

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
<p><input type="checkbox"/> Level I Assessment</p> <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)	<p>*Ensure all boxes are checked</p> <p>*Do not leave #12 (A) of PASRR blank, write "No Contact" if no guardian or DPOA</p> <p>*Ensure ROI lists appropriate agencies to release and share info.</p> <p>*Ensure ROI is signed and dated by appropriate party</p> <p>*Be sure that DPOA and/or Guardianship is currently active.</p> <p>* 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.</p>
<p><u>Special Admissions</u></p>	<p><i>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.</i></p>
<p><input type="checkbox"/> Emergency Admission</p> <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 emergency admission due to individual's condition. (Signed by physician)	<p>*Do not leave #12 (A) of PASRR blank, write "No Contact" if no guardian or DPOA</p> <p>*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.</p> <p>*As a reminder, Emergency Admissions is a 7 day stay.</p> <p>*Please note- Assessment date must be no more than 24 hours after admission date</p> <p>*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.</p> <p>*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.</p>

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-** Assessment date must be no more than 24 hours after 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.

 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.

***Please note-** Assessment date must be no more than 24 hours after admission date.

***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**.

Checklist

Tips

*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.

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-** Assessment date must be no more than 24 hours after 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**.
