<table>
<thead>
<tr>
<th>Type of issue</th>
<th>What to do</th>
<th>Information to send</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Medicaid only MS-2126</td>
<td>FAX to KanCare at: 1-844-264-6285 Or mail: The KanCare Clearinghouse; PO Box 3599; Topeka, KS 66601</td>
<td>Fill out completely do not leave items blank. Use the new form MS-2126 Old forms will not be accepted after <strong>August 31, 2017</strong></td>
<td>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.)</td>
</tr>
</tbody>
</table>
| Emergency Admissions*        | Fax local ADRC and Fax to KDADS Care 785-291-3427 or e-mail KDADS.CARE@ks.gov | 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 | 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 | 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 | 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 | 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 | 1. Resident Review Check List  
2. Release of Information Form | Three weeks prior to end of previously authorized stay OR 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 paperwork is REQUIRED for all residents entering a Medicaid certified nursing facility**  
(02/13/2018)