7084.

Reminder to SNF: In order to be paid without delay, use Demonstration Code 77 in the Treatment Authorization field.