

Acknowledgments

- He-M 1201 revisions are the direct result of discussions and collaboration with:
 - DDNNH
 - Area Agency feedback
 - Provider Network Feedback
 - BDS guidance
 - BHF feedback
 - CSNI
 - DSPs
 - Family members
 - CMS
 - OLS

He-M 1201 revisions could not have taken place without the previous work of:

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He-M 1201



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**Please note that all requirements of the new He-M 1201 rule have accompanying tools available on the DDNNH website:
www.dhhs.nh.gov/dcbcs/bds/nurses/index.htm**

Introduction

- The changes to He-M 1201 that follow were brought about by:
 - Increased focus from the DHHS on healthcare issues in the DD system
 - Increased focus from CMS on healthcare assurances provided by BDS
 - Quality improvement and cost considerations in terms of appropriate utilization of nursing hours

He-M 1201.01 Purpose

- To establish **minimum** standards for individuals' health coordination **and**
- Ensure safe medication administration

Definitions He-M 1201.02

- (m) “Frail health” means an acute and/or chronic medical condition that results in the inability of the individual to perform activities of daily living or daily routines which the individual previously had the ability to perform, and which has been identified by a nurse trainer to require ongoing monitoring to guard against deterioration.

Definitions He-M 1201.02

- (o) “Health status indicators” means signs of an individual's health status that suggest illness, such as changes in:
 - Functional abilities
 - Weight
 - Vision of hearing abilities; or
 - Patterns of eating and drinking, seizures, breathing, elimination or behavior.

Health Status Indicators

- Health Status indicators (formerly known as the Health Review Checklist)
- Health Status Indicators also have accompanying Guidelines.
- Both are found on the DDNNH website under “Health & Safety”

He-M 1201.03

Healthcare Coordination

- (a) A nurse trainer shall meet with each individual residing in a residence certified pursuant to He-M 1001 and his or her provider within 30 days of the individual's residency, and annually thereafter, to review the level of support provided.

He-M 1201.03

Healthcare Coordination

- (b) A review pursuant to (a) above shall include:
 - (1) For each individual:
 - Health history information*
 - Health status indicators* and
 - Supports provided to maintain physical, mental, and social well being as reflected in the **service agreement**.
 - (2) The identification of individuals in frail health*

* found on the DDNNH website under “Health & Safety”

He-M 1201.03

Healthcare Coordination

- (c) For individual who receive services pursuant to He-M 507 and He-M 518, the area agency or provider agency shall provide the following information to the nurse trainer when initiating services:
 - Medical history, including diagnosis; and
 - A list of current medications

He-M 1201.03

Healthcare Coordination

- (d) Providers accompanying an individual receiving services pursuant to He-M 1001, He-M 507, He-M 518, He-M 521, He-M 524, or He-M 525 to a non-emergent medical appointment shall have:
 - The **reason** for seeking non-emergent care*
 - A list of current meds, allergies, **recent diagnostics and labs**
 - The individual's current health status indicators.

*PPT and Training on DDNNH website under "Health & Safety"

He-M 1201.03

Healthcare Coordination

- (e) The provider shall review with the primary care the annual health screening recommendations*

* found on the DDNNH website under “Health & Safety”

He-M 1201.03

Healthcare Coordination

- (f) For each individual receiving services pursuant to He-M 1001, the provider shall record and communicate an individual's health status indicators prior to:
 - The annual health assessment
 - Service coordinator visits
 - Any appointment with primary care..

He-M 1201.03

Healthcare Coordination

- (g) The nurse trainer shall maintain documentation:
 - For the review – health history, health status indicators, services agreement, and ID of individuals in frail health if applicable, and
 - Med hx and list of meds for day services and supported employment

He-M 1201.03

Healthcare Coordination

- (h) The provider shall maintain documentation:
 - Information pertaining to non-emergent medical appointments (reason, recent diagnostics/testing, current health status indicators)
 - Annual health screening recommendations advocated for
 - Individual health status indicators prior to annual health assessment, SC visits, and med appts.



He-M 1201.04

Medication Administration

- (a) with the exception of (n) below, administration of medication to individuals shall be performed by authorized providers or licensed persons only
- (n) In family residences where no more than one individual is receiving services from an area agency, medication administration shall comply with He-M 1201 or Nur 404 as determined by the nurse trainer

A decorative graphic on the left side of the slide, consisting of a light green vertical bar and a dark blue horizontal bar with rounded ends.

Delegation forms developed in conjunction with the NH Board of Nursing are available on the CD.

He-M 1201.04

Medication Administration

- OLD LANGUAGE

- ~~– (h) Medication orders and protocols shall be valid for no more than one year unless otherwise specified by the prescribing practitioner.~~

He-M 1201.05

Self-Administering Medication (not self-medicating)

- **Re-assessments are done:**
 - (1) No later than the last day of the 12th month from the date of the prior assessment
 - (2) More frequently if the individual begins to demonstrate they do not meet criteria

He-M 1201.06

Training and Authorization

- **A. Effective health care coordination is now listed first - to place the emphasis on health care coordination.**

He-M 1201.06

Training and Authorization

- **(c) The authorized provider shall notify the nurse trainer whenever:**
 - **(1) any change in an individual's medication occurs**
 - **(2) any clarification of medication orders or administration is needed**
 - **(3) an individual is hospitalized or receives medical treatment, or**
 - **(4) a new individual begins to receive services**

He-M 1201.06

Training and Authorization

- **(g) Each authorized provider shall maintain documentation:**
 - **Med admin authorization**
 - **Change in medication, when an individual is hospitalized or receives medical treatment – that the nurse was notified**

He-M 1201.07

Documentation

- (a) (b) (c)
- Documentation performed by authorized persons only
- Documentation for only meds administered themselves
- NT is the single authority of the med log except controlled drug inventory

He-M 1201.07 Documentation

NUR 404.05 (c) (1)-(3)

- **(c) A delegation of a task of client care involving the administration of medication shall specify:**
 - **(1) The medication to be administered;**
 - **(2) The dosage, route and time of the medication to be administered; and**
 - **(3) The client to whom the medication is to be administered.**

He-M 1201.07

Documentation

- **(g) Over the counter medications –**
 - **Still need a doctor's/prescriber's order**
 - **Manufacture's label is valid**
 - **Consult with licensed person must be documented! * Consult form available on DDNNH website under "Training Curriculum"**



**ALL MEDICATIONS,
WHETHER THEY ARE
ROUTINE, OTC OR PRN
NEED A DOCTOR'S
ORDER!!!**

He-M 1201.07 Documentation

- **(j) Mechanism for the NT to communicate problems/issues to their agencies – areas of noncompliance that home providers may be having**

He-M 1201.09

Quality Review

- **(c) (2) Monthly for first three months for individuals in new settings**

He-M 1201.09

Quality Review

- **(c) (3) at a frequency determined by the NT for "Family residences" that have any other med authorized person come into their home and administer medications in any given month**

He-M 1201.09

Quality Review

- **(c) (3) at a frequency determined by the NT for combined day/residential programs**

He-M 1201.09

Quality Review

- **(d) The NT shall submit info regarding patterns of non-compliance to med committee**

He-M 1201.10

Designation of NT

- **(d) Maintenance of NT designation requires one contact hour of continuing ed to be specific to the field of DD or ABD as part of the two-year nursing license renewal.**

He-M 1201.11 Medication Committee



- **Forms 1201 a, b, and c**
- **Instructions for each form are on the DDNNH website**

He-M 1201.11 Medication Committee



- **Form 1201 a**

This form is required by He-M 1201-Administration of Medications in Developmental Services Programs. It is to be completed two times per year pursuant to He-M 1201.11. The nurse trainer of each provider agency shall complete a separate Form 1201-A for each certified setting, as applicable, in which authorized providers administer medications.

He-M 1201.11 Medication Committee



● Form 1201 b

This form is required by He-M 1201-Administration of Medications in Developmental Services Programs. It is to be completed by contracted provider agencies and sent to the area agency two times per year pursuant to He-M 1201.11. The intent of the regulations is that it be completed from a programmatic/supervisory position. If an area agency provides their own services, please include those respective 1201 A reports on a B form from the programmatic/supervisory arrangement.

He-M 1201.11 Medication Committee



- **Form 1201 c**

The form is designed to generate summary statements regarding the area 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 agencies. If the area agency provides services through its own entity, the intent is for the B form to be completed by a programmatic/supervisory position within the agency.

Additional Trainings

- **DDNNH meetings, third Tuesday of the month, Main Building, Concord, 9:30 – 12:00**

Contact Information

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