HENS 3.0 USER GUIDE

Contents

About This Guide

The purpose of this guide is to provide instruction about how to use the HENS system. It is not intended to provide PASRR policy guidance. The guide is divided into sections for easier navigation, and under each section heading, the users for whom the content is relevant are identified in orange text. To display the section names, click the bookmark icon ▯ on the left side of the document. Use the arrow to the left of the section to expand or collapse sections and subsections. If no arrow appears, there are no further subsections. You can also search the document by clicking CTRL+F and entering a search term.

Below is a list of abbreviations that appear throughout the guide.

Abbreviation		Abbreviation	
ODM3622	Ohio Department of Medicaid's Preadmission Screening and Resident Review (PASRR) Identification Screen form	ODMHAS	Ohio Department of Mental Health & Addiction Services
ODM7000	Ohio Department of Medicaid's Hospital Exemption from Preadmission Screening Notification	PAA	PASSPORT Administrative Agency
DD	Developmental Disorder	PAS	Preadmission Screening
DODD	Department of Developmental Disabilities	PASRR	Preadmission Screening & Resident Review
HENS	Healthcare Electronic Notification System	PIMS	PASSPORT Information Management System
NF	Nursing Facility	RR	Resident Review
ODA	Ohio Department of Aging	SMI	Serious Mental Illness
ODM	Ohio Department of Medicaid		

PASRR & HENS Overview

Preadmission Screening and Resident Review (PASRR) is a federally mandated program, overseen by the Ohio Department of Medicaid. It applies to all individuals seeking admission to or residing in an Ohio Medicaid-certified nursing facility, regardless of payer. It requires that those individuals are screened for indications of serious mental illness (SMI) and developmental disabilities (DD). The goal of PASRR is to ensure that individuals with a serious mental illness or developmental disability are

- Identified
- Appropriately placed in the least restrictive setting
- Admitted or allowed to remain in a nursing facility only if they can be appropriately served there

The Healthcare Electronic Notification System (HENS) is a web-based system developed by the Ohio Department of Aging (ODA) that manages forms related to the PASRR process in Ohio. HENS users can electronically fill out and submit ODM3622 and ODM7000 forms, search for and view previously submitted forms, and access results letters. Each document is maintained individually and is not linked to any other documents in the system.

Basic HENS/PASRR Flow

ODM7000 Process

- Hospital users complete the ODM7000 form, attach required documentation, and submit the form
- NF users can view completed ODM7000s and supporting documents when their NF is entered on the form as the Admitting Nursing Facility

ODM3622 Process

- Hospital, NF, PAA, or community users complete the ODM3622 form, attach any required document, and submit the form
- HENS alerts the user whether the form is being referred for any Level II evaluations and produces a Review Results letter
  - If a Level II Evaluation is **not** required, this is the last step
- If a Level II Evaluation is required, HENS will notify the appropriate entities – DODD, ODMHAS, or their designees
- The Level II entities will complete their evaluations and add their determinations to HENS

Accessing HENS

This section describes the HENS web address, HENS system requirements, and how to obtain a HENS account.

Web Address & System Requirements

HENS is a web-based application compatible with the following internet browsers:

- Chrome version 77 or higher
- Firefox version 78 or higher

To access HENS, open a compatible internet browser, and enter https://www.hens.age.ohio.gov.

HENS can help you determine what browser you are using. Click the **Help** link and view the **Browser Details** section. For help updating or changing your browser, contact your organization's IT department.

Obtaining a HENS Account

Individuals using HENS must have their own individual user account linked to their employer's main account. Users may not share accounts and passwords. User accounts must be set up using an individual's correct first name, last name, and employer details. HENS uses account details to populate form fields. It is not acceptable for documents to be submitted with user account names like "Admissions Department", or 'Central Intake".

Every PAA has a HENS administrator who will coordinate with hospitals, NFs, and community agencies in their region to set up their own HENS administrators, who can then add, remove, or update users for their organization.

⚠   Setup emails come from appsupport@age.ohio.gov If you do not see them in your e-mail box, check your Spam folder.

Passwords

This section explains HENS password requirements, how to change your password, and what to do if you forget your password.

Password Requirements

Passwords must meet the following requirements:

- Cannot contain your username
- Must be at least eight characters in length
- Must contain at least one number
- Must contain at least one lowercase letter
- Must contain at least one uppercase letter
- Must contain at least one special character from the following list: **! @ # $ % ^ & * ( ) . [ ]**
- Cannot be a password you've used in the past

Changing Password

To change your password, log in to the system, click the **My Profile** link from the Top Menu. At the bottom of the profile information, next to "To change password," click on "click here". On the next screen, enter your old password, enter a new password and verify the new password by entering it a second time.

Forgotten Password

If you forget your password, you can reset it. From the Login screen, click the **Forgot password?** button on the right side of the page. A new password will be sent to the e-mail address on record in the system. Use this e-mailed password to log in to the system, and then follow the steps in the Changing Password section to update your password to something you will remember.

HENS Basics

For All Users

This section describes the basic functions of HENS.

Consumer/Document Search Page

The Consumer/Document Search page is the first page users land on after logging in to HENS. It contains the **main navigation bar**, the **search filters,** and the **document list**.

Main Navigation Bar

The main navigation bar is always displayed at the top of the page. It has the link to return to the home page, the link to create a new document, the link to access the **HENS Help pag**e, and the link to the user's **profile**.

Main Navigation Bar		
Link	**Description**	
Home	Click here to return to the HENS Home.	
Document	Click here to create new ODM3622 or ODM7000 document.	
Manage Users	*Administrators only*. Click here to go to the **Manage Users** page to add, delete, and edit user accounts for their organization.	
Help	This link takes you to the **Help** page, which contains user guides, training videos, and your internet browser details.	
User Name	This is the name of the logged in HENS user. There are two choices in this dropdown menu.	
	Dropdown List	**Definitions**
	Profile	Choosing this takes the user to their HENS Profile page. The Profile page contains details about the HENS user and their employer.
	Logoff	Choosing this ends the HENS session and returns the user to the Login page.

Filters/Searching

To search for documents, apply filters by typing into the fields, or selecting from the list. All chosen filters will be applied to the search. So, if you type "Smith" in the last name field, and enter your last name as the submitter name, you will see all documents that you have submitted for individuals with the last name "Smith".

Search results will only include documents that the user has permission to view. Viewability is restricted by user type. Hospitals can only see documents created by their organization. NFs can see documents created at their NF, or with their NF entered as the admitting facility. PAAs can see documents created by organizations in their PAA region. Level II entities can only see documents that were sent for review by their entity. See the table below for more details on filters.

Document List

The Document List defaults to those documents created by the user logged in. The first three columns are buttons that allow you to **delete, edit, or print** a document. The next columns include data about the document, the individual, and associated agencies and workers. The table below names and defines each column. Rows that appear highlighted in Orange are Categorical documents. See the table below for descriptions of each column.

The list display defaults to 5 items per page.To change the number of items per page, select the **down arrow** and choose a different number of items. Click the right and left arrows at the bottom of the page to move to the next set of items. Select the arrows with vertical bars to go to the beginning or end of a set.

Document List & Filters		
Column Name	**Description**	**Filter?**
Delete	Click here to delete a document. Documents can only be deleted by the document creator, and only when the status is **In Process**.	No
Edit	Click here to edit an **In Process** document. Users cannot edit documents after submission.	No
Print	Click here to view the PDF version of the document. After the PDF document appears, you can print it or save it locally.	No
Document ID	The document ID number generated by HENS. Click the hyperlink here to go to the Summary Page.	Yes
Type	This column displays document type –7000, PAS or RR	Yes
Status	The status of the document based on what actions users who interact with the document have taken. **In Process** means the document has been created, but not yet submitted. The document can be edited, submitted, or deleted. **Submitted** means the document has been referred for a Level II assessment(s), and the results have not yet been entered. **Complete** means document is finalized. This status does not appear until all outstanding Level II results have been entered or received.	Yes. Select the value you want to apply from the dropdown list. The list includes current system generated statuses and historical system statuses that are no longer used for new documents (**PIMSLoaded, Determination**)
Name	The individual's Last Name, First Name.	Yes. Use the First Name and/or Last Name fields to search by name.

SSN	The individual's social security number. For privacy and security reasons, only the last four digits are displayed.	Yes
Date of Birth	The individual's date of birth.	Yes. Enter the date of birth or use the date picker.
Medicaid Number	The individual's Medicaid number.	Yes
PIMS Client Number	The individual's PIMS number.	Yes
Submitter Facility	The name of the document submitter's organization.	No
Submitter Name	The name of the person who submitted the document.	Yes. Use the Submitter Last Name field.
Submit Date	The date the document was submitted. This field is blank for documents with a status of **In Process.**	Yes. Enter dates or use the date pickers in the **Created on or After** and/or the **Created on or Before** fields
Categorical	This column displays whether a categorical determination was requested, and if so, how many days. Possible values are **None, 14, 7**.	Yes. Click the slider to choose
Level II	This column displays whether a Level II referral was made.	Yes. Click the slider to choose **Yes.**
Psych Discharge	Indicates whether the individual was discharged from a psychiatric facility.	No
MHAS Status	This field populates only for documents forwarded to ODMHAS for a Level II Assessment. A value of **Referred** means the ODMHAS has received the document and is in the process of scheduling or conducting an assessment. A value of **Complete** means ODMHAS has completed the assessment and entered their determination.	No
DODD Status	This field populates only for documents forwarded to DODD for a Level II Assessment. A value of **Referred** means the document has been referred to DODD. A value of **Started** means that DODD has started the process of scheduling or conducing their assessment. A value of **Complete** means DODD has completed their assessment and entered their determination.	

Export to Excel

Click the **Export to Excel** button on the bottom right side of the page to produce an Excel workbook with all of the rows and columns of the document list you have generated.

HENS Data Entry

Data entry in HENS is intuitive and user friendly. Every field is clearly labeled, and validation messages appear throughout to alert you to acceptable data for fields.

Required Fields

Required fields are identified with an asterisk. Some fields will become required based on data entry in other fields.

If required fields are incomplete, you will not be able to navigate to the next section or certify and submit the document. Instead, you will receive a message indicating the sections with missing or incomplete information.

Dynamic Fields

Some fields are enabled or disabled based on your responses in other fields. Disabled fields turn grey and are not responsive to clicks.

Text Entry

Fields that permit free text show the maximum allowable characters below the text field. Some fields limit the character types that can be entered. For example, some fields allow only numbers, some allow only letters, and some fields do not allow special characters like commas or hyphens. If you are typing and nothing is appearing in the field, you may be trying to enter a character type that is not allowed in that field. Try another character type to confirm.

Radio Buttons

Radio buttons allow only one selection. Choosing a second radio button will erase the first selection.

Dropdown Lists

There are two types of dropdowns, depending on how many selections a user is permitted to make. A single-choice drop down appears as a list of choices. A multiple-choice dropdown appears as a list of choices with a checkbox on the left side of each choice.

Dates

There are two ways to enter dates in date fields.

Type the date by typing numbers in (MM/DD/YYYY) format. You must enter zeros for single digit months or days.

Or, click the **calendar icon** next to the field to use the date picker. In the calendar that appears, use the arrows on the right side to advance forward or backward, one month at a time, or click on the Date/Year in the upper left to select a year, then a month, then the day.

Saving & Clearing

The **Save** button is located at the bottom of each section. Clicking it will save everything entered on the page. If you try to leave the page before all data is saved, a warning message will appear. Click **Cancel** to stay on the page. After you have changed information in any of the sections, remember to click the **Save** button at the bottom of the section to ensure the updated information is saved to the document. Once a document has been submitted, it cannot be edited.

The **Clear** button is located at the bottom each section. Clicking it will delete all information entered in that section. A pop-up message will appear to confirm this is what you want to do.

Viewing and Printing Completed Forms

A PDF version of the completed form can be accessed by clicking the **printer icon** located on the landing page, or on the top right corner of the Summary page.

Accessing the Review Results Letters

To view or print an **ODM10240 Preadmission Screening and Resident Review Results Notice**, letter, click on the document ID hyperlink to go to the **Summary Page.** Scroll down to the **File Upload/Attachments** section and click the **down arrow icon** next to the document tagged *PASRR Results Notice.* The notice will open in a separate window for you to view, save, or print.

Summary Page

The Summary page contains basic details about the document. The information is display only; it is not editable from the Summary page. The top row displays the Document ID number, and icons to print, edit, or delete the document, and to refresh the Summary page. The icons are active when they are in color, and inactive when they are grey.

Consumer

This section has demographic information about the individual for whom the document is being created.

Document

This section contains details about the document, including its type and status. This section also contains the link to complete a NF Change Request. See the [Completing a NF Change Request](#) section for instructions on this functionality.

Referrals

This section lists which Level II referrals were made. If it is blank, no referrals have been made for that document.

Contact Information

This section lists contact details for any organizations related to the document, including the Submitter, the admitting NF, the PAA, and any Level II agencies involved.

ODMHAS and DODD Review

Level II staff can edit these sections. These sections contain details for documents that were referred for Level II review. Other user types can only view this information.

NF Review

NF users use this section to acknowledge receipt of completed documents that list their NF as the admitting NF. Other users can only view this section.

File Upload/Attachment Section

This section contains any attachments uploaded by users, and the Review Results letter generated by the system. Users can view files by clicking the **down arrow** icon to the right of the file name. Users can add more attachments by clicking the **Attach Files** button.
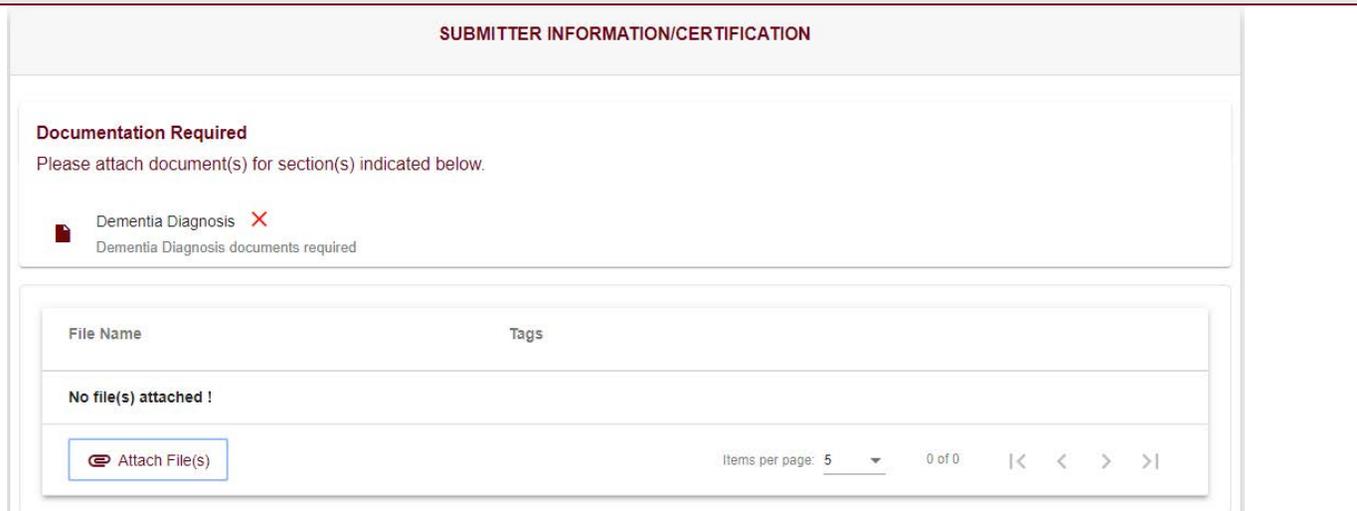
Inactivity Warning

If you are inactive in HENS for 15 minutes, your session will expire. You will get a pop-up message to alert you how much time you have left until the system will log you off. Click **Yes** to stay logged on. Click **No** to log off. If you do not respond, you will be logged off when the counter reaches zero.

Adding, Deleting & Viewing Attachments (Supporting Documentation)

<div align="right">All Users</div>

This section describes how to add, tag, edit, and delete supporting documentation attachments. HENS will only allow PDFs to be attached.

Adding Attachments	
1. Click the **Attach Files** button.	SUBMITTER INFORMATION/CERTIFICATION **Documentation Required** Please attach document(s) for section(s) indicated below. 📄 Dementia Diagnosis ✕ Dementia Diagnosis documents required File Name Tags **No file(s) attached !** 🔗 Attach File(s) Items per page: 5 ▾ 0 of 0 ❘< < > >❘
2. Select the file(s) you want to attach.	

3. Click **Open**		
4. Click on any relevant tags that describe the document	Assign Tag(s) for the selected File(s) **Selected File(s)** Important Document.pdf **Available tag(s)** CATEGORICAL DETERMINATION DOCUMENTATION DEMENTIA DIAGNOSIS DOCUMENTATION DODD DETERMINATION LETTER PAS/RR RESULTS NOTICE DODD DIAGNOSIS DOCUMENTATION EXTENSION REQUEST DOCUMENTATION HOSPITAL DISCHARGE ORDER LEGAL GUARDIAN/ POWER OF ATTORNEY OHIOMHAS DETERMINATION LETTER OTHER SUPPORTING DOCUMENTATION PREVIOUS PASRR RECORDS SIGNIFICANT CHANGE DOCUMENTATION SMI DIAGNOSIS DOCUMENTATION ✓ Ok ✕ Cancel	
5. Click **Ok**		

The file(s) are attached and tagged.	File Name ↑ Tags **Important Document** By HDEMONSTRATOR , On 03-06-2021 9:40:30 AM , Size 0.03 MB ✏ 🗑 ⬇ 🔗 Attach File(s) Items per page: 5 ▾ 1 – 1 of 1 |< > >
Click the **pencil icon** to edit the tag or the file name.	
Click the **trash can icon** to delete the file.	
Click the **down arrow icon** to download the file.	

Creating a New Document (ODM3622 or ODM7000)

This section describes how to create a new document.

First, from the top menu bar, select the **Document** link, and from the menu that appears, select **New Document.** You will then arrive at the **New Document Wizard.**

The purpose of the **New Document Wizard** is to ensure that there is not already a document in progress for the individual, and to direct users to the proper form based on the individual's circumstances and the user's account type. Some questions will be pre-selected or disabled based on the user's account type, or based on the selections entered for previous questions.

Document Wizard Questions		
Question	**How to Answer**	**Notes**
1. **What is the consumer's SSN?**	Enter the user's social security number	HENS will not permit an SSN to be used in more than one document with a status of **In Process**. A warning message will appear if the social security number is already in a document with a status of **In Process.**

2.	**Are you seeking admission for less than 30 days using a hospital exemption?**	Choose **Yes** or **No**	Only Hospital users are able to complete ODM7000 forms. This question is disabled for all other user types.
3.	**Is the consumer currently admitted to a non-psychiatric hospital?**	Select the radio button for **Yes** or **No**	
4.	**Is the consumer an Ohio Resident?**	Choose **Yes** or **No**	
5.	**Is the consumer a NF resident or seeking NF admission?**	Select **Seeking NF Admission** or **NF Resident** from the dropdown list	
6.	**Are you seeking a respite stay or an emergency stay for an individual with a Serious Mental Illness or Developmental Disability?**	Choose **Yes** or **No**	HENS will direct you to a Categorical PAS ODM3622 if **Yes** is selected.
7.	**Was there an adverse PASRR determination in the last 60 days?**	Choose **Yes** or **No**	HENS will not permit the ODM7000 to be completed if **Yes** is selected.

After completing all of the questions, click the **Next** button. A message will appear to explain to which form you are being directed. If you did not get the result you expected, you can click **Go Back** to review your answers. When you are ready to proceed, click **Continue** to start the document.

If you have been directed to the ODM3622 form, you will arrive at the **Screening Type** page. Based on your user type and document wizard answers, PAS or RR has been preselected, and you must select the subtype, then click save.

If you have been directed to the ODM7000 form you will arrive at **Section A: Identifying Information for Applicant/Patient**. Complete all the required fields and then click save.

When a document has been saved, the document number and the individual's name will appear at the top of the document. At this point, you can either complete the rest of the document and submit it, or you can navigate away and return later. After a document has been saved, but before it has been submitted, the document status is **In Process.**

✍ A document can stay in a status of **In Process** for 30 days. After 30 days, HENS will archive it and it will no longer be viewable, searchable, or editable.

Completing a Hospital Exemption (ODM7000)

This section describes how to complete an **ODM7000 Hospital Exemption From Preadmission Screening** form.

In order to submit an ODM7000 via HENS, users must complete all required fields and sections, attach a signed hospital discharge order, and certify and submit the form. ODM7000 forms are not referred for evaluation by Level II entities. When successfully submitted, the status changes from **In Process** to **Complete.**

The tables below provide more details about the fields in each section.

Section A: Individual's Basic Information

Section A		
Field	**How to Answer**	**Notes**
Last Name	Enter the individual's last name	Only letters, hyphens, and apostrophes are accepted.
First Name	Enter the individual's first name	Only letters, hyphens, and apostrophes are accepted.
Middle Initial	Enter the individual's middle initial	
Living arrangements prior to hospital admission	Choose one	When **homeless** is selected here, the address fields are not required.
Permanent Address	Enter the street address	
Zip Code	Enter the zip code	Only an Ohio zip code is accepted
County	System populated based on entered zip code	Can be edited, will only accept Ohio county names
City	System populated based on entered zip code	Can be edited, will only accept Ohio city names
State	System populated based on entered zip code	
Gender	Choose **Male** or **Female**	
Date of Birth	Enter or select the date of birth	
Social Security Number	System populated based on document wizard	
Primary Telephone	Enter the phone number	
Hospital Name	System populated from user profile data	

Discharge Planner name	System populated from user profile data	
Discharge Planner Phone	System populated from user profile data	
Medicaid Recipient?	Choose **Yes** or **No**	This is not a required field
Managed Care?	Choose **Yes** or **No**	
Managed Care Organization	Select Managed Care Organization name from list	

Section B: Indications of Serious Mental Illness, Developmental Disabilities, or Related Conditions

Section B		
Field	**How to Answer**	**Notes**
1. **Was there an adverse PASRR determination within the past 60 days?**	System populated based on document wizard answer	HENS will not permit users to complete the ODM7000 if they answered **Yes** to document wizard question **Was there an adverse PASRR decision in the last 60 days"**
2. **Does the individual have a diagnosis(es) of any of the mental disorders listed below?**	Select **Yes** or **No** • If **Yes,** select all that apply • If you choose **Other,** enter text to describe	If **Yes** is selected, you must select at least one diagnosis. If **No**, you will be unable to select any of the diagnoses.
3. **Does the individual have a physical or mental disability, or related condition, that is not soley caused by mental illness?**	Select **Yes, No, or Unknown.** • If **Yes,** select all that apply • If you choose **Other,** enter text to describe	If **Yes** is selected, you must select one or more of the diagnoses listed. If **No** is selected, you will be unable to select any of the diagnoses.

Section C: Admitting Nursing Facility

Section C		
Field	**How to Answer**	**Notes**
Nursing Facility Name	Enter the nursing facility name	In the nursing facility box, type any part of the facility's name or address. Results will appear after you've entered

		at least 3 characters. Scroll through the results until you locate the correct facility, then click to select.
Anticipated Admission Date	Enter the anticipated admission date	When completing an ODM7000, the admission date cannot be in the past, and it cannot be greater than 30 days in the future.
Address **City** **State**	Populated by user's choice in the **Nursing Facility Name** field	Verify the address is for the facility you want. If it is not, return to the **Nursing Facility Name** field and search again.

If the nursing facility you wish to choose does not appear, the Help Desk must add it. Send an email to ODA_ISD_HelpDesk@age.ohio.gov. Make the subject of the e-mail "HENS – Add Nursing Facility". In the message body, state that you need to add a nursing facility to the HENS Nursing Facility Database. Provide the nursing facility's full name, address, phone number.

Section D: Certification for Hospital Exemption

This section is the physician and submitter certification section.

In this section, the user is required to upload a signed hospital discharge order that is consistent with the ODM7000 being submitted. Enter the attending physicians name, enter the attending physician's license number, and enter the date the order was signed.

Completing the ODM3622 (PAS or RR)

For NF, Hospital, PAA, Community Agency Users

This section describes how to complete an **ODM3622 Preadmission Screening and Resident Review Identification Screen** form.

In order to submit an ODM3622 via HENS, users must complete all required fields and sections, attach any required supporting documentation indicated on the **Submitter Information/Certification** page, and certify and submit the form. When successfully submitted, the document status will change from *In Process* to *Complete* when no Level II referrals are made; from *In Process* to *Submitted* when one or more Level II referrals are made; and *Submitted* to *Complete* when all Level II referrals are completed by the Level II entities. The process it the same for Preadmission Screens and for Resident Reviews, but some fields within the form may have different limitations or requirements.

A pop-up message will confirm successful submission of the form. After acknowledging the pop-up message, users will be navigated to the **Summary Page.** Users can view the PASRR Review Results letter in the **File Upload/Attachments** section at the bottom of the page.

The tables below provide more details about the fields in each section.

Screening Type & Section C: Categorical Determinations

Selections for Preadmission Screen or Resident Review are system populated based on **Document** Wizard responses and are not editable on the screen. Select the appropriate subtype. If supporting documentation is required, HENS will notify you with on-screen text.

Section A: Individual's Basic Information

Section A		
Field	**How to Answer**	**Notes**
Last Name	Enter the individual's last name	Only letters, hyphens, and apostrophes are accepted.
First Name	Enter the individual's first name	Only letters, hyphens, and apostrophes are accepted.
Middle Initial	Enter the individual's middle initial	
Where is the recipient currently located?	Select one • If **Other**, enter details	
Permanent Address	Enter the individual's street address	
Zip Code	Enter the zip code	
City	System populated based on entered zip code	Can be edited if necessary
State	System populated based on entered zip code	
County	System populated based on entered zip code	Can be edited if necessary. Non-Ohio counties will populate with "Out of State".
Telephone (Primary)	Enter the primary phone number	
Telephone (Secondary)	Enter the secondary phone number	
Gender	Choose **Male** or **Female**	
Date of Birth	Enter or select the individual's date of birth	

Social Security Number	Populated from your input in the Document Wizard	
Are you a Medicaid Recipient?	Choose **Yes** or **No**	
Medicaid Number	Enter the Medicaid Number	
Managed Care?	Choose **Yes** or **No**	
Name of Managed Care Organization	Select Managed Care Organization from the list	

Section B: Admitting Nursing Facility

This section gathers information about the nursing facility. Users must enter a nursing facility.

Section B		
Field	**How to Answer**	**Notes**
Nursing Facility Name	Enter the nursing facility name.	In the nursing facility box, type any part of the facility's name or address. Results will appear. Scroll through the results until you locate the correct facility.
Anticipated Admission Date	Enter the anticipated admission date	When completing a PAS, the admission date cannot be in the past, and it cannot be greater than 30 days in the future. When completing an RR, the admission date cannot be in the future, and cannot be less than the individual's date of birth.
Medicaid Provider Number	Enter the Medicaid Provider Number	
Address	Populated by user's choice in the **Nursing Facility Name** field	Verify the address is for the facility you want. If it is not, return to the **Nursing Facility Name** field and search again.
City		
State		

If the nursing facility you wish to choose does not appear, the Help Desk must add it. Send an email to ODA_ISD_HelpDesk@age.ohio.gov. Make the subject of the e-mail "HENS – Add Nursing Facility". In the message body, state that you need to add a nursing facility to the HENS Nursing Facility Database. Provide the nursing facility's full name, address, phone number.

Section D: Medical Diagnosis

Section D		
Field	**How to Answer**	**Notes**
Does this individual have a diagnosis of dementia?	Choose **Yes** or **No**	If you choose **Yes**, you must attach documentation. *See:* Adding Attachments
Please list current diagnoses below	Type one diagnosis in each box. If there are none, type "none" in the **Diagnosis 1** field.	Text must start with a letter, and contain at least 2 characters.

Section E: Indications of Serious Mental Illness

This section captures whether the individual has indications of a mental disorder. HENS will use information entered in this section to determine if the document will trigger a Level II review. The grey box at the bottom of the page will clearly state whether a referral will be made based on the data you have entered.

Section E: Indications of Serious Mental Illness		
Field	**How to Answer**	**Notes**
1. **Does the individual have a diagnosis(es) of any of the mental disorders listed below?**	Select **Yes, No, or Unknown.** If **Yes,** select all that apply.	If **Yes** is selected, you must check one or more of the diagnoses listed. If **No** or **Unknown** is selected, you will be unable to enter any of the diagnosis or last reported usage.
2. **Does the individual have a diagnosis(es) of a substance use related disorder?**	Select **Yes, No, or Unknown.** If **Yes:** • Specify the diagnosis by typing it into the text box • Type or select the date of last reported usage	If **Yes** is selected, you must specify the diagnosis by entering it into the text box, and you must enter the last reported usage date. If **No** or **Unknown** is selected, you will be unable to enter a diagnosis or last reported usage date.

3. **Within the last TWO (2) years, has the individual utilized psychiatric services listed below more than once <u>DUE TO THE MENTAL DISORDER?</u>**	Enter a number next to each option in the grey box for which you have knowledge. Based on your answers, the system will select **Yes** or **No**. If you have no information about any of the options in the grey box, select **Unknown.**	
4. **Within the last TWO (2) years, has the individual had a disruption in his/her usual living arrangement <u>DUE TO THE MENTAL DISORDER?</u> (i.e. arrest, eviction, inter or intra agency transfer, non-hospital locked seclusion?)**	Select **Yes, No** or **Unknown**	
5. **Within the past SIX (6) months, has the individiual experienced one or more of the following functional limitations on a continuing or intermittent basis DUE TO THE MENTAL DISORDER?**	Select **Yes, No,** or **Unknown.** • If **Yes,** check all that apply:	If **Yes** is selected, you must specify the limitation(s) by checking the appropriate box(es). If **No** or **Unknown** is selected, you will be unable to select any of the boxes.
6. **In the past SIX (6) months, has the individual been prescribed any psychotropic medications?**	Select **Yes, No,** or **Unknown.** • If **Yes,** check all that apply	If **Yes** is selected, you must specify the medication(s) by by checking the appropriate box(es). If **No** or **Unknown** is selected, you will be unable to select any of the diagnoses.

Section F: Indications of Intellectual & Developmental Disability or Related Condition

This section collects information about any intellectual or developmental disabilities or related conditions. The grey box at the bottom of the page will clearly state whether a referral will be made based on the data you have entered.

Section F: Indications of Intellectual & Developmental Disability or Related Condition		
Field	**How to Answer**	**Notes**
1. **Does the individual have a physical or mental disability, or related condition, that is not solely caused by mental illness?**	Select **Yes, No, or Unknown.** • If **Yes,** select all that apply	If **Yes** is selected, you must check one or more of the diagnoses listed. If **No** or **Unknown** is selected, you will be unable to select any of the diagnoses.
2. **Did the condition manifest before the individual's 22nd birthday?**	Select **Yes, No, or Unknown.**	
3. **Is the condition likely to continue indefinitely?**	Select **Yes, No, or Unknown.**	
4. **Does the individual have indications of substantial functional impairments in any of the major life activity areas ? (self-care, language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency)**	Select **Yes, No, or Unknown.**	
5. **Does the individual currently receive, or have they previously received, services from a County Board of DD?**	Select **Yes, No, or Unknown.**	

Section G: Legal Guardian/Power of Attorney Information

This section collects information about whether the individual has a court appointed legal guardian or a legal representative. The system will only allow a **Yes** answer to one option, but not both. If **Yes** is selected for either court appointed legal guardian or legal representative, you will be required to enter contact information for that person in this section, and to attach supporting documentation about the legal guardian or legal representative.

Section G: Legal Guardian/Power of Attorney		
Field	**How to Answer**	**Notes**
Last Name	Enter the last name	
First Name	Enter the first name	
Permanent Address	Enter the address	
Zip Code	Enter the zip code	
City	Prepopulated based on zip code	
State	Prepopulated based on zip code	
Email	Enter the email address	
Primary Telephone	Enter the telephone number	

Section H: Attending Physician Information

This section is for the Attending Physician's information. No fields in this section are mandatory.

Section H: Attending Physician Information		
Field	**How to Answer**	**Notes**
Last Name	Enter the last name	
First Name	Enter the first name	
Street Address	Enter the address	
Zip Code	Enter the zip code	
City	Prepopulated based on zip code	
State	Prepopulated based on zip code	
Primary Telephone	Enter the telephone number	

Submitter Information/Certification

The top part of this section lists any required supporting documentation that must be attached before submission. The middle fields are populated from the logged in user's HENS profile. These fields are only saved when the user clicks **Certify and Submit.** The bottom part of this section is for the submitter's signature. To sign using your mouse, click the **pencil icon**, then click and drag to in the box to sign your name. To sign using the keyboard, click the **keyboard icon**, then type your name in the box that appears. To erase and start again, click the **trash can icon**. Type your employer's name in the **employer** field, and type your title in the **title** field. When this section is complete, click **Save.**

Submitter Information/Certification		
Field	**How to Answer**	**Notes**
Documentation Required	Attach and tag any required supporting documentation using the instructions in the Adding, Deleting & Viewing Attachments (Supporting Documentation) section of this guide.	
Last Name	System populated from user profile	
First Name	System populated from user profile	
Facility/Organization	System populated from user profile	
Email Address	System populated from user profile	
Street Address	System populated from user profile	
Zip Code	System populated from user profile	
County	System populated from user profile	
City	System populated from user profile	
State	System populated from user profile	
Telephone	System populated from user profile	
Fax Number	System populated from user profile, or enterable by user	Fax number is not a mandatory field in a user's profile. If it is not populated in the form, you must enter a fax number.
Signature	To sign with your mouse, click the **pencil icon**, then click and drag in the box to sign.	This section is only populated at submission.

	To sign using the keyboard, click the **keyboard icon**, then type your name in the box that appears. To erase and start again, click the **trash can icon**.	
Date	System populated	System populates this at the time the Certify and Submit button is clicked.
Employer	Type your employer's name	
Title	Type your title	

Completing a NF Change Request

For 72 hours after a PAS or ODM7000 has been submitted, and the individual is being admitted to a different NF, the document submitter can change the admitting NF. To complete a NF Change Request, click the document ID hyperlink to navigate to the **Summary Page.** Scroll to the **Document** section, and click the **pencil icon** next to the **NF** field. In the window that appears, type the name of the NF. Select the NF from the list, then click **Save.**

Acknowledging Receipt of a Document

NF users can view ODM7000 forms and ODM3622 forms for individuals admitted to their NF. The documents appear in the **Document List** for all users at that NF. First, click the document ID hyperlink to navigate to the **Summary Page,** then scroll down to the **NF Review** section, and click the down arrow to display the section. Click the **Review Complete** checkbox, then click **Save.** The system will populate the **Review User** field with your name, and the **Review Date** field with the date. The document will no longer appear in the NF's default list of documents, but is still viewable by search.

Process note: It is up to NFs to come up with a process for who will review the received documents for their facility. All users in the facility can acknowledge receipt of documents.

Level IIs: Referring to other Level II Entity & Entering Level II Results

This section describes how Level II entities enter results from their Level II evaluations, or refer documents to the other entity.

First, locate the document you want to work with by searching or scrolling the document list. Click the **Document ID** hyperlink to arrive at the **Summary** page, then scroll to your agency section.

Only DODD Users - Starting the Document		
Field	**How to Answer**	**Notes**
Document Started	Click the check box.	
Save	Click **Save** to enable the rest of the fields and to complete the review or refer the document. The DODD/ODMHAS status will change from *Referred* to *Started*	

Referring the Document to the other Level II Entity		
Field	**How to Answer**	**Notes**
Refer to ODMHAS/DODD	Click the box	Only users with the **Reviewer** role can complete this action.
Comments	Enter Comments	
Referrer	System populated	
Referred Date	System populated	
Save	Click **Save** to finalize the review and change the status from *Started* to *Complete.*	

Entering Review Results		
Field	**How to Answer**	**Notes**

State Referral Reason	Select from the dropdown list	
Further Review Results	Select from the dropdown list	
Determination Date	Enter or select the determination date	HENS will not permit dates prior to the document submission date, or future dates.
Determination Comments	Enter any comments	
Review Date	System populated	
Review User	System populated	
Save	Click **Save** to finalize the review and change the status from **Started** to **Complete.**	

Correcting or Withdrawing Submitted Document

Users cannot delete or edit submitted documents. If after document submission, you realize you have made an error follow the guidance below:

Error Description	Document Status	Action

Error in Section A	Complete	1. Email the Aging Help Desk at ODA_ISD_HelpDesk@age.ohio.gov
		 • Include in your e-mail:
		   ○ HENS Document Number
		   ○ Your HENS User Name
		   ○ Field names in need of correction
		   ○ Correct data to be entered in fields
		2. Respond to any e-mails from the HENS Helpdesk with requests for additional information.

	Submitted	1. Email any involved level II entities.
		   MHAS: ASCEND-OHPASRR@Maximus.com
		   DODD: PASRRDOC@dodd.ohio.gov
		   ○ Include in your e-mail:
		   ○ HENS Document Number
		   ○ Your HENS User Name
		   ○ Field names in need of correction

		○ Correct data to be entered in fields The Level II entity will coordinate updates for their systems and HENS. 2. Respond to any e-mails from the level II entities with requests for additional information.

Entire document submitted in error	Complete	1. **Email** the Medicaid PASRR mailbox at PASRR@Medicaid.ohio.gov
		    • Include in your e-mail:
		      ○ HENS Document Number
		      ○ Your HENS User Name
		      ○ The reason why the document
		The Medicaid PASRR team will determine if document withdrawal is allowable.

	Submitted	3. Email any involved Level II entities to determine the allowable course of action. If the Level II entity determines it is acceptable to withdraw the document, they will contact the ODA Helpdesk..
		    MHAS: ASCEND-OHPASRR@Maximus.com
		    DODD: PASRRDOC@dodd.ohio.gov

Help

Issue	Contact	Examples
PASRR Policy/Rule Questions	PASRR@medicaid.ohio.gov	• How do I answer a question on the ODM3622/ODM7000 based on this individual's circumstances? • Should I do a PAS or an RR for this individual? • Which RR reason should I choose? • I submitted the wrong document type, what do I do now?
HENS User Questions	PAS-RR@age.ohio.gov	• How do I change my HENS password? • How do I create a new ODM7000 document? • I need to report a broken link in the User Guide.
System Functionality Issues	ODA_ISD_HelpDesk@age.ohio.gov	• The HENS website is down/inaccessible. • HENS is giving me an error message when I try to do something (click a button/try to submit a document, save a document, clear a section). • New account creation assistance.
ODMHAS	ASCEND-OHPASRR@Maximus.com Fax: 877-431-9568	• What is the status of a Level II Review for an individual with indications of SMI?
DODD	PASRRDOC@dodd.ohio.gov Fax: 614-995-4877	• What is the status of a Level II Review for an individual with DD?