BJC Accountable Care Organization

SNF AFFILIATE GUIDELINES FOR BJC ACO 3 DAY WAIVER PATIENTS

Pre-Admission

a. ACO team/inpatient care coordination team communicate when potential SNF waiver patient identified
b. ACO CM/SW to confirm eligibility (Patient, Provider, SNF Affiliate) and determine appropriateness
c. Referrals may come from fax (community patients) or Allscripts (inpatient and ED)
d. SNF affiliate to communicate back to ACO team (community patients) or inpatient care coordination team (inpatient and ED) regarding acceptance
e. SNF affiliate to ensure that they have received the completed Individualized Care Management Plan and it has been signed by the BJC ACO Physician prior to patient transfer. Individualized Care Management Plan is valid for 72 hours
f. SNF designee must sign and fax Individualized Care Plan back to the ACO

Please ensure that the BJC ACO has given final approval for transfer before receiving BJC ACO patient

Admission/Discharge Process

g. BJC ACO Care Coordination team will make telephonic outreach to SNF to confirm transfer completed successfully and review expectations
h. SNF will complete BJC ACO SNF Waiver Clinical Review Form and fax weekly
i. SNF affiliate to coordinate with BJC ACO when barriers to discharge occur or progressive decline in functional status is identified
j. BJC ACO Care Coordination team must be contacted 48 hours prior to patient discharge and fax completed discharge checklist.
k. BJC ACO Care Coordination team will follow patient 30 days post-discharge from SNF and communicate with BJC ACO Physician

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