

Quick Fax Sheet

QUESTIONS REGARDING THE CARE PROCESS:
CALL .785.296.6446

Type of issue	What to do	Information to send	When
For Medicaid only MS-2126	FAX to KanCare at: 1-844-264-6285 Or mail: The KanCare Clearinghouse ; PO Box 3599; Topeka, KS 66601	Fill out completely do not leave items blank. Use the new form MS-2126 Old forms will not be accepted after August 31, 2017	Please send form within 5 working days of the resident Admit. Fill out upon admission and discharge (If discharge will be for more than 30 days.)
Emergency Admissions*	Fax local ADRC and Fax to KDADS Care 785-291-3427 or e-mail KDADS.CARE@ks.gov	<ol style="list-style-type: none"> 1. Special Admission Fax Memo 2. Sections A & B of CARE Assessment 3. Order if applicable 4. APS FORM (PPS 10510) if applicable 	Send fax within one business day of admission. 7 days to complete Care Level 1 assessment.
Respite Stay*	Fax KDADS Care Staff at: 785-291-3427 or e-mail KDADS.CARE@ks.gov	<ol style="list-style-type: none"> 1. Special Admission Fax Memo 2. Sections A & B of CARE Assessment 3. Respite order signed by Physician include admit and discharge dates 	Send fax within one business day of patient admit to KDADS
Less than 30 Day Admissions*	Fax to KDADS CARE Staff at: 785-291-3427 or e-mail at KDADS.CARE@ks.gov	<ol style="list-style-type: none"> 1. Special Admission Fax Memo 2. Sections A & B of CARE Assessment 3. Less than 30 day order signed by hospital attending prior to admission* 	Send fax within one business day of patient admit to KDADS On day 20, contact ADRC for CARE Level 1 assessment if patient stay will extend beyond Day 30.
Out of State Admissions*	Fax to KDADS CARE Staff at: 785-291-3427 or e-mail at KDADS.CARE@ks.gov	<ol style="list-style-type: none"> 1. Special Admission Fax Memo 2. Sections A & B of CARE Assessment 3. Out of State PASRR signed and dated 	Send fax within one business day of patient admit to KDADS
Terminal Illness Admissions*	Fax to KDADS CARE Staff at: 785-291-3427 or e-mail at KDADS.CARE@ks.gov	<ol style="list-style-type: none"> 1. Special Admission Fax Memo 2. Physician signed order stating 6 months or less to live 3. Sections A&B of the CARE Assessment 	Send fax within one business day of patient admit to KDADS Terminal Illness Certification is good for 6 months from the date of the signed order
Request for Resident Review*	FAX KDADS CARE Staff at: 785-291-3427 or e-mail at KDADS.CARE@ks.gov	<ol style="list-style-type: none"> 1. Resident Review Check List 2. Release of Information Form 	Three weeks prior to end of previously authorized stay <u>OR</u> as soon as MI/ID/DD is discovered Questions Contact: 785.291.3360
CARE Assessment*	Contact your local ADRC to schedule an appointment	None	On or before admission to the nursing facility, regardless of payer source.

***REGARDLESS OF PAYMENT SOURCE - One of the above types of admission paper work is REQUIRED for all residents entering a Medicaid certified nursing facility (02/13/2018)**