

HENS 2.0 USER GUIDE- NURSING FACILITY USERS

Prepared by the Ohio Department of Aging October 2014

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HENS 2.0 Nursing Facility 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 362207000 (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. In addition, nursing facility users will be able to create and submit to the appropriate recipients the PAS-ID for individuals who are seeking admission to the nursing facility or the Resident Review for individuals currently in the nursing facility.

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 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 3622 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, 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) has 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 07000 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 indications 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 or nursing facility in their region.

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- 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, either through the PAS-ID or the Hospital Exemption.
- 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 and DODD Process:

- Documents that need to be referred to the Ohio Department of Mental Health and Addiction Services 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 or the County Board of Developmental Disabilities will be referred automatically by HENS 2.0 based on 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 user with documentation of the Level II determination.

About the HENS 2.0 application

The HENS/PASRR 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 nursing facility. Setting up, updating, adding or removing users is covered in the Administrators User Guide.

Role of the HENS/PASRR administrator

- Each PAA will work with participating nursing facilities to identify a HENS 2.0 administrator and to create a user account for that nursing facility HENS 2.0 administrator. The HENS 2.0 system will also generate a password for the administrator at the site.
- The system administrator at the nursing facility is responsible for setting up a user account for each staff member who will access the system. The system 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 nursing facility 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 (see **Change Password** below). 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 and/ or received, 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, the word "HENS" is prominently displayed. Below it, a navigation bar includes "Documents", "My Profile", "Manage Users", "Help", and "Log Out". The main content area is divided into two sections: "Consumer/Document Search" and "User Information".

The "Consumer/Document Search" section contains several input fields: "First Name", "Last Name", "SSN" (with a masked value "###-##-####"), "Document Type" (a dropdown menu), "Document Status" (a dropdown menu), and "Create Facility" (a dropdown menu with the value "VISTA OF BOARDMAN; 830 BOARDMAN CIRCLE RD; YOUNGSTOWN, OH"). There are also "Filter" and "Clear" buttons.

The "User Information" section displays "User Name: JENNIFER NAGEL" and "Nursing Facility Name: VISTA OF BOARDMAN".

Below these sections is a "DOCUMENT LIST" table. The table has columns for "Consumer Name", "SSN", "Date of Birth", and "Medicaid Billing Number". The table is currently empty, displaying "There are no records available." and "Records: 0 - 0 of 0 - Pages: 1".

At the bottom, there is a timestamp "Last updated on: 08/09/2014 11:42:10 AM" and a link "Click Here to Export All Records to PDF". The footer contains the copyright notice "Copyright © 2010 - 2014. All Rights Reserved."

For the nursing facility user, the *Document List* will initially show with documents that have been received. Use the features in the Consumer/ Document search box to:

- Select a document for a particular consumer (use the first name, last name search function- see **Searching for Other Documents** below for a more complete description of this function),
- See a list of documents by document type- PAS-ID, Resident Review or Hospital Exemption- by clicking on the down arrow in the box Document Type and selecting from the choices, *or*
- See a list of documents that you’ve created or received. Documents you have created would include PAS-ID and Resident Review; documents you’ve received- either hospital exemption or PAS-ID. By clicking in the box next to *Document Status*, you can select to see documents you have created or documents that you have received.

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 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. For the nursing facility user, the pencil icon provides quick access to record that they have reviewed the document received at the NF- either the hospital exemption notification or the PAS-ID screen. For these incoming documents, acknowledging their receipt is an important step to moving those documents out of the active Documents List.
- *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 acknowledge receipt of a document, upload attachments or open a document as a PDF. The Enter Determination feature takes the user to a screen where they can acknowledge receipt of the document (see [Working with documents you've received](#) below). 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 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

For a nursing facility user, the system defaults to show the documents received by the facility. If you are searching for documents 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*.

You may also filter the list by the type of document (PAS, RR or exemption form) or by whether the document was created in your facility or received by your facility.

Users are able to perform any of the functions for any consumer created in their nursing facility setting. So, if a colleague begins a form, and you need to complete it, you will be able to search for the document, 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.

Working with an existing document you've created

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 in the expanded *Document List*. Once a document has been submitted it cannot be changed or edited so the pencil icon won't work to open the document.

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.

Working with documents you've received

Nursing facilities will receive both the Hospital Exemption Notification and the Pre-Admission Screen (PAS-ID) documents via the HENS 2.0 system. When you log in, the *Document List* will show the documents you've received.

For nursing facility users ONLY, there are additional tools in the *Consumer/Document Search* feature. You can filter the list of documents that appears by selecting the type of document from the *Document Type* box and clicking "filter". Or, by clicking in the box next to *Document Status* and then clicking "filter," you can select to see documents you have created or documents that you have received. This will help narrow the list to one of these categories.

Generally nursing facility users will need to print or save a hospital exemption notification or PAS-ID that has been received. Use one of the search features described earlier to select the consumer for whom you want to print or save a document. Then, from the *Document List*, identify the individual for whom you want to review documents. Expand the list of documents relevant to an individual by clicking on the "+" next to their name.

If you want to print or save the actual document, click on the printer icon. The document will open as a PDF file. Use the print or save features in the PDF toolbar to print or save the document.

If you want to access the Level I Review Results letter, click on the number in the *Review* column to open the Summary screen.

Summary- this page opens to the *Summary* section. The *Summary* section includes relevant information about the document. If the document you received included indications of serious mental illness or developmental disability, it would have been forwarded to the appropriate state agency. The status of that review will appear as part of the summary.

Attachments- The determination letters that have been created for an individual will be available for download from the *Attachments* section. The Review Results letter is available in this section. It will

open as a Word document. You can save or print the document using the print and save tools in the Word toolbar.

Links- The *Links* section allows the nursing facility user to note that they have reviewed the document; it also provides an opportunity to print the document. Click on “enter determination” and click the box next to “NF has reviewed this document”, then click “submit”. This finalizes the review of the document and removes it from your list of current documents.

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 07000) or a Pre-Admission Screening/ Resident Review Identification Screen (PAS/RR- ODM 03622). 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 (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.

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 consumer’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. Nursing facility users should only create PAS-ID or Resident Review documents using the 3622. 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 Resident Review 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.

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.

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.



[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,” the page is complete. [A response to this question is required.](#)

The screenshot shows the HENS 2.0 web application interface. At the top, there is a yellow header with the text "HENS" and a photograph of a female healthcare professional 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 Related Condition), Section F (Return to Community Living Status), Section G (Assess for Resident Review Approval for a specified period), Section H (Mailing Address), and Section I (Submitter Information/Certification). Section C is currently selected and highlighted. 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 "Medical Diagnosis" section contains 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."

For a resident review, please see the instructions following the *Completing a PAS-ID 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.

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 2 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.

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 or .tiff. 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).

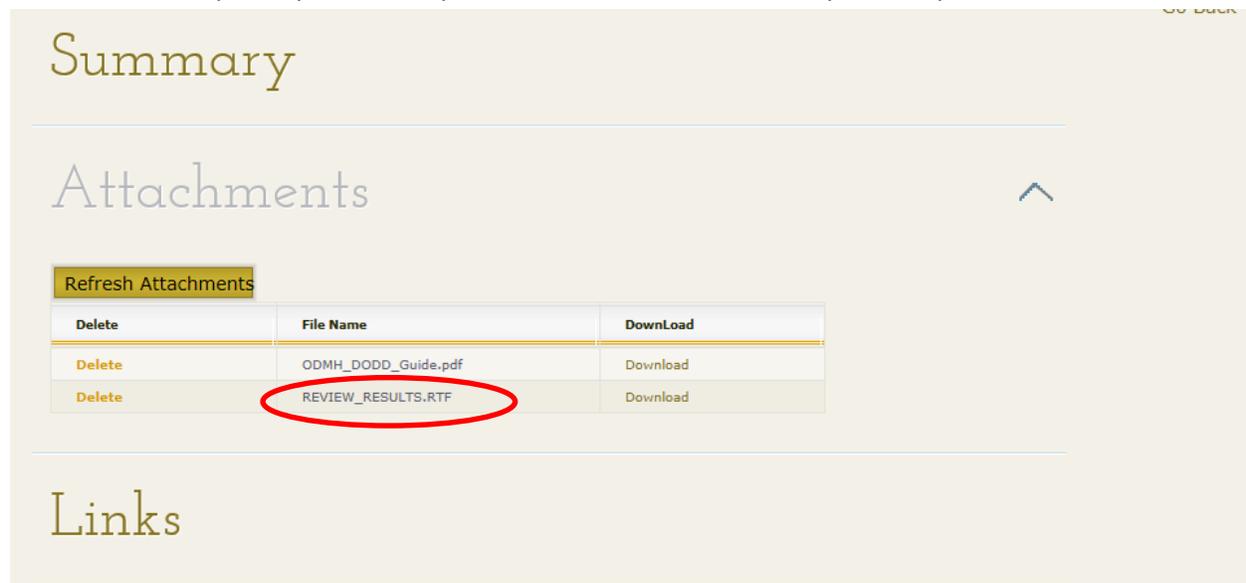
Print

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 letters 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 PAS-ID Level II determination

When an individual does have indications of serious mental illness or developmental disability, the PAS/RR 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 Resident Review 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 shows the top navigation bar with sections A through I. Section A is highlighted. Below the navigation bar is a red note: "Note: When creating a new document please complete and save section A & B before completing any other section." Below the note is the title "Identifying Information for Applicant/Resident". Underneath is a box titled "Member Information" containing the following fields:

**Last Name:	GRJGGS
MI:	
**First Name:	HARVEY
**SSN:	830898742
**Date of Birth:	06/12/1948
**Gender:	<input checked="" type="radio"/> Male <input type="radio"/> 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.

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.

[Pre-Admission Screening Codes:](#)

The top section is to initiate a Pre-Admission Screen (PAS). These are not relevant for the nursing facility user when initiating a resident review.

Resident Review Codes:

Enter the date the resident was admitted to the nursing facility. [The nursing facility admission date is a required field when a resident review is being performed.](#)

Select the appropriate reason for the request by selecting the appropriate radio button in front of:

“3- Expired Time Limit for Hospital Exemption” This option should be selected if the nursing home user is completing a resident review because the individual was admitted under a hospital exemption but will be in the nursing facility longer than the 30 days allowed by the hospital exemption process. If this option is selected, the user must also select from options a, b or c. If selecting “b)” as an option in this section, the user will also need to supply the appropriate responses in section G1 and G2. If selecting “c)” as an option in this section, the user will also need to supply the appropriate responses in section G3 and G4. NOTE: HENS will provide the appropriate option when the user gets to section G.

OR

“4- Expired Time Limit for Emergency Admission” This option should be selected if the nursing home user is completing a resident review because the individual was admitted under an emergency admission but will be in the nursing facility longer than the 7 days allowed by the emergency admission process. If this option is selected, the user must also select from options a, b or c. If selecting “b)” as an option in this section, the user will also need to supply the appropriate responses in section G1 and G2. If selecting “c)” as an option in this section, the user will also need to supply the appropriate responses in section G3 and G4. NOTE: HENS will provide the appropriate option when the user gets to section G

OR

“5- Expired Time Limit for Respite Admission” This option should be selected if the nursing home user is completing a resident review because the individual was admitted under a respite admission but will be in the nursing facility longer than the 14 days allowed by the respite admission process. If this option is selected, the user must also select from options a, b or c. If selecting “b)” as an option in this section, the user will also need to supply the appropriate responses in section G1 and G2 . If selecting “c)” as an option in this section, the user will also need to supply the appropriate responses in section G3 and G4. NOTE: HENS will provide the appropriate option when the user gets to section G.

OR

“6- NF Transfer, no previous PASRR records” This option should be selected if the reason for the resident review is that the individual is moving from one nursing facility to another, but there are no PASRR records for the individual from the previous NF admission.

OR

“7- Significant change in condition” This option should be selected if the nursing home user is completing a resident review because the individual has experienced a significant change in condition- either an improvement or a decline- that may impact the ability of the nursing facility to provide the care the individual needs. A resident review should be initiated if the significant change results in an individual who previously may NOT have had indications of serious mental illness or developmental disability, but because of the significant change now has indications that warrant further review of the individual’s situation and the appropriateness of the nursing facility placement. **OR** a resident review

should be initiated for an individual who previously had indications of serious mental illness or developmental disability and for whom a nursing facility placement was appropriate at the time of admission but the significant change results in the continued appropriateness of nursing facility placement requiring additional review.

If 7 is selected, the user must also select from options “a)”, “b)” or “c)””; in addition, the user must also select “d)”, “e)” or “f)”. If selecting “e)” as an option in this section, the user will also need to supply the appropriate responses in section G, numbers 1 and 2. If selecting “f)” as an option in this section, the user will also need to supply the appropriate responses in section G, numbers 3 and 4. Response to the additional questions in section G is part of the validation process that occurs before the form may be submitted. NOTE: HENS will provide the appropriate option when the user gets to section G.

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,” the page is complete. [A response to this question is required.](#)

[For a resident review, the user must also complete questions 2 and 3.](#)

Question 2 inquires about whether the **current** diagnosis is **the same** as at admission to the nursing facility. Whether a “yes” or “no” is selected for question 2, a CURRENT diagnosis MUST be identified in question 2. To identify a diagnosis, select from the list of diagnoses and then click the “Diagnosis 1=>” button to record the diagnosis.

Question 3 requires the user to identify the **diagnosis at time of admission** to the nursing facility. As with the diagnosis selection in question 2, select the diagnosis from the drop down list and then click the “Diagnosis 1=>” button to record the diagnosis. Up to six diagnoses may be recorded in the available space.

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 the consumer has indications of a mental disorder that warrants further review to determine if the nursing facility placement will continue to 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.

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 continue to 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 2 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.

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 relevant to a Resident Review conducted by a nursing facility.

For a Resident Review, the appropriate section in which to provide responses will appear based on your answers in Section B. The appropriate sections are determined by whether the Resident Review is being conducted for the first time- an initial request- or if the request is being made to extend the time of an existing request.

Initial Resident Review

For an initial, or first time, Resident Review Request, answer questions 1 and 2, and be sure to complete sub-parts a) and/ or b) as needed. If the reason for the request is 2a), the submitter must also attach the doctor’s order, rehab progress notes for the first 30 day nursing facility stay and clinical prognosis. If the reason for the request is 2b), the submitter must also attach a written discharge plan consistent with OAC 5101:3-3-15.2. See below for instructions on *Uploading Supporting Documentation* required for this section.

Resident Review Extension

For a request seeking an extension to a previously approved period of time, complete the section “request for an extension to a specified period approval.” Be sure to specify the resident’s date of admission in the appropriate box, then answer questions 3) and 4). Be sure to complete sub-parts a) and/ or b) as needed. If the reason for the request is 4a), the submitter must also attach the doctor’s order, rehab progress notes for the first 30 day nursing facility stay and clinical prognosis. If the reason for the request is 4b), the submitter must also attach a written discharge plan consistent with OAC 5101:3-3-15.2. See below for instructions on uploading documentation required for 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. **Click “save” BEFORE uploading supporting documentation.** 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.** Once the section is saved, upload supporting documentation.

Uploading Supporting Documentation

To upload the required documentation, scroll to the bottom of the screen to the *Upload Attachments* section and click on *“click here to upload files.”* When the Upload page opens, 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 or .jpeg. 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”*.

NOTE: The system will only allow you to upload a document once. Please name your documents with appropriate individual names that identify what the document is. 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 for Section G

In the HENS 2.0 system, supporting documentation is NOT required for Resident Reviews 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. Documentation provided for a Resident Review could include: Doctor’s orders, rehab progress notes for the first 30 day nursing facility stay and clinical prognosis. If additional time is needed for discharge, the submitter must also attach a written discharge plan consistent with OAC 5101:3-3-15.2.

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

When you have successfully uploaded documents using this feature, select the next appropriate section from the tabs at the top of the page or click *“Go Back”* to return to Section G.

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.

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.](#)

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.

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.

4: Enter the name of the nursing facility 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.

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](#)

If you did not already upload the required supporting documentation in Section G, 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 or .jpeg. 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 or deleted.

The next two sections capture information about the individual submitting the PAS/RR document. [All fields on this page 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.

The Resident Review Level II determination

When an individual does have indications of serious mental illness or developmental disability, the Resident Review 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.

Acknowledging receipt of a document

Nursing facility users will receive documents (either Hospital Exemption or PAS-ID) for individuals being admitted to their nursing facility. To acknowledge receipt of the document and remove it from the *Document List*, click on the “+” sign next to the individual’s name to expand the *Document List*. Select the appropriate document for the consumer by clicking on the number in the *Review* column. This will take you to the *Summary* screen. Click on *Links* and select *Enter determination* from the list. This will open a new screen. At the top of the screen, you’ll see the *NF Review* box. Click in the box next to *NF has reviewed this document* and then click “submit”. This will remove the document from the *Document List* and serve as acknowledgement that the NF has reviewed the document. Once the document has been reviewed and is removed from the *Document List*, it can still be accessed if needed, see *Searching for Other Documents* above.

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.

Accessing a partially completed notification that you previously saved

Return to the HENS 2.0 system by 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.

