



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Individualized Service Plans (ISPs): Meeting Resident Needs

A Training for Licensed Assisted Living Facilities in Virginia



Virginia Department of Social Services (VDSS) Mission and Vision

VDSS Mission

To design and deliver high-quality human services that help Virginians achieve safety, independence, and overall well-being

VDSS Vision

A Commonwealth in which all Virginians have the resources and services they need to shape strong futures for themselves, their families, and their communities

Introductions & Ice Breakers





Learning Objectives

Upon completion of this training, participants will be able to:

- Identify regulatory requirements for the development and updates to ISPs
- Name guiding principles and required components for ISPs
- Utilize various sources for identifying resident needs
- Describe individualized services that meet identified resident needs
- Establish appropriate expected outcomes and timeframes for services
- Properly utilize the VDSS model form for ISPs

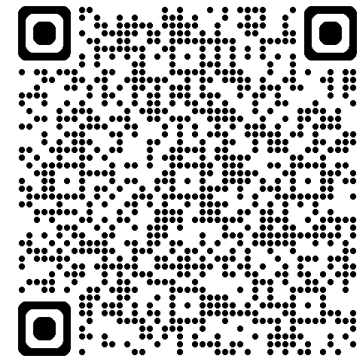
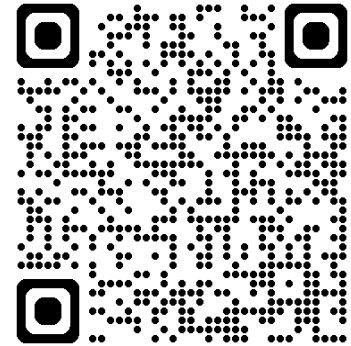


Module 1: Introduction to the Individualized Service Plan (ISP)



Title 63.2 of the Code of Virginia

VDSS Standards for Licensed Assisted Living Facilities



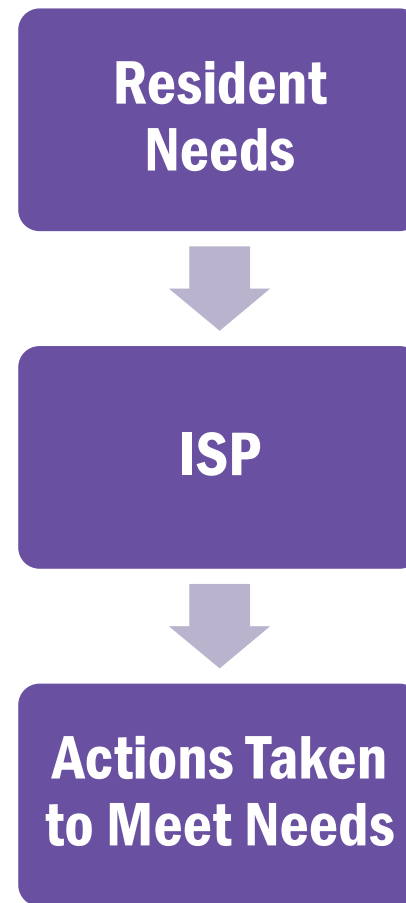
Regulations Applicable to ISP

- » **Definitions: 22VAC40-73-10**
- » **Uniform Assessment Instrument: 22VAC40-73-440**
- » **Individualized Service Plans: 22VAC40-73-450**

- » Regulations can be viewed and downloaded from the VDSS Licensing Programs Assisted Living Facilities
site: <https://www.dss.virginia.gov/facility/alf.cgi>

What is an ISP?

The *written description of actions* to be taken by the licensee, including coordination with other services providers, to *meet the assessed (identified) needs* of the resident.



The ISP In Plain Language

What is the need?

What service will meet the need?

Who will provide the service? When? Where?

What do you expect to happen?

How long will it take?

Principles for ISPs

- » The plan shall support the principles of *individuality, personal dignity, freedom of choice, and home-like environment*
- » The plan shall be designed to *maximize the resident's level of functional ability.*

Preliminary Plan of Care vs. Comprehensive ISP

- »» A *Preliminary plan of care* to address basic needs must be developed on or within *seven* (7) days prior to admission, unless a comprehensive ISP is completed on the day of admission.
- »» A *Comprehensive ISP* to meet the resident's identified service needs must be completed within 30 days after admission.

Comprehensive ISP Components

- » Description of *identified needs* & *date identified*
- » Written description of *services to be provided* & *who* will provide them
- » *When & where* services will be provided
- » Expected *outcome(s)* and *time frame(s)*
- » *Date outcome(s) achieved*
- » A *statement* that specifies whether the resident does or does not need to have a staff member awake and on duty at night*

*Residential care only facilities with ≤19 individuals

VDSS Individualized Service Plan Model Form – Page 1

VDSS MODEL FORM - ALF

INDIVIDUALIZED SERVICE PLAN

RESIDENT'S NAME: _____ NAME OF ALF: _____

Description of needs is based upon the (i) UAI; (ii) medical reports; (iii) interview with the resident; (iv) fall risk rating, if appropriate; (v) assessment of psychological, behavioral and emotional functioning, if appropriate; and (v) any additional information necessary to meet the care needs of the resident.

For a facility licensed for residential living care only, if the resident lives in a building that houses 19 or fewer residents, does the resident need to have a staff member awake and on duty at night? Yes No

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved

VDSS Individualized Service Plan Model Form – Page 2

RESIDENT'S NAME: _____

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved

SIGNATURES:

I. DEVELOPMENT OF PLAN:

_____ Staff Person Who Developed Plan	_____ Date Plan Completed	_____ Resident or Resident's Legal Representative	_____ Date
_____ Other, if any, Involved in Plan Development (Specify Title/Relationship to Resident)	_____ Date	_____ Other, if any, Involved in Plan Development (Specify Title/Relationship to Resident)	_____ Date

II. SUBSEQUENT REVIEW/UPDATE OF PLAN:

_____ Staff Person Who Reviewed/Updated Plan	_____ Date Reviewed/Updated	_____ Resident or Resident's Legal Representative	_____ Date
_____ Other, if any, Involved in Plan Review/Update (Specify Title/Relationship to Resident)	_____ Date	_____ Other, if any, Involved in Plan Review/Update (Specify Title/Relationship to Resident)	_____ Date

NOTE: Any time changes are made in the plan, the place where the change is made should be initialed and dated by the staff person making the change and by the resident/legal representative. In addition, the staff person and the resident/legal representative must sign in Part II above.

Development of the ISP

Who Can Develop an ISP:

- » The licensee, administrator or designee who has completed the VDSS approved ISP training program.
- » State approved Private Pay UAI training must be completed as a prerequisite to ISP training.

Include Input From:

- » Resident
- » Family and/or legal representative
- » Case worker and/or case manager
- » Other healthcare workers and other persons as appropriate

Signatures & Notations Required on ISPs

- » Must be signed by:
 - Person who developed the ISP (licensee, administrator or designee)
 - Resident or legal representative
- » Indicate any other individuals who contributed to the development of the plan, with a notation of the date of contribution
- » The title or relationship to the resident of each person who was involved in the development of the plan



When Are ISPs Reviewed and Updated?

- » ***Periodic reviews and updates*** are required at least every 12 months
 - Accuracy of identified needs
 - Relevance of services provided
 - Appropriateness of goals
 - Include input from resident and others as needed

- » ***As needed reviews and updates*** are required when the resident experiences a ***significant change in condition***.

- » ***If the ISP no longer reflects the resident's needs, updates must be made***

Staff Access to ISPs

- » Must be *accessible* but *protect confidentiality*
 - Master copy in resident's record
 - Copy provided to resident
 - Copies in locations accessible to any staff responsible for services
- » Should be *referred to regularly* during the processes of resident care

Are Preprinted or Electronic ISPs Acceptable?



**No Cookie Cutter ISPs!
Individualize for each resident!**

How are ISPs Used in Your Facility?

Consider these questions in relation to your own workplace:

- » Where are copies of ISPs located in your facility?
- » What value does the staff place on ISPs?
- » How often do staff refer to ISPs to guide their work?
- » Do you think that if staff referred to ISPs more often that positive changes would result? What might these changes be?
- » How are ISPs shared with new employees and what type of training do they receive?

Additional Regulatory Requirements for ISPs

- » Residents assessed as capable of independent living
- » Residents admitted for respite care

Common Problems with ISPs

- » Not signed by resident or responsible party
- » Developed without input of resident and service providers
- » Listing a diagnosis instead of a need
- » Listing multiple needs in one row
- » Using generalities
- » Using technical language
- » Using too many abbreviations
- » Illegible and messy
- » Assuming reader comprehension
- » ISP developer not properly trained
- » ISP not used as daily guide
- » Copies not available for staff
- » Failure to include all identified needs
- » Using “maintain status” as outcome

Module 1 Summary

- » **VDSS ALF Applicable Regulations for the ISP**
- » **What is an ISP?-Definition**
- » **ISP guiding principles**
- » **ISP required components**
- » **Preliminary Plan of Care vs Comprehensive ISP**
- » **VDSS Model Form review**
- » **Who can develop an ISP**
- » **Required signatures**
- » **Updates and renewal requirements for the ISP**
- » **Staff access to the ISP**
- » **Electronic/Preprinted ISP templates**
- » **Common problems with ISPs**

Module 1 Knowledge Check #1

1. When must the first *comprehensive* ISP be completed?
2. When must an ISP be *reviewed and updated*?
3. Name at least three *individuals who should provide input* for the development of an ISP.

Module 1 Knowledge Check #2

Which of the following might be a significant change?

1. A woman needing incontinence pads for the first time during a urinary tract infection.
2. A man needing a walker following a stroke.
3. A man with progressive memory loss who begins to exhibit signs of agitation during bathing.
4. A woman who has always enjoyed taking meals in the dining room suddenly requests to eat in her room.



Module 2: Identifying Needs



ISP Model Form – Description of Needs/Dates

VDSS MODEL FORM - ALF

INDIVIDUALIZED SERVICE PLAN

RESIDENT'S NAME: _____ NAME OF ALF: _____

Description of needs is based upon the (i) UAI; (ii) medical reports; (iii) interview with the resident; (iv) fall risk rating, if appropriate; (v) assessment of psychological, behavioral and emotional functioning, if appropriate; and (v) any additional information necessary to meet the care needs of the resident.

For a facility licensed for residential living care only, if the resident lives in a building that houses 19 or fewer residents, does the resident need to have a staff member awake and on duty at night? Yes No

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved

How to Identify Resident Needs

UAI

Admission
Physical Exam

Resident
Interview

Fall Risk
Rating

Assessments

Other
Sources

The Virginia Uniform Assessment Instrument (UAI): The Foundation of an ISP

- » An assessment tool which includes *functional status and psycho-social status*
- » Identifies *needs*
- » *Foundation* of the ISP



Purpose of the UAI

- » To gather information to determine care needs
- » To determine if a person's needs can be met by the facility
- » To determine eligibility for certain services
- » To plan and monitor care between internal and external entities
- » To keep a record of changes in resident status
- » To determine level of care

UAI Requirements

Public Pay

- » 22VAC40-73-440 E
- » For those residents of an ALF who **are eligible** for benefits under the Auxiliary Grant Program (an income supplement for eligible individuals)

Private Pay

- » 22VAC40-73-440 B.1
- » For those residents of an ALF who are **not eligible** for benefits under the Auxiliary Grants Program and pay for all services out of their own funding sources

UAI: What, Who, When?

Public Pay

» What

- Part A, and behavior pattern & medication administration
- Entire 12-page UAI if dependent in 2+ ADLs or dependent in behavior
- DMAS-96 form

» Who

- Qualified Assessor, Case Managers, or Independent Physician.

» When

- Prior to admission (within 90 days)
- Every 12 months
- After a significant change

Private Pay

» What

- Abbreviated UAI – 2 pages

» Who

- ALF staff who has completed UAI training
- Qualified Assessor, Case Managers, or Independent Physician

» When

- Prior to admission (within 90 days)
- Every 12 months
- After a significant change

UAI: Changes Must Be Reflected on ISP

» At least every 12 months

AND

» When there is significant change in a resident's condition

When there are changes to the UAI, there *must be changes to the ISP*

UAI: Functional Assessment

ADLs

IADLs

Medication
Administration

Psycho-Social
Status

Prohibited
Conditions

Reminders About Assessing Functional Status

- » Assess *ability* (not preference)
- » Ability to perform an activity *completely and safely*
- » Assess *recent* performance (past two weeks)

UAI: Activities of Daily Living (ADL) Needs

» Eating/Feeding

» Toileting

» Continence

» Ambulation

» Bathing

» Dressing

» Transferring

Always address ADLs on the ISP, they are ***essential*** to life.

UAI: Instrumental Activities of Daily Living (IADL) Needs



MEAL PREPARATION



HOUSEKEEPING



LAUNDRY



MANAGING MONEY

UAI: Medication Administration & Psycho-Social Status

Medication Administration



Psycho-Social Status



UAI: Presence of Prohibited Conditions

- » Ventilator dependency
- » Dermal ulcers III and IV
- » Intravenous therapy or injections directly into the vein
- » Airborne infectious disease in a communicable state
- » Psychotropic medications without appropriate diagnosis and treatment plans
- » Nasogastric tubes
- » Gastric tubes except if the individual can care for feeding and the tube
- » Individuals who present imminent physical threat or danger to self or others
- » Individuals who require continuous licensed nursing care
- » Individuals whose physician certifies that placement is no longer appropriate
- » If the facility cannot meet the residents physical or mental health care needs

Frequently Asked Questions about UAIs

- » What happens to the UAI when a resident is transferred?
- » Can updates to a UAI be made on the existing form?
- » What happens when a new resident acts differently than described on their initial assessment?
- » Can an administrator designate more than one staff member to approve, and sign completed UAIs?
- » Can you approve and sign a UAI that you yourself completed?

Admission Physical Examination

- » Required 30 days prior to admission
- » Information includes:
 - General physical condition
 - Review of systems as indicated
 - Any diagnosis or significant problems
 - Any known allergies and description of the person's reactions
 - Any recommendations for care including medication, diet, and therapy



Resident Interview

Valuable for gaining insight on:

- » A resident's background
- » Personal likes and dislikes
- » Family dynamics
- » Grieving (when applicable)



Fall Risk Rating

- » Assisted living residents must have a fall risk rating completed by the time the ISP is completed
- » Identified increased risk for falls must be addressed on the ISP



Psychological, Behavioral, Emotional Functioning Assessment

- » Documentation of the individual's psychosocial and behavioral functioning needs to be acquired prior to admission.
- » Risk for *transfer trauma or relocation stress syndrome*



Other Sources

- » Family
- » Legal Representative
- » Case Manager
- » Healthcare Providers
- » Clergy



Needs Are Not the Same as Diagnoses

Residents do not move into an assisted living facility because they have a specific diagnosis, *they move into an assisted living facility because they have needs that must be met.*

Meet Mrs. Arlene Simms – Example Resident



Mrs. Simms – Personal and Social Information

» Background Information

- Is 78 years old, has been widowed for 12 years
- Was married 46 years to small town businessman who later became mayor of their town
- Regularly attends church
- Never had any children, never had paid work outside of the home
- Was an active volunteer during marriage and widowhood

» Hobbies & Enjoyment

- Enjoys knitting and NASCAR races.
- Has held season tickets to the Commanders' games for more than 15 years
- Does not like to spend much time alone and prefers the company of others

Mrs. Simms – Report of Physical Examination

- » History of CVA (cerebrovascular accident, or stroke)
- » Right-sided weakness
- » Attended rehabilitation
- » Nearsighted and wears glasses
- » Requires daily assistance

Mrs. Simms – UAI and other Assessments

- » Mrs. Simms generally wears stretchy clothes like pullover shirts and elastic waist pants. She can manage these types of clothes on her own but needs help with bras, stockings, zippers, etc. She has an extended shoehorn and a button hook but often can't find them when she needs them.
- » Mrs. Simms likes a tidy living space. Even though a cleaning service cleans her apartment two times per week, she still dusts and polishes.
- » Mrs. Simms requires a cane for safe ambulation. She keeps it beside her at all times. She can go up a flight of stairs slowly and with the use of handrails and never goes up alone. She uses an elevator when one is available.
- » Mrs. Simms needs glasses for nearsightedness; however she often forgets to put them on in the morning and when she remembers they are often smudged with fingerprints, making them less effective.
- » Mrs. Simms likes to putter in the kitchen. She enjoys cooking but can no longer manage packages and kitchen equipment independently. She can make salads and sandwiches from fresh ingredients and soft spreads like egg salads.

ISP Model Form – Description of Needs & Date Identified

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved
5/1/25 Needs physical and mechanical assistance with dressing due to right-side weakness.					
5/1/25 Needs mechanical assistance with walking due to right-sided weakness					
5/1/25 Needs glasses during waking hours due to nearsightedness					
5/1/25 Resident has a signed DNR					
5/1/25 Needs social interaction in group settings					

Module 2 Summary

- » **How & where to document identified needs on the VDSS model form**
- » **Sources of information to identify resident needs**
 - UAI
 - Admission Physical Exam
 - Resident Interview
 - Fall Risk Rating
 - Assessments
 - Other Sources
- » **Differentiating needs from diagnoses**
- » **Getting to know the person**

Module 2 Knowledge Check

1. True or False: The UAI is an excellent source of information about a resident's *functional status*.
2. Name at least three *activities of daily living (ADLs)* for which needs can be identified.
3. Name at least three *potential information sources* for the identification of needs.



Module 3: Services & Goal Setting



ISP Model Form – Service Description

VDSS MODEL FORM - ALF

INDIVIDUALIZED SERVICE PLAN

RESIDENT'S NAME: _____ NAME OF ALF: _____

Description of needs is based upon the (i) UAI; (ii) medical reports; (iii) interview with the resident; (iv) fall risk rating, if appropriate; (v) assessment of psychological, behavioral and emotional functioning, if appropriate; and (v) any additional information necessary to meet the care needs of the resident.

For a facility licensed for residential living care only, if the resident lives in a building that houses 19 or fewer residents, does the resident need to have a staff member awake and on duty at night? Yes No

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved

Supporting Principles for Services and Goals

- » Individuality
- » Personal dignity
- » Freedom of choice
- » Home-like environment
- » Other supports



Describe the Service to Exactly Meet the Need

When developing service statements on an ISP, think to yourself:

- » What the staff will do....
- » What the facility will do...
- » What individuals from external organizations will do...



Service Delivery: Habilitation vs Rehabilitation

» Habilitation

- Adaptation & coping
- Secondary disability
- Following through, not initiating



» Rehabilitation

- Restorative
- Therapist-initiated
- Documented



Special Circumstances: Habilitative and Rehabilitative Services

- » The ISP should have a coordinated plan of care between the habilitative/rehabilitative services provider and the facility
- » If services are expected to be needed for 30 days or more:
 - Should have the services provided by each listed on the ISP
- » ISP should emphasize those services that:
 - Keep the resident active
 - Encourage residents to achieve independence in ADLs, and maximize functioning and enjoyment of activities
 - Ensure that prescribed exercises are performed
 - Maintain bowel and bladder training

Special Circumstances: Hospice Care



When hospice care is provided to a resident, the assisted living facility and the licensed hospice organization shall communicate and establish an agreed upon coordinated plan of care for the resident.

The services provided by each shall be included on the individualized service plan.

Special Circumstances: Private Duty Personnel

- » **Before direct care or companion services are initiated, the facility shall:**
 - Obtain, in writing, the type and frequency of services to be delivered
 - Review the information to determine if it is acceptable
 - Provide notification to the home care organization if changes are needed

- » **The direct care or companion services provided by private duty personnel to meet identified needs shall be reflected on the resident's individualized service plan.**

Special Circumstances: Restraints

When restraints are used in non-emergencies, they must be used in accordance with the resident's ISP, which must:

- » Document the need for restraint
- » Include a schedule or plan of rehabilitation training enabling progressive removal or progressive use of less restrictive measures

When restraints are used in emergencies:

- » The ISP must be reviewed within one week of the application of an emergency restraint
- » Additional interventions to prevent the future use of emergency restraints must be documented

Additional Special Circumstances

- » Do Not Resuscitate (DNR) Orders
- » Advance Directives
- » Residents who are unable to use the signaling device
- » Individual Activity Schedules
- » Food Service and Nutrition
- » Gastric Tubes
- » Acceptance back into facility after a temporary detention order
- » Whether a resident needs a staff person awake and on duty at night (for residential only facilities with 19 or fewer residents)

Persons Who Provide Services

- » Direct care staff (NAs, CNAs, RMAs)
- » Licensed nursing staff
- » Activity department
- » Dietary/dining dept.
- » Maintenance/housekeeping
- » Administration
- » Transportation
- » Private duty nurses or Companions
- » Registered dietician or nutritionist
- » Hospice personnel
- » Family
- » Therapy Services (OT/PT/Speech)

When and Where Services will be Provided

When:

- » # Times per day
- » # Days per week
- » Throughout the day
- » AM & PM
- » Upon rising/ before retiring
- » Per doctor's orders

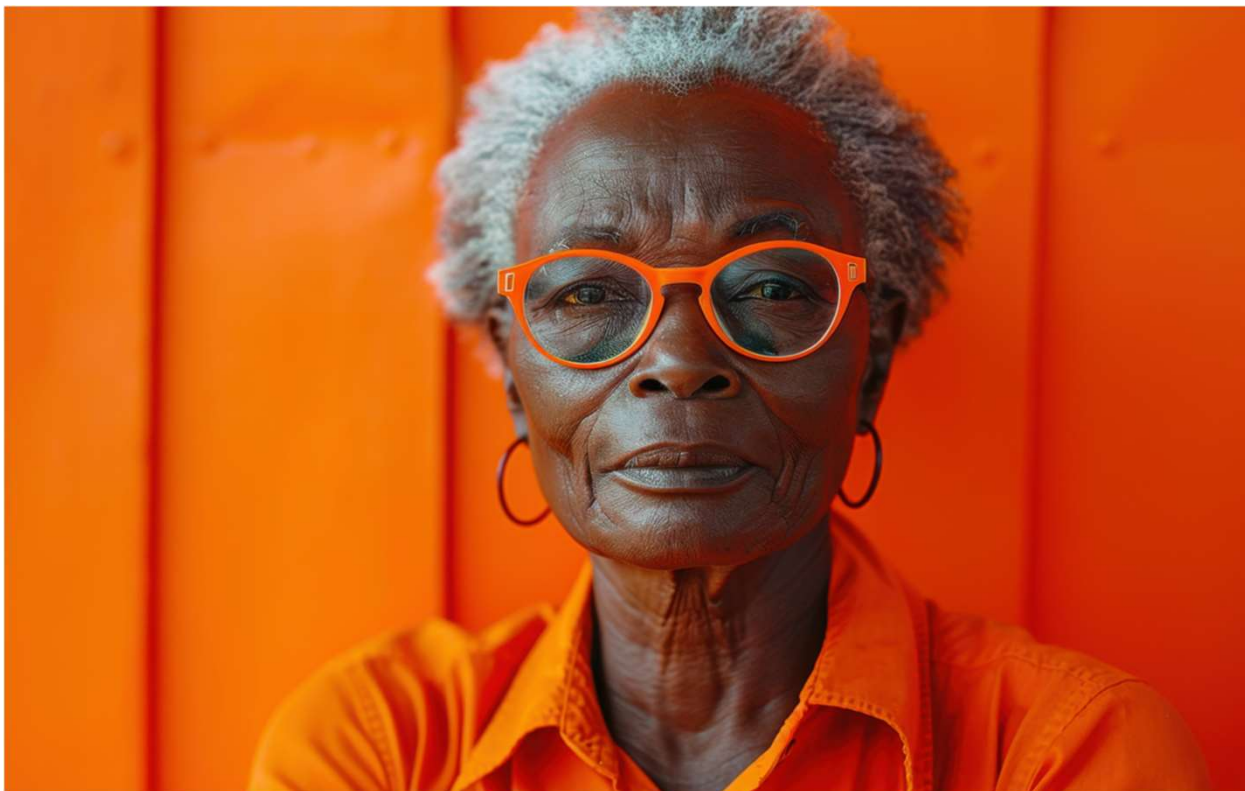
Where:

- » In resident's apartment
- » Throughout the facility
- » Common areas
- » During scheduled mealtimes
- » Dining room & resident's room

Writing Activity for ISP

Encourage
Accompany
Validate
Supervise
Facilitate
Organize
Reorient Assist Praise
Listen Help
Provide Arrange
Prepare Set-Up Reinforce
Monitor

Mrs. Arlene Simms – Description of Services



ISP Model Form – Description of Services

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved
5/1/25 Needs physical and mechanical assistance with dressing due to right-side weakness.					
5/1/25 Needs mechanical assistance with walking due to right-sided weakness					
5/1/25 Needs glasses during waking hours due to nearsightedness					
5/1/25 Resident has a signed DNR					
5/1/25 Needs social interaction in group settings					

ISP Model Form – Description of Services

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved
5/1/25 Needs physical and mechanical assistance with dressing due to right-side weakness	-Hand Mrs. Simms her shoehorn and button hook when needed -Assist with hooking bra, zippers, and pulling up stockings if she is unable or requests assistance	-Direct Care Staff -Nursing Staff	-Daily AM & PM care and as needed -In resident's apartment		
5/1/25 Needs mechanical assistance with walking due to right-sided weakness	-Ensure that cane is always kept within easy reach of Mrs. Simms -Ensure safety by checking cane tip pads daily	-Direct Care Staff -Nursing Staff	-At all times when ambulating		
5/1/25 Needs glasses during waking hours due to nearsightedness	-Provide verbal cues to clean glasses and place on bedside table each night before bed -Provide verbal cue to wear glasses when awake	-Direct Care Staff & Nursing Staff -All staff	-Daily HS in resident's room -Daily, when awake, throughout facility		
5/1/25 Resident has a signed DNR	-Resuscitation/CPR will not be performed in the event the resident's heart or breathing stops	-All staff certified in CPR	-At all times, wherever the resident is located		
5/1/25 Needs social interaction in group settings	-Remind Mrs. Simms when group activities are occurring -Provide positive enforcement for attendance by thanking her for coming	-Direct Care Staff -Activities Staff	-Throughout facility as resident wishes to participate		

ISP Model Form – Expected Outcomes

VDSS MODEL FORM - ALF

INDIVIDUALIZED SERVICE PLAN

RESIDENT'S NAME: _____ NAME OF ALF: _____

Description of needs is based upon the (i) UAI; (ii) medical reports; (iii) interview with the resident; (iv) fall risk rating, if appropriate; (v) assessment of psychological, behavioral and emotional functioning, if appropriate; and (v) any additional information necessary to meet the care needs of the resident.

For a facility licensed for residential living care only, if the resident lives in a building that houses 19 or fewer residents, does the resident need to have a staff member awake and on duty at night? Yes No

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved

Expected Outcomes: To Maintain Status Or Not ?

- » An assisted living goal should not be to “Maintain status”
- » Goal is always to achieve the highest level of function.



Expected Outcomes (Goals!)

“The resident will ... “

- » Reasonable
- » Appropriate
- » Measurable or observable
- » Maximize function
- » NOT “maintain status”



Setting Goals and Choosing a Time Frame

What can be reasonably expected?

What goal will facilitate maximum functioning?

How long will the goal likely take to achieve?

When does progress need to be evaluated?

Same Need – Different Services & Goals



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Mrs. Arlene Simms – Expected Outcomes



ISP Model Form – Expected Outcomes and Time Frames

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved
5/1/25 Needs physical and mechanical assistance with dressing due to right-side weakness	-Hand Mrs. Simms her shoehorn and button hook when needed -Assist with hooking bra, zippers, and pulling up stockings if she is unable or requests assistance	-Direct Care Staff -Nursing Staff	-Daily AM & PM care and as needed -In resident's apartment		
5/1/25 Needs mechanical assistance with walking due to right-sided weakness	-Ensure that cane is always kept within easy reach of Mrs. Simms -Ensure safety by checking cane tip pads daily	-Direct Care Staff -Nursing Staff	-At all times when ambulating		
5/1/25 Needs glasses during waking hours due to nearsightedness	-Provide verbal cues to clean glasses and place on bedside table each night before bed -Provide verbal cue to wear glasses when awake	-Direct Care Staff & Nursing Staff -All staff	-Daily HS in resident's room -At all times when awake throughout facility		
5/1/25 Resident has a signed DNR	-Resuscitation/CPR will not be performed in the event the resident's heart or breathing stops	-All staff certified in CPR	-At all times, wherever the resident is located		
5/1/25 Needs social interaction in group settings	-Remind Mrs. Simms when group activities are occurring -Provide positive enforcement for attendance by thanking her for coming	-Direct Care Staff -Activities Staff	-Throughout facility as resident wishes to participate		

ISP Model Form – Expected Outcomes and Time Frame

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved
5/1/25 Needs physical and mechanical assistance with dressing due to right-side weakness	-Hand Mrs. Simms her shoehorn and button hook when needed -Assist with hooking bra, zippers, and pulling up stockings if she is unable or requests assistance	-Direct Care Staff -Nursing Staff	-Daily AM & PM care and as needed -In resident's apartment	5/1/26 -Resident will be dressed in clean clothing of her choosing, daily -Resident will dress in pullover shirts and elastic waist pants with minimal assistance, when they are chosen to wear	
5/1/25 Needs mechanical assistance with walking due to right-sided weakness	-Ensure that cane is always kept within easy reach of Mrs. Simms -Ensure safety by checking cane tip pads daily	-Direct Care Staff -Nursing Staff	-At all times when ambulating	5/1/26-Resident will use cane for all ambulation -Resident will maintain safety during walking	
5/1/25 Needs glasses during waking hours due to nearsightedness	-Provide verbal cues to clean glasses and place on bedside table each night before bed -Provide verbal cue to wear glasses when awake	-Direct Care Staff & Nursing Staff -All staff	-Daily HS in resident's room -At all times when awake throughout facility	5/1/26-Resident will be able to navigate the environment safely when awake -Resident will engage in meaningful activities daily	
5/1/25 Resident has a signed DNR	-Resuscitation/CPR will not be performed in the event the resident's heart or breathing stops	-All staff certified in CPR	-At all times, wherever the resident is located	5/1/26-Resident's DNR will be honored	
5/1/25 Needs social interaction in group settings	-Remind Mrs. Simms when group activities are occurring -Provide positive enforcement for attendance by thanking her for coming	-Direct Care Staff -Activities Staff	-Throughout facility as resident wishes to participate	5/1/26-Resident will attend at least three group activities weekly	

Mrs. Arlene Simms – Annual Review of ISP



- » You have received input from Mrs. Simms, a direct care staff member who often cares for Mrs. Simms, and Mrs. Simms' primary care provider
- » Her needs in the following areas are unchanged, and the services described and the expected outcomes for those services continue to be appropriate:
 - Assistance with dressing
 - Assistance with walking
 - Use of glasses during waking hours
 - DNR status
- » **Her need for social interaction is unchanged, but:**
 - She has been consistently attending group activities four or more times per week, meeting and exceeding her goal.
 - She has expressed a desire to participate in more social outings outside of the facility.

ISP Model Form – Date Outcomes Achieved

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved
5/1/25 Needs physical and mechanical assistance with dressing due to right-side weakness	-Hand Mrs. Simms her shoehorn and button hook when needed -Assist with hooking bra, zippers, and pulling up stockings if she is unable or requests assistance	-Direct Care Staff -Nursing Staff	-Daily AM & PM care and as needed -In resident's apartment	5/1/27 YNH 5/1/26-Resident will be dressed in clean, seasonally appropriate clothing of her choosing, daily -Resident will dress in pullover shirts and elastic waist pants with minimal assistance, when they are chosen to wear	
5/1/25 Needs mechanical assistance with walking due to right-sided weakness	-Ensure that cane is always kept within easy reach of Mrs. Simms -Ensure safety by checking cane tip pads daily	-Direct Care Staff -Nursing Staff	-At all times when ambulating	5/1/27 YNH 5/1/26-Resident will use cane for all ambulation -Resident will maintain safety during walking	
5/1/25 Needs glasses during waking hours due to nearsightedness	-Provide verbal cues to clean glasses and place on bedside table each night before bed -Provide verbal cue to wear glasses when awake	-Direct Care Staff & Nursing Staff -All staff	-Daily HS in resident's room -At all times when awake throughout facility	5/1/27 YNH 5/1/26-Resident will be able to navigate the environment safely when awake -Resident will engage in meaningful activities daily	
5/1/25 Resident has a signed DNR	-Resuscitation/CPR will not be performed in the event the resident's heart or breathing stops	-All staff certified in CPR	-At all times, wherever the resident is located	5/1/27 YNH 5/1/26-Resident's DNR will be honored	
5/1/25 Needs social interaction in group settings	-Remind Mrs. Simms when group activities are occurring -Provide positive enforcement for attendance by thanking her for coming	-Direct Care Staff -Activities Staff	-Throughout facility as resident wishes to participate	5/1/27-Resident will attend at least three group activities weekly	05/01/2026 YNH

ISP Model Form – Adding New Services & Goals

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Time Frame	Date Outcomes Achieved
5/1/26 Needs social interaction in group settings	-Remind Mrs. Simms when group activities and outings are occurring -Provide positive reinforcement by thanking her for coming when she attends	-Direct Care Staff -Activities Staff	-Throughout facility and during outings as resident wishes to participate	5/1/27-Resident will attend at least four group activities weekly -Resident will attend at least two outings monthly	

II. SUBSEQUENT REVIEW/UPDATE OF PLAN:

<u>Your Name Here</u>	<u>05/01/2026</u>	<u>Arsene Simms</u>	<u>05/01/2026</u>
Staff Person Who Reviewed/Updated Plan	Date Reviewed/Updated	Resident or Resident's Legal Representative	Date
<u>PCP Signature, MD, Physician</u>	<u>5/1/26</u>	<u>Someone Else, Direct Care Staff</u>	<u>05-01-2026</u>
Other, if any, Involved in Plan Review/Update (Specify Title/Relationship to Resident)	Date	Other, if any, Involved in Plan Review/Update (Specify Title/Relationship to Resident)	Date

Module 3 Summary

- » **ISP in plain language**
- » **Supporting principles**
- » **Selecting services and writing service statements**
- » **Selecting goals and writing expected outcomes**
- » **Planning for teamwork**

Module 3 Knowledge Check

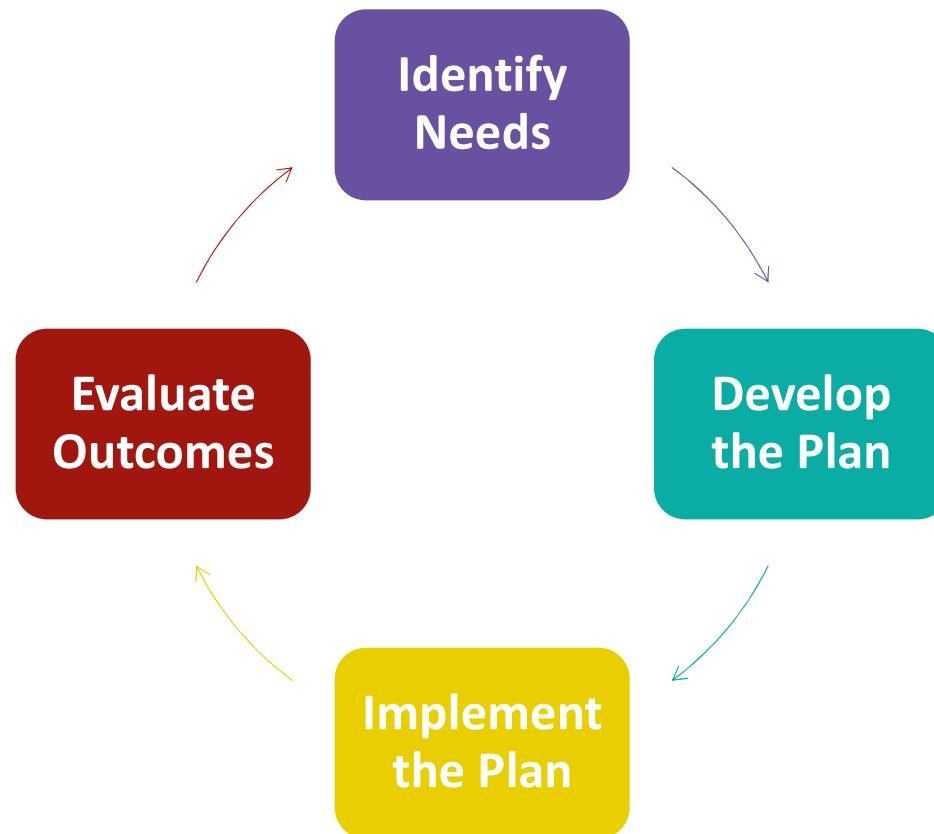
1. True or False: Assisted living has an important role in both habilitation and rehabilitation.
2. True or False: The items listed under the 'Services' column of the ISP do not need to state specifically what the facility and staff will do to meet the identified needs of the resident?
3. One of our residents is receiving occupational therapy. Is a time frame required for goals related to this therapy?



Module 4: Putting it Together

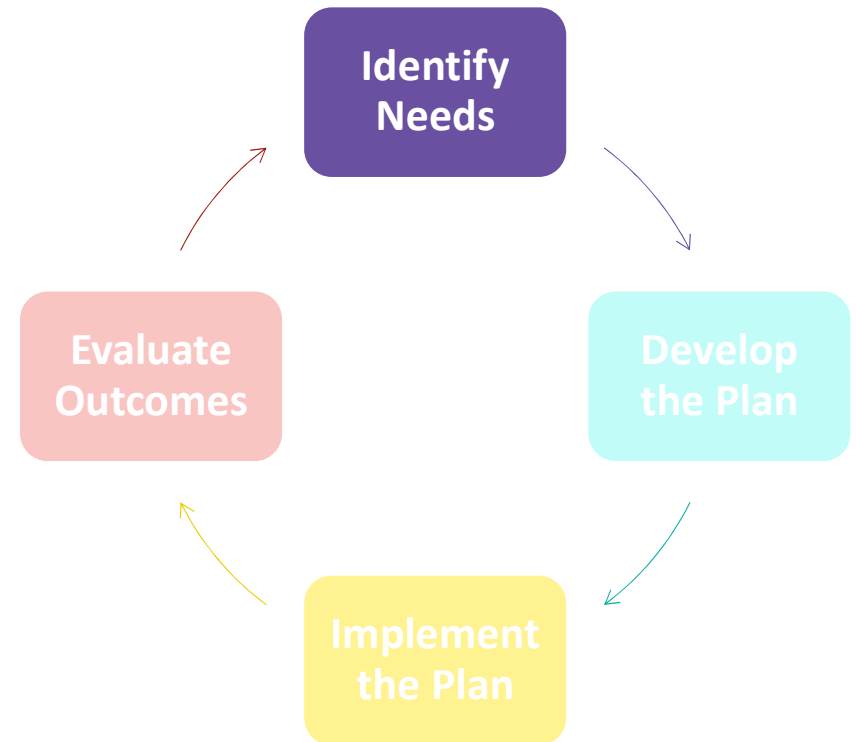


Lifecycle of an ISP



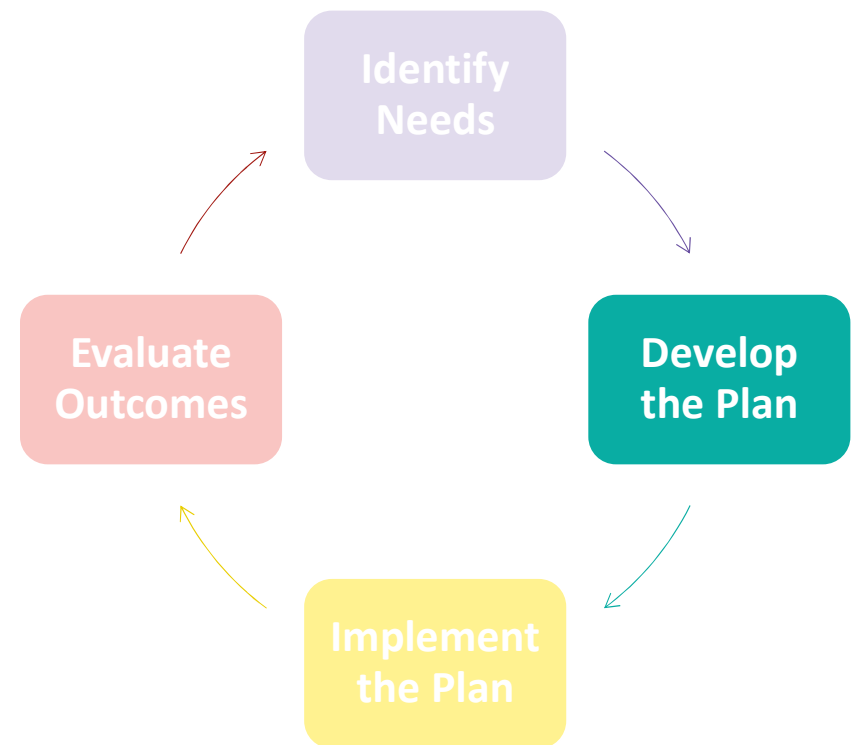
Identify Needs

- » Utilize various sources of information
- » Ensure that input is gathered from multiple staff roles who interact with the resident
- » Every source will have a different perspective



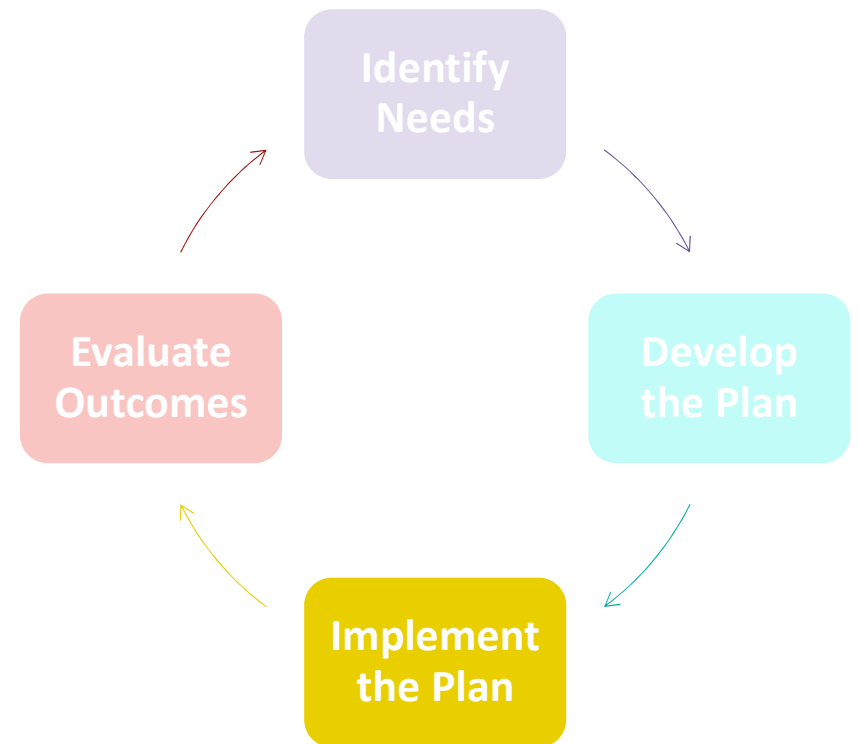
Develop the Plan

- » Include all required elements
- » Clear and legible
- » Ensure services meet identified needs
- » Decide who, when, and where for service delivery
- » Determine expected outcomes for services
- » Assign a time frame
- » Know how you will measure progress



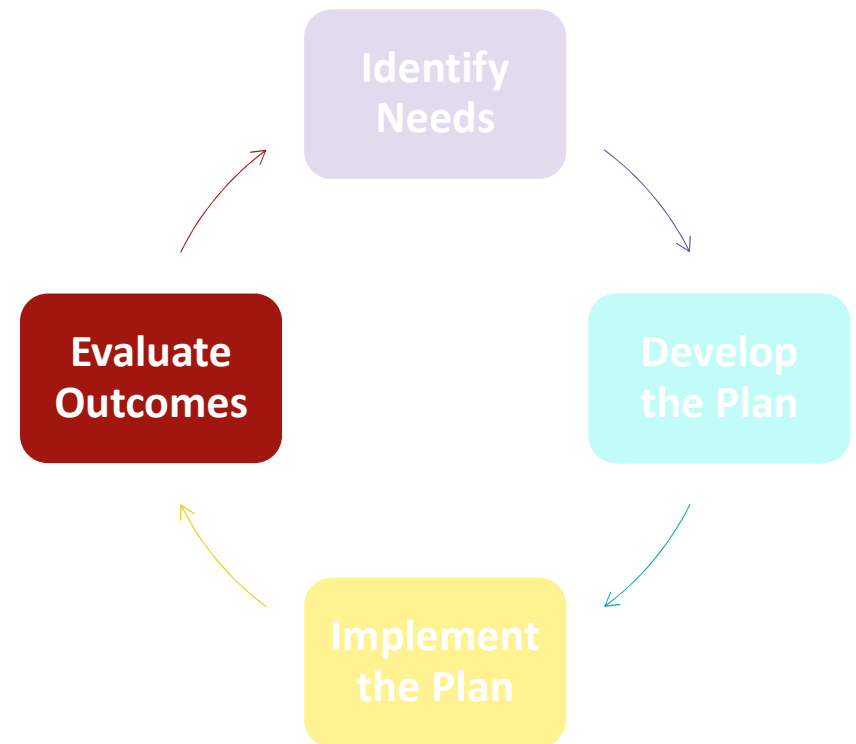
Implement the Plan

- » Inform staff
- » Place copies where needed
- » Promote teamwork
- » Monitor resident condition, needs, and progress



Evaluate Outcomes

- » Were the expected outcomes/goals for the resident fully met?
- » Record the dates that outcomes were met



Reviewing and Updating the ISP

- » Renew the cycle – start with identifying needs & evaluating the needs, services and outcomes from the prior ISP
- » Has the entire need been met or does the need still exist?
 - If the need has been met by meeting the goal, then the need can be removed from the ISP.
- » If the need still exists, would a new expected outcome/goal be more appropriate?
 - If the prior goal has been attained, then a new goal should be developed.

Evaluate the ISP

» Different levels, different focus

- As a document
- As a blueprint for care
- As an overall program review

Effective ISPs

- » Based on assessed needs
- » Reasonable outcomes
- » Fluid
- » Accessible
- » Teamwork
- » Individualized

Avoid Common Problems with ISPs

- » Listing a diagnosis instead of a need
- » Listing multiple needs in one row
- » Using generalities
- » Using technical language
- » Using too many abbreviations
- » Using “maintain status” as goal
- » Illegible and messy
- » Assuming reader comprehension
- » ISP developer not properly trained
- » ISP not used as daily guide
- » Copies not available for staff
- » Failure to include all identified needs

Leveraging Teamwork

- » Different roles, one plan
- » Family involvement
- » Task Breakdown
- » Responsibility



Module 4 Summary

- » Lifecycle of an ISP
- » Effective ISPs
- » Common Problems
- » Leveraging Teamwork

Module 4 Knowledge Check

- » True or False: An effective ISP is individualized, fluid, and contains measurable and reasonable outcomes/goals.
- » The ISP development cycle includes identifying needs, developing the plan, implementing the plan and _____?
- » True or False: Resident needs are best identified using an interdisciplinary approach.



Module 5: Develop an ISP Using a Case Example



Virginia “Vee” Jones

