

These instructions are specific to the new iteration of the HENS system, which will include the ability to submit a PAS-ID and Resident Review electronically to the appropriate recipient. These instructions focus on how to use the electronic PAS/RR component of the system. The basic process for completing a Hospital Exemption Notification will be the same in the new system.

How to login

Type the URL: <http://hens.age.test.ohio.gov/> into the browser.

- The system will take you to the login screen. Please note: testers will be testing the system in the testing and training site. The testing done on this site is for testing purposes only and will not impact the existing HENS system.
- Enter your user name and password and click “login.” NOTE: For purposes of user testing, select a user name from the list provided. All test users will use the same password- test2013.
- Please note that user names are NOT case sensitive, but passwords are. If you have trouble logging in with the password, make sure you are using the appropriate case letters.

Using the HENS/PASRR Application

Starting a new document

After the user has logged into HENS/PASRR, hover the cursor over the *Documents* button on the menu bar. The user will see an option to “Create a new document”. Select that option to start a new document.

The Document Wizard

The HENS/PASRR system allows the user to create and submit a Hospital Exemption Notification (ODJFS 07000) or a Pre-Admission Screening/ Resident Review Identification Screen (PAS/RR- ODJFS 03622). 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 each question in the wizard is required to continue to the next screen.

Question 1: “Where is the consumer currently located?” The options are: hospital (admitted), hospital (observation), nursing facility, other. Select one option. NOTE: Consumers who are in the hospital in “Observation” status may not use the hospital exemption process. A PAS/RR must be completed.

Question 2: “Is the consumer a:” The options are current NF resident or new NF applicant. Select one.

Question 3: “Are you seeking admission for less than 30 days using a hospital exemption?” Select “yes” or “no”.

Question 4: “Is the consumer being discharged from a psychiatric unit or a psychiatric hospital?” Select “yes” or “no”. (NOTE: effective 9/29/2013, consumers being discharged from a psychiatric unit of a

hospital or from a psychiatric hospital may not use the hospital exemption. A PAS/RR must be submitted.)

Question 5: “What is the consumer’s SSN?” Enter the consumer’s social security number.

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

A pop-up box appears on the screen that tells the user which form will be initiated. Click “continue” to open the form.

If the social security number entered matches a current form already in process, a notification will appear prohibiting the user from creating an additional form for the consumer. If this happens, use the search feature described below to locate the existing form for the consumer and complete that form. This mechanism is in place to prevent duplicate forms being created for the same consumer at the same time.

Starting a PAS/RR Identification Screen

The section names that appear across the top of the form correspond to the sections of the ODJFS 03622 form. Use this box to navigate from one section to the next by clicking on the title of the section. The HENS/PASRR 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.

While the system presents the form as a series of steps, the user is free to select the order in which they choose to complete the sections. As with the existing HENS system, the system will not allow the user to proceed from one section to another until information provided for the page is saved.

The HENS/PASRR 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 to the recipient. The system performs validation checks to ensure the appropriate information is being provided for each section of the form.

Step 1: Identifying information for Applicant/ Resident

The document opens to *Section A: Identifying Information for Applicant/ Resident*. This corresponds with Section A of the ODJFS 03622 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.

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

Once the user has 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” go advance to the next section.

Step 2: Reasons for Screening

This section corresponds to Section B of the ODJFS 03622 and captures the reason for completing the form- either to initiate a pre-admission screen or to initiate a resident review. NOTE: A resident review can only be initiated by a nursing facility user. The hospital user should only be initiating a preadmission screen. If you are initiating a Resident Review, instructions on how to use the system for a Resident Review follow the description of the Pre-Admission Screening Codes.

Pre-Admission Screening Codes:

The top section is to initiate a Pre-Admission Screen (PAS). Select the appropriate situation for the consumer:

“1- Ohio resident seeking nursing facility admission” or

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

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

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

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

Resident Review Codes:

Select the appropriate reason for the request:

“3- Expired Time Limit for Hospital Exemption” 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 (Step 7). If selecting “c)” as an option in this section, the user will also need to supply the appropriate responses in section G3 and G4 (Step 7).

“4- Expired Time Limit for Emergency Admission” 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 (Step 7). If selecting “c” as an option in this section, the user will also need to supply the appropriate responses in section G3 and G4 (Step 7).

“5- Expired Time Limit for Respite Admission” 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 (Step 7). If selecting “c” as an option in this section, the user will also need to supply the appropriate responses in section G3 and G4 (Step 7).

“6- NF Transfer, no previous PASRR records”

“7- Significant change in condition” If this option 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 G1 and G2 (Step 7). If selecting “f” as an option in this section, the user will also need to supply the appropriate responses in section G3 and G4 (Step 7).

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” go advance to the next section.

Step 3: Medical Diagnosis

This section corresponds to Section C of the ODJFS 03622 and captures the medical diagnosis.

For a pre-admission screen, only question 1 will appear. Select the appropriate radio button next to either “yes” or “no”. If initiating a pre-admission screen, once the user selects “yes” or “no,” the page is complete.

For a resident review, the user must also complete questions 2 and 3.

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

Question 3 requires the user to identify the diagnosis at time of admission to the nursing facility. Up to six diagnoses may be recorded in the available space. As with the diagnosis selection in question 2,

select the diagnosis from the drop down list and then click the “Diagnosis #=>” button to record the diagnosis.

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” go advance to the next section.

Step 4: Indications of Serious Mental Illness

This section corresponds to Section D of the ODJFS 03622 and captures whether consumer has indications of a mental disorder that warrants further review to determine in nursing facility placement will appropriately meet the consumer’s needs. 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 2 PAS review by the Ohio Department of Mental Health and Addiction Services.

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”.

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.

Step 5: Indications of MR or Related Condition

This section corresponds to Section E of the ODJFS 03622 form and captures whether consumer has indications of mental retardation or developmental disability that warrants further review to determine if nursing facility placement will appropriately meet the consumer’s needs. If the responses provided by the user in this section lead to a “yes” response in question 7, it will trigger a Level 2 PAS review by the Ohio Department of Developmental Disabilities.

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 3-7.

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

Logic built into the system will determine the answer to question 7 based on the answers to the previous questions and the appropriate button will be automatically marked.

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.

Step 6: Return to Community Living Referral

This section corresponds to Section F of the ODJFS 03622 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 those options.

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.

Step 7: Request for Resident Review Approval for a specified period

This section corresponds to Section G of the ODJFS 03622 form. It is not appropriate for a pre-admission screen. It is only relevant to a resident review conducted by a nursing facility. If the user has initiated a Pre-Admission Screen, a message will appear for Step 7 that tells the user the section is not applicable.

For a resident review, please select the appropriate section in which to provide responses. 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.

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

To upload the required documentation, scroll to the bottom of the screen to the “File Upload” section. Click on “browse” next to the *File Upload* box, navigate to the appropriate document on your computer or system and click “Upload.” The system will accept files of the following types: .pdf, .gif, .jpg, .png, .tiff or .jpeg. You may repeat this step for as many documents as are necessary to supply the required documentation. Once a file has been uploaded, a dialog box will appear that lists the files that have been uploaded to the system. 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 added or deleted.

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

To upload the required documentation, scroll to the bottom of the screen to the “File Upload” section. Click on “browse” next to the *File Upload* box, navigate to the appropriate document on your computer

or system and click "Upload." The system will accept files of the following types: .pdf, .gif, .jpg, .png, .tiff or .jpeg. You may repeat this step for as many documents as are necessary to supply the required documentation. Once a file has been uploaded, a dialog box will appear that lists the files that have been uploaded to the system. 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 added or deleted.

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" go advance to the next section.

Step 8: Mailing address

This section corresponds to Section H of the ODJFS 03622 and includes contact information for various people who are involved with the consumer.

Question 1 captures 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 captures the name and mailing address of the individual's attending physician.

Question 3 captures the contact information for the consumer's guardian or legal representative.

Question 4 captures the name of the nursing facility to which the consumer is being admitted or in which the consumer resides.

Question 5 captures the information about a submitter if this document is being submitted by a discharging hospital.

Note: Before this page will save successfully, the user MUST select an option from the drop down box next to "Who should be contacted if a Level 2 PAS/RR evaluation by ODMH and/or DODD is needed?" at the end of the questions.

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” go advance to the next section.

Step 9: Submitter Information/ Certification

This section captures information about the individual submitting the PAS/RR document. All fields on this page are required.

The top section is information about the submitter.

NOTE: This section auto-populates with the name and phone number of the user who is logged in to the system. If this information is not correct, the user can click in the auto-populated box and change the information as needed.

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 Step 9 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 to the appropriate recipient(s).

Step 9 also includes the “Print PDF” button. If the user needs to print the 3622 form, click on the “print” button to print.

Return to the Documents List

If the user has additional documents to create or complete, click on the *Documents* button in the menu bar at the top of the page. Or the user may log out if done working in the system.

Once the PASRR form has been submitted, the status of the document will change from “in process” to “Submitted to PAA” in the list of documents associated with this consumer. For those PAS-ID’s or Resident Reviews that trigger a referral to the Ohio Mental Health and Addiction Services (OMHAS) or the Ohio Department of Developmental Disabilities (DoDD), the form will simultaneously be made available to those entities for review. (For the purposes of testing, the status does not change in the test environment. This feature will be active in the system when it goes live.)

Searching for a Document Already in Process

After you log in, the **Documents List** screen appears. The system defaults to show the consumers for whom the logged in user has created either a hospital exemption (07000) or a PAS/RR (03622) form that has not yet been completed and submitted.

If documents are “in process” for a particular consumer, their name will appear in the list underneath the search fields. The list populates in alphabetical order by the consumer’s last name, and also displays the social security number, date of birth and Medicaid billing number. This information is provided as a reference to ensure the consumer presented in the list matches the consumer the user is seeking.

To view the documents created for a particular consumer, in the list of consumers that appears, click on the “+” sign to the left of the consumer’s name. The list updates to show the documents created for this consumer.

To select a document from this list, click on the number in the **Document ID** column and the document will open.

Please note that if you have a large number of forms “in process” you may need to view additional pages of your list. Just under the list of consumers there is a page number and arrows that will allow you to view additional pages of consumer names.

Using the search tool to find a document: To search for a document you created, enter the individual’s first name and last name, then click “search.” The system will return a list of consumers that match the information you entered. You can narrow the list of consumers that appear by using other fields to search as well. To clear the search fields and start a search from scratch, click “cancel.”

This screen defaults to search for the documents created by you as the logged in user. If you are looking for a document created by another user at the same hospital, the **Created User** field is a drop down list of all of the users in this hospital and another user may be selected. The list of users is in alphabetical order by FIRST name. Select another users name to search for a document they have created.

If documents have been created for a particular consumer, their name will appear in the list underneath the search fields. The list populates in alphabetical order by the consumer’s last name, and also displays the social security number, date of birth and Medicaid billing number. This information is provided as a reference to ensure the consumer presented matches the consumer the user is seeking.

To view the documents created for a particular consumer, in the list of consumers that appears, click on the + sign to the left of the consumer's name. The list populates with the documents created for this consumer. The list of documents includes any forms currently in process for the consumer selected.

To select a document from this list, click on the number in the **Document ID** column and the document will open.

If you are opening a document that is in process, the "Validation Messages" box will allow you to determine what sections of the form still need to be completed.

ALL users (regardless of hospital or NF of record) may search the entire HENS/PASRR database for existing forms. However, if you did not create the existing document, or if the existing document was not created by a user at your same hospital, you will only be able to see that the document was created, when and by whom. You will NOT be able to see or access the form itself. To search for any document created for an individual, specify the search criteria about that individual, then in the *Created User* field, select "any user".

Searching for a Document Already Submitted

The list of documents defaults to show any forms currently "in process" for the consumer selected. If you are searching for a document that has already been completed and submitted, change the criteria in the search field next to *Status* to reflect the appropriate status for the document.