Silver State ACO
Accountable Care Organization

3-Day Waiver Program
SNF Admission Orders and Care Management Plan

Date:	Time:	Patient MRN:	Estimated LOS (Days):
Patient Name:			Patient DOB:
Patient PCP/ACO Provider:			Provider Phone Number:
Allergies:			
Vaccination: Pneumonia: Yes ☐	Date:	Type:	No:☐
Influenza: Yes: ☐	Date:	No: ☐	

Admitting PCP:	Admitting PCP Phone number:
Admitting Dx:	Secondary Dx:
Transferred From:	Transferred To:
ACO Person/title transferring patient:	SNF Person/title receiving patient:
Phone for ACO responsible person transferring patient:	Phone for SNF responsible person receiving patient:
Medical History and reason for SNF admission:	

Medical orders on admission to SNF: IV:	Pulse OX: Q shift O_2	Albuterol Nebulizer Q 4 hr PRN	Vital Signs Q Shift
CXR; Yes No	Labs to be obtained at SNF: CBC, BMP, U/A C&S		
Activity: Independent ☐ WC: ☐			
Current Medications Reconciled: Yes	No	List Medications;	

Silver State ACO
Accountable Care Organization

3-Day Waiver Program
SNF Admission Orders and Care Management Plan

<table>
<tr><td colspan="2">New Medications:</td></tr>
<tr><td colspan="2">Code Status:</td></tr>
<tr><td colspan="2">IV Antibiotics:</td></tr>
<tr><td>Weigh Daily</td><td>Diet: Reg: ☐ Mechanical Soft: ☐ Puree: ☐ Other:</td></tr>
<tr><td colspan="2">Consultation to: PT ☐ OT ☐ ST☐</td></tr>
<tr><td colspan="2">Appointment with Specialist:</td></tr>
<tr><td colspan="2">Patient/Designated Person received SNF 3 Day Waiver: Yes No</td></tr>
<tr><td colspan="2">SNF admission certified by ACO Care Management CMO/CEO: Yes☐
Signature:
Date:</td></tr>
</table>