

CARE/PASRR Checklist



This checklist is intended to assist with the completion of KDADS CARE forms. To avoid further delays in processing, please don't forget...

Checklist	Tips
<input type="checkbox"/> Level I Assessment <ul style="list-style-type: none"><input type="checkbox"/> Sections A-I of PASRR, Clock Draw, & CARE certificate fully complete (sections J&K when applicable)<input type="checkbox"/> Release of information fully complete (including <i>Description of Information to be Used or Disclosed</i> section)<input type="checkbox"/> DPOA/Guardianship documentation (When applicable)<input type="checkbox"/> Physician's note stating patient is medically unable to make decisions. (When applicable)	<ul style="list-style-type: none">*Ensure all boxes are checked*Do not leave #12 (A) of PASRR blank, write "No Contact" if no guardian or DPOA*Ensure ROI lists appropriate agencies to release and share info.*Ensure ROI is signed and dated by appropriate party*Be sure that DPOA and/or Guardianship is currently active.* Please note-If documentation states appointee is guardian/DPOA in the event patient is medically unable to make decisions for themselves, a physician's note or letter is required to confirm.

Special Admissions

Special admissions allow clients to enter nursing facilities without having a level I CARE assessment prior to admission. Duration of stays vary by special admission type which is determined by physician. A level I assessment must be completed if it is determined client will remain in facility past timeframe of special admit.

<input type="checkbox"/> Emergency Admission <ul style="list-style-type: none"><input type="checkbox"/> Sections A&B of PASRR fully complete<input type="checkbox"/> Both pages of KDADS Special Admission fax memo fully complete<input type="checkbox"/> Signed and dated physician's order ordering immediate admission due to individual's condition. (Signed by physician)	<ul style="list-style-type: none">*Do not leave #12 (A) of PASRR blank, write "No Contact" if no guardian or DPOA*Be sure to check box (KDADS fax memo) that indicates the type of admission. For Emergency Admissions, also check box indicating the reason for admission.*As a reminder, Emergency Admissions is a 7 day stay.*Please note- When entering and submitting documentation to KDHE, KDADS uses date physician signed the order, not admission date. Orders must be signed by a physician.*Doctor's order must be on letterhead or hospital forms indicating the location where the doctor assessed the individual for admission into a nursing facility.
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Checklist

Tips

Less Than 30-day Admission

- Sections A&B of PASRR fully complete
- Both pages of KDADS Special Admission fax memo fully complete
- Signed and dated physician's order ordering a less than 30- day stay. (Signed by physician)

***Do not** leave #12 (A) of PASRR blank, write "No Contact" if no guardian or DPOA

*Be sure to check box (KDADS fax memo) that indicates the type of admission.

***Please note**- When entering data and submitting documentation to KDHE, KDADS uses date physician signed the order, **not** admission date. Orders must be signed by a **physician**.

***Doctor's order must be** on letterhead or hospital forms indicating the location where the doctor assessed the individual for admission into a nursing facility.

Terminal Illness Admission

- Sections A&B of PASRR fully complete
- Both pages of KDADS Special Admission fax memo fully complete
- Signed and dated physician's order ordering a terminal illness stay. (Signed by physician)

***Do not** leave #12 (A) of PASRR blank, write "No Contact" if no guardian or DPOA

*Be sure to check box (KDADS fax memo) that indicates the type of admission.

*Order must indicate terminal illness with life expectancy of 6 months or less should condition continue to progress.

***Please note**- Date of physician's order **must be before** admission date.

***Please note**- When entering data and submitting documentation to KDHE, KDADS uses date physician signed the order, **not** admission date. Orders must be signed by a **physician**.

***Doctor's order must be** on letterhead or hospital forms indicating the location where the doctor assessed the individual for admission into a nursing facility.

Respite Stay Admission

- Sections A&B of PASRR fully complete
- Both pages of KDADS Special Admission fax memo fully complete
- Signed and dated physician's order ordering a respite stay, or terminal illness respite stay. (Signed by physician)

***Do not** leave #12 (A) of PASRR blank, write "No Contact" if no guardian or DPOA

*Be sure to check box (KDADS fax memo) that indicates the type of admission.

*Order must indicate beginning and end date of stay.

***Terminal illness respite valid for 7-day stay**

***Please note**- When entering date and submitting documentation to KDHE, KDADS uses date physician signed the order, **not** admission date. Orders must be signed by a **physician**.

***Doctor's order must be** on letterhead or hospital forms indicating the location where the doctor assessed the individual for admission into a nursing facility.

Checklist

Tips

Out of State PASRR Admission

- Sections A&B of PASRR fully complete
- Both pages of KDADS Special Admission fax memo fully complete
- Out of state PASRR documentation, fully completed and signed by physician.

***Do not** leave #12 (A) of PASRR blank, write “No Contact” if no guardian or DPOA

***Be sure** to check box (KDADS fax memo) that indicates the type of admission.

***Please note-** When entering data and submitting documentation to KDHE, KDADS uses date physician signed the order, **not** admission date. Orders must be signed by a **physician**.

How to send appropriate documentation to the KDADS Care Team?

Effective 07/01/2023 the KDADS Care Team no longer accepts documentation via fax or email. All documentation must be submitted by utilizing the CARE Upload Tool. For assistance on getting registered please contact KDADS.care@ks.gov.