

# HENS USER GUIDE FOR NURSING FACILITY, PAA, AND COMMUNITY AGENCY USERS

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# HENS Nursing Facility and Community Agency 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 Users to complete and submit the ODM 3622 (PASRR Screen) and ODM 7000 (Hospital Exemption) forms electronically. When the process is final, the NF can access HENS and print and/or save the document as part of the individual's record.

This User Guide provides information on the process for submitting the PAS or Resident Review (RR). While NFs may submit the ODM 3622 for the purpose of PAS or RR, the Community Agencies may only submit a PAS. Functionality programmed into HENS will direct the User to the correct type of submission.

The basic operation of HENS is explained in "The Basics" User Guide.

## 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

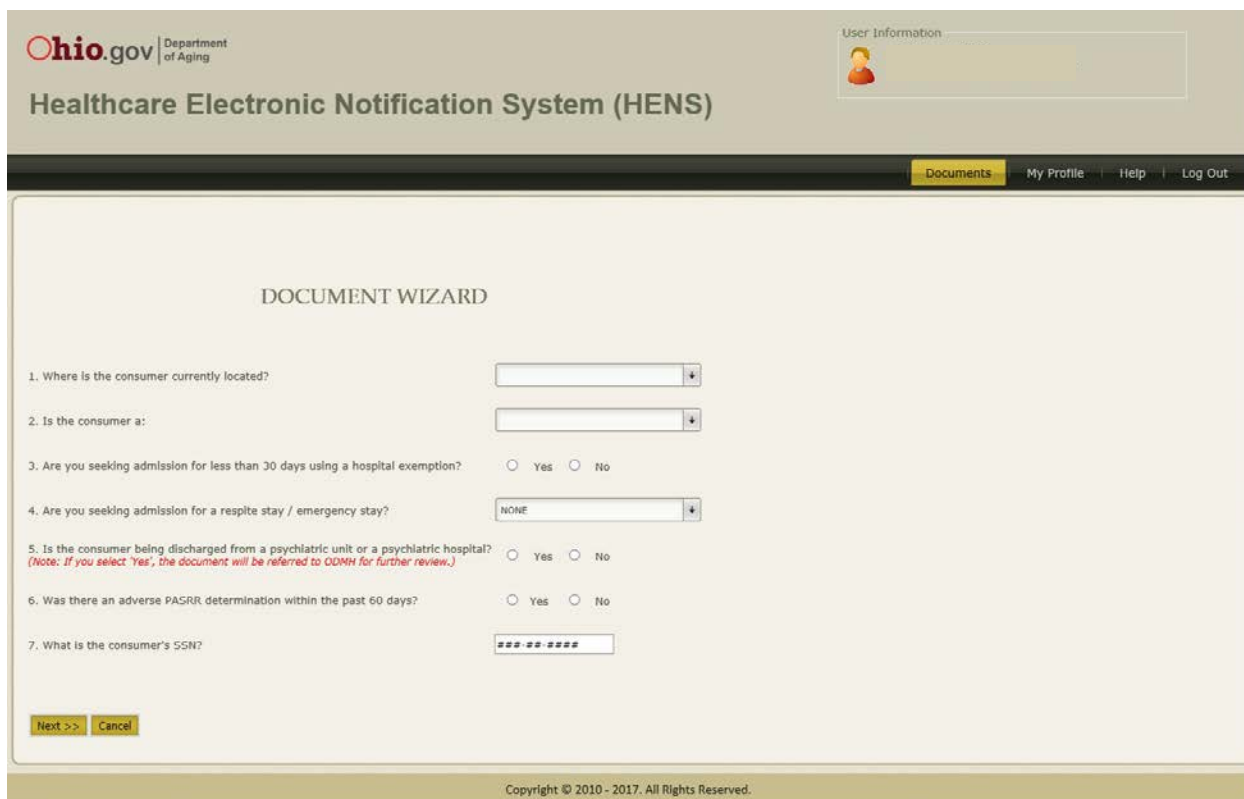
After you have logged into HENS, hover the cursor over the *Documents* button on the menu bar.

- Select which action you want to perform. The options are "New HE/PASRR" or "NF Change Request."
- To start a new PASRR or Resident Review form, select that option. Only NFs would submit a Resident Review request. Only Hospital users would complete a Hospital Exemption request. PASRRs may be completed by Hospital, NF, Community Agency or PAA user types.

## The Document Wizard

HENS allows the user to create and submit a Hospital Exemption Notification (ODM 7000) or a Pre-Admission Screening/ Resident Review Screen (ODM 3622). To guide the user 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?  
(Note: If you select 'Yes', the document will be referred to ODMH for further review.)  Yes  No

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: “Where is the consumer currently located?”**

This question identifies where the individual, for whom the form is being completed, is currently 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 (ODM 7000) process. The user will be directed to the PASRR (ODM 3622).

**Question 2: “Is the consumer a:”**

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: “Are you seeking admission for less than 30 days using a hospital exemption?”**

This question identifies whether the user intends to complete a Hospital Exemption Notification (ODM 7000).

- Select “yes” or “no”

NOTE: To be eligible for the hospital exemption, the individual must be seeking admission to a Medicaid-certified NF and meet all the following criteria:

- 1) the NF admission follows a stay in an Ohio hospital where the individual has been on “admitted” status, and
- 2) the purpose of the NF admission is to receive services to continue treatment for the

condition that lead to the hospitalization; and

3) the physician has certified the NF stay is expected to be 30 days or less.

\* If the individual being discharged does not meet these requirements, a PASRR screen (ODM 3622) must be submitted.

**Question 4: “Are you seeking admission for a respite stay / emergency stay?”**

This question identifies whether the individual is requesting a categorical determination using the PASRR 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.

NOTE: 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 term stay, typically to provide a break for the caregiver.

**Question 5: “Is the consumer being discharged from a psychiatric hospital or psychiatric unit?”**

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: Individuals being discharged from a psychiatric unit of a hospital or from a psychiatric hospital may not use the hospital exemption; a PASRR (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.

**Question 6: “Was there an adverse PASRR determination within the past 60 days?”**

This question identifies whether an adverse PASRR determination has been issued in the past 60 days.

- Select “yes” or “no”.

NOTE: If the individual has been through the PASRR process in the past 60 days, has indications of MH or DD, and either the Ohio Department of Mental Health and Addiction Services (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 PASRR (form 3622) must be submitted.

**Question 7: “What is the consumer’s SSN?”**

- Enter the individual’s social security number.

Once the fields have been completed, a pop-up box appears on the screen that tells the user which form will be initiated. 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.

Click “continue” to open the form.

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 follow. Instructions for completing a Resident Review follow the instructions for completing the PAS.

## Completing a PAS 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 provided in 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. 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.

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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.

### Identifying Information for Applicant/Resident

**Member Information**

\*\*Last Name:

MI:

\*\*First Name:

\*\*SSN:

\*\*Date of Birth:

\*\*Gender:  Male  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.

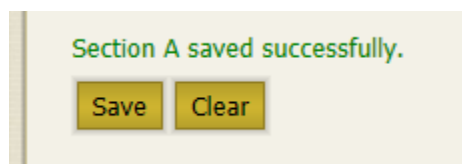
Enter the name of the Managed Care Plan if applicable.

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 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 to confirm. 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 PAS screen, 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 (PAS) or to initiate a resident review (RR).

NOTE: A resident review can only be initiated by a NF user type.

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

The screenshot shows the HENS interface with the Ohio.gov logo and Department of Aging. The title is "Healthcare Electronic Notification System (HENS)". A navigation bar contains 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." The "Reasons for Screening" section is active, with the heading "Preadmission Screening Codes (if seeking admission into nursing facility)". It contains two radio button options: "1-Ohio Resident seeking nursing facility admission." (selected) and "2-Individual residing in a state other than Ohio, seeking nursing facility admission". Below this is an instruction: "INSTRUCTIONS: IF #1 OR #2 ABOVE IS SELECTED, GO TO SECTION C" with a link "Restore visibility of B(3) thru B(7)". At the bottom are "Save" and "Clear" buttons.

### Pre-Admission Screening Codes:

The top section is to initiate a Pre-Admission Screen (PAS). 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 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 confirming it has been saved. If a required piece of information is



missing, the field will have a message below it requesting the user complete the applicable 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 PASRR screen, once the user selects “yes” or “no,” the page is complete. [A response to this question is required.](#)

The screenshot displays the HENS web application interface. At the top left is the Ohio.gov logo and Department of Aging. The main title is "Healthcare Electronic Notification System (HENS)". On the top right, a "User Information" box shows a profile for MARY KUEBEL at MERCY FRANCISCAN HOSPITAL WESTERN HILLS. A navigation bar includes "Documents", "My Profile", "Help", and "Log Out". Below this is a row of tabs for Sections A through I. Section C, "Medical Diagnosis", is the active section. A 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 text input field and 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". A footer note reads: "If this is a Resident Review, please complete the remainder of this section."

Once the user has entered all 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 confirming it has been saved. If a required piece of information is missing, the field will have a message below requesting the user complete the applicable 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 individual has indications of a mental disorder and 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 PASRR. The system calculates the appropriate response and takes action as required. A response to question 5 will appear if the PASRR 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 request has been submitted to the Ohio Department of Mental Health and Addiction Services for review.

Once the user has entered all 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 intellectual disability 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 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.

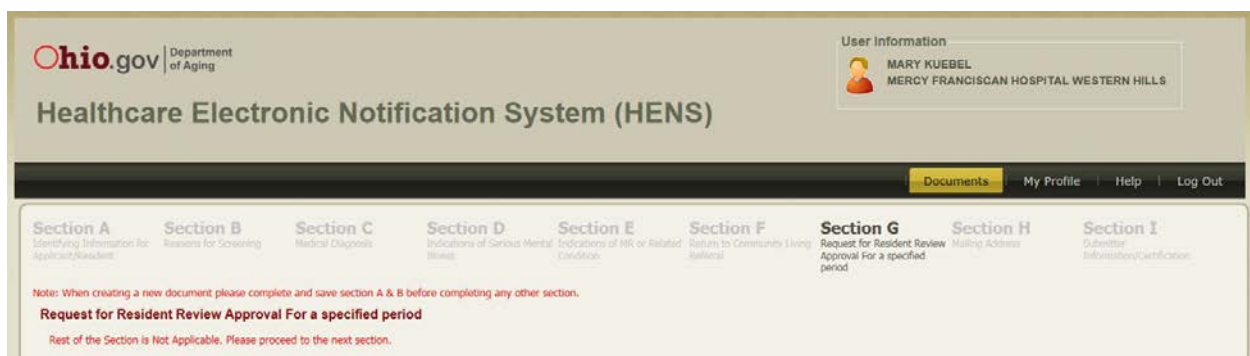
Once you have responded to all of the questions on this page, scroll down and click the "Save" button at

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 and is not appropriate for a Pre-Admission Screen. *This section is only used for 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.](#)

**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 PASRR evaluation by ODMH and/or DODD is needed?”. **This is a required field.**

Once the user has entered all 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 to confirm. If a required piece of information is missing, the field will have a message below it requesting 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 (C)(4)) specifies that “The submitter is expected to include any necessary supporting documentation within the electronic system designated by ODM for validation.” Supporting documentation uploaded to HENS 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.

Supporting documentation must be included with the submission when the consumer has 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. Level II evaluators rely on these documents as part of their review process, and the submitter will be contacted to provide relevant documents if they were not included with the original submission. 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 the system generates once the PASRR request has been completed and submitted. **It is important to provide supporting documentation at the time of submission so as not to delay processing of the PASRR request.**

### 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”.

When 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.

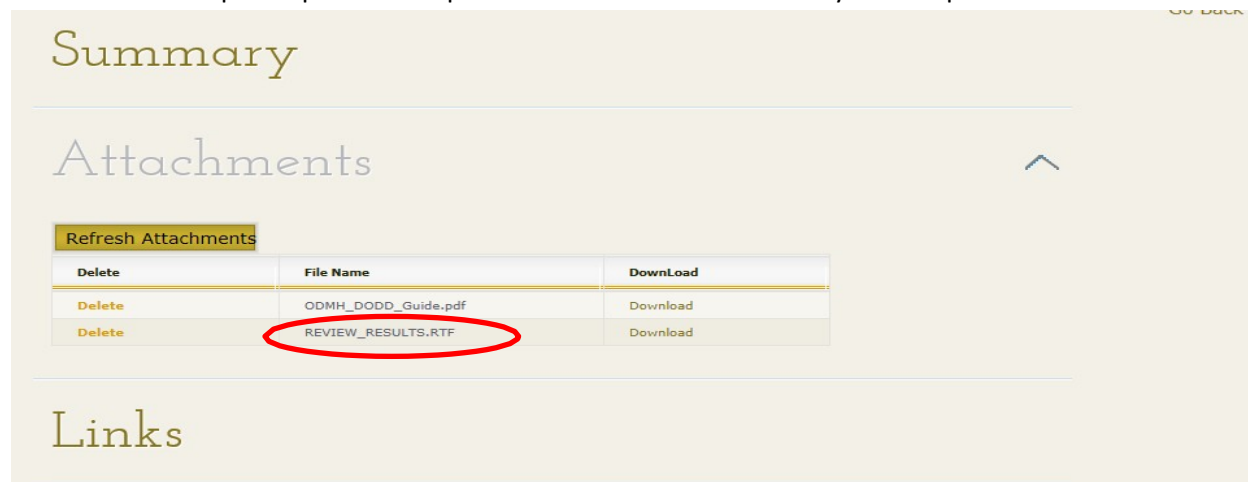
**NOTE: The PASRR form will only print AFTER the document has been submitted.**

## Accessing the Level I PAS determination letter

The HENS system will provide the Level I PASRR determination letter for the user. This is the same letter users submitting a paper PAS to the PAA (in the event of a system outage) would receive. Once generated, the user will be able to view, save or print the determination letter, which is the evidence the determination has been made.

The Level I PAS determination letter is available in the system ONLY 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.



Summary

Attachments

Refresh Attachments

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

Links

## The PASRR Level II determination

When an individual does have indications of serious mental illness or developmental disability, the PASRR 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

**\*\*This section applies to NF Users Only\*\***

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.

### **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.

**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

**Section G** Request for Resident Review Approval For a specified period

**Section H** Mailing Address

**Section I** Submitter Information/Certification

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

**Identifying Information for Applicant/Resident**

**Member Information**

\*\*Last Name: GRIGGS

MI:

\*\*First Name: HARVEY

\*\* SSN: 830898742

\*\* Date of Birth: 06/12/1948

\*\*Gender:  Male  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.



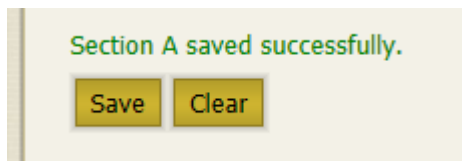
Enter the name of the Managed Care Plan if applicable.

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 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 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 NF 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).

**\*\* This section is not relevant for the NF user when initiating a resident review.**

#### **Resident Review Codes:**

Enter the date the resident was admitted to the NF. [The NF 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 NF 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 NF 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 NF 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 NF 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 NF 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 NF 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 NF placement was appropriate at the time of admission but the significant change results in the continued appropriateness of NF 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 the required information on this page, scroll down and click the “Save” button at the bottom of the data fields. If the information has been saved successfully, a message will appear just above the “Save” button telling the user so. If a required piece of information is missing, the field will have a message below it requesting that the user complete the field. **The section will not be saved if any required information is missing.**

When you have successfully saved the information on this page, select the next appropriate section from the tabs at the top of the page or click “Next” to advance to the next section. Please complete BOTH Sections A and B before completing other information in the form. Responses in these two sections guide the responses in other parts of the form.

### Section C: Medical Diagnosis

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

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

The screenshot shows the HENS interface. At the top left is the Ohio.gov Department of Aging logo. The main title is "Healthcare Electronic Notification System (HENS)". On the right, there is a "User Information" box for MARY KUEBEL at MERCY FRANCISCAN HOSPITAL WESTERN HILLS. Below this is a navigation bar with tabs for Sections A through I. Section C, "Medical Diagnosis", is currently selected. A 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".

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 individual has indications of a mental disorder and 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 PASRR. The system calculates the appropriate response and takes action as required. A response to question 5 will appear if the PASRR 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 request has been submitted to the Ohio Department of Mental Health and Addiction Services for review.

Once the user has entered all 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 intellectual disability 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 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 NF care, or after a NF 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 NF.

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 NF 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.

**Click “Save” BEFORE uploading supporting documentation.**

#### **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 NF 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 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

The Ohio Administrative Code (OAC 5160-3-15.1 (C)(4)) specifies that “The submitter is expected to include any necessary supporting documentation within the electronic system designated by ODM for validation.” Supporting documentation uploaded to HENS 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.

Supporting documentation must be included with the submission when the consumer has 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. Level II evaluators rely on these documents as part of their review process, and the submitter will be contacted to provide relevant documents if they were not included with the original submission. 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 the system generates once the

PASRR request has been completed and submitted. **It is important to provide supporting documentation at the time of submission so as not to delay processing of the PASRR request.**

### **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.](#)

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 NF in which the consumer resides. [NF information is required.](#) To select a NF, 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 NF.

Choose address: Select an option from the drop down box next to "Who should be contacted if a Level 2 PASRR 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 PASRR 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 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 PASRR” 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 PASRR form will only print AFTER the document has been submitted.

## 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.

## Working with documents you've received

Nursing facilities will receive both the Hospital Exemption Notification and the Pre-Admission Screen (PASRR) documents via the HENS system. When you log in, the *Document List* shows documents you may have started but not yet submitted. **It will not show documents you have received.**

**To find a document** that has come in, use the tools in the *Consumer/Document Search* feature. Here are some of the ways you can locate a document:

- Search by the individual's name, social security number or date of birth. You can use any combination of the fields available in the *Consumer/ Document Search* feature to locate the individual. It may be best to start with a broad search before narrowing it down with more field selections.
- *Document Type* -You can filter the list of documents that appears by selecting the type of document from the box and clicking "search". The options are: "PAS", "Resident Review", or "Exemption Form".
- *NF Document Status*- by clicking in the box next to *Document Status* and then clicking "search," 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.

NF users may print or save a hospital exemption notification or PASRR that is available in HENS. 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.

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.

**NOTE: The Review Results letter is the evidence that PASRR compliance has been achieved.**

\*\*If you want to access the Level I Review Results letter for a PASRR, click on the number in the *Review* column to open the Summary screen. Then click on the *Attachments* section. The Review Results letter and other documents associated with the individual will appear here.

## 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 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”*- Users may only edit a document if it is still in process. Once a document has been submitted, the 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 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 user can use this feature to withdraw the document that they previously submitted.
- *“To refer the document to CB”*: This feature is not available to the NF 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 PASRR or Hospital Exemption. This feature is only available for use by NF staff.

See *“Acknowledging Receipt of a document”* below.

*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.

## **Acknowledging receipt of a document**

NF users will receive documents (either Hospital Exemption or PASRR) for individuals being admitted to their NF. To acknowledge receipt of the document and remove it from the *Document List*, identify the individual from the *Document List* or search for them using the *Consumer/ Document Search* feature.

Click on the number in the *Review* column. This will take you to the *Summary* screen.

Click on *NF Review* and 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, by using the *Consumer/ Document Search* feature.

## **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.

April 2020