TEXAS Health and Human Services

Form 1012
January 2020-E

Mental Illness/Dementia Resident Review

Complete this form only for nursing facility residents with a current **Negative PASRR Level 1 (PL1) Screening** for Mental Illness to determine whether to submit a new positive PL1 screening form on the Long Term Care Portal because further evaluation is needed.

Prior to completing this form, it is highly advisable to read the form instructions in order to ensure all pertinent sections are completed. File the completed form in the resident's medical record.

Section A. Resident and Nursing Facility Identifying Information

Resident's Name	Date of Birth	Resident's Medicaid No.	Resident's Social Security No.

Nursing Facility Name	Vendor No.	Provider No.	National Provider Identifier (NPI) No.

Nursing Facility Address (Street, City, State and ZIP code)

Nursing Facility Primary Contact Name	Position	Area Code and Phone No.

Area Code and Fax No.	Email Address

PASRR Level 1 Document Locator Number (DLN):	PASRR Level 1 Date of Assessment:

Section B. Dementia Review

Dementia Defined:
For the purposes of PASRR, dementia is a neurologically driven disease that results in a decline in mental ability severe enough to interfere with independence and daily life. Neither dementia nor psychosis or depression related to dementia is a mental illness.

Does this individual have a primary diagnosis of Dementia (or related disorder) as defined above?
The major neurocognitive disorder is advanced to the degree that a co-occurring serious mental illness is not likely ever again to be the primary focus of treatment.

- ◯ **No**, the individual does not have a dementia diagnosis or has a dementia diagnosis, but it is not primary. Complete Section C. The physician does not need to sign Section B.1.
- ◯ **Yes**, the individual has a primary diagnosis of dementia as defined above. The physician signs and dates the form attesting to the dementia diagnosis. Complete Sections D and E of the form. File the form in the resident's medical record.

Section B.1. Physician Attestation

Print Name of Physician (Last, First, MI):	License No.:	License State:	Dementia Diagnosis Date of Onset:

Signature (I attest that the information submitted contained within section B of this form is true and correct and applies to the resident indicated in section A.)

Physician's Signature Date

Section C. Mental Illness (MI) Indication

Indicate each diagnosis that is applicable for the resident. Each diagnosis selected must be documented in the NF medical record by the admitting, attending, or consulting physician. If "yes" is checked, and it is a new diagnosis, include the date of onset.

Does this individual have a diagnosis of:

1. Schizophrenia ..... ◯ Yes ◯ No Date of Onset: _____
2. Mood Disorder (Bipolar Disorder, Major Depression, or other mood disorder) ..... ◯ Yes ◯ No Date of Onset: _____
3. Paranoid Disorder ..... ◯ Yes ◯ No Date of Onset: _____
4. Somatoform Disorder ..... ◯ Yes ◯ No Date of Onset: _____
5. Schizoaffective Disorder ..... ◯ Yes ◯ No Date of Onset: _____
6. Panic or Other Severe Anxiety Disorder ..... ◯ Yes ◯ No Date of Onset: _____
7. Personality Disorder ..... ◯ Yes ◯ No Date of Onset: _____
8. Any Other Disorder ..... ◯ Yes ◯ No Date of Onset: _____

List Other MI Disorder:

If all the responses are **No**, physician signs and dates the form. A new PL1 is not needed at this time. Complete Sections D and E.

If any of the responses are **YES, the nursing facility needs to complete a new PL1** and Sections D and E of the form. A full PASRR Evaluation will be conducted after the nursing facility submits the new positive PL1.

Print Name of Physician (Last, First, MI):	License No.:	License State:

_____ _____
Signature (I attest that the information submitted contained within section C of this form is true and correct and applies to the resident indicated in section A.) Physician's Signature Date

Section D. Nursing Facility Action

Select one:

◯ The PL1 remains negative and no new PL1 needs to be completed. The nursing facility files the completed form in the resident's chart.

◯ A new positive PL1 was submitted on _____ according to the instructions in Section C with DLN _____.

Section E. Staff Completing Form

Print Name (Last, First, MI)	Title

_____ _____
Signature Signature Date
(I attest that the information contained in this form is true and correct.)