November 2025

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 identifed. 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 702-751-0945, 702-609-9653 or 702-800-7084.

TRANSFER BEING REQUESTED					Checkbox (grey) for REQUIRED Steps before Transfer
FROM (Facility):					
TO (Facility):					
	Estimated length of stay:	Days			

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 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:

SNF INFORMATION:					Checkbox (grey) for REQUIRED Steps before Transfer
Admitting Provider			Phone:		
Primary Dx:		Secondary Dx:			
SNF Representative giving (verbal) approval / acceptance					
Name/ Title			Phone:		
	Date:	Time:			
Verbal Approval received by (SSACO Representative) :					
SSACO REVIEW AND AUTHORIZATION					
Participant Provider Review by:					
Name / Title			Phone:		
	Date:	Time:			
	Verbally to:				
SSACO Admission Certification by CMO / CEO (Secondarily by Chairperson or Vice Chairperson of the Board of Directors):					
Name / Title			Phone:		
	Date:	Time:			
SNF Representative responsible for receiving patient:					
Name / Title			Phone:		
Patient Accepted:	Date:	Time:			

MEDICAL ORDERS ON ADMISSION TO SNF:

Please circle:				
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:			

Instructions:				
IV (antibiotics or other)?			None	
Albuterol Nebulizer?			None	
Other?				
	VITAL SIGNS			
Weight	Upon Admission:	Daily		
Pulse OX	Upon Admission:	Q shift		
O2	Upon Admission:	Q shift		
BP / Pulse	Upon Admission:	Q shift		

MEDICATION RECONCILIATION			
Medication	*Directions*	*Last Dose Given:*	*Notes*

Please work with ARKOS, Silver State ACO's care coordination team, to create an individualized case management plan. Contact for ARKOS is Crystal Osborne, Clinical Director (702-609-9653), or Arkos main line (833) 208-0588. Contact at Silver State ACO: Rena Kantor (702) 751-0945.

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