

HENS 2.0 USER GUIDE- HOSPITAL USERS

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HENS 2.0 Hospital User Guide

Purpose and Overview of HENS 2.0

The HENS 2.0 is a web-based system that provides a way for the hospital to complete both form ODM 3622 (PAS/RR Identification Screen) and form ODM 7000 (Hospital Exemption) electronically and submit the forms, as appropriate, to the PASSPORT Administrative Agency, the state agency and the receiving nursing facility. The nursing facility can then access HENS 2.0 and print and/ or save the document so it becomes part of the individual's record.

Pre-Admission Screen/ Resident Review (PAS/RR): Since 1987, with the passage of the Omnibus Budget Reconciliation Act (OBRA), nursing facilities (NF) have been prohibited from accepting new applicants or retaining resident with serious mental illness (SMI) and/ or developmental disabilities (DD) without a thorough evaluation of their need prior to admission.

The PAS process was designed to ensure that individuals with serious mental illness (SMI) or a developmental disability (DD) who are seeking care in a nursing facility will receive appropriate care in the facility to address these conditions. A PAS Identification Screen (PAS-ID) is required for any individual (regardless of the source of payment for the stay) seeking admission to a Medicaid certified nursing facility (42 CFR 483.102, OAC 5160-3-15.1). To admit an individual to a nursing facility, hospitals are required to complete ODM 03622 and submit it for a determination. Based on information provided in the 3622, a determination is made as to whether the individual may be admitted to the nursing facility or whether further review is required. The HENS 2.0 system allows the hospital user to complete and submit the 3622, and to receive a determination immediately if no indications of SMI and/or DD are present. The system automatically forwards any documents with indications of SMI and/or DD to the Ohio Departments of Mental Health and Addiction Services and/or the Ohio Department of Developmental Disabilities.

A Resident Review is required for any nursing facility resident with serious mental illness or developmental disability who: 1) was admitted to the facility under hospital exemption, but requires for than 30 days of services at the NF level; or, 2) is transferring between NFs and there are no PASRR records available from the previous NF placement; or, 3) has experienced a significant change in condition (defined in OAC 5160-3-14 (B)(33)); or, 4) initially received a categorical determination and has been found to require a stay in a NF beyond the time frame allowed by the categorical determination; or, 5) has received a resident review determination for a specified period of time and has been found to require a stay in a NF exceeding that specified period of time. Nursing facilities are required to complete the 3622 accurately and submit it to the Ohio Department of Mental Health and Addiction Services and/or the Ohio Department of Developmental Disabilities if indications of serious mental illness and/or developmental disabilities are present. The HENS 2.0 system allows the nursing facility to complete the form and submit it directly to the Ohio Department of Mental Health and Addiction Services and/or the Ohio Department of Developmental Disabilities for further review.

Hospital Exemption: The hospital exemption notification provides an exception to the PAS-ID requirements for: Individuals who are being admitted to a Medicaid certified nursing facility, following a hospital stay where the individual has been on admitted status, and the purpose of the nursing facility admission is to receive services to continue treatment for the condition that lead to the hospitalization; and the physician has certified that the nursing facility stay is expected to be 30 days or less.

To admit an individual to a Medicaid-certified Nursing Facility (“nursing facility”) under the PASRR hospital exemption provision of the Ohio Administrative Code, 5160-3-15.1, hospitals are required to provide the nursing facility with a completed form ODM 7000 signed by the physician, and then send a copy of the form to the PASSPORT Administrative Agency (PAA).

The electronic notification submitted by the hospital to the PASSPORT Administrative Agency and the nursing facility using HENS 2.0 does not include an actual physician’s signature. However, as part of the submission process, the hospital staff must attest that they have appropriate documentation signed and dated by the physician verifying that the exemption criteria are met. The notification, created by the hospital and submitted to the nursing facility via HENS, will meet the PASRR requirements for admission to the nursing facility. The PASSPORT Administrative Agency will accept the notification submitted via HENS as meeting the requirement to provide a copy of the notification to the PASSPORT Administrative Agency.

The PAA is responsible for forwarding those notifications that include symptoms of SMI and/ or a diagnosis of MRDD to the Ohio Department of Mental Health and Addiction Services (ODMHAS) and/ or the Ohio Department of Developmental Disabilities (DODD). Based on responses to questions in the *Diagnoses* section of the electronic notification, the HENS will automatically make those notifications available to the ODMHAS or DODD.

The general process for using HENS 2.0 is as follows:

The Hospital Process:

- The hospital user will complete the appropriate document in HENS 2.0, certifying that the information provided is accurate and, when submitting an hospital exemption notification, that the individual meets the requirements for exemption.
- The hospital will submit the PAS-ID and if no indication of SMI and/or DD are present, will receive a determination letter via the electronic system immediately. If indications of SMI and/or DD are present, the PAS-ID will be forwarded, along with documentation provided by the hospital, to the appropriate state agency for Level II review.
- The hospital will submit the hospital exemption notification simultaneously to the nursing facility and the PASSPORT Administrative Agency via HENS.

The PASSPORT Administrative Agency (PAA) Process:

- The PAA will log into HENS and be able to access all notifications submitted by a hospital in their region.
- The HENS 2.0 system will electronically add the notifications into the AAA’s PASSPORT Information Management System (PIMS) computer system.

The Nursing Facility Process:

- The Nursing Facility will log into HENS 2.0 and be able to create PAS-ID notifications for individuals seeking admission to their nursing facility.
- The Nursing Facility will log into HENS 2.0 and be able to access all notifications for individuals admitted to their nursing facility.
- The Nursing Facility will be able to print or save a copy of the notification for the individual's file.
- The Nursing Facility will generate a Resident Review request in the system that will be sent to the Ohio Department of Mental Health and Addiction Services and/ or the Ohio Department of Developmental Disabilities for further review as appropriate.

The ODMHAS, DODD and CBDDProcess:

- Documents that need to be referred to the Ohio Department of Mental Health and Addiction Services(OMHAS) will be referred automatically by HENS 2.0 based on responses in the documents.
- Documents that need to be referred to the Department of Developmental Disabilities (DODD) or the County Board of Developmental Disabilities (CBDD) will be referred automatically by HENS 2.0 based responses in the documents.
- ODMHAS, DODD and the CBDD will log into HENS and be able to view/retrieve only those notifications referred specifically to them.
- ODMHAS, DODD and the CBDD will take the appropriate action to perform the Level II review and will provide the submitter with documentation of the Level II determination.

About the HENS 2.0 application

The HENS 2.0 is a web-based application. To use the system, the user must have a computer with Internet access and printer capability (to print the documents, if needed).

HENS 2.0 will maintain documents after the final activity on the documents has ceased. Final activity includes required action taken by the hospital, the PAA, the Nursing Facility and, if appropriate, the Department of Mental Health and Addiction Services, the Department of Developmental Disabilities or the County Board of Developmental Disabilities. Users that require a print copy of the document for their records should print a copy of the document when they have completed activity on the document.

How to set up users

The Ohio Department of Aging is responsible for the administration of the HENS system. The department will identify a HENS 2.0 administrator at each PASSPORT Administrative Agency. The PASSPORT Administrative Agency will set up a HENS 2.0 administrator at each participating hospital. Setting up, updating, adding or removing users is covered in the Administrators User Guide.

If a user works from more than one hospital, the user will need a user ID for each hospital setting. The same e-mail address may be registered for a user at multiple settings. It is important that the user use the correct user ID for each hospital setting.

Role of the HENS 2.0 administrator

- Each PAA will work with participating hospitals to identify a HENS 2.0 administrator at the hospital and to create a user account for that hospital administrator. The HENS 2.0 system will also generate a password for the administrator at the site.
- The system administrator at the hospital is responsible for setting up a user account for each staff member who will access the system. The administrator can add, change or delete any user that they have created.
- Each staff member who will use the HENS 2.0 system at the hospital will need a user name and password for the system.

User Names and Passwords

The HENS 2.0 system automatically creates a user name and password when an administrator adds a new user to the system. HENS 2.0 sends two e-mails to the new user at the e-mail address recorded in the system when the new user is added. The first e-mail contains the user's user name. Generally the user name will be the first initial of the first name, then the last name (e.g. Sam Smith would be ssmith in HENS 2.0). If more than one user would have the same user name, the system adds a number after the user name (e.g. Sara Smith would be ssmith2 in HENS 2.0). User names are not case sensitive.

The second e-mail from HENS 2.0 contains the user's password for the system. This is randomly generated by HENS 2.0 and sent only to the user to which it is assigned. When you first log in to HENS 2.0, use the password automatically generated by the system, then change the password to something you'll remember. For directions on how to change your password, see "Change Password" below. Passwords are case sensitive, so if you are having problems logging in to the system, be sure you are using the appropriate case.

Both the e-mail containing the user name and the e-mail containing the password are sent from an e-mail address that your e-mail system may think is spam (noreply.hens@age.state.oh.us). If you do not receive these e-mails in your inbox, check your spam folder or work with your IT department to retrieve these e-mails from spam.

How to login

- Type the URL: <http://HENS.age.ohio.gov> into the browser. The system will take you to the login screen.
- Enter your assigned user name and password and click "login."
- Please note that user names are NOT case sensitive, but passwords are. If you have trouble logging in with your password, make sure you are using the appropriate case letters.



Forgotten Password

If you forget your password, you can re-set it. From the login screen, click on “forgot password?” and enter your user name on the next screen. A new password will be sent to the e-mail address that is on record with the system. You can then use this password with your user name to log in to the system. The re-set password is randomly generated, so your first act when you’ve logged into the system successfully should be to change your password to something that will be easier to remember. Your system administrator will have access to your user name, but not your password, so if you forget it, you will have to re-set it.

My profile

Each user in the system has a profile. As a user, you can change your e-mail address, phone number and actual name from the *My Profile* tab. All other fields on this tab are controlled by the system or the administrator at your site and cannot be changed by the user.

Change password

You can change your password from the *My Profile* page. To do this, first log in to the system using your system assigned or current user name and password. Next, click on *My Profile* from the home page. At the bottom of the profile information, next to “To change password,” click on “click here”. At the next screen, enter your old password, then enter a new password and verify the new password by entering it a second time. Passwords are case sensitive and CANNOT contain characters, only letters and numbers. Finally, click “change password.” Once you have changed your password, an e-mail confirming that your password has been changed will be sent to the e-mail address recorded in your profile. That e-mail will NOT include your new password, so be sure to remember the new password you’ve created.

Help

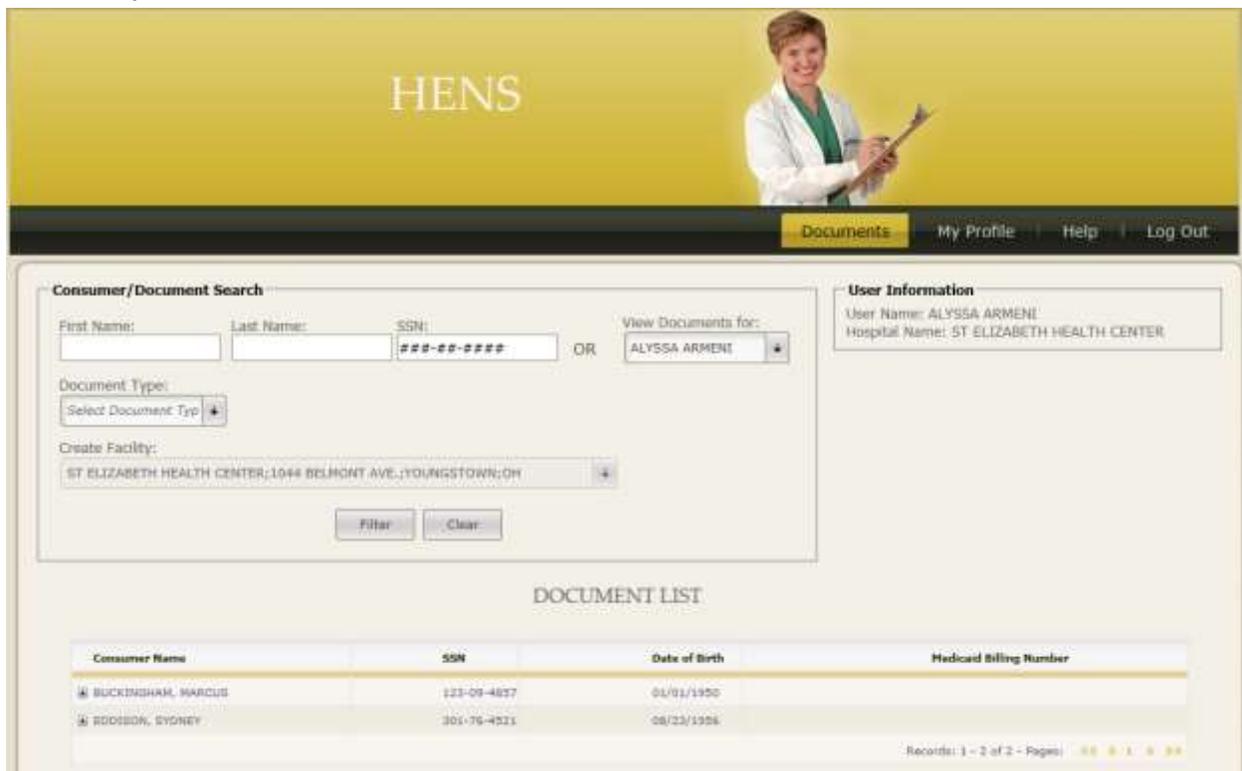
From the Help section, you can access the print User Guides and computer-based training specific to your need as a user.

Log out

When you are done working in the system, click “Log Out.”

Using the HENS 2.0 application

After you’ve logged in, the HENS 2.0 system displays the *Document List* screen. This includes the *Document List*, a list of documents that have been created, as well as the *Consumer/Document Search* function. In the upper right hand corner, the screen also identifies the name and location of the user in the *User Information* box.



The screenshot displays the HENS 2.0 application interface. At the top, there is a header with the HENS logo and a navigation bar with buttons for Documents, My Profile, Help, and Log Out. Below the header, there is a search form on the left and a user information box on the right. The search form includes fields for First Name, Last Name, SSN, and a dropdown for Document Type. The user information box shows the user name as ALYSSA ARMENI and the hospital name as ST ELIZABETH HEALTH CENTER. Below the search form and user information, there is a section titled DOCUMENT LIST with a table of documents.

Consumer Name	SSN	Date of Birth	Medicaid Billing Number
BUCKINGHAM, MARCUS	123-09-4827	01/01/1950	
EDDISON, SYDNEY	301-76-4521	08/23/1996	

Records: 1 - 2 of 2 - Pages: 1 2 3 4 5 6 7 8 9 10

For the hospital user, the *Document List* will default to those documents created by the user who has signed in (to see notifications created by other users at your location, change the settings in the *Consumer/ Document Search* tool. (See **Searching for Other Documents** below.)

Initially the list shows the consumer’s name, last name first, in alphabetical order; the social security number, date of birth and Medicaid Billing Number. To see forms created for a particular consumer, click on the “+” sign to the left of their name to expand the list.

The screenshot shows a web interface titled "DOCUMENT LIST". It features a table with columns for Consumer Name, SSN, Date of Birth, and Medicaid Billing Number. Two consumers are listed: BUCKINGHAM, MARCUS and EDISON, SYDNEY. Each consumer's record is expanded to show a list of documents. The document list has columns for DELETE, EDIT, PRINT, REVIEW, DOCUMENT TYPE, CATEGORICAL (DAYS), HOSPITAL NAME, DOCUMENT DATE, and RECEIVED DATE/TIME. For Marcus Buckingham, a document with ID 21723518, type 7000, from St Elizabeth Health C, dated 10/21/2014, is shown. For Sydney Edison, a document with ID 21732453, type PAS, from St Elizabeth Health C, dated 10/21/2014, is shown. The interface includes navigation arrows and a footer indicating "Records: 1 - 2 of 2 - Pages: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000".

The expanded chart includes the following columns:

- *Delete*- This button is used to delete a document in the list. Only a document that is *In Process* (see *Document Status* below) can be deleted. Only the user that initiated a document can delete the document.
- *Edit*- This button allows the user to access a document which has been started but is not yet complete and submitted. Click on the pencil icon to open the document. After the document has been completed and submitted, the edit function no longer allows access to the document. See *Review* explanation below for more detail about how the access the document once it has been submitted.
- *Print*- This button allows the user to view the PDF version of the document. Click on the printer icon and the PDF document will appear on the screen. Use the icons at the top of the PDF viewer to save or print the document.
- *Review*- This link takes you to a summary screen. Once a document has been submitted and can no longer be changed or edited, this *Review* screen will allow the user to review information about the document. Click on *Summary* to view relevant consumer information and activity for the document, including its status if it has gone on for Level II review. Click on *Attachments* to view any attachments to the document. NOTE: Hospital exemption forms do not require supporting documentation- only PASRR forms will have supporting documentation attached. Click on *Links* to upload attachments or open the document as a PDF. The *Open Document as PDF* feature in the *Links* section functions the same as the *Print* feature described above. Clicking on the *Open Document as PDF* allows the user the view the document and, using the icons at the top of the PDF viewer, save the document or print the document.

- *Document Type*- this column shows whether the document is a JFS7000 (hospital exemption) or a JFS3622 (PASRR).
- *Categorical (Days)*-If the request is for a categorical determination, the number of days requested will appear in this column. This only applies to PASRR.
- *Hospital Name*- This is the name of the hospital or facility where the document was created.
- *Document Date*- This is the date the document was created.
- *Document Status*- This field identifies the status of a document. This field is populated by the system, based on the action you or others that interact with the document have taken.
 - *In Process*- The document has been created, but is not complete and has not been submitted to the system. This document may be retrieved to make changes, or for completion and submission, or it may be deleted.
 - *Submitted*- The document has been created, completed and submitted to the PAA and nursing facility. Documents that have been submitted can be viewed (and printed if needed), but no changes can be made to the document. Documents that have been submitted cannot be deleted.
 - *PIMS Loaded*- The document has been referred to ODMHAS or DODD for a Level II review and has been loaded into the PAA data system, PIMS, while waiting for the determination from the Level II review by ODMHAS or DODD.
 - *Referred*- A document includes indications of serious mental illness and/ or developmental disability and has been referred to the appropriate state agency for Level II review. Once the Level II review is complete and entered into the system, the status changes to Complete.
 - *Complete*- The document has been submitted, all required determinations have been made (as applicable by the system or the appropriate state agency) and the document has been loaded into the data system at the PAA. Documents that have this status can be viewed (and printed if needed), but no changes can be made to the document, nor can it be deleted.
- *ODMH Status*- This field is populated by the system for those notifications forwarded to the Ohio Department of Mental Health and Addiction Services (OMHAS). When a PAS/RR or Hospital Exemption includes indications of serious mental illness, it is forwarded to the Ohio Department of Mental Health and Addiction Services for further review. When that happens, the status in this column will show as *Referred*. Once OMHAS has completed its review and enters its determination into the system, the document status will show as *Complete*. At this point, all parties have taken action, and the state agency will provide the submitter with the Level II determination letter.
- *DODD Status*- This field is populated by the system for those notifications forwarded to the Ohio Department of Developmental Disabilities. When a PAS/RR or Hospital Exemption includes indications of developmental disability, it is forwarded to the Ohio Department of Developmental Disabilities for further review. When that happens, the status in this column will show as *Referred*. Once DODD has completed its review and enters its determination into the

system, the document status will show as *Complete*. At this point, all parties have taken action, and the state agency will provide the submitter with the Level II determination letter.

- *County Board Status*- This field is populated by the system for those notifications forwarded to the County Board of Developmental Disabilities to complete part of the Level II PASRR review. When that happens, the status in this column will show as *Referred*. Once the CBDD has completed its review and the DODD has entered its determination into the system, the document status in this column will show as *Complete*. At this point, all parties have taken action, and the state agency will provide the submitter with the Level II determination letter.
- *Created By*- This field shows the name of the hospital user that created the notification.

The horizontal scroll bar allows the user to view the columns not immediately visible on the screen.

Searching for documents

The system defaults to show the documents created by the user who is logged in. If you are searching for documents you've created for a specific consumer and their name doesn't appear in the list you see, enter the consumer's last name or social security number into the appropriate fields in the *Consumer/Document Search* box and click the "filter" button. If a match is found for the information you entered, the consumer(s) will appear in the *Document List*.

Users are able to perform any of the functions available for the document list for any consumer created in their hospital setting. So, if a colleague begins a form, and you need to complete it, you will be able to click on the pencil icon, open the document and take whatever steps are needed to complete and submit.

You can use the vertical scroll bar to move up and down in the list. Remember, the list populates in alphabetical order by consumer last name.

Consumer/Document Search

First Name: Last Name: SSN: OR View Documents for:

Document Type:

Create Facility:

User Information

User Name: ALYSSA ARMENI
Hospital Name: ST. ELIZABETH HEALTH CENTER

DOCUMENT LIST

Consumer Name	SSN	Date of Birth	Medicaid Billing Number
RATH, DONALD	287-90-8765	05/13/1940	413007395701

Records: 1 - 1 of 1 - Pages: 1

Working with an existing document

To open and edit/ complete a document that has been started but is not yet submitted, click on the pencil icon in the *Edit* column. Once a document has been submitted it cannot be changed or edited so the pencil icon won't work.

To review a document that has been submitted, click on the number in the *Review* column to open the Summary screen.

The *Review* link takes you to a summary screen. Once a document has been submitted and can no longer be changed or edited, this summary screen will allow the user to review information about the document.

The Review screen includes access to a Summary, Attachments and Links.

Summary shows relevant consumer information and activity for the document, including its status if it has gone on for Level II review.

Attachments to view any attachments to the document. NOTE: Hospital exemption forms do not require supporting documentation- only PASRR forms will have supporting documentation attached. *Attachments* is also where you will find the Level 1 determination letter.

Click on *Links* to upload attachments or open the document as a PDF. The *Open Document as PDF* feature in the *Links* section functions the same as the *Print* feature described above.

Clicking on the *Open Document as PDF* allows the user the view the document and, using the icons at the top of the PDF viewer, save the document or print the document.

Starting a new document

After you have logged into HENS 2.0, hover the cursor over the *Documents* button on the menu bar. You will see an option to "Create a new document". Select that option to start a new document.

The document wizard

The HENS 2.0 system allows the user to create and submit a Hospital Exemption Notification (ODM 7000) or a Pre-Admission Screening/ Resident Review Identification Screen (PAS/RR- ODM 3622). To guide you to the appropriate document, the system asks a series of questions. The responses to these questions determine which form is appropriate for the situation and which form the system will make available. NOTE: A response to **every** question in the wizard is required to continue to the next screen.



HENS

Documents | My Profile | Help | Log Out

1. Where is the consumer currently located?

2. Is the consumer a:

3. Are you seeking admission for less than 30 days using a hospital exemption?
 Yes No

4. Are you seeking admission for a respite stay / emergency stay?

5. Is the consumer being discharged from a psychiatric unit or a psychiatric hospital?
 Yes No

6. Was there an adverse PASRR determination within the past 60 days?
 Yes No

7. What is the consumer's SSN?

Next >> | Cancel

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Question 1: This question identifies where the individual for whom the form is being completed is located. The options are: “hospital (admitted)”, “hospital (observation)”, “nursing facility”, or “other”. Select one option from the drop down menu. NOTE: Consumers who are in the hospital in “Observation” status may not use the hospital exemption (form 7000) process. A PAS-ID (form 3622) must be completed.

Question 2: This question identifies whether the individual is a current resident in a nursing facility or a new applicant to a nursing facility. The options are “Current NF resident” or “New NF application”. Select one.

Question 3: This question identifies whether the user is completing a Hospital Exemption Notification (JFS7000). Select “yes” or “no”. NOTE: To use the hospital exemption, the individual being admitted to the nursing facility must be in the hospital on **admitted** status, require nursing facility services for the condition being treated in the hospital and be expected to stay in the nursing facility for 30 days or less. If the individual being discharged does not meet these requirements, a PAS-ID screen (form 3622) must be submitted.

Question 4: This question identifies whether the individual is requesting a categorical determination using the PAS/RR process. The choices are “None”, “respite stay -1 4 days”, “emergency stay- 7 days”. Select one if appropriate (the default is “none”). If the individual is seeking nursing facility admission using the categorical determination, either a respite stay (maximum 14 days) or emergency stay (maximum 7 days) should be selected. The request for a categorical determination is used when an individual with known indications of mental health or developmental disabilities is being admitted to nursing facility for a short tem stay, usually to provide a break for the caregiver.

Question 5: This question identifies whether the individual is being discharged from a psychiatric hospital or the psychiatric unit of a freestanding hospital. Select “yes” or “no”. **NOTE:** effective 9/29/2013, individuals being discharged from a psychiatric unit of a hospital or from a psychiatric hospital may not use the hospital exemption process; a PAS/RR (form 3622) must be submitted. The Ohio Department of Mental Health and Addiction Services will provide an expedited review for those individuals who are being discharged from a psychiatric hospital or the psychiatric unit of a freestanding hospital to ensure timely discharge. To ensure the expedited process is enacted, the submitter must select “yes” in response to this question.

Question 6: This question identifies whether an adverse PAS/RR determination has been issued in the past 60 days. Select “yes” or “no”. If the individual has been through the PAS/RR process in the past 60 days, has indications of MH or DD, and either the Ohio Department of Mental Health and Addiction Services (OHIO MHAS) or the Ohio Department of Developmental Disabilities (DoDD) determined the individual ineligible for nursing facility services, the individual is not eligible for hospital exemption, a PAS/RR (form 3622) must be submitted.

Question 7: Enter the individual’s social security number.

NOTE: A response to each question is required to continue.

A pop-up box appears on the screen that tells the user which form will be initiated. Click “continue” to open the form. The form that is selected is based on the responses to the questions in the wizard. If the form that is proposed is not the form you were expecting, you can click “go back” to return to the wizard and review your responses.

If the social security number entered matches a form currently in process (one that has been started, but not yet completed and submitted), a notification will appear prohibiting the user from creating an additional form for the consumer. If this happens, use the *Consumer/ Document Search* function described below (see *Searching for Other Documents* above) to locate the existing form for the consumer and complete and submit that form. This feature is in place to prevent duplicate forms being created for the same consumer at the same time.

Instructions for completing a PAS-ID follow. Instructions for completing a Hospital Exemption Notification follow the instructions for completing the PAS-ID.

Completing a PAS- ID screen

The section names that appear across the top of the form correspond to the sections of the ODM 3622 form. Use these headers to navigate from one section to the next by clicking on the title of the section. The HENS 2.0 system uses logic, when appropriate, to identify which sections of the form the user should complete. In other cases, the system provides instruction on the screen on how to navigate the system or which steps to take next.

The system will not allow the user to proceed from one section to another until information provided for the page is saved. The “save” button is at the bottom of each page. The system will not allow the page to be saved until all required information is provided.

The HENS 2.0 system also provides a “Validation Messages” box that lists the sections of the form that need to be completed before the form can be submitted. The system performs validation checks to ensure the appropriate information is being provided for each section of the form.

Please complete BOTH Sections A and B before completing other information in the form. Responses in these two sections guide the responses in other parts of the form.

Section A: Identifying Information for Applicant/ Resident

The document opens to *Section A: Identifying Information for Applicant/ Resident*. This corresponds with Section A of the ODM 3622 form currently in use. The required fields are marked with a double red asterisk (**). The user will not be able to save the page and proceed to the next section until the required fields are completed on the page.

The screenshot displays the HENS 2.0 web application interface. At the top, there is a yellow banner with the 'HENS' logo and a photograph of a female healthcare professional in a white lab coat holding a clipboard. Below the banner is a navigation bar with links for 'Documents', 'My Profile', 'Help', and 'Log Out'. The main content area features a horizontal menu with nine sections: Section A (Identifying Information for Applicant/Resident), Section B (History for Submitting), Section C (Medical Diagnosis), Section D (Indications of Service/ Mental Illness), Section E (Indications of IRR or Related Condition), Section F (Return to Community Living Status), Section G (Request for Resident Review Approval For a specified period), Section H (Waiting Address), and Section I (Submit Information/Certification). A red note states: 'Note: When creating a new document please complete and save section A & B before completing any other section.' Below this, the 'Section A' form is titled 'Identifying Information for Applicant/Resident' and contains a 'Member Information' section with the following fields: Last Name (required, marked with **), MI, First Name (required, marked with **), SSN (with a pre-filled value of 875-67-9000), Date of Birth (format: mm/dd/yyyy), and Gender (radio buttons for Male and Female).

Member Information

Enter the name of the individual for whom the form is being completed in the *Last Name*, *Middle Initial* and *First Name* fields. [The Last Name and First Name are required fields.](#)

The consumer’s social security number automatically populates (from the wizard) when the screen comes up.

Enter the birthdate of the individual for whom the form is being completed in the *Date of Birth* field. [Date of Birth is a required field.](#)

Select the radio button next to the *Gender* selections, Male or Female. [Gender is a required field.](#)

Medical Information

Medicaid Recipient: Click on the down arrow to the right of the box next to *Medicaid Recipient*. The answer options are “Yes”, “No”, “Pending” or “Managed Care Plan”. Select one option. [This is a required field.](#)

If the individual is a Medicaid recipient, the *Medicaid Billing Number* is required.

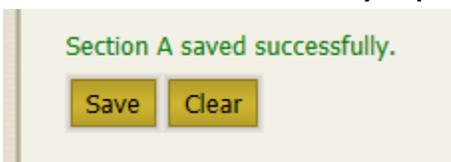
Enter the name of the Managed Care Plan if applicable.

Select the radio button next to “yes” or “no” to record whether the individual has health care insurance with another company. [A response to this question is required.](#) If yes, please enter the name of the insurance company.

Living Arrangement

This section captures the usual living arrangement for the individual. Select the radio button next to the response that most accurately captures the individual’s living arrangement.

Once you have entered all of the required information on this page, click the “save” button at the bottom of the data fields. If the information has been saved successfully, a message will appear just above the “save” button telling the user so. If a required piece of information is missing, the field where the information is missing will have a message below it requesting that the user complete the field. **The section will not be saved if any required information is missing.**



When you have successfully saved the information on this page, select the next appropriate section from the tabs at the top of the page or click “Next” to advance to the next section.

If you start a new notification, but are unable to complete it in one sitting, at a minimum complete the required fields in the *Identifying Information* section. In order for the system to save a patient’s form to return to later, the *Identifying Information* section must be completed and successfully saved.

If you change the information in any field, you must click “save” on that page to record the new information in the system.

Section B: Reasons for Screening

This section corresponds to Section B of the ODM 3622 and captures the reason for completing the form- either to initiate a pre-admission screen identification (PAS-ID) or to initiate a resident review (RR). NOTE: A resident review can only be initiated by a nursing facility user. The hospital user should only be initiating a preadmission screen.

Please complete Sections A and B before attempting any other section of the form. The responses to section B often trigger other requirements in the document.

The screenshot displays the HENS 2.0 Hospital User Guide interface. At the top, there is a yellow banner with the word "HENS" and a photo of a female healthcare professional. Below the banner is a navigation bar with buttons for "Documents", "My Profile", "Help", and "Log Out". The main content area features a series of tabs labeled "Section A" through "Section I". The "Section B" tab is currently selected. Below the tabs, a red note states: "Note: When creating a new document please complete and save section A & B before completing any other section." The "Reasons for Screening" section is active, showing a heading "Preadmission Screening Codes (If seeking admission into nursing facility):" and two radio button options: "1- Ohio Resident seeking nursing facility admission." (selected) and "2- Individual residing in a state other than Ohio, seeking nursing facility admission." Below the options, there is a blue link: "INSTRUCTIONS: IF #1 OR #2 ABOVE IS SELECTED, GO TO SECTION C" and "Restore visibility of B(3) thru B(7)". At the bottom of the form, there are "Save" and "Clear" buttons.

Pre-Admission Screening Codes:

The top section is to initiate a Pre-Admission Screen (PAS-ID). Select the radio button that describes the situation for the consumer:

“1- Ohio resident seeking nursing facility admission” or

“2- Individual residing in a state other than Ohio, seeking nursing facility admission”.

If the user is initiating a Pre-Admission Screen and has selected one of these options, the remainder of the questions on this page will disappear. They are not relevant for the Pre-Admission Screen. If the user selected “1” or “2” accidentally, click on “restore visibility of B(3) thru B(7)” to have the remainder of the options appear again.

Once the user has entered all of the required information on this page, scroll down and click the “save” button at the bottom of the data fields. If the information has been saved successfully, a message will appear just above the “save” button telling the user so. If a required piece of information is missing, the field will have a message below it requesting that the user complete the field. **The section will not be saved if any required information is missing.**

When you have successfully saved the information on this page, select the next appropriate section from the tabs at the top of the page or click “Next” to advance to the next section.

Please complete BOTH Sections A and B before completing other information in the form. Responses in these two sections guide the responses in other parts of the form.

Section C: Medical Diagnosis

This section corresponds to Section C of the ODM 3622 and captures the medical diagnosis. Select the appropriate radio button next to either “yes” or “no” to question 1.

If initiating a pre-admission screen, once the user selects “yes” or “no” to question 1, the page is complete. [A response to this question is required.](#)

The image is a screenshot of the HENS 2.0 Hospital User Guide interface. At the top, there is a header with the text "HENS" and a photograph of a smiling female doctor in a white lab coat holding a clipboard. Below the header is a navigation bar with buttons for "Documents", "My Profile", "Help", and "Log Out". The main content area features a series of tabs for different sections: Section A (Identifying Information for Applicant/Resident), Section B (Reasons for Screening), Section C (Medical Diagnosis), Section D (Indications of Serious Mental Illness), Section E (Indications of Physical Health Problems), Section F (Return to Community Living Referral), Section G (Request for Resident Review Approval for a specific period), Section H (Waiting Address), and Section I (Submit Information/Certification). Section C is currently selected and highlighted. Below the tabs, there is a red note: "Note: When creating a new document please complete and save section A & B before completing any other section." The "Medical Diagnosis" section is expanded, showing a question: "1) Does the individual have a documented diagnosis of dementia, Alzheimer's disease, or some other organic mental disorder as defined in DSM-IV TR (or most recent version)?" with radio buttons for "Yes" and "No". At the bottom of the section, there is a note: "If this is a Resident Review, please complete the remainder of this section."

Once the user has entered all of the required information on this page, scroll down and click the “save” button at the bottom of the data fields. If the information has been saved successfully, a message will appear at just above the “save” button telling the user so. If a required piece of information is missing, the field will have a message below it requesting that the user complete the field. **The section will not be saved if any required information is missing.**

When you have successfully saved the information on this page, select the next appropriate section from the tabs at the top of the page or click “Next” to advance to the next section.

Section D: Indications of Serious Mental Illness

This section corresponds to Section D of the ODM 3622 and captures whether consumer has indications of a mental disorder that warrants further review to determine if the nursing facility placement will appropriately meet the consumer’s needs.

[A response is required to all questions in this section.](#)

Question 1- Select the button next to “yes” or “no”. The remainder of the questions in this section are related to the mental disorder identified in question 1. If the response to question 1 is “no”, the

response to question 2b and 3 may be “no” as well. Even if the response to question 1 is “no”, a response is required for the remaining questions in this section.

Question 2- If the response to question 1 is no, the user does not need to respond to the list of services, but will need to select “yes” or “no” in response to 2) b).

If the response to question 1 is “yes”, the user MUST identify the services utilized in the past two years.

Note: If the individual has received “Ongoing case management from a mental health agency?”, simply click the box to record a response. For the remainder of the services, the default is “0”. If the amount of service received is a number other than “0”, enter a number in the appropriate box.

Question 3- If the response to question 1 is “no”, the user may select “no” for question 3 as well.

If the response to question 1 is “yes”, this question allows the submitter to identify those daily tasks that have been impacted by the mental disorder identified in question 1. Select all areas of limitation that apply for this individual. If the individual has not had an impact in these areas due to the mental disorder, the submitter may select “no” to question 3.

Question 4- Select “yes” or “no”.

NOTE: The paper version of the 3622 includes a question 5 in which you would indicate, based on the responses the questions 1 thru 4, whether the individual has indications of Serious Mental Illness. The electronic system uses logic, based on the answers you provide in this section, to make that determination. Question 5 does NOT appear in the electronic version of PAS/RR. The system calculates the appropriate response and takes action as required. A response to question 5 will appear if the PAS/RR form is printed.

If the user responds “yes” to two questions out of questions 1-3 or “yes” to question 4 in this section, it will trigger a Level II PAS review by the Ohio Department of Mental Health and Addiction Services. If a Level 2 PAS review has been triggered, the Review Results letter will indicate that the PAS-ID request has been submitted to the Ohio Department of Mental Health and Addiction Services for review.

Once the user has entered all of the required information on this page, scroll down and click the “save” button at the bottom of the data fields. If the information has been saved successfully, a message will appear just above the “save” button telling the user so. If a required piece of information is missing, the field will have a message below it requesting that the user complete the field. **The section will not be saved if any required information is missing.**

When you have successfully saved the information on this page, select the next appropriate section from the tabs at the top of the page or click “Next” to advance to the next section.

Section E: Indications of MR or Related Condition

This section corresponds to Section E of the ODM 3622 form and captures whether consumer has indications of mental retardation or developmental disability that warrant further review to determine if nursing facility placement will appropriately meet the consumer’s needs.

[A response is required to all questions in this section.](#)

Note: Questions in this section appear based on the response to the first question.

If the answer to question 1 is “yes”, questions 3-6 will appear and must be answered.

If the answer to question 1 is “no”, question 2 will appear.

If the answer to question 2 is “yes”, specify the severe chronic disability and answer questions 3-6.

If the answer to question 2 is “no”, answer question 6.

NOTE: The paper version of the 3622 includes a question 7 in which you would indicate, based on the responses the questions 1 thru 6, whether the individual has indications of a developmental disability. The electronic system uses logic, based on the answers you provide in this section, to make that determination. Question 7 does NOT appear in the electronic version of PASRR. The system calculates the appropriate response and takes action as required. A response to question 7 will appear if the PASRR form is printed. **A Level II PAS review by the Ohio Department of Developmental Disabilities is triggered when:**

The response to question 1 is yes, OR

The response to questions 2, 3, 4 AND 5 is yes; OR

The response to question 6 is yes.

If a Level II PAS review has been triggered, the Review Results letter will indicate that the PAS-ID request has been submitted to the Ohio Department of Developmental Disabilities for review.

Once the user has entered all of the required information on this page, scroll down and click the “save” button at the bottom of the data fields. If the information has been saved successfully, a message will appear just above the “save” button telling the user so. If a required piece of information is missing, the field will have a message below it requesting that the user complete the field. **The section will not be saved if any required information is missing.**

When you have successfully saved the information on this page, select the next appropriate section from the tabs at the top of the page or click “Next” to advance to the next section.

Section F: Return to Community Living Referral

This section corresponds to Section F of the ODM 3622 form and captures whether the consumer has been made aware of community-based options available as an alternative to nursing facility care, or after a nursing facility stay. The intent of this section is to ensure that consumers are aware of options available to them and, as appropriate, to link consumers to someone who can explore those options.

Once you have responded to all of the questions on this page, scroll down and click the “save” button at the bottom of the data fields. If the information has been saved successfully, a message will appear just above the “save” button telling the user so. If a required piece of information is missing, the field will have a message below it requesting that the user complete the field. **The section will not be saved if any required information is missing.**

When you have successfully saved the information on this page, select the next appropriate section from the tabs at the top of the page or click “Next” to advance to the next section.

Section G: Request for Resident Review Approval for a specified period

This section corresponds to Section G of the ODM 3622 form. It is not appropriate for a Pre-Admission Screen. It is only relevant to a Resident Review conducted by a nursing facility. If the user has initiated a Pre-Admission Screen, a message will appear for Section G that tells the user the section is not applicable.



Click on the tab for Section H to move to that section, or click on the “next” button.

Section H: Mailing address

This section corresponds to Section H of the ODM 3622 and includes contact information for various people who are involved with the consumer.

Question 1: Enter the mailing address of the consumer or the representative to whom the review results should be mailed. [All fields related to this question are required.](#)

Question 2: Enter the name and mailing address of the individual’s physician. The information provided here should reflect the individual’s primary care physician or a physician who provides care on an on-going basis. [Attending physician is required information.](#) To select a physician, type the first letter of the physician’s last name in the field next to “physician search”, then click “search Physicians” button. Next, click on the down arrow to the right of the “select a Physician” field in the next line. A list of physicians starting with the letter you typed will appear. Use the scroll function to scroll down the list of names. Click on the correct name to populate the fields in this section.

Question 3: Enter the contact information for the consumer’s guardian or legal representative. If the individual has a guardian or legal representative, please check “yes” and enter this information if a guardian or legal representative exists.

Question 4: Enter the name of the nursing facility to which the consumer is being admitted (or transferred in the event of a transfer between nursing facilities) or in which the consumer resides. [Nursing facility information is required](#). To select a nursing facility, type the first letter of the name of the facility. Then click on the down arrow to the right of the field. A list of nursing facilities starting with that letter will appear. Use the scroll function to scroll down the list of names. Click on the name of the appropriate facility and the other fields in this section will auto-populate.

Question 5: Enter the information about a submitter if this document is being submitted by an individual other than staff at the discharging hospital or the nursing facility.

Choose address: Select an option from the drop down box next to ““Who should be contacted if a Level 2 PAS/RR evaluation by ODMH and/or DODD is needed?”. [This is a required field](#).

Once the user has entered all of the required information on this page, scroll down and click the “save” button at the bottom of the data fields. If the information has been saved successfully, a message will appear just above the “save” box telling the user so. If a required piece of information is missing, the field will have a message below it requesting that the user complete the field. **The section will not be saved if any required information is missing.**

When you have successfully saved the information on this page, select the next appropriate section from the tabs at the top of the page or click “Next” to advance to the next section.

[Section I: Submitter Information/ Certification](#)

[Upload Attachments](#)

You may upload documents in this section by clicking on the [File Upload](#) link in the *Upload Attachments* section. To upload the required documentation, double click on “+ Add files” and navigate to the appropriate document on your computer or system and click “open.” The system will accept files of the following types: .pdf, .gif, .jpg, .png, .tiff, .jpeg, .doc, .docx, .xls, .xlsx and .txt. The file name will appear on the screen. You may repeat this step for as many documents as are necessary to supply the required documentation.

Once you have identified each of the files to be attached, double click on “start upload”. Once a file has been uploaded, a list of files will appear under the *Previously Uploaded Files* section of the page. You may delete an uploaded document by clicking on the “delete” button next to the document. Once the notification has been submitted, documents cannot be deleted.

Supporting documentation- the Ohio Administrative Code (OAC 5160-3-15.1 (B)(2)) specifies that “supporting documentation sufficient to validate the answers on the JFS 3622” is to be submitted with the 3622. Supporting documentation may include physician’s orders, health and physical, medication administration record, functional assessment, psychiatric assessment, discharge summaries, progress

notes and/ or other relevant exams. This documentation should be uploaded using the feature on this page and labelled so it is obvious what information the documents contain.

In the HENS 2.0 system, supporting documentation is NOT required for PAS-IDs if the consumer does not have indications of serious mental illness (per the information collected in Section D) or developmental disability (per the information requested in Section E) of this form. If you are unsure of whether the individual will proceed for a Level II evaluation due to indications of serious mental illness or developmental disability, the Level I review results letter will provide that information for you.

Supporting documentation IS REQUIRED when the consumer does have indications of serious mental illness (per the information collected in Section D) or developmental disability (per the information collected in Section E) of this form and will undergo a Level II evaluation. If the user is unable to upload supporting documentation into the HENS 2.0 system, the appropriate documentation may be faxed to: Ohio Department of Mental Health and Addiction Services- 1-866-299-0029
Ohio Department of Developmental Disabilities- 614-995-4877

This contact information is also specified on the Review results letter that the system generates once the PAS-ID request has been completed and submitted.

This section captures information about the individual submitting the PAS-ID. [All fields in the following two sections are required.](#)

Submitter Information

The top section is information about the submitter.

NOTE: This section auto-populates based on the user who initiated the document. If this information is not correct, the user can click in the auto-populated boxes and change the information as needed.

Attestation

The bottom of the page is the certification that the submitter understands the intent of the form and the consequences for falsifying information. [All fields in this section are required.](#)

Once the user has entered all of the required information on this page, scroll down and click the “save” button at the bottom of the data fields. If the information has been saved successfully, a message will appear just above the “save” button telling the user so. If a required piece of information is missing, the field will have a message below it requesting that the user complete the field. **The section will not be saved if any required information is missing.**

Validate and Submit

The final step once the user has completed the document is to validate and submit. Click on the “Validate and submit” button to begin the validation process. Validation is a process through which the system checks to ensure that all required information has been completed before the document is submitted. If there are sections of the document that have not been completed, they will appear in the “validation messages” popup box in the lower right hand corner of the screen. The user can navigate to

the appropriate section, complete the missing information and click “save” at the bottom of that page. After completing any unfinished sections, return to Section I and click “Validate and submit”. If all required sections have been completed, the Validation Messages dialogue box will share the message “PASRR Validation complete.” If the validation is successful, the form is submitted, as appropriate, to the recipient(s).

Print

Section I also includes the “Print PAS/RR” button. If the user needs to print the 3622 form, click on the “print” button to print. The completed form will appear on the screen. Select from the icons at the top of the PDF Viewer to print or save the document to your computer.

Accessing the Level I PAS determination letter

The HENS 2.0 system will provide the Level I PAS/RR determination letter for the user. This is the same letter that users submitting a paper PAS to the PAA would receive. Once generated, the user will be able to view, save or print the determination letter that is the evidence the determination has been made.

The Level I PAS determination letter is available in the system when the status for the document shows as *complete*. Users who need to access the determination letter will click on the “+” next to the consumer’s name in the *Document List*, then click on the number in the *Review* column. This will take you to the summary screen. Click on *Attachments* to expand it and a list of available letters will be displayed along with any documents that have been uploaded to the system. The Level I review letter is named “Review Results”. Click on “Download” next to the appropriate document and it will load on your screen. Use the options provided to print the document or save it to your computer.

The screenshot shows a web interface with a 'Summary' section. Below it is an 'Attachments' section with a 'Refresh Attachments' button. A table lists two files:

Delete	File Name	DownLoad
Delete	ODMH_DODD_Guide.pdf	Download
Delete	REVIEW_RESULTS.RTF	Download

The 'REVIEW_RESULTS.RTF' file name is circled in red. Below the table is a 'Links' section.

The PAS-ID Level II determination

When an individual does have indications of serious mental illness or developmental disability, the PAS-ID is referred to the appropriate state agency to complete a Level II review. Once the appropriate state

authority has made its determination, the state agency will send the results of the Level II determination directly to the submitter.

Completing a Hospital Exemption Notification

The electronic version of the ODM 7000, as represented in HENS, captures the same content as the paper version of the 7000, so questions are worded similarly. The electronic notification is separated into tabs, which correspond to sections of the paper 7000; the content for each tab is described below.

Required fields are noted with **. If you do not complete a required field, an error message will appear. The notification cannot be saved unless these required fields are completed. You will not be able to print or submit a notification until required information is completed.

Patient Information: This section is aligned with Section A (Identifying Information for the Applicant/Patient) of the 7000 form. The notification will always open on the *Patient Information* tab.

- Enter the name of the individual seeking nursing facility admission in the *Last Name*, *Middle Initial*, and *First Name* fields. [The Last Name and First Name are required.](#)
- Enter the *Street Address* (home address, not the hospital address) of the individual seeking nursing facility admission into the *Street Address*, *City*, *State*, and *Zip Code* fields as applicable.
- Enter the individual's *Ohio County of Residence* in the field. A drop down list of Ohio counties will appear if you click on the down arrow to the right side of this list. You can either select an option from the drop down list, or if you begin to type the name of the county in the box, it will auto-populate from the list. If you type and the county name auto-populates, press the enter key to accept the populated response. [The Ohio County of Residence field is required.](#)

NOTE: If this person is not a resident of Ohio, then nursing facility admission under the hospital exemption is not allowed and you must complete and send JFS form 3622 to the PASSPORT Administrative Agency.

- Enter the individual's *Social Security Number* (digits only) in the appropriate field. [Social Security Number is a required field.](#)
- Enter the individual's *Date of Birth* (two-digit month, forward slash, two-digit day, forward slash, four-digit year). You must enter the forward slashes between the numbers. [The Date of Birth is required.](#)
- Select whether the person is *Male* or *Female* by selecting the appropriate radio button.
- The *Hospital Name* will automatically populate, based on the location of the user.

- In the *Medicaid Recipient* field, select the payment source being sought for the NF admission. You can select from the choices in the drop down box by clicking on the down arrow to the right of the box and selecting the appropriate choice. [This is a required field.](#)
- In the *Discharge from Psychiatric Unit to NF* field, select “Yes” or “No”. [This is a required field.](#)
- Enter the *Discharge Planner Name* and *Discharge Planner Phone* in the appropriate fields. [The Discharge Planner’s name is required.](#)
- Enter the *Living Arrangement Prior to Hospital Admission* by selecting the appropriate setting from the choices provided. The selections are grouped by setting types -independent living (own home/apartment, homeless), institutional settings (ICF/MR, psychiatric hospital, prison), and community-based residences (group home, assisted living, other).
- The bottom section, labeled *Review* will be completed automatically by HENS when the appropriate agency has reviewed the notification. This section is informational, so the hospital can tell the status of the review process.
- Click the “save” button at the bottom of the data fields. If the information has been saved successfully, a message will appear at the top of the section telling you so. If a required piece of information is missing, the field will have a message below it requesting that you complete the field. **The section will not be saved if any required information is missing.**

If you start a new notification, but are unable to complete it in one sitting, at a minimum complete the required fields in the *Patient Information* section. In order for the system to save a patient’s form to return to later, the *Patient Information* section must be completed and successfully saved. If you change the information in any field, you must click “save” on that page to record the new information in the system.

Diagnoses: This section is aligned with Section B (Diagnosis of Serious Mental Illness, Mental Retardation, or Related Condition) of the ODM 7000 form.

- Question 1: Select “Yes” or “No” to indicate whether or not this person received an adverse PASRR determination within the past 60 days. If you enter “Yes,” then complete the field requesting the date of the adverse determination. Only a date that is within the past 60 days will be accepted.
- Question 2: Select “Yes” or “No” to indicate whether or not this person has a diagnosis of any mental disorder listed. If you enter “Yes,” you will be required to indicate at least one of the listed disorders. Multiple disorders may be marked. If 2.h is indicated, then complete the available field with a brief description. [A response to question 2 is a required.](#)

- Question 3: Select “Yes” or “No” to indicate whether or not this person has a diagnosis of mental retardation as described in the notification. [A response to question 3 is a required.](#)
- Question 4: Select “Yes” or “No” to indicate whether or not this person has a severe, chronic disability as described in the question. If “Yes” is selected, then a field is available for a brief description. [A response to question 4 is a required.](#)

Click “save” at the bottom of the data fields. If the information has been saved successfully, a message will appear at the top of the section telling you so. If a required piece of information is missing, the field will have a message requesting that you complete the field. **The section will not be saved if required information is missing.**

Nursing Facility: This section is aligned with Section D (Identifying Information for the Nursing Facility to Which the Individual will be Admitted) of the ODM 7000 form.

- *Select the Nursing Facility* to which the individual is to be admitted by typing the first few letters of the name of the facility in the box, then click “Load NF”. An alphabetical list of nursing facilities starting with those letters will become visible. Use the arrow keys or the mouse to scroll through the list and locate the nursing facility. Most of the required information regarding the nursing facility will be automatically completed when you use the list of nursing facilities provided by the system. You cannot edit information about the facility that is populated automatically in this process. If you believe the information that auto-populates about a nursing facility is incorrect, please notify your PASSPORT Administrative Agency so the information can be updated in the system.
- If you are unable to locate the nursing facility to which the individual will be discharged in the drop down list, you must submit the notification to the PAA and the nursing facility via fax. If you have completed the *Patient Information* and *Diagnoses* sections of the notification in HENS, you are able to print the notification with the information you’ve entered to that point. To print a notification, click on the *Certification* tab and click the “print notification” button. For additional information on printing, please see **Printing a Notification** below. A faxed notification **must include a physician’s signature** in order to meet the PASRR requirements for hospital exemption.
- Please contact your PASSPORT Administrative Agency to report missing nursing facilities so they can be added to the system. The Ohio Department of Aging is using the list of nursing facilities generated by the Ohio Department of Health to create the list of facilities available in HENS and ODA is responsible for updating the list in HENS.
- *Date of Expected Admission:* Enter the date that the individual is being or is expected to be admitted to the nursing facility. [This is a required field.](#)

- Click “save” at the bottom of the data fields. If the information has been saved successfully, a message will appear at the top of the form telling you so. If a required piece of information is missing, the field will have a message requesting that you complete the field. **The section will not be saved if required information is missing.**
- **NOTE:** If the nursing facility to which an individual is discharged is different than the information supplied in this section when completing the form, the user can change the NF after the form has been submitted. See *Completing a NF Change Request* below.

Certification: This section is aligned with Section C (Certification for Hospital Exemption) of the ODM 7000 form.

- The top section captures the certification by the physician that the patient requires nursing facility care for the condition treated in the hospital, and that the patient is expected to be in the nursing facility for less than 30 days.

In the *Select physician* box, begin to type the first few letters of the physician’s **last name**, then click “Load”. An alphabetical (by last name) list of physician’s will appear. If there are many names that begin with the letters you’ve typed, you can continue typing to narrow the list, or use the scroll bar to the right of the list to move up or down the list to the correct name. Select the correct name by pointing at it and clicking with your mouse. The physician’s first and last name and license number fields will auto-populate. The data used to populate this list is from the Department of Health’s registry of active physicians.

- *Certification Date* is the date the physician certifies that exemption requirements have been met. You can either type the date in, following the two digit month, slash, two digit day, slash, four digit year format, or by clicking on the calendar icon and selecting a date. Click “save”. **Certification date is a required field. You will not be able to submit the form to the PAA and the nursing facility until a date is entered.**

Under the *Submit* section, mark each of the three boxes to attest that you have read and understand each statement. Then click the “validate and submit” button. This releases the notification to the PAA and the nursing facility meeting the PASRR hospital exemption reporting requirement. **A notification will not be successfully submitted if any of the required fields in any section are not complete.**

Once you have clicked “validate and submit,” the screen will refresh and you will see a message in the Validation Messages box that the validation is complete and the form has been submitted to the PAA and the nursing facility.

Saving a started form that you wish to complete later

If you start a new document, but are unable to complete it in one sitting, at a minimum complete the required fields in the first tab. In order for the system to save a document to return to later, the first

section section must be completed and successfully saved. If you complete information in any of the other sections, be sure to click “save” in each section. **The section will not be saved if required information is missing.**

If you exit the system and come back to complete the document later, the correctly saved document will appear in the list when you first log-in to the program. The status of a document that is started, but not complete and/or submitted, is *In Process*.

Save, save, save

While a document is still *In Process*, you are able to change any information about the individual in any section of HENS 2.0. After you have changed information in any of the sections, remember to click “save” at the bottom of the section to ensure the updated information is saved to the document. Once a document has been submitted, changes are no longer permitted. The exception is changes to the nursing facility, see *Completing a NF Change Request* below.

Completing a NF Change Request

If a user has submitted a PAS or Hospital Exemption request via HENS 2.0, but before the individual is discharged, the nursing facility to which the individual is being discharged changes, the system allows the submitter to change the nursing facility to whom the form is submitted.

You will need the Document ID associated with the document for which you are requesting a change. The Document ID is in the Review column on the Document List. You will need to first search for the individual, as they will not appear in the list if the document has already been submitted (see *Searching for Other Documents* above for a description of how to do this.) Once you have the document ID, to access the NF Change Request, hover the cursor over the *Documents* button on the menu bar. You will see an option to “Change NF Request”. Select that option to start a change request.

Enter the Document ID for the appropriate document in the box next to Enter Document ID. Then select the nursing facility to which the individual is actually being admitted. To select a nursing facility, type the first letter or letters of the name of the facility in the box next to “Select Nursing Facility”. Then click on the “Load NF” button and a nursing facility that begins with those letters will appear. If the NF that appears is the correct NF, click on the name and the other fields will auto-populate. OR, click on the down arrow next to the name to see a list of nursing facilities also starting with that letter. Use the scroll function to scroll down the list of names if needed. Click on the name of the appropriate facility and the other fields in this section will auto-populate. When the information has been entered, click “save.” When the change is successful, the message “NF updated successfully” will appear.

Accessing a partially completed document that you previously saved

Return to the HENS 2.0 system, typing the URL <http://HENS.age.ohio.gov> into your web browser. At the Login screen, enter your user name and password then click “Login”.

When the *Document List* appears, locate the individual for whom you need to complete the document. Select the individual by clicking on the “+” next to their name. To see documents created by other users at your hospital, follow the instructions in **Searching for other documents** above.

The document will open to the first section. If something has changed about the patient since you started the document, you can make changes to the information in any of the tabs. This is only possible while the document is still *In Process*. If you complete or change information in any of the other sections, be sure to click “save” in each section.

Deleting a document

It may be necessary to delete a document that you have created. You can only delete documents that are “in process,” this is a document that has been created by the hospital user, but has not yet been completed or submitted. From the documents list that first appears when you sign in, first select the consumer’s name and click on the “+” to expand the list. Click on “Delete” in the *Delete* column next to the document you want to delete. You will be prompted to confirm that you want to delete the document. Once a document has been submitted via the electronic system, it cannot be deleted.

Viewing past submissions

Log-in to HENS 2.0 using your user name and password. Use the “Consumer/Document Search” tool in the upper left corner to search for the consumer you want to view.

Printing a document

If you need to print a document that has already been submitted, follow the steps above to log in to the system (see **How to Login**) and select the consumer for whom you want to print a document (see **Selecting an Existing Notification**). To print the document, click on the printer icon in the “print” column. You may also print a document once you have completed it, from the certification page, or by clicking on the number in the Review column. In the Links section of the summary page, there is an option to “Open document as pdf”. Click on this link to open the document and print or save as needed.

Saving a document as a .pdf

The HENS 2.0 system will also allow the user to save a notification as a .pdf file. You can save the document by first opening it using the print options described above and rather than printing the document, saving it to your computer. To save the document, click on “file” and then “save as” to give the document an identifiable name and save it to a location of your choice.