

## Quick FAX SHEET for Nursing Facilities, PASRR and Medicaid

Type of Admission	What to do	What to send	When
<b>Medicaid Client MS 2126 Form</b>	FAX to KanCare at: 1-844-264-6285 or upload using The Document Upload Portal @ <a href="https://docuploadportal.kees.ks.gov/apssp/docUpload.portal">https://docuploadportal.kees.ks.gov/apssp/docUpload.portal</a>	<b>Fill out completely do not leave items blank. Use the current MS-2126 available on the KDHE policy website:</b> <a href="https://www.kancare.ks.gov/policies-and-reports/kdhe-eligibility-policy/forms">https://www.kancare.ks.gov/policies-and-reports/kdhe-eligibility-policy/forms</a>	<b>Send MS 2126 form within 5 working days of the resident Admit and discharge (If discharge from the nursing facility will be for more than 30 days.)</b>
<b>Emergency Admission</b>	Fax CARE Forms to 785-291-3427 or email them to <a href="mailto:KDADS.CARE@KS.Gov">KDADS.CARE@KS.Gov</a> And to your local Area Agency on Aging	KDADS Special Admission Fax Memo Sections A&B of the Level I CARE Assessment Physicians Order or APS Form PPS 10510 (if applicable)	Send within 24 hours of admission. This is only a 7-day PASRR, Level I must be complete in 7 days of admission.
<b>Respite Stay</b>	Fax CARE Forms to 785-291-3427 or email them to <a href="mailto:KDADS.CARE@KS.gov">KDADS.CARE@KS.gov</a>	KDADS Special Admission Fax Memo Sections A&B of the Level I CARE Assessment Orders signed by a Physician with a admit and discharge date included	Send within 24 hours of admission. Level I is not needed unless the client is staying long term.
<b>Less than 30-day Admission</b>	Fax CARE Forms to 785-291-3427 or email them to <a href="mailto:KDADS.CARE@ks.gov">KDADS.CARE@ks.gov</a>	KDADS Special Admission Fax Memo Sections A&B of the Level I CARE Assessment An Order signed and dated by the hospital physician, must include less than 30-day language.	Send within 24 hours of admission. Level I will be needed before the less than 30 day stay ends. 30 days from the date of the signed order.
<b>Out of State PASRR</b>	Fax CARE Forms to 785-291-3427 or email them to <a href="mailto:KDADS.CARE@ks.gov">KDADS.CARE@ks.gov</a>	KDADS Special Admission Fax Memo Sections A&B of the Level I CARE Assessment Other states signed and dated PASRR	Send within 24 hours of admission. Level I is not needed.
<b>Terminal Illness</b>	Fax CARE Forms to 785-291-3427 or email them to <a href="mailto:KDADS.CARE@ks.gov">KDADS.CARE@ks.gov</a>	KDADS Special Admission Fax Memo Sections A&B of the Level I CARE Assessment An order from a physician signed and dated, must show hospice/terminal admit related	Send within 24 hours of admission Level I in place first trumps this process This gives you a 6-month PASRR, renew in 6 months Level I needed if person stays longer than 12 months.
<b>CARE Certificate</b>	If you do not receive this upon admission, you will need to do one of the above special admissions or contact your local Area Agency on Aging for a Level I CARE Assessment	If you do receive, send nothing to KDADS	If you do receive, place in your file for client.

**\*\* ALL orders must be signed and dated wet or electronic, KDADS does not accept verbal orders, and orders can not come from nursing facility physicians. Updated by KDADS CARE Program 01/28/2022**