

# HENS USER GUIDE FOR HOSPITAL EXEMPTION AND PAS-ID- HOSPITAL USERS

Prepared by the Ohio Department of Aging- April 2017

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# HENS Hospital User Guide

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## Purpose and Overview of HENS

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

This User Guide provides information on the process for submitting the Hospital Exemption or PAS-ID. The basic operation of HENS is explained in "The Basics."

## How to Login

- Type the URL: <https://hens2.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.

## Starting a new document

After you have logged into HENS, hover the cursor over the *Documents* button on the menu bar. Select which action you want to perform. The options are "New HE/PAS/RR" or "NF Change Request." To start a new hospital exemption or PAS form, select that option.

## The document wizard

The HENS system allows the user to create and submit a Hospital Exemption Notification (ODM 7000) or a Pre-Admission Screening/ Resident Review Identification Screen (PAS/RR- ODM 3622). To guide you to the appropriate document, the system asks a series of questions. The responses to these questions determine which form is appropriate for the situation and which form the system will make available.

NOTE: A response to **every** question in the wizard is required to continue to the next screen.

**DOCUMENT WIZARD**

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  
(Note: If you select "Yes", the document will be referred to ODMH for further review.)

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

7. What is the consumer's SSN?

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

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

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

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

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

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

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

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

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

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

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

### **Completing a PAS- ID screen**

The section names that appear across the top of the form correspond to the sections of the ODM 3622 form. Use these headers to navigate from one section to the next by clicking on the title of the section. The HENS 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 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 of the HENS form. At the top left is the Ohio.gov logo and the Department of Aging. The main title is "Healthcare Electronic Notification System (HENS)". Below this is a navigation bar with six 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 MR or Related Condition), and Section F (Return to Community Living Referral). A red note states: "Note: When creating a new document please complete and save section A & B before completing any other section." Below the note is the heading "Identifying Information for Applicant/Resident" and a sub-heading "Member Information". The form fields are: Last Name (required), MI, First Name (required), SSN (pre-filled with 386-54-2324), Date of Birth (required), and Gender (radio buttons for Male and Female).

### **Member Information**

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

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

Enter the birthdate of the individual for whom the form is being completed in the *Date of Birth* field.

[Date of Birth is a required field.](#)

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

### Medical Information

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

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

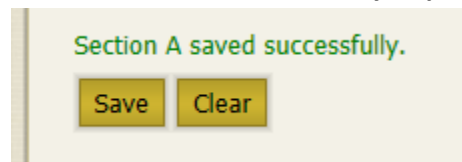
Enter the name of the Managed Care Plan if applicable.

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

### Living Arrangement

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

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



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

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

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

### [Section B: Reasons for Screening](#)

This section corresponds to Section B of the ODM 3622 and captures the reason for completing the form- either to initiate a pre-admission screen identification (PAS-ID) or to initiate a resident review

(RR). NOTE: A resident review can only be initiated by a nursing facility user. The hospital user should only be initiating a preadmission screen.

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

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## Healthcare Electronic Notification System (HENS)

**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 MR or Related Condition

**Section F** Return to Community Living Referral

Note: When creating a new document please complete and save section A & B before completing any other section.

**Reasons for Screening**

Preadmission Screening Codes (if seeking admission into nursing facility)

1-Ohio Resident seeking nursing facility admission.

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

**INSTRUCTIONS: IF #1 OR #2 ABOVE IS SELECTED, GO TO SECTION C**  
[Restore visibility of B\(3\) thru B\(7\)](#)

Save Clear

### Pre-Admission Screening Codes:

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

“1- Ohio resident seeking nursing facility admission” or

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

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

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

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

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

### **Section C: Medical Diagnosis**

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

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

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

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

### **Section D: Indications of Serious Mental Illness**

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

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

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

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

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

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

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

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

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

Question 4- Select “yes” or “no”.

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

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

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

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

### ***Section E: Indications of MR or Related Condition***

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

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

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

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

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

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

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

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

**The response to question 1 is yes, OR**

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

**The response to question 6 is yes.**

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

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

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

### ***Section F: Return to Community Living Referral***

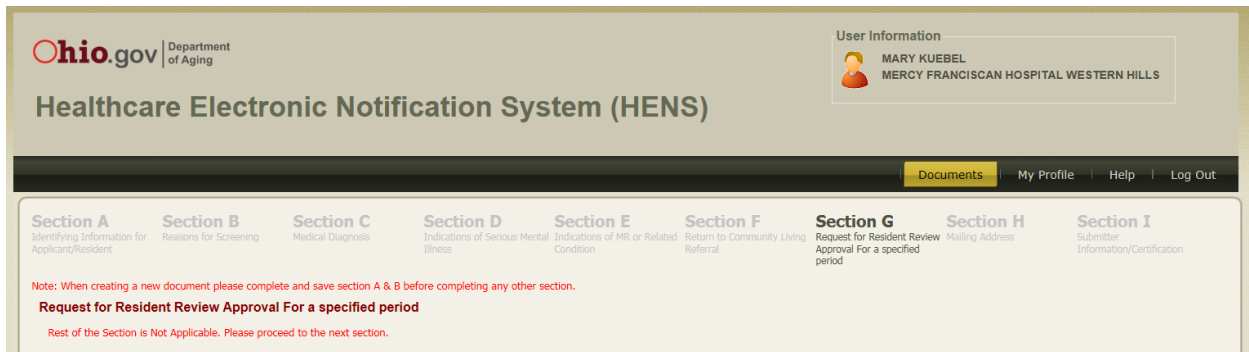
This section corresponds to Section F of the ODM 3622 form and captures whether the consumer has been made aware of community-based options available as an alternative to nursing facility care, or after a nursing facility stay. The intent of this section is to ensure that consumers are aware of options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

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

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

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

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



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

### **Section H: Mailing address**

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

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

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

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

Question 4: Enter the name of the nursing facility to which the consumer is being admitted (or transferred in the event of a transfer between nursing facilities) or in which the consumer resides.

**Nursing facility information is required.** To select a nursing facility, type the first letter of the name of the facility. Then click on the down arrow to the right of the field. A list of nursing facilities starting with that letter will appear. Use the scroll function to scroll down the list of names. Click on the name of the appropriate facility and the other fields in this section will auto-populate.

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

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

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

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

### ***Section I: Submitter Information/ Certification***

#### **Upload Attachments**

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

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

**Supporting documentation-** the Ohio Administrative Code (OAC 5160-3-15.1 (B)(2)) specifies that “supporting documentation sufficient to validate the answers on the JFS 3622” is to be submitted with the 3622. Supporting documentation may include physician’s orders, health and physical, medication administration record, functional assessment, psychiatric assessment, discharge summaries, progress notes and/ or other relevant exams. This documentation should be uploaded using the feature on this page and labelled so it is obvious what information the documents contain.

In the HENS 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 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).

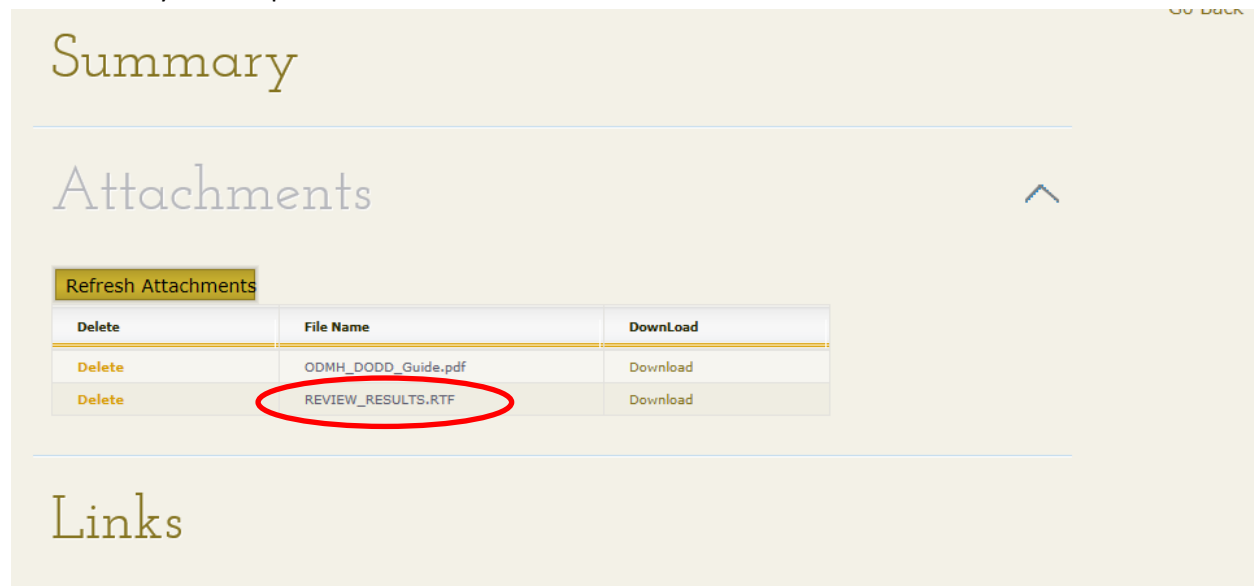
### Print

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. The PAS/RR form will only print AFTER the document has been submitted.

### Accessing the Level I PAS determination letter

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

The Level I PAS determination letter is available in the system when the status for the document shows as *PIMSLOADED* in the *Document List*. Once you have located the individual using the search feature, click on the number in the *Review* column. This will take you to the summary screen. For more information on the *Summary* screen, see “Summary Screen” below. 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-ID is referred to the appropriate state agency to complete a Level II review. Once the appropriate state

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

## Completing a Hospital Exemption Notification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Saving a started form that you wish to complete later**

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

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

### Completing a NF Change Request

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

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

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

### The Summary Screen

The Summary Screen is accessed by clicking on the number in the *Review* column of the *Document List*. The Summary screen and its components include features that are NOT available to every user. If you try to access a feature you don’t have permission to use, you will see a pop-up box telling you so.

*Summary-* The top of the screen summarizes information about the document.

*Attachments-* This section is the place to access the Review Results Letter or other documents that are associated with the document/ individual.

*Links-* This section provides a number of options. It provides the user access:

- *“To Edit a document”-* Hospital Users may only edit a document if it is still in process. Once a document has been submitted, the hospital user is no longer able to edit it.
- *“To print a document”:* This feature provides a way to print the original document, either a PAS-ID or a Hospital Exemption.
- *“To upload attachments”:* The hospital user can use this feature to upload attachments to HENS. The link takes you to the *Upload* feature in HENS.
- *“To withdraw the document”:* The hospital user is not able to withdraw a document that has been submitted. The PAA may use this feature to withdraw a document on behalf of the submitter.
- *“To refer the document to CB”:* This feature is not available to the hospital user.

*Contact Information-* This section includes information for the individuals involved with the document. It may include contact information for the submitter, the receiving facility, the PAA and, if appropriate, OMHAS, DoDD or the CBDD.

*NF Review-* In this section, the Nursing Facility acknowledges it has received an incoming document- either PAS-ID or Hospital Exemption. This feature is only available for use by NF staff.

*MHAS Review-* In this section, the MHAS acknowledges it has received and reviewed an incoming document. MHAS staff are able to enter the Review Results into this screen. This feature is only available for use by MHAS staff.

*County Board Review-* In this section, the County Board of Developmental Disabilities acknowledges receipt and review of a Level II PAS sent to the county board.

*DODD Review-* In this section, the DODD acknowledges it has received and reviewed an incoming document. DODD staff are able to enter the Review Results into this screen. This feature is only available for use by DODD staff.

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