

MyCare Ohio Plan HENS User Guide

Purpose and Overview of HENS

HENS is the **Hospital Exemption Notification System**. It is a web-based tool that (currently) allows hospitals to complete and submit a hospital exemption notification form to the Area Agency on Aging (AAA) and the hospital to which the individual is being released.

For the purposes of MyCare Ohio, the HENS system is expanding to accommodate communication between the Managed Care Plans and the AAA. These functions in HENS will only be available to the five managed care plans and the seven AAAs involved in the MyCare Ohio demonstration project.

The general process for using HENS for MyCare Ohio communication is as follows:

The Managed Care Plan (MCP) Process:

The MCP user will complete a request in HENS to ask the regional AAA to perform one of the following functions:

- To request an **initial face-to-face Level of Care** determination for a MyCare Ohio plan member who may present with long-term care needs;
- To request a face-to-face **Level of Care be performed due to significant change** in condition for an existing waiver consumer; or,
- To request the AAA perform the necessary steps in CRIS-E to **disenroll an existing waiver consumer** from the MyCare Ohio waiver.

When the MCP user submits the request via HENS, the AAA will perform the requested function.

The PASSPORT Administrative Agency (PAA) Process:

- The AAA will see the requests to perform work that come in via HENS in existing PIMS management report HER 100. (PIMS is the AAA data system for level of care work.)
- AAA will perform the requested work- either a face-to-face Level of Care assessment or necessary work in CRIS-E to disenroll a MyCare Ohio waiver consumers.

About the HENS application

The HENS is a web-based application. To use the system, the user must have a computer with Internet access.

HENS will maintain documents after the final activity on the documents has ceased. Final activity includes required action taken by the MCP user or the AAA.

How to set up users

The Ohio Department of Aging is responsible for the administration of the HENS system. The department will identify a HENS administrator at each managed care plan. The HENS administrator at

the plan will be responsible for setting up or making any changes to user accounts for HENS users at the plan. Setting up, updating, adding or removing users is covered in the Administrators User Guide.

Role of the HENS administrator

- Each managed care plan will identify a HENS administrator for their plan. Plans may elect to have more than one administrator for their plan.
- The system administrator at the managed care plan is responsible for setting up a user account for each plan staff member who will access the system. The administrator can add, change or delete any user that they have created.
- Each staff member who will use the HENS system at the managed care plan will need a user name and password for the system.

User Names and Passwords

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

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

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

How to login

- Type the URL: <http://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.
- NOTE: the photo below shows the testing and training site, when you log in, you will not see the testing and training site message under the banner.

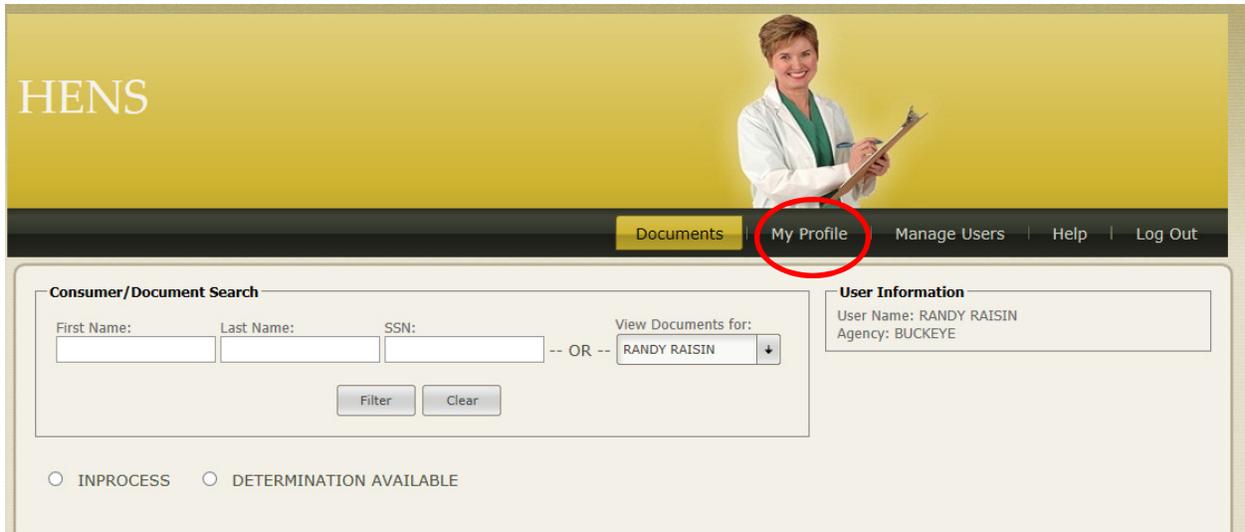


Forgotten Password

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

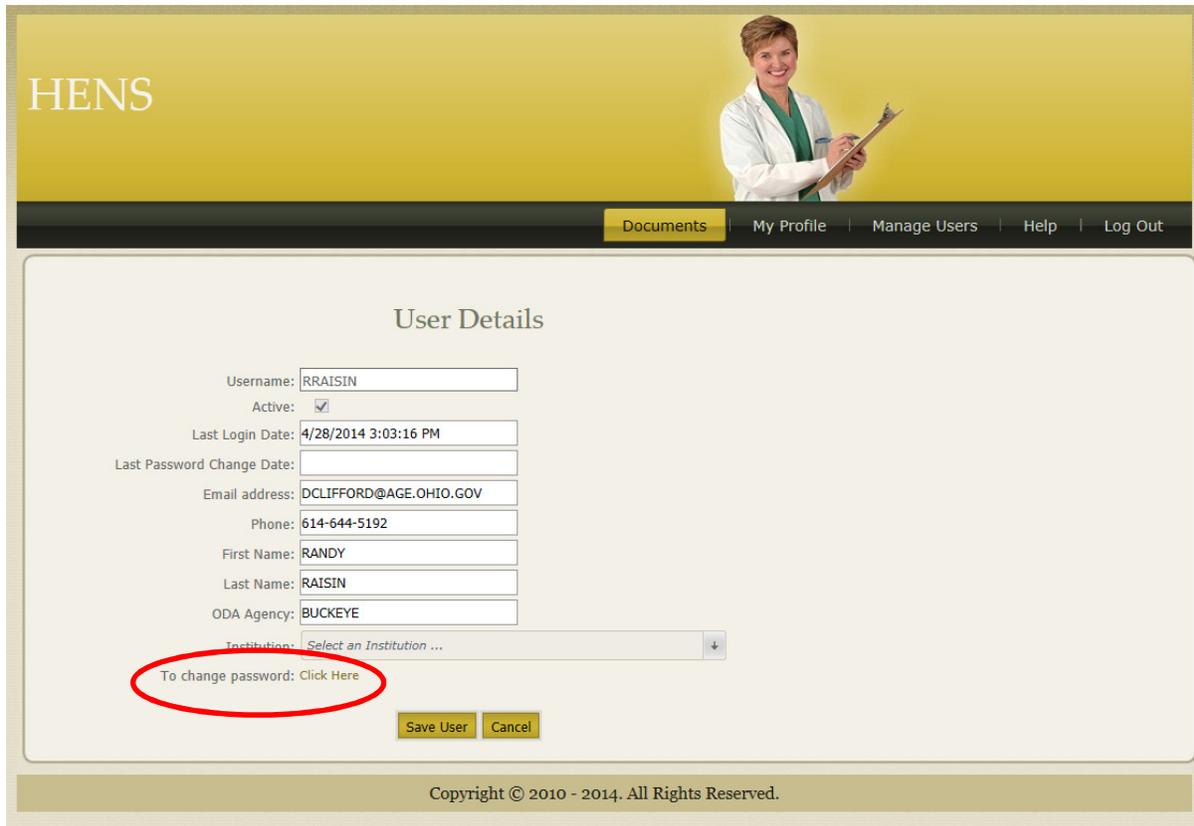
My profile

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



Change password

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



Help

From the Help section, you can access the print User Guides specific to your need as a user.

Log out

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

Using the HENS application

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

Consumer/Document Search

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

INPROCESS DETERMINATION AVAILABLE

DOCUMENT LIST

DELETE	EDIT	REVIEW	First Name	Last Name	SSN	Medicaid Billing Number	DOCUMENT DATE	DOCUMENT STATUS
Delete		21558856	HARRY	DAVISON	189-45-1908	184016656302	04/28/2014	DETERMINATION AVAILABLE
Delete		21558117	HOWARD	MARTIN	189-76-7890	106230633599	04/28/2014	DETERMINATION AVAILABLE
Delete		21559225	THOMAS	MASTERS	276-65-3434	106375919399	04/28/2014	DETERMINATION AVAILABLE

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

You can filter this list to show documents that are *In Process* (those that have been started but not yet submitted to the AAA) or for which there is a *Determination Available* by clicking the radio button in front of one of those options.

The Documents List shows the following columns:

- **Delete**- This button is used to delete a document in the list. Only a document that is *In Process* (see *Document Status* below) can be deleted. Only the user that initiated a document can delete the document.
- **Edit**- This button allows the user to access a document which has been started but is not yet complete and submitted. Click on the pencil icon to open the document. After the document has been completed and submitted, the edit function no longer allows access to the document. See *Review* explanation below for more detail about how to access the document once it has been submitted.
- **Review**- This link takes you to a summary screen. Once a document has been submitted and can no longer be changed or edited, this *Review* screen will allow the user to review information about the document and to see the determination for the Level of Care Assessment.
- **First Name**- This is the consumer’s first name.
- **Last Name**- This is the consumer’s last name.
- **Social Security Number**- This is the consumer’s social security number.

- *Document Date*- This is the date the document was created.
- *Document Status*- This field identifies the status of a document. This field is populated by the system, based on the action you or others that interact with the document have taken.
 - *In Process*- The document has been created, but is not complete and has not been submitted to the AAA. This document may be retrieved to make changes, or for completion and submission, or it may be deleted.
 - *Determination Available*- The Level of Care determination by the AAA is now available to the Managed Care Plan.

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

Searching for documents

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

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

You can use the vertical scroll bar to move up and down in the list. The list populates with the consumers for whom a Determination is available showing first, then by consumer in alphabetical order. The consumers for whom a document is In Process then follow, also in alphabetical order by consumer last name.

Working with an existing document

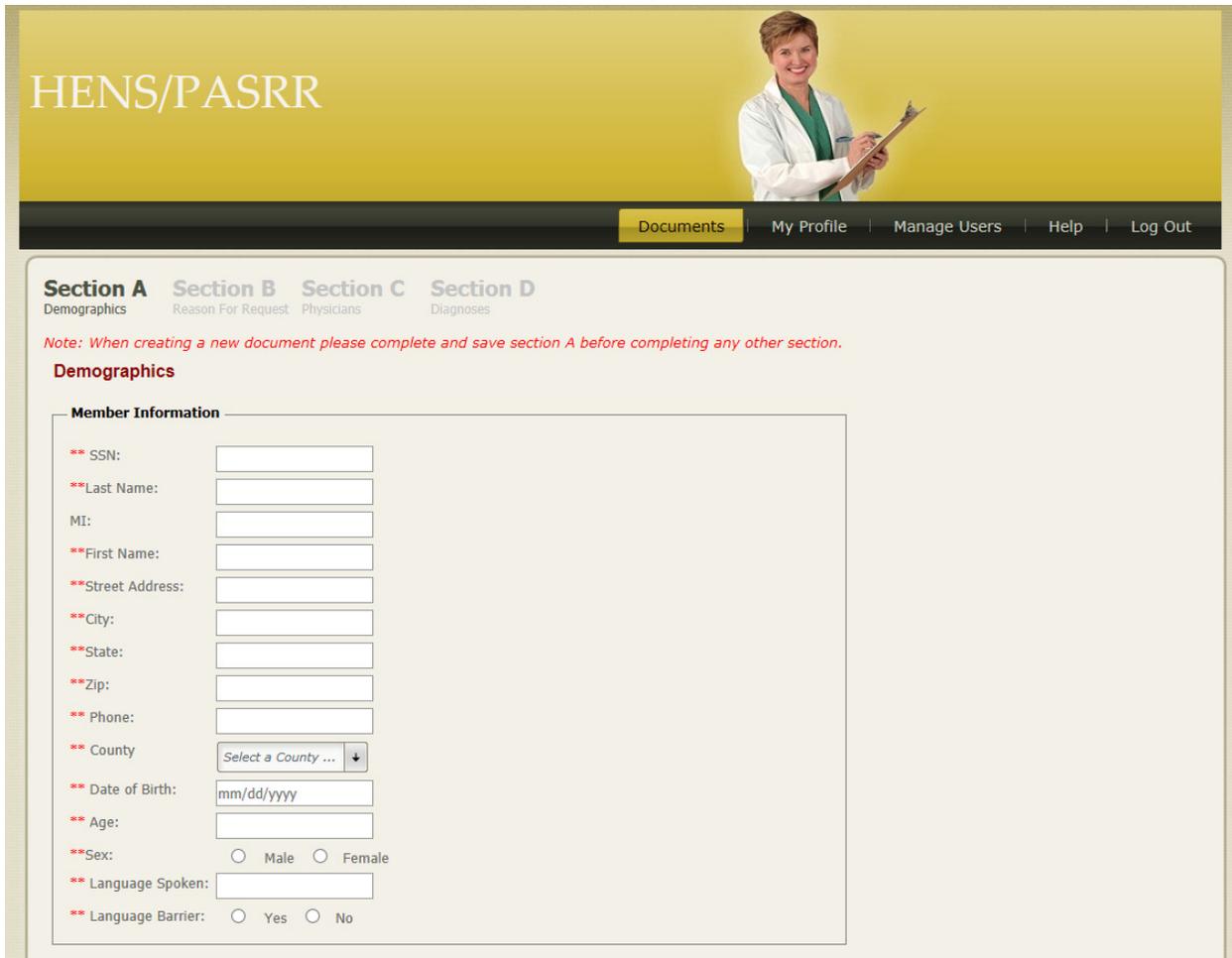
To open and edit/ complete a document that has been started but is not yet submitted, click on the pencil icon in the *Edit* column. Perform whatever additional work needs to be done to the document and if it is then complete, click "submit" on the diagnoses page.

Starting a new document

After you have logged into HENS, hover the cursor over the *Documents* button on the menu bar. You will see an option to "Create a new document". Select that option to start a new request. There are two types of requests the system will support- a request to perform a face-to-face Level of Care, either initial or due to significant change in condition or a request to disenroll a consumer from the MyCare Ohio waiver. Information about how to complete a request to disenroll from the MyCare Ohio waiver follows the description of completing a Level of Care request.

Completing a Level of Care Request

The section names that appear across the top of the form correspond to the sections of the 3697 which are the responsibility of the managed care plan. Use these headers to navigate from one section to the next by clicking on the title of the section.



HENS/PASRR

Documents | My Profile | Manage Users | Help | Log Out

Section A Demographics | **Section B** Reason For Request | **Section C** Physicians | **Section D** Diagnoses

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

Demographics

Member Information

** SSN:

** Last Name:

MI:

** First Name:

** Street Address:

** City:

** State:

** Zip:

** Phone:

** County:

** Date of Birth:

** Age:

** Sex: Male Female

** Language Spoken:

** Language Barrier: Yes No

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.

Follow these instructions for completing an initial Level of Care request, or when requesting a Level of Care due to significant change in condition.

Section A: Demographics

The document opens to *Section A: Demographics*. The required fields are marked with a double red asterisk (**). The user will not be able to save the page and proceed to the next section until the required fields are completed on the page.

Member Information

Enter the social security number for the individual for whom the request is being submitted. [Social Security number is a required field.](#)

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.](#)

Enter the phone number for the individual. This is how the AAA will contact the individual to schedule their in-person Level of Care assessment so please provide the most appropriate number to make contact. [Phone number is a required field.](#)

Select the county of residence from the drop down box provided. You can navigate to the appropriate part of the list by typing the first letter of the county and then selecting from there. The HENS system routes the request to the AAA based on the county of residence. [County of residence is a required field.](#)

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.](#)

The age of the individual will auto-calculate based on the date of birth.

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

Select the primary language spoke by the individual from the drop down box. [Language spoke is a required field.](#)

If the language spoken is other than English, please check whether there is a language barrier from the radio buttons provided. [Language Barrier is a required field.](#)

Medical Information

The Medicaid recipient field is set to "Active."

Enter the individual's Medicaid number in the space provided. [Medicaid number is a required field.](#)

Enter the individual's Medicare number in the space provided without space or hyphens. [Medicare number is a required field.](#)

Date of conversion is not required.

Other health insurance is not required.

If there is a contact for the consumer other than the consumer, enter the complete name in the Contact field.

Select the type of contact from the options available. [If there is a contact identified, the type of contact is required.](#)

Enter the phone number for the contact. [If there is a contact selected, at least one phone number is required.](#)

Select the relationship between the consumer and the contact from the drop down box. [If a contact is identified, the relationship is a required field.](#)

Living Arrangement

This section captures the usual and current 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 request, but are unable to complete it in one sitting, at a minimum complete the required fields in the *Demographics* section. In order for the system to save a consumer’s form to return to later, the *Demographics* 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: Reason for Request

This section identifies the reason the Managed Care Plan is submitting the request.

Select the appropriate option from the drop down box. The options are:

- Initial Level of Care
- Significant Change in Condition
- Disenrollment from Waiver
- LOC Redetermination (this feature is not in use for MyCare Ohio at this time)

Section A Demographics **Section B Reason For Request** Section C Physicians Section D Diagnoses

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

Reason For Request

**Select a Reason: INITIAL LOC DETERMINATION x ↑

- SIGNIFICANT CHANGE IN CONDITION
- DISENROLLMENT
- INITIAL LOC DETERMINATION
- LOC REDETERMINATION

Save Clear

To request either an initial Level of Care or a Level of Care due to Significant Change in Condition, select one of these options. (Instructions for completing a request to disenroll a MyCare Ohio waiver consumer are later in this document.)

Once you have selected the reason for request, click the “save” button. 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 C: Physicians

This section captures the name of the consumer’s physician(s).

Section A Demographics **Section B** Reason For Request **Section C** Physicians **Section D** Diagnoses

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

Physicians

Primary Physician

**Physician:

**Specialty:

**Last Name:

**First Name:

**Address:

**City:

**State:

**Zip:

**Phone:

**Date Last Seen:

The information provided here should reflect the individual’s primary care physician or a physician who provides care on an on-going basis. [Primary 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 the “Search Physicians” button. Next, click on the down arrow to the right of the box in the next line. A list of physicians starting with the letter(s) you typed will appear. Use the scroll function to scroll down the list of names. Click on the correct name to populate the specialty, name and address fields in this section. (The information about physician populates from a data table supplied by the Ohio Department of Health.)

Enter the physician’s phone number and the date the consumer was last seen by this physician. [These are required fields.](#)

There is room to list a second physician. The fields for the second physician works the same way as described above. The fields for the second physician are provided as a courtesy but are not 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” 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 D: Diagnoses

This section captures the known diagnoses for the consumer.

Section A Demographics **Section B** Reason For Request **Section C** Physicians **Section D** Diagnoses

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

Diagnoses

DIAGNOSES

****Source of Information (Please Check):**

a) Physician c) Record e) Caregiver
 b) Medical Record d) Client f) Authorized Representative

ADHD - F90.9
AIDS (ACQUIRED IMMUNODE
ASHD (ARTERIOSCLEROTIC I
AGITATION - R45.1
ALCOHOL ABUSE - F10.10
ALCOHOL ADDICTION - F10.2
ALZHEIMER'S DISEASE - G30
AMPUTATION - Z89.9
ANEMIA - D64.9
ANEURYSM - I72.9
ANGINA - I20.9
ANGIOMA - D18.09
ANOREXIA - R63.0
ANOXIA - R09.01
ANTISOCIAL PERSONALITY D
ANXIETY DISORDER - F41.9

Primary Diagnosis => mm/dd/yyyy
Diagnosis 2 => mm/dd/yyyy
Diagnosis 3 => mm/dd/yyyy
Diagnosis 4 => mm/dd/yyyy
Diagnosis 5 => mm/dd/yyyy
Diagnosis 6 => mm/dd/yyyy

In the top box, select the source of information about the diagnosis. [Selecting a source in this section is required.](#)

From the drop down list, select the appropriate diagnosis for the consumer. Click to select the diagnosis and then click the “diagnosis 1” box to add the diagnosis to the list. The list displays the diagnosis by name and by ICD code. [At least one diagnosis is required for the consumer.](#)

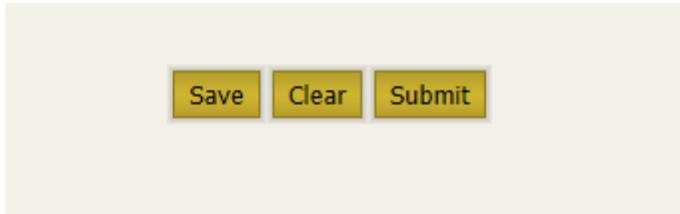
For each diagnosis included in the list, enter the onset date for the diagnosis in the date field next to the diagnosis. [Date is a required field.](#)

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.**

Submitting the Request

Once the user has completed and saved each of the four sections of the request, click “submit” to submit the request to the AAA. Clicking submit will remove the consumer from the *Documents List* until the determination is completed by the AAA.



Accessing the LOC determination

Once the MyCare Ohio plan submits the request, the AAA will receive the request and based on the type of request will take action. For requests for face-to-face LOC determinations, the AAA will schedule the in-person visit, complete the assessment in the data management system PIMS and enter the determination into PIMS. When the AAA enters the determination and finalizes the assessment in PIMS, PIMS will push the determination into HENS for the plan to see.

A screenshot of the HENS web application interface. The header features the 'HENS' logo and a navigation bar with 'Documents', 'My Profile', 'Manage Users', 'Help', and 'Log Out'. Below the header is a search section with fields for 'First Name', 'Last Name', and 'SSN', and a 'View Documents for:' dropdown menu. To the right is a 'User Information' box showing 'User Name: RANDY RAISIN' and 'Agency: BUCKEYE'. Below the search section are radio buttons for 'INPROCESS' and 'DETERMINATION AVAILABLE'. The main content area is titled 'DOCUMENT LIST' and contains a table with columns: DELETE, EDIT, REVIEW, First Name, Last Name, SSN, Medicaid Billing Number, DOCUMENT DATE, and DOCUMENT STATUS. The 'DOCUMENT STATUS' column for the first three rows is circled in red, showing 'DETERMINATION AVAILABLE'.

DELETE	EDIT	REVIEW	First Name	Last Name	SSN	Medicaid Billing Number	DOCUMENT DATE	DOCUMENT STATUS
Delete		21558856	HARRY	DAVISON	189-45-1908	184016656302	04/28/2014	DETERMINATION AVAILABLE
Delete		21558117	HOWARD	MARTIN	189-76-7890	106230633599	04/28/2014	DETERMINATION AVAILABLE
Delete		21559225	THOMAS	MASTERS	276-65-3434	106375919399	04/28/2014	DETERMINATION AVAILABLE

Plans will identify when determinations are available from the *Document List* that is seen when the user first logs into HENS. After a plan has submitted a Level of Care request, the consumer will disappear from the *Document List*. When the determination is available, they will show up again on the *Document List*. The determination is available in the system when the status for the document shows as *determination available* (far right column).

To access the determination, click on the number in the *Review* column. This will take you to the summary screen. The summary screen shows the consumer's name, date of birth and social security number. It also shows the worker who created the document, the status of the document, the plan in which the consumer is enrolled, the AAA that performed the assessment and the determination.

The consumer will remain in the plan's *Document List* until the MCP decides to either enroll or deny enrollment for a consumer. See below for instructions on how to take this next step.

Requesting the AAA Enroll or Deny Enrollment

Once the AAA has completed the LOC determination, the plan will decide whether or not to enroll a consumer who meets Skilled or Intermediate LOC into the MyCare Waiver. The plan will request that the AAA enter information into CRIS-E to either enroll or deny enrollment to a consumer.

To make the request of the AAA to perform the CRIS-E functions to enroll the consumer, the plan will, from the document list, identify the appropriate consumer and click on the number in the *Review* column to open the *Summary* screen. Then click on the arrow next to *Waiver Enrollment*.

The screenshot shows a web interface with two main sections. The top section is titled "Summary" and contains a table of consumer and document information. The bottom section is titled "Waiver Enrollment" and contains a form for entering enrollment details.

Consumer Name:	HARRY DAVISON	Consumer SSN:	189451908
Consumer DOB:	8/15/1945 12:00:00 AM	Create Date:	4/28/2014 1:48:40 PM
Create Worker:	RRAISIN	Create MCP:	BUCKEYE
Document Status:	DETERMINATION AVAILABLE	PAA:	PAA 6
PAA Determination:	INTERMEDIATE		

MCP has reviewed this document.

Enroll in Waiver: Yes No

Denial Reason:

Request Date:

Effective Date:

Estimated Cost(\$):

First select the appropriate radio button next to *Enroll in waiver*. Click “yes” to enroll or “no” to deny enrollment.

If enrolling a consumer, enter the date of the request in the box next to *Request Date*.

Then enter the effective date of the waiver enrollment in the box next to *Effective Date*.

Then enter the waiver service plan cost in the box next to *Estimated Costs*.

Finally, click “submit” to submit the request to the AAA to perform the CRIS-E entry.

If denying enrollment, select a reason from the drop down box next to *Denial Reason*.

Then enter the date of the request next to *Request Date*.

Next, whether enrolling or denying enrollment, click the box next to *MCP has reviewed this document*. Clicking this box will remove the consumer from the *Document List*.

Finally, click “submit” to submit the request to the AAA to perform the CRIS-E entry.

If a Consumer Doesn't Meet Waiver Level of Care

If the AAA has determined that the consumer does not meet the appropriate level of care to be enrolled in the waiver, the plan will see that determination when reviewing the summary screen (determination = “none” or “protective”). The AAA is then responsible for entering the LOC determination into CRIS-E, and if the determination is challenged, defending the determination. If the determination shows as “none” or “protective”, the plan must acknowledge that it has reviewed the determination. To do that, on the Summary Page, click the down arrow next to *Waiver Enrollment*. Then click the box next to *MCP has reviewed this document*. Clicking this box will remove the consumer from the *Document List*.

Requesting the AAA Disenroll a Waiver Consumer from the MyCare Ohio Waiver

HENS also provides the functionality for the managed care plan to request that the AAA perform the necessary work in CRIS-E to disenroll a My Care Ohio waiver consumer from the MyCare Ohio waiver. To submit this type of request, after you have logged into HENS, hover the cursor over the *Documents* button on the menu bar. You will see an option to “Create a new document”. Select that option to start a new request. To perform this request you will complete Sections A and B and then click “submit” on the *Diagnoses* tab.

Section A: Demographics

The document opens to *Section A: Demographics*. The required fields are marked with a double red asterisk (**). The user will not be able to save the page and proceed to the next section until the required fields are completed on the page.

Member Information

Enter the social security number for the individual for whom the request is being submitted. [Social Security number is a required field.](#)

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.](#)

Enter the phone number for the individual. This is how the AAA will contact the individual to schedule their in-person Level of Care assessment so please provide the most appropriate number to make contact. [Phone number is a required field.](#)

Select the county of residence from the drop down box provided. You can navigate to the appropriate part of the list by typing the first letter of the county and then selecting from there. The HENS system routes the request to the AAA based on the county of residence. [County of residence is a required field.](#)

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.](#)

The age of the individual will auto-calculate based on the date of birth.

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

Select the primary language spoke by the individual from the drop down box. [Language spoke is a required field.](#)

If the language spoken is other than English, please check whether there is a language barrier from the radio buttons provided. [Language Barrier is a required field.](#)

Medical Information

The Medicaid recipient field is set to "Active."

Enter the individual's Medicaid number in the space provided. [Medicaid number is a required field.](#)

Enter the individual's Medicare number in the space provided. [Medicare number is a required field.](#)

Date of conversion is not required.

Other health insurance is not required.

If there is a contact for the consumer other than the consumer, enter the complete name in the Contact field.

Select the type of contact from the options available. [If there is a contact identified, the type of contact is required.](#)

Enter the phone number for the contact. [If there is a contact selected, at least one phone number is required.](#)

Select the relationship between the consumer and the contact from the drop down box. [If a contact is identified, the relationship is a required field.](#)

Living Arrangement

This section captures the usual and current 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 request, but are unable to complete it in one sitting, at a minimum complete the required fields in the *Demographics* section. In order for the system to save a consumer’s form to return to later, the *Demographics* 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: Reason for Request

This section identifies the reason the Managed Care Plan is submitting the request.

Select the following option from the drop down box.

- Disenrollment from Waiver

Section A Demographics **Section B Reason For Request** Section C Physicians Section D Diagnoses

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

Reason For Request

**Select a Reason: DISENROLLMENT

**Disenrollment Reason: Select a Reason

**Disenrollment Date: mm/dd/yyyy

Save Clear

Once you have selected this option, two additional fields will appear. First select a disenrollment reason from the drop down box. Then enter a date the disenrollment is effective into the *Effective Date* field.

Once you have selected the reason for request and the two additional fields, click the “save” button. 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.**

Section C: Physicians

This section is not required for a disenrollment request.

Section D: Diagnoses

You don't have to provide a diagnosis when requesting that an individual be disenrolled from the MyCare Ohio waiver, however, this section is where the "submit" button is located. Click on "submit" to send the request to the AAA.

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.

Accessing a partially completed document that you previously saved

Return to the HENS system, typing the URL <http://HENS2.age.ohio.gov> into your web browser. At the Login screen, enter your user name and password then click "Login".

When the *Document List* appears, locate the individual for whom you need to complete the document. Select the individual by clicking on the pencil in the "edit" column. To see documents created by other users at your plan, follow the instructions in **Searching for documents** above.

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

Deleting a document

It may be necessary to delete a document that you have created. You can only delete documents that are "in process," this is a document that has been created by the managed care plan user, but has not yet been completed or submitted. From the documents list that first appears when you sign in, first select the consumer's name and click on "Delete" in the *Delete* column next to the document you want to delete. You will be prompted to confirm that you want to delete the document. Once a document has

been submitted via the electronic system, it cannot be deleted.

Viewing past submissions

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

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