



Hansen’s Disease Program Reporting Deadlines Calendar Year 2024

Form	Deadline																																																				
C-12 Texas Hansen’s Disease Surveillance Form and Case Report	<p><u>Newly diagnosed patients, or patients new to Texas:</u></p> <ul style="list-style-type: none"> Fill out completely at initial visit if patient has NEVER had a diagnosis of HD in the United States and/or if they are new to Texas; if previous diagnosis occurred in Texas, contact DSHS first Submit to DSHS within 3 business days of new report. 																																																				
HD-400 Hansen’s Disease Encounter Form	<p><u>All patients new and established:</u></p> <ul style="list-style-type: none"> Complete at initial and each visit where services are performed. Submit to DSHS within 3 business days of encounter or change in demographics, dispositions, medications, etc. DO NOT submit to DSHS if completed for medical record documentation of routine case management activities where specific HD services are not provided (i.e., phone calls to remind clinic visit, laboratory results that do not require additional intervention, etc.). 																																																				
HD-406 Change of Patient Information	<p><u>For change in patient demographics:</u></p> <ul style="list-style-type: none"> Send to DSHS within 3 days of notification of change. 																																																				
HD-407 Change in HD Personnel	<p><u>For updates and changes of HD clinic staff:</u></p> <ul style="list-style-type: none"> Send to DSHS the 5th of each month when changes occur. 																																																				
HD-410 Quality Improvement Activity Report	<p><u>For Clinic Staff ONLY:</u></p> <ul style="list-style-type: none"> Complete and return to DSHS on the first Monday of each month. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: center;">Month</th> <th style="text-align: center;">Reporting Period</th> <th style="text-align: center;">HD-410 Due Date</th> <th style="text-align: center;">Reporting Clinic – Targeted Patient Education</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">January</td><td style="text-align: center;">12/28/23 – 1/27/24</td><td style="text-align: center;">2/5/24</td><td style="text-align: center;">TCID and PHR 11</td></tr> <tr><td style="text-align: center;">February</td><td style="text-align: center;">1/28/24 – 2/27/24</td><td style="text-align: center;">3/4/24</td><td style="text-align: center;">Amarillo and Denton</td></tr> <tr><td style="text-align: center;">March</td><td style="text-align: center;">2/28/24 – 3/27/24</td><td style="text-align: center;">4/1/24</td><td style="text-align: center;">TCID and PHR 11</td></tr> <tr><td style="text-align: center;">April</td><td style="text-align: center;">3/28/24 – 4/27/24</td><td style="text-align: center;">5/6/24</td><td style="text-align: center;">Amarillo and Denton</td></tr> <tr><td style="text-align: center;">May</td><td style="text-align: center;">4/28/24 – 5/27/24</td><td style="text-align: center;">6/3/24</td><td style="text-align: center;">TCID and PHR 11</td></tr> <tr><td style="text-align: center;">June</td><td style="text-align: center;">5/28/24 – 6/27/24</td><td style="text-align: center;">7/1/24</td><td style="text-align: center;">Amarillo and Denton</td></tr> <tr><td style="text-align: center;">July</td><td style="text-align: center;">6/28/24 – 7/27/24</td><td style="text-align: center;">8/5/24</td><td style="text-align: center;">TCID and PHR 11</td></tr> <tr><td style="text-align: center;">August</td><td style="text-align: center;">7/28/24 – 8/27/24</td><td style="text-align: center;">9/2/24</td><td style="text-align: center;">Amarillo and Denton</td></tr> <tr><td style="text-align: center;">September</td><td style="text-align: center;">8/28/24 – 9/27/24</td><td style="text-align: center;">10/7/24</td><td style="text-align: center;">TCID and PHR 11</td></tr> <tr><td style="text-align: center;">October</td><td style="text-align: center;">9/28/24 – 10/27/4</td><td style="text-align: center;">11/4/24</td><td style="text-align: center;">Amarillo and Denton</td></tr> <tr><td style="text-align: center;">November</td><td style="text-align: center;">10/28/24 – 11/27/24</td><td style="text-align: center;">12/2/24</td><td style="text-align: center;">TCID and PHR 11</td></tr> <tr><td style="text-align: center;">December</td><td style="text-align: center;">11/28/24 – 12/27/24</td><td style="text-align: center;">1/6/25</td><td style="text-align: center;">Amarillo and Denton</td></tr> </tbody> </table>	Month	Reporting Period	HD-410 Due Date	Reporting Clinic – Targeted Patient Education	January	12/28/23 – 1/27/24	2/5/24	TCID and PHR 11	February	1/28/24 – 2/27/24	3/4/24	Amarillo and Denton	March	2/28/24 – 3/27/24	4/1/24	TCID and PHR 11	April	3/28/24 – 4/27/24	5/6/24	Amarillo and Denton	May	4/28/24 – 5/27/24	6/3/24	TCID and PHR 11	June	5/28/24 – 6/27/24	7/1/24	Amarillo and Denton	July	6/28/24 – 7/27/24	8/5/24	TCID and PHR 11	August	7/28/24 – 8/27/24	9/2/24	Amarillo and Denton	September	8/28/24 – 9/27/24	10/7/24	TCID and PHR 11	October	9/28/24 – 10/27/4	11/4/24	Amarillo and Denton	November	10/28/24 – 11/27/24	12/2/24	TCID and PHR 11	December	11/28/24 – 12/27/24	1/6/25	Amarillo and Denton
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Texas Department of State Health Services

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Form	Deadline
<p>NHDP-130 Hand Evaluation Screen</p> <p>NHDP-133 Foot Evaluation Screen</p> <p>NHDP-216 Eye Evaluation Screen</p>	<p><u>New Patient:</u></p> <ul style="list-style-type: none"> • Submit to DSHS within 3 business days of initial visit. • Perform screens quarterly while in active phase of treatment (taking MDT or reaction medications), then annually for three years, and as needed based on visual inspection or deterioration in screening such as muscle weakness, decrease in sensation or decreased function. Eye screens required for any patient on corticosteroids. • Submit to DSHS within 3 business days of screening date.
<p>NHDP-208 NHDP Annual Follow-up Form</p>	<p><u>Established Patients:</u></p> <ul style="list-style-type: none"> • Fill out completely at the anniversary date of patient’s initial visit during the active phase and observation period. Observation period refers to the three-year period immediately following completion of MDT or reaction medication. • Submit to DSHS within 3 business days of completion/anniversary date.