

**Bureau of Developmental Services: He-M 1201**  
**Area Agency Instructions for Completion of Form 1201-C**

This form is required by He-M 1201-Administration of Medications in Developmental Services Programs. It is to be completed by area agencies and sent to the Medication Committee two times per year pursuant to He-M 1201.11.

The form is designed to generate summary statements regarding each provider agency's oversight of healthcare coordination and safe medication administration. The information entered onto the form will be generated through compilation of all the Form 1201-B's submitted by the provider agency or, if the area agency has no contracted provider agencies, the 1201 A forms from the Nurse Trainer.

Please read the following instructions carefully before filling out the form and please complete all items. **Indicate "0", "none" or "N/A" when applicable.**

**Please do not leave any item or sections blank.**

**Region:** Please circle or otherwise indicate the Region at the top of the form.

1. **Area Agency Name:** Enter the name of the area agency.
2. **Certification Type:** Check the corresponding box for the type of certified service:
  - He-M 1001 (Residential services)
  - He-M 507 (Day services)
  - He-M 521 (Home with personal care services for an adult family member)
  - He-M 524 (Home with personal care services for family member under 21)
  - He-M 525 (Participant-directed and managed services)

**Please use separate B forms for each type of certification reporting on.**

3. **Report Period Dates:** Enter the dates for the reporting period pursuant to He-M 1201.
4. **Total number of doses administered:** enter the total number of doses administered within each provider agency by adding the total doses administered for all 1201-A Forms.
5. **Total number of providers authorized:** Indicate the number of providers who are presently authorized to administer medications within each provider agency.
6. **Number of psychotropic medications prescribed:** Indicate how many psychotropic medication were prescribed for individuals living in the residences during the reporting period, including PRNs.
7. **Number of individuals identified to be in frail health.** Enter the number of individuals living who are receiving certified services and considered to be in frail health.

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<b>Summary of Number and Type of Medication Occurrences for this Area Agency</b>
Total the number by type of medication administration errors by utilizing the data provided on the 1201-A and B forms.
<b>Significant Changes to Individuals' Health Status and Actions Taken</b>
Please describe significant health changes individuals have experienced and actions taken by the area agency to ensure individual's health care needs are met.
<b>Identified Trends and Summary of the Area Agency's Corrective Action Plan</b>
Please read the 1201A and B Reports to identify any trends in medication administration errors and general trends noted regarding individuals' health status.
<b>Patterns of Non-compliance, if any, and Corrective Action</b>
Please comment on any patterns of non-compliance identified by the Nurse Trainers and provider agencies and include the area agency's plan of correction.
<b>Area Agency Plan for Monitoring, Oversight and Quality Improvement</b>
Summarize the area agency's plan for ensuring that the corrective actions taken by the Nurse Trainers and provider agencies are appropriate and designed to address trends/systemic issues or breaches in medication administration systems such that individuals' risk for future errors is minimized or eliminated. Also summarize the area agency's plan for healthcare oversight.
<b>Positive Trends or Other Concerns</b>
Please identify any initiatives or proactive measures taken to improve the individual's life or address any other concerns.