

Kansas Department for Aging and Disability Services (KDADS) Client Assessment, Referral and Evaluation (CARE) & Pre-Admission Screening and Resident Review (PASRR) Processes AND the Connection to Kansas Department of Health and Environment (KDHE)

When a person enters a nursing facility, facilities need to communicate with BOTH **KDADS** and **KDHE**.

Why?

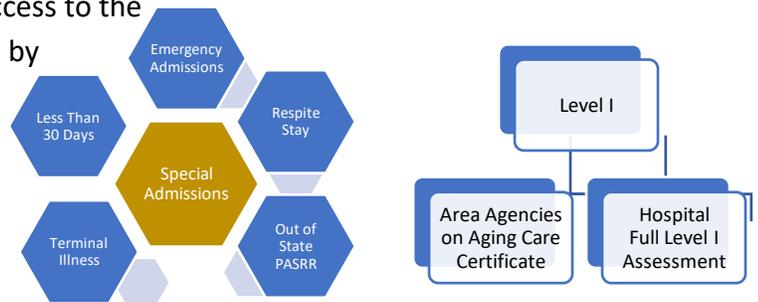
KDADS is responsible for the CARE/PASRR Program and KDHE is responsible for Medicaid/Medicare.

What does this mean to facilities?

- **KDADS:** It means that information about the admission such as Special Admission, Level I Assessment, or Level II Evaluations must be submitted to KDADS CARE Team within 24 hours of the admission. Typically, this is either a Special Admission (see the list of Special Admission below) or a Level I Assessment performed by a hospital assessor. NOTE: Level I assessments completed by AAAs are entered directly into our KAMIS database and the CARE Team has access to that information.
- **KDHE:** The form 2126 must be submitted to KDHE within 5 days of admission.

What information do I send and how do I send it to KDADS CARE Team?

- **KDADS:** Scan the Special Admission documentation or Level I information and submit it through the CARE Upload Tool (effective 07/01/2023 the CARE Team stopped accepting admission documentation via fax or email). If you have questions about how to obtain access to the **CARE Upload Tool**, please request assistance by emailing KDADS.CARE@ks.gov.



- If you are receiving a denial from KDHE regarding Medicaid, there can be several reasons.
 - The CARE Team did not receive any documentation from your facility regarding the admission OR the admission information was faxed/emailed instead of uploaded into the **CARE Upload Tool**. The CARE Response to KDHE would indicate “no documentation on file.”
 - The CARE Team may have received documentation and it is either incomplete or invalid (does not adhere to the requirements as outlined in the CARE Manual/additional guidance). This

could include no signature by a doctor on a doctor's order, a CARE certificate without the Level I form attached, and much more.

Additional information about the CARE Program can be found on the KDADS website at [https://kdads.ks.gov/kdads-commissions/behavioral-health/client-assessment-referral-and-evaluation-\(care\)](https://kdads.ks.gov/kdads-commissions/behavioral-health/client-assessment-referral-and-evaluation-(care))

What information do I send and how do I send it KDHE?

- **KDHE:** The fastest and most efficient method to submit information is the [KDHE Document Upload Portal](#). To gain access to the Document Upload Portal includes:
 - *Name of the facility*
 - *Contact name*
 - *Contact email*
 - *Facility physical address*
 - *Facility phone number*

Complete the form 2126 and submit using the Document Upload Portal.



MS-2126

Notification of Facility

2126 requirements admission:

- ***Submit within 5 days of admission***
- Fully complete Section A, which includes Residents SSN, DOB, and Client ID #
- Fully complete Section B, which includes the facilities contact information and NPI number
- Fully complete Section C, which includes pre-admission screening requirements
- Fully complete Section D, which includes anticipated length of stay
 - Indicate proper level of care
 - Indicate previous living arrangement
- Section E only needs completed if the resident will be temporarily absent for more than 30 days

Please note on the 2126 form the references to CARE/PASRR. This is a reminder that facilities need to submit this information to KDADS, however, the 2126 form itself goes to KDHE. See the questions below from the 2126 that pertain to the CARE/PASRR for new admissions and new Medicaid requests. Note the form requests the date the Special Admission or Level I information provided to KDADS CARE.

C. CARE/PASRR/Pre-Admission Screening (Responses to all Questions Required)

1. Is a CARE/PASRR/Pre-Admission Screening Required? No Yes
If No, provide reason: _____

2. Is a CARE/PASRR/Pre-Admission Screening subject to Special Admission? No Yes (If yes, complete the following section):

<input type="radio"/> Emergency Admission	Date to KDADS: _____
<input type="radio"/> Less than 30 Day (short-term stay)	Date to KDADS: _____
<input type="radio"/> Out of State Admission	Date to KDADS: _____
<input type="radio"/> Terminal Illness	Date to KDADS: _____

3. Was the CARE/PASRR/Pre-Admission Screening Completed? No Yes Not Applicable
CARE Date: _____ CARE/Level 2, Date: _____ Other, Date: _____
If the CARE/PASRR/Pre-Admission Screening is required, but was not completed, list reason below:

4. Is this a PRTF admission? No Yes (if yes, complete the following)
Is there an MCO assigned? No Yes If yes, list the MCO: _____
If an MCO is assigned, has a prior authorization been completed? No Yes
If yes, list the date prior authorization was completed: _____

2126 requirements admission:

- **Submit within 5 days of discharge**
- Fully complete Section A, which includes Residents SSN, DOB, and Client ID #
- Fully complete Section B, which includes the facilities contact information and NPI number
- Fully complete Section F, which includes discharge date and where the resident was discharged

Who do I contact with questions?

- **KDADS:** KDADS.CARE@ks.gov
- **KDHE:** NF Liaison assigned to your facility
Seven dedicated Liaison Units, comprised of 8 – 10 expert Long Term Care eligibility workers, and managed by 1 experienced and knowledgeable Long Term Care liaison supervisor.