Individualized Service Plan (ISP) Training Manual

Approved by the Virginia Department of Social Services

Division of Licensing Programs

July 2025

VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Individualized Service Plan Training: Trainer's Manual

Background

This training is provided by the Virginia Department of Social Services (VDSS) Division of Licensing Programs (DOLP). The mission of VDSS is to design and deliver high-quality human services that help Virginians achieve safety, independence and overall well-being. DOLP protects the safety, health, and well-being of vulnerable children and adults through comprehensive regulatory oversight and provider services in day facilities and residential and assisted living programs.

Purpose

This trainer manual and the accompanying slide presentation and participant resources serves as the department approved individualized service plan (ISP) training referenced in 22VAC40-73-450 of the *Standards for Licensed Assisted Living Facilities*.

Trainer Credentials

This training must be provided by a ***licensed health care professional*** practicing within the scope of their profession. A licensed health care professional is defined in the *Standards for Licensed Assisted Living Facilities* as a person, corporation, facility, or institution licensed by the Commonwealth to provide health care or professional services, including a physician or hospital, dentist, pharmacist, registered or licensed practical nurse, optometrist, podiatrist, chiropractor, physical therapist, physical therapy assistant, clinical psychologist, or health maintenance organization.

Instructions for Use of this Trainer's Manual

Trainer's guide information is provided throughout to give additional explanations or information for the trainer. Trainer's guide information will appear in boxes, like the one below.

Trainer's Guide

Look here for helpful information!

Trainer resources include ***slide presentation materials with trainer guide information, as well as activity instructions***.

Regulation references are included throughout and will appear in boxes like the one below. Regulation references are based on *The Standards for Licensed Assisted Living Facilities,* revised effective November 6, 2024.

Regulation Reference: 22VAC-40-73-450

The training program is organized into modules that cover the following topics:

- Module 1: Introduction to the Individualized Service Plan (ISP)
- Module 2: Identifying Needs
- Module 3: Services & Goal Setting
- Module 4: Putting it Together
- Module 5: Develop an ISP Using a Case Example

Expected outcomes for participants when using these training resources include the ability 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

Trainer's Guide

This training program is expected to take at least three hours to complete.

The training can be broken into multiple sessions as needed based on staff learning needs or time constraints. The module divisions provide easy points where you can break the training into smaller sessions.

The activities included are used to supplement the slide presentation and increase learner engagement.

The language and manner used to deliver the training content can be adjusted to accommodate the learning style of your participants.

Facility-developed policies and procedures should be referenced during this training when available. It may be helpful to have copies of the ISP form and relevant policies and procedures that are used in your facility.

Expectations for Participants

Completion of the ***state-approved private pay uniform assessment instrument (UAI) training*** is a required prerequisite for all participants before taking this course on ISPs. This training program will not provide an in-depth review of UAI completion. Participants needing an in-depth review of UAI completion should be directed to review a state-approved private pay UAI training prior to participation in this ISP training.

Trainer's Guide

Before beginning any training presentation or activity, it is important to set expectations for your participants. You may use your facility-specific policies, could consider including the following examples, or come up with your own that are appropriate to your setting or audience:

- Attend all scheduled sessions and arrive on time for each
- Be an active participant (pay attention and take part in discussions and activities)
- Communicate respectfully (avoid teasing or insults)
- Ask questions (if you have a question, it is likely that one of your peers has the same question)
- Respect privacy (of people or situations that you describe or discuss, avoid identifying residents/participants, colleagues, family members, etc. by name)

Preparing for Training

Prior to the start of the training, review the relevant standards for any updates, and ensure that all materials are available, including:

- A copy of this ***trainer's manual***, for the trainer
- A printed or electronic version of the ***slide presentation*** for participants to view during the training
- A copy of ***participant resources packet*** for each participant.

Participants will need a way to take notes during the training and to have access to printed or downloaded/electronic copies of the following:

- The ***Standards for Licensed Assisted Living Facilities***
- The ***VDSS model ISP form*** (available on the VDSS website) or your facility-specific ISP forms
- The ***private pay UAI and public pay UAI forms*** (available on the VDSS website)

Individualized Service Plans (ISPs): Training Outline

Introduction

- Title Slide
- VDSS Mission Statement
- Introductions & Ice Breakers
- Learning Objectives

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

- Regulations & Code References Applicable to ISPs
- Defining ISPs
- ISP Guiding Principles
- ISP Required Components
- VDSS ISP Model Form
- Requirements for Development of ISPs
- Format and Access to ISPs
- Common Problems

Module 2: Identifying Needs

1. Overview of Sources for Identifying Needs
2. UAI
3. Admission Physical Examination
4. Interview with Resident
5. Fall Risk Rating
6. Psychological, Behavioral, Emotional Functioning Assessment
7. Other Sources
8. Mrs. Simms – Case Study Example

Module 3: Services & Goal Setting

- ISP in Plain Language
- Supporting Principles
- Selecting Services & Writing Service Statements
- Selecting Goals & Writing Expected Outcomes
- Planning for Teamwork

Module 4: Putting It Together

- Lifecycle of an ISP
- Effective ISPs
- Leveraging Teamwork

Module 5: Develop an ISP Using a Case Example

Individualized Service Plans: Meeting Resident Needs

Trainer's Guide

Prior to beginning training, ensure that your training environment is comfortable and hospitable for those participating. The setting should be an appropriate temperature, the participants should have pens or pencils to take notes, and you could offer food/beverages.

The content in this training is often in depth so the learning environment needs to be appropriate for the adult learner. Make sure all the materials to be used during training have been gathered prior to starting the training session.

Reminder: The way that the content is presented, including both verbal and non-verbal communication may affect how well the information is received.

Speaker Notes:

Introduce yourself to your audience and provide background on what your role is in your work setting (e.g., Administrator, Director of Nursing (DON), etc.)

The purpose of this training is to serve as the department approved individualized service plan (ISP) training referenced in 22VAC40-73-450 of the Standards for Licensed Assisted Living Facilities.

Speaker Notes:

This training was developed by the Virginia Department of Social Services, Division of Licensing Programs.

The mission of the Virginia Department of Social Services is to design and deliver high-quality human services that help Virginians achieve safety, independence, and overall well-being.

The vision of the Virginia Department of Social Services is to obtain a Commonwealth in which all Virginians have the resources and services they need to shape strong futures for themselves, their families, and their communities.

Trainer's Guide

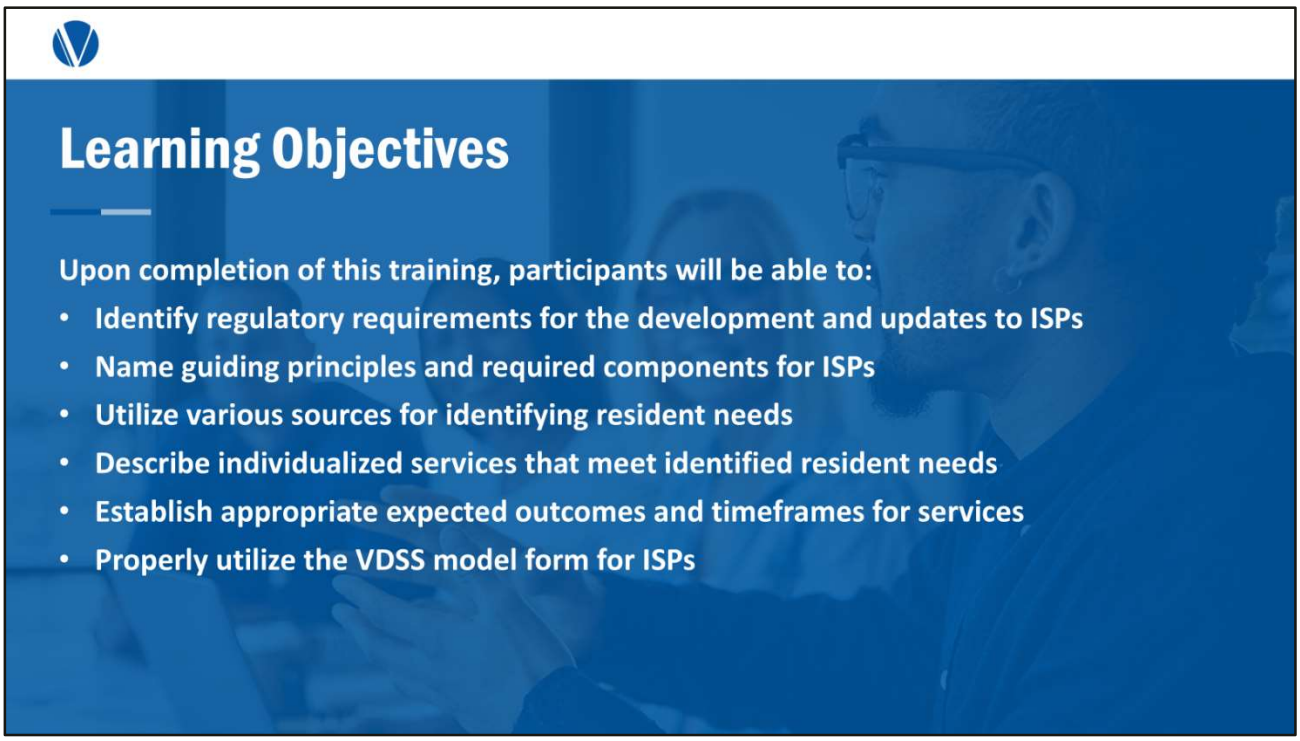
Ice Breakers are suggested to be done prior to beginning training. If the training content is delivered over multiple days or sessions, then icebreakers could be included at the beginning of each training day. participants may be working together for group activities and for the quieter participant, the ice breakers may help them feel more at ease.

Optional Ice Breakers (pick one or make up your own):

Game Show Intros: Have participants partner up and introduce each other. Give a few minutes to get to know each other by answering guided questions. A fun twist to this method is to have the partner introduce the other as if they are introducing them on a game show. Questions might include: Where is the farthest place you have traveled? Do you speak a second language? If you could be any animal, what would it be and why?

Candy Questions: Bring individually wrapped candy with different colors or types (like Starbursts). Ask each participant to take one piece of candy. Link each color/type to a specific question. For example: orange- share something on their bucket list, pink- share their favorite way to relax, red- share their favorite food, and yellow- share the favorite place they have visited.

Truth/Lies: Another fun icebreaker is one truth and one lie. Each participant introduces themselves and makes two statements. One statement is the truth, and the other is a lie. The class must figure out which is the true statement. For example: "I own alpacas, and I have been to South America." The class would try to guess which statement is the truth.

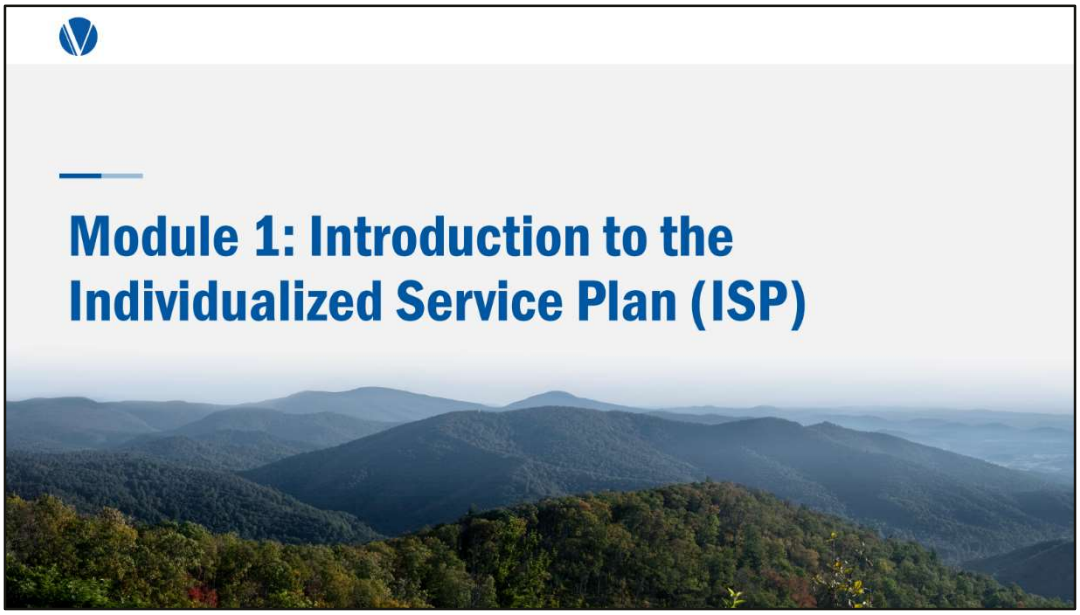


Speaker Notes:

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 ISP



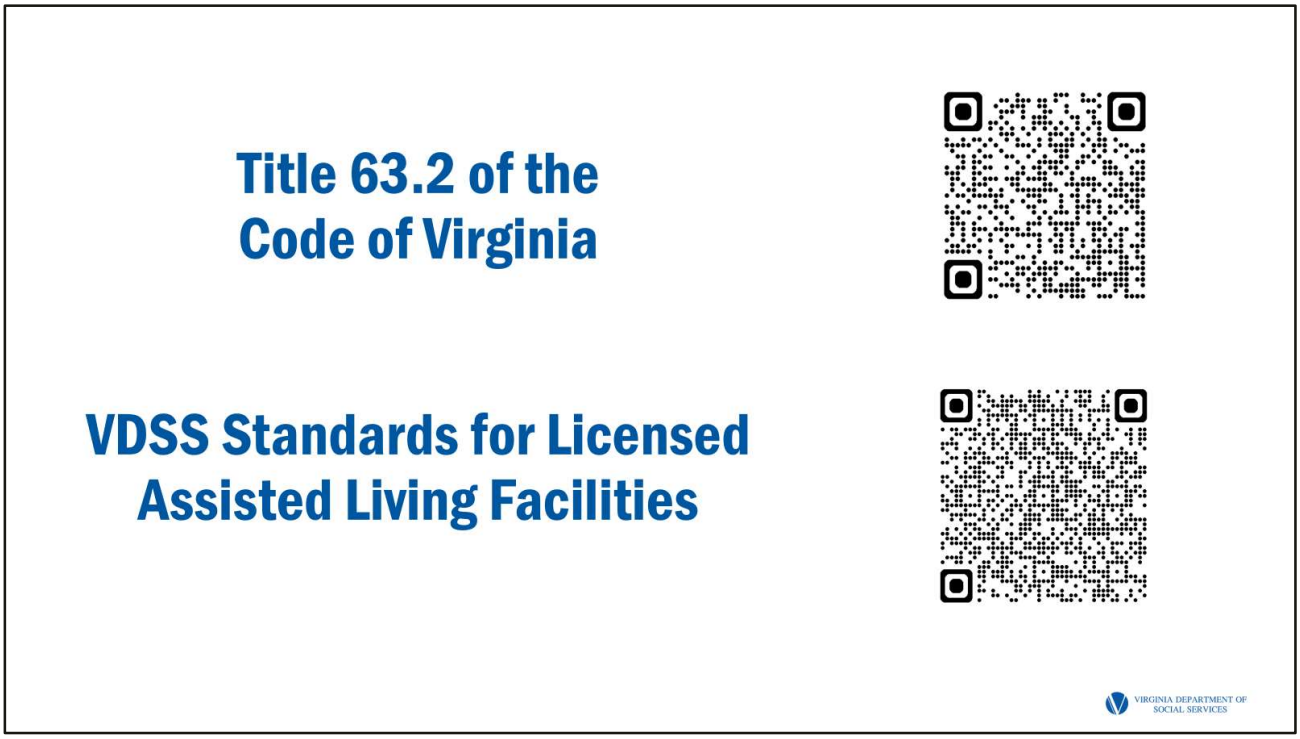
Regulation Reference: 22VAC-40-73-450

Speaker Notes:

Module 1 is the Introduction to the Individualized Service Plan, or ISP.

In Module 1, we will cover the following topics:

- Regulations & Code References Applicable to ISPs
- Defining ISPs
- ISP Guiding Principles
- ISP Required Components
- VDSS ISP Model Form
- Requirements for Development of ISPs
- Format and Access to ISPs



Trainer's Guide

The QR codes in this slide link to the Code of Virginia and the VDSS Standards for Licensed Assisted Living facilities.

Speaker Notes:

The Virginia Administrative Code is the compilation of permanent regulations for the Commonwealth of Virginia that have the force of law. Title 63.2 addresses requirements for VDSS-licensed settings.

The Code is the primary body of law passed by the General Assembly, and ***regulations*** are created by state agencies to clarify and enforce the Code's provisions.

VDSS regulations are the rules for operating as a licensed provider. Regulations set minimum requirements for the quality of a program's operation.

Regulations are:

- ***Generalized***
- ***Not*** a book of instructions
- ***Enforced*** by the Virginia Department of Social Services Division of Licensing Programs
- Represent the ***minimum*** requirements for the operation of an Assisted Living Facility

[Speaker notes continue next page]

Throughout this training, you are encouraged to:

- Refer often to the sections of the regulations that are being discussed
- Talk with your supervisor and/or licensing representative if you have questions

It is strongly recommended that after you complete this training you:

- Thoroughly review the regulations regarding the Uniform Assessment Instrument (UAI) and Individualized Service Plans (ISPs)

Regulation Reference: 22VAC-40-73-10, 22VAC40-73-440, 22VAC40-73-450

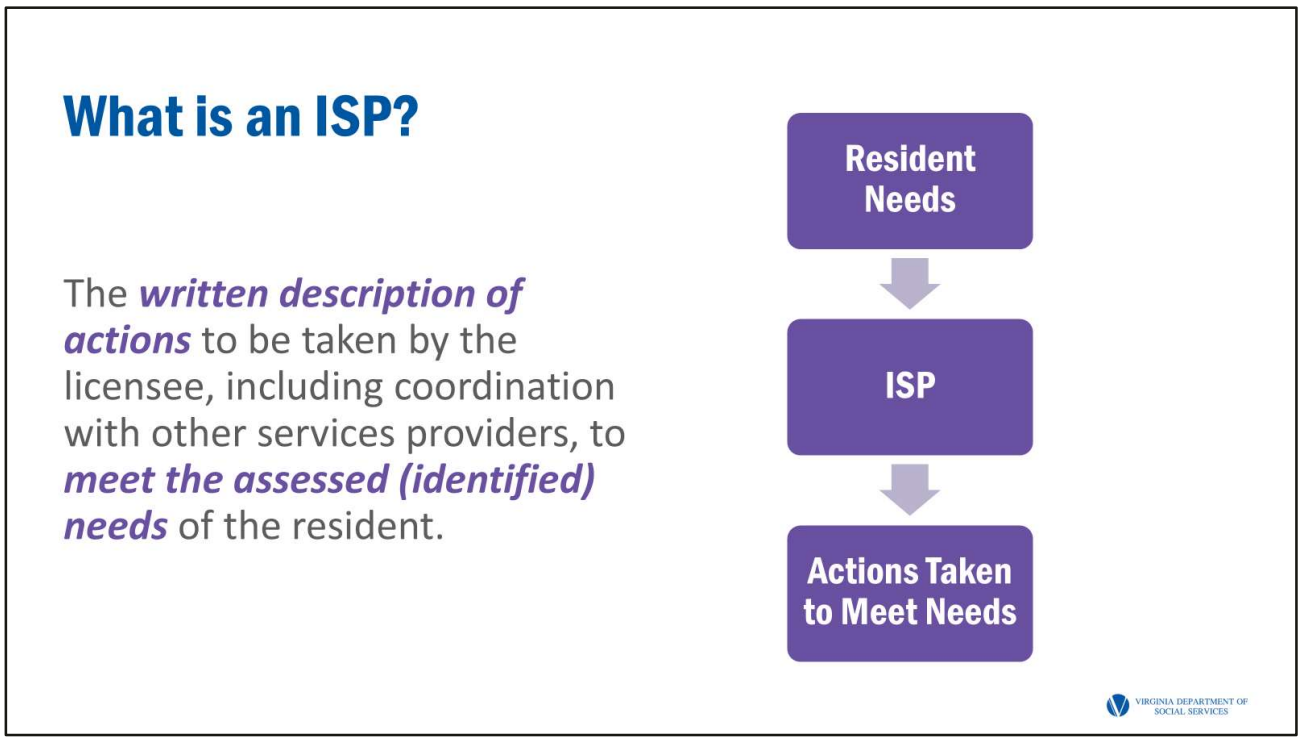
Speaker Notes:

The following sections of the regulations include the primary requirements that apply to UAIs and ISPs for assisted living providers and will be discussed during this training when describing the UAI and ISP.

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

Though these are the primary regulations that apply to ISPs, there are additional regulations in other sections that apply.

The regulations can be viewed and downloaded from the VDSS Assisted Living Facilities site.



Speaker Notes:

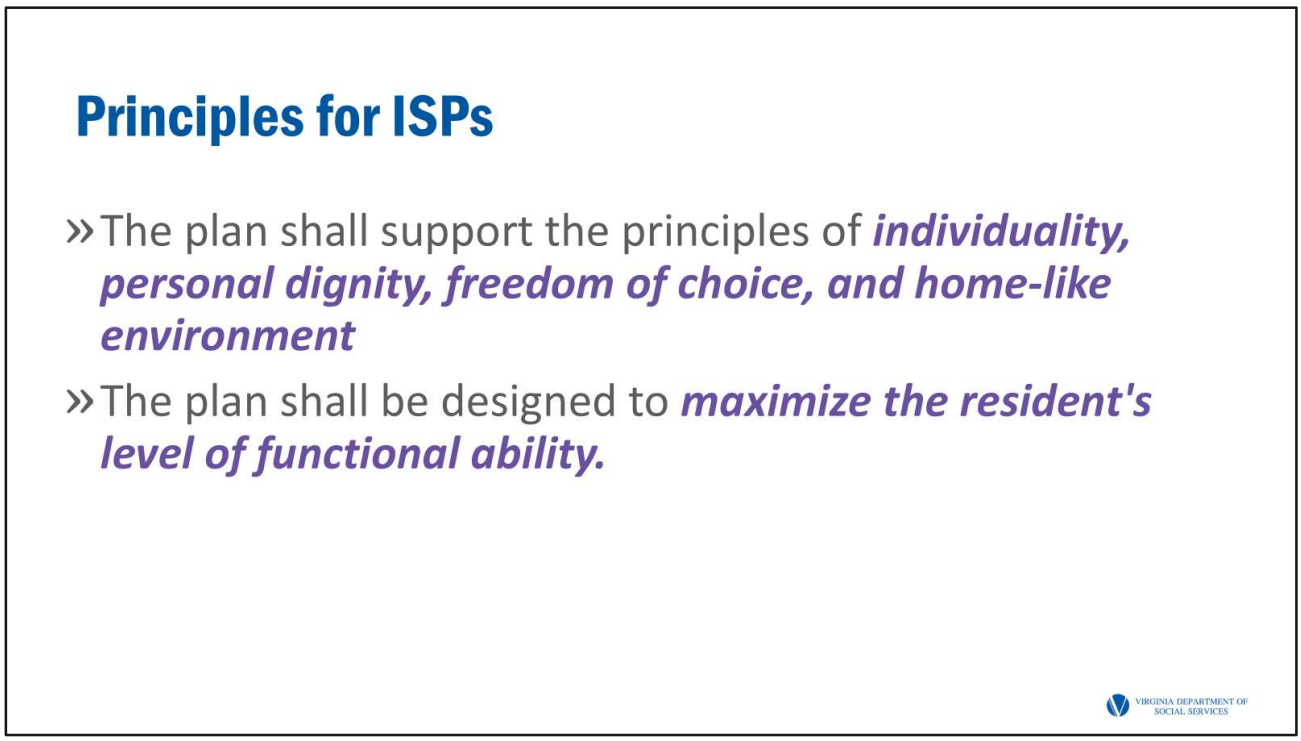
An individualized service plan (ISP) is a written description of actions to be taken by the licensee, including coordination with other service providers, to meet the assessed or identified needs of the resident.

Regulation Reference: 22VAC40-73-450.C

Speaker Notes:

In plain language, the ISP is a document that seeks to answer the following questions about your residents:

- 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?

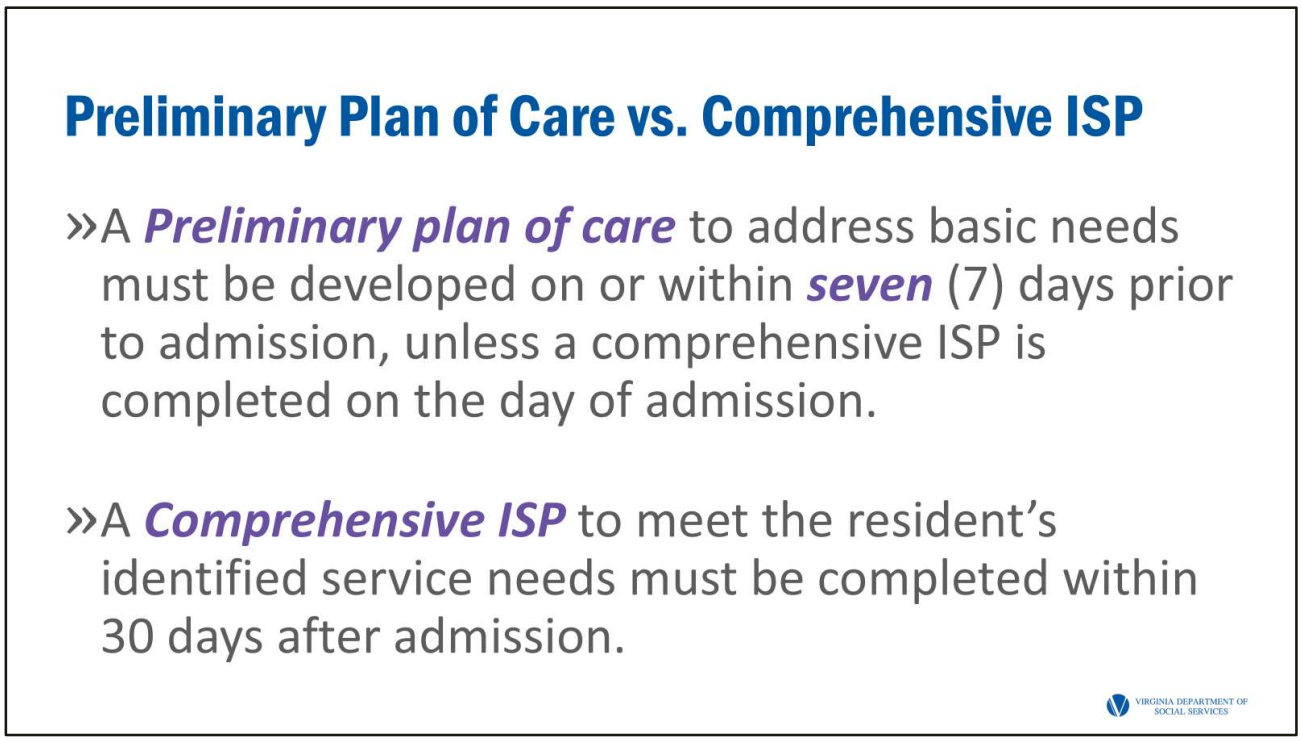


Regulation Reference: 22VAC-40-73-450

Speaker Notes:

ISPs support the principles of ***individuality, personal dignity, freedom of choice***, and a ***home-like environment*** and should include formal and informal supports. Whenever possible, residents should be given a choice of options regarding the type and delivery of services. We will discuss these principles later in this training.

Regulations also require that the ISP is designed to maximize the resident's level of functional ability. In other words, an ISP should be focused on maintaining and maximizing the resident's current level of independent functioning with the goal of improving independent functioning when able, and always to prevent or minimize decline.



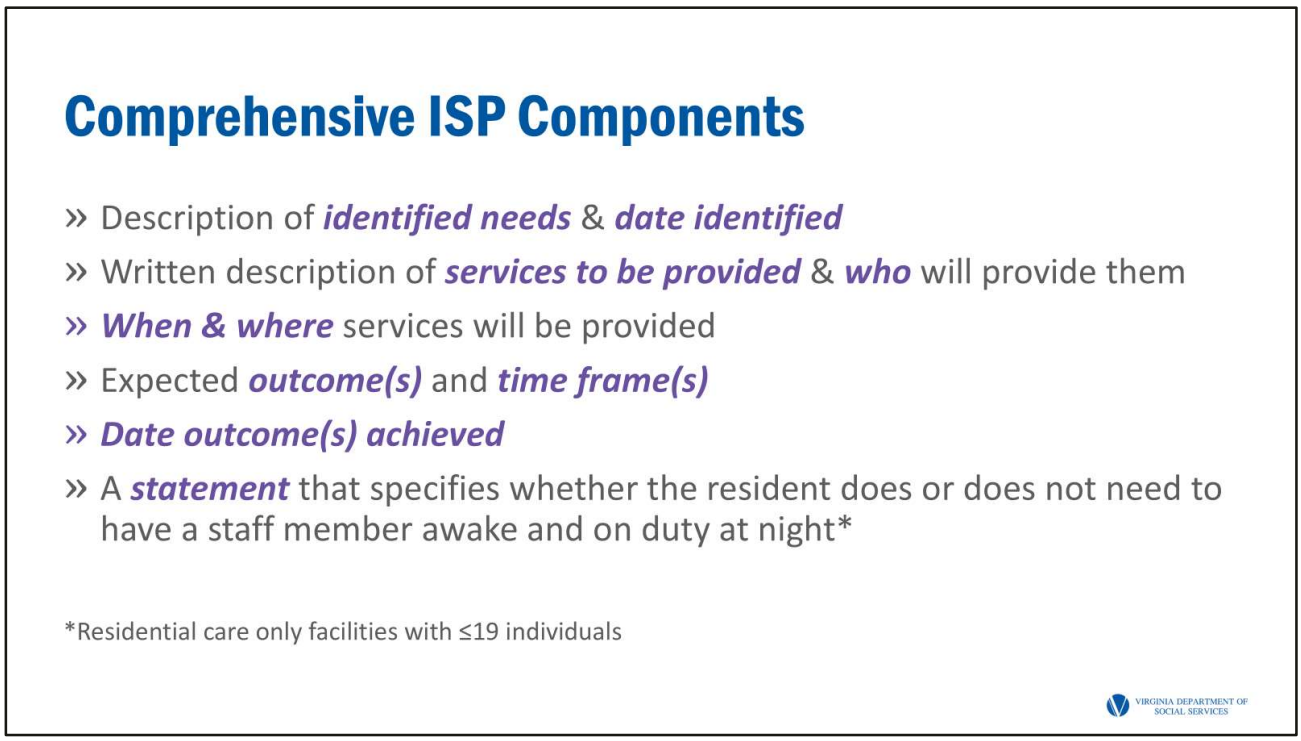
Regulation Reference: 22VAC40-73-450.A and C

Speaker Notes:

The ***preliminary plan of care*** is required to address the basic needs that adequately protect health, safety, and welfare of the resident. The preliminary plan of care should be identified as the preliminary plan, to distinguish from the comprehensive plan of care. The preliminary plan needs to be completed ***on or within seven days prior to the day of admission***.

EXCEPTION: A preliminary plan of care is not necessary if a comprehensive individualized service plan is developed on the day of admission.

ALFs have ***30 days from the date of admission*** to complete a ***comprehensive ISP*** for a new resident. This time frame gives multidisciplinary and interdisciplinary staff a chance to observe the person in all the various environments of the facility. Specific requirements for the comprehensive ISP will be reviewed on the next slide.



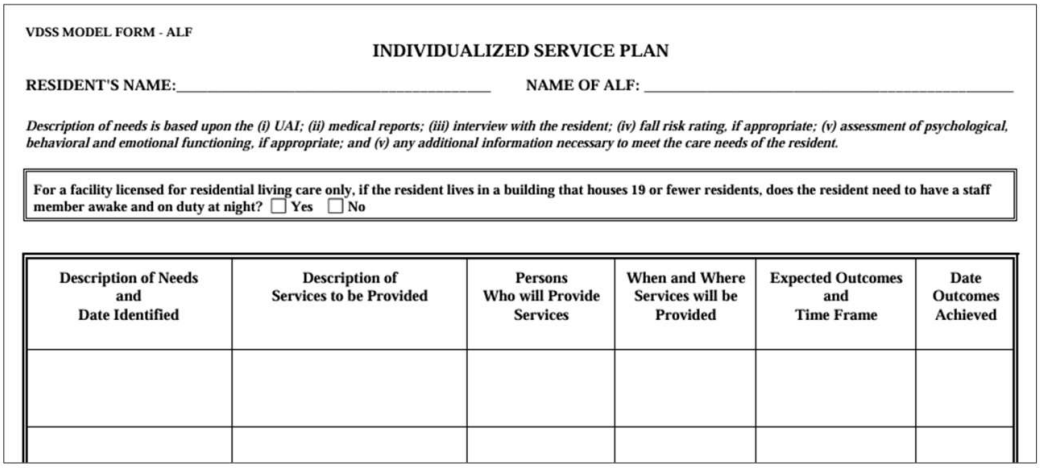
Regulation Reference: 22VAC40-73-450. C.1-6

Speaker Notes:

A resident's comprehensive ISP is required by regulation to contain certain components. These components are:

- 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***
- For a facility licensed for residential care only with 19 or fewer individuals- A ***statement*** that specifies whether the resident does or does not need to have a staff member awake and on duty at night.

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

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Regulation Reference: 22VAC-40-73-450

Trainer's Guide

The VDSS model form presented is from the version published in February 2018. Please ensure that you refer to the VDSS website for the most current version, if updates have been released. While the VDSS model form is utilized in this training, your learners may benefit from examples using a facility-specific ISP format if the VDSS model form is not utilized in the setting where they will be developing ISPs.

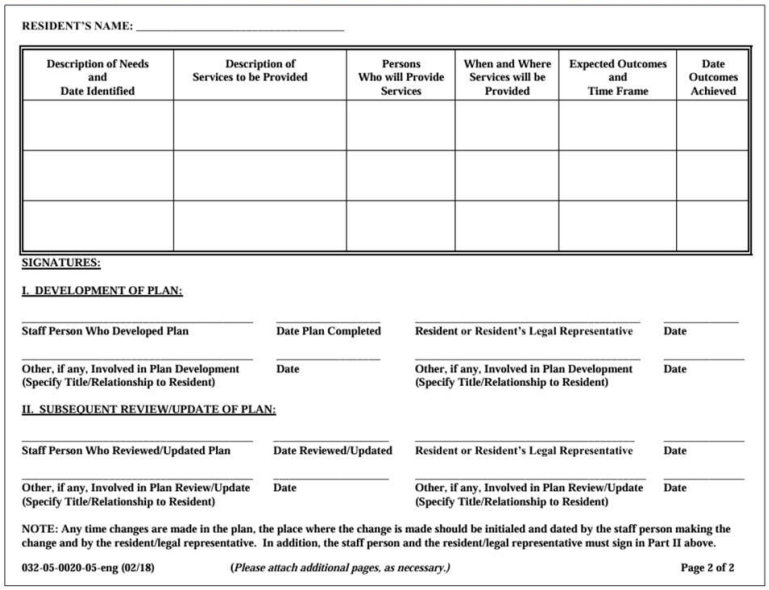
Speaker Notes:

There is no official or required form for ISPs. However, VDSS does provide a ***model form*** that includes all components required by the regulations. If the VDSS model form is used, please ensure that you download the ***most recent*** version from the VDSS Assisted Living Facilities (ALF) website.

Providers are permitted to use other formats for the ISP, but all the information required by the regulations MUST be included in any provider-developed forms, including electronic forms.

Through the course of this training, we will review the use of this model form using case examples.

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

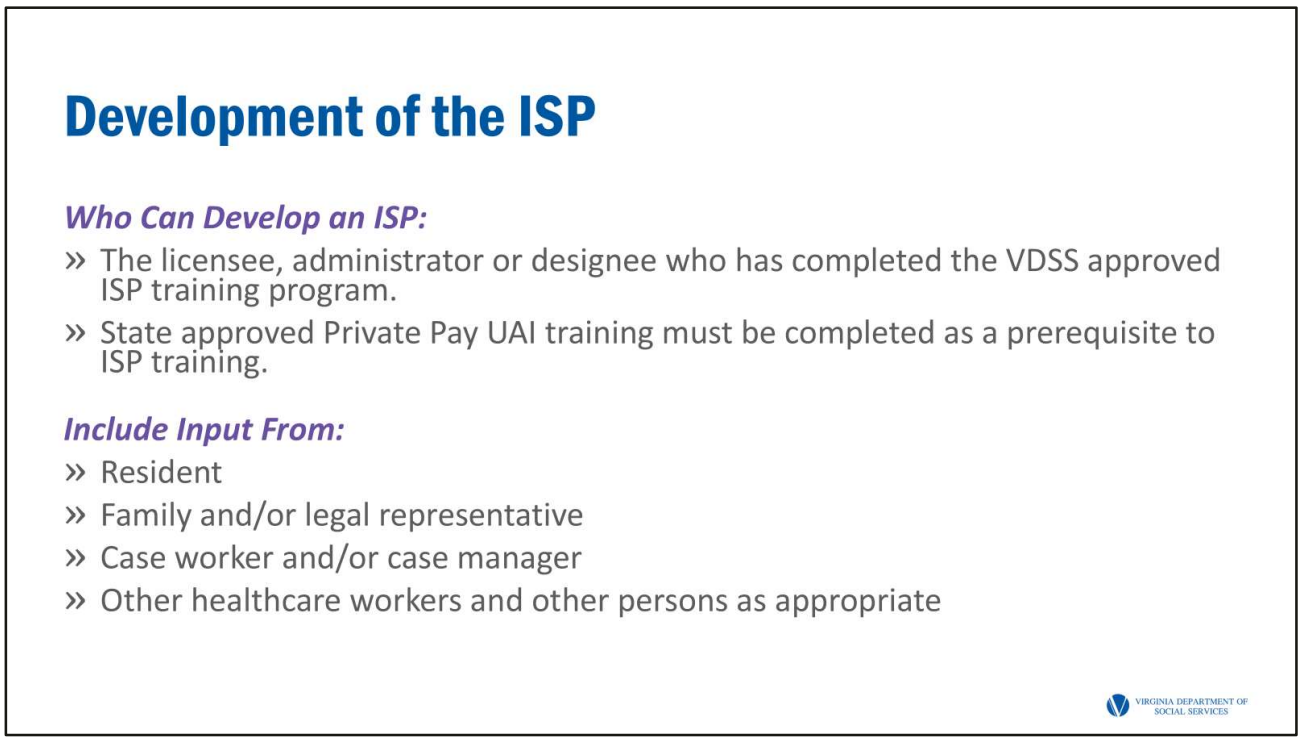
NOTE: Any time changes are made in the plan, the place where the change is made should be initialed and dated by the staff person making the change and by the resident/legal representative. In addition, the staff person and the resident/legal representative must sign in Part II above.

032-05-0020-05-eng (02/18) (*Please attach additional pages, as necessary.*) Page 2 of 2

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Speaker Notes:

This image shows the second page of the VDSS model form, where signatures are collected.



Regulation Reference: 22VAC40-73-450.B

Trainer's Guide

State approved Private Pay UAI training is a required prerequisite prior to this ISP training, even if your facility uses public pay UAIs.

Speaker Notes:

450.B. The licensee, administrator, or his designee who has successfully completed the department-approved individualized service plan (ISP) training provided by a licensed health care professional practicing within the scope of his profession, shall develop a comprehensive ISP to meet the resident's service needs. State approved private pay UAI training must be completed as a prerequisite to ISP training. An individualized service plan is not required for those residents who are assessed as capable of maintaining themselves in an independent living status.

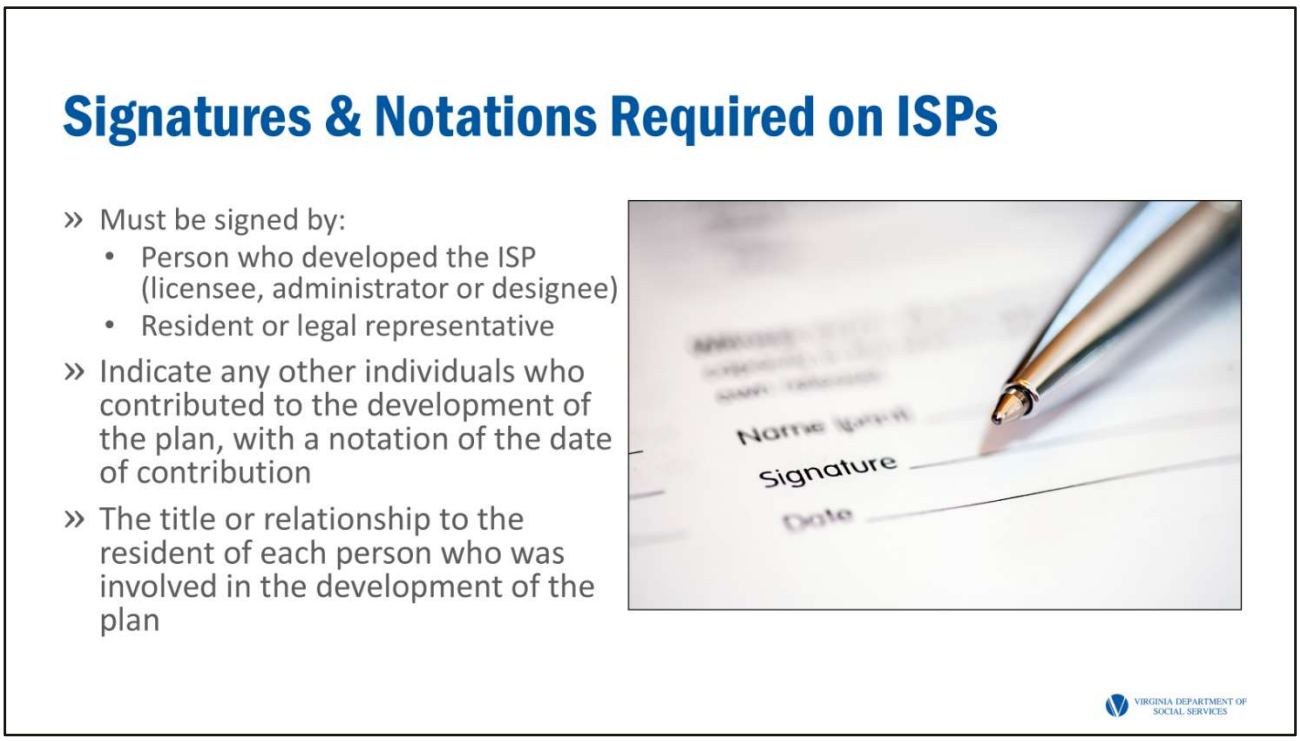
450.B.1. The licensee, administrator, or designee shall develop the ISP in conjunction with the resident and, as appropriate, with the resident's family, legal representative, direct care staff members, case manager, health care providers, qualified mental health professionals, or other persons.

Other people should be involved in the development of an ISP, if possible. The other people who participate will include representatives of various disciplines – nursing, activities, dietary/nutrition, and so on. This is what is meant by the term 'multidisciplinary team'. The team must include the resident and, as appropriate, their family members, legal representative, case worker and/or case manager (if relevant), etc.

If other ***healthcare workers*** provide services to the resident, they should be included in the ISP development process. Examples might include psychological or physical therapists, physicians/nurse practitioners, or home health nurses. These people do not need to be physically present to make contributions to the ISP. Letters or reports can suffice.

The regulations also mention ***other people as appropriate***. These people might be community members or significant others, depending on the resident's social network. To be included in ISP development, these additional people would need to have a major impact on the resident's life. One example might be a priest, rabbi, or other members of the clergy.

The important point is this: a multidisciplinary approach and inclusion of the resident and, as appropriate, family members are ***essential*** for the development of a complete and effective ISP.



Speaker Notes:

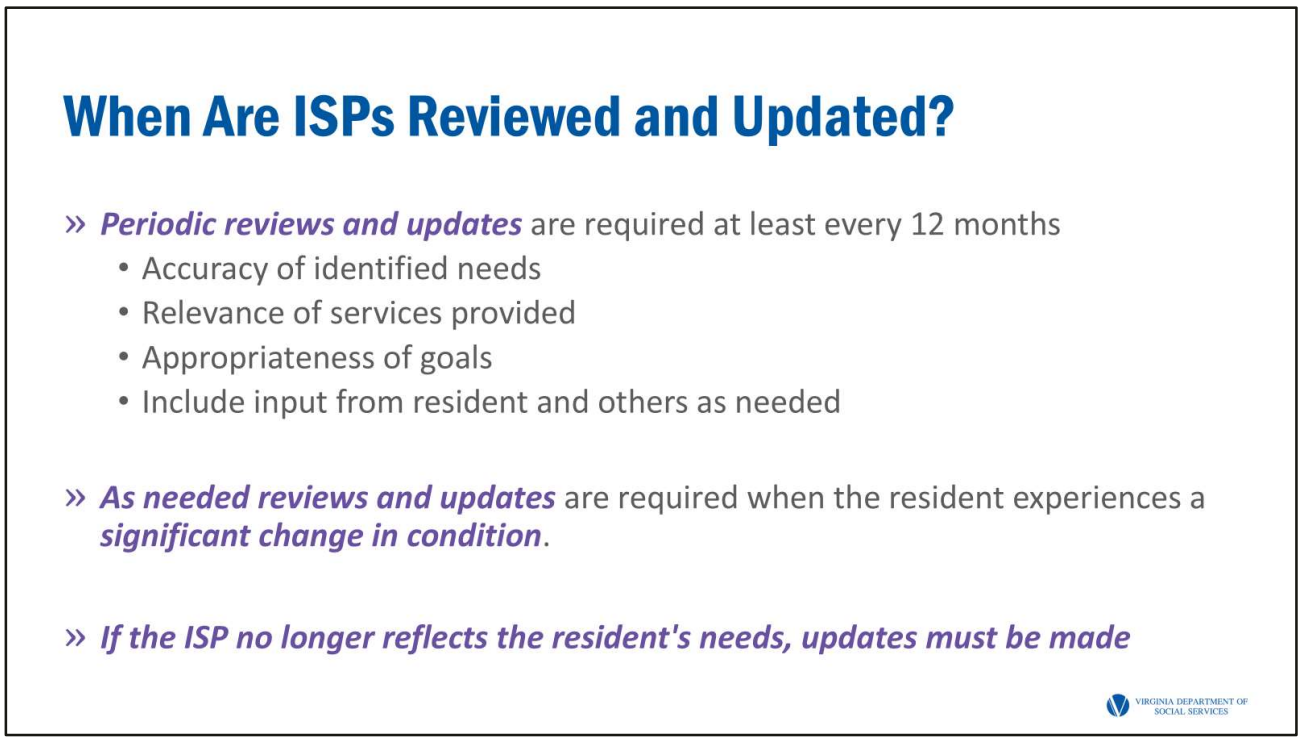
ISPs must be signed by the licensee/administrator or his designee (the person who has developed the plan), and by the resident or his/her legal representative.

The plan shall also 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 shall be included.

When a resident's legal representative is not able to sign a hard copy of the ISP, alternative signatures can be collected via email communications, electronic signature services like Adobe Sign or DocuSign, fax or photograph scanned copies. A provider must retain documentation to show compliance that the representative received a copy of the ISP for review before providing their alternative signature.

These signature requirements apply to any reviews and updates of the ISPs.

If a designated signer does not return the signed document, the provider should include documentation of the attempted contacts. For example, copies of emails sent with the ISP attached and a request to acknowledge/sign via email, a record of phone calls or messages left with the date those communications were made should be retained.



Regulation Reference: 22VAC40-73-450.F

Speaker Notes:

ISPs are required to be reviewed and updated ***at least every 12 months***. "At least once every 12 months" means that the ISP must be reviewed and updated no later than the end of the same month as the previous year. For example, if an ISP was reviewed and updated on November 12, 2025, it would be acceptable to review and update the ISP no later than November 30, 2026.

All revisions or changes are to be ***in writing*** on appropriate forms.

These periodic reviews should include a review of the accuracy of identified needs, ensuring that the services listed adequately meet the needs and are still relevant, ensuring that goals are appropriate and determining whether the goal has been met.

Periodic reviews must include input from the resident and, as appropriate, from the resident's family, legal representative, direct care staff, case manager, health care providers, qualified mental health professionals, or other persons.

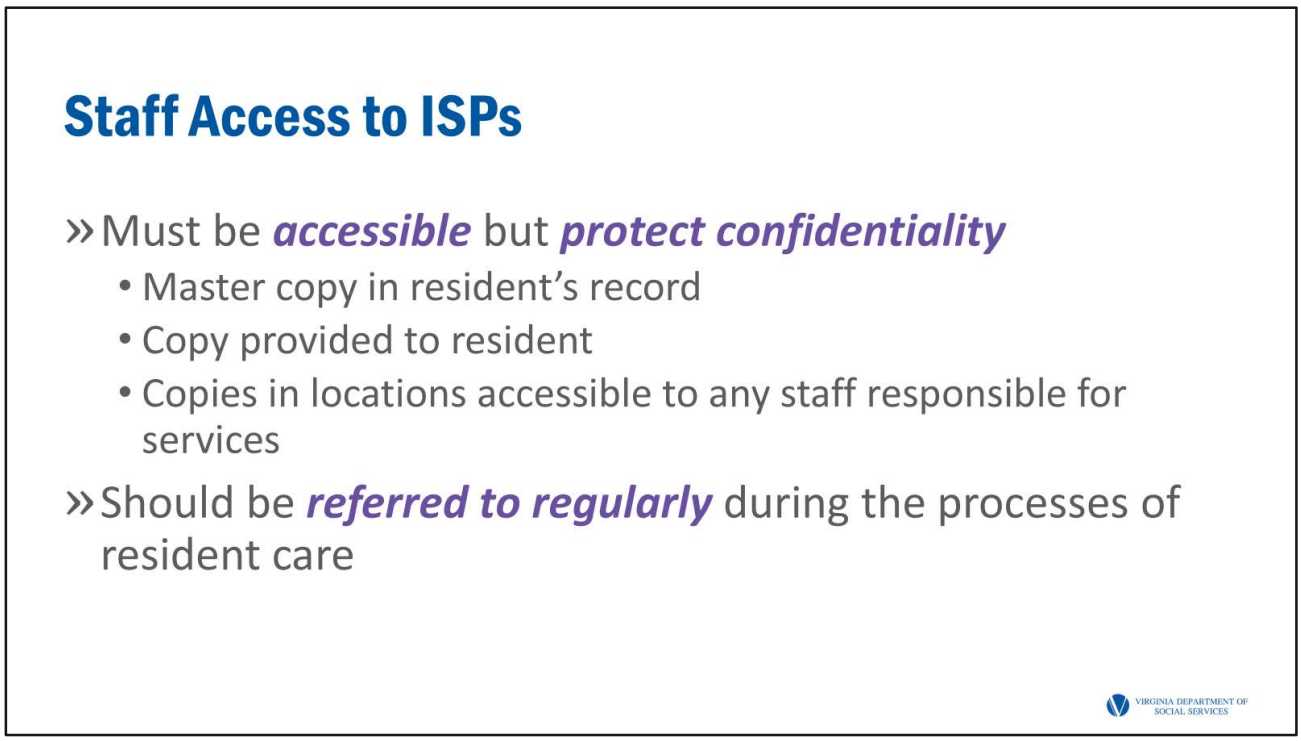
Regulations also require that the ISP be reviewed and updated as needed ***whenever the resident experiences a significant change in condition***.

- ***Significant change*** means a change in a resident's condition that is expected to last longer than 30 days.
- Significant changes ***do not include short-term changes that resolve with or without intervention***, a short-term acute illness or episodic event, or a well-established, predictive,

cyclic pattern of clinical signs and symptoms associated with a previously diagnosed condition where an appropriate course of treatment is in progress.

- If a change in resident condition is expected to be resolved within 30 days, then it does not need to be on the ISP. However, the facility would still be responsible for providing any services needed.
- If a change that was not initially expected to last more than 30 days ends up lasting more than 30 days, then the ISP must then be updated.

Many newly admitted residents may exhibit changes in their needs due to the impact of being in a new environment. This could mean that the ISP may need to be updated more frequently after admission.



Regulation Reference: 22VAC40-73-450.G

Speaker Notes:

The ALF regulations require that "the master service plan shall be filed in the resident's record…extracts from the plan may be filed in locations specifically identified for their retention."

A current copy must also be given to the resident.

- The regulations allow for portions of an ISP to be kept in other locations so that care providers can refer to them. While this is not a requirement, if a service plan is to be more than just a filed piece of mandated paperwork, it must be available to all service providers in the facility.

Any facility staff (not just direct care staff) who encounters a resident should know what their role is in that resident's service plan. Staff members should have free access to service plans. Management should encourage staff to review resident ISP goals on a regular basis to maintain awareness of resident needs. All direct care staff must have access to resident ISPs to guide care, and relevant information from ISPs should be available to other staff who have responsibilities for service delivery (for example, housekeeping or dietary services staff).

Each facility can best determine how to provide ***privacy*** for records while ensuring that care providers have ***free access*** to ISP information. Care teams or departments may have drawers, notebooks, or cabinets that can serve this purpose.

ISPs should be ***utilized and referred to regularly*** during the processes of resident care. If you are working with staff that state that they do not need to refer to ISPs on a routine basis, this could be a sign that the ISPs are too general, are not individualized, or that care is task-centered rather than person-centered.

Speaker Notes:

Are preprinted or electronic ISPs acceptable?

***Preprinted ISPs**:*

The VDSS regulations do not specifically prohibit the use of a preprinted ISP.

A preprinted ISP may have choices listed under the Services to Be Provided column. Staff may then mark the appropriate option for the resident's identified needs. If a facility chooses to use a preprinted ISP, they are responsible for ensuring that the ISP supports the principle of individuality and that the ISP meets all additional regulatory requirements.

An example regarding ***bathing*:**

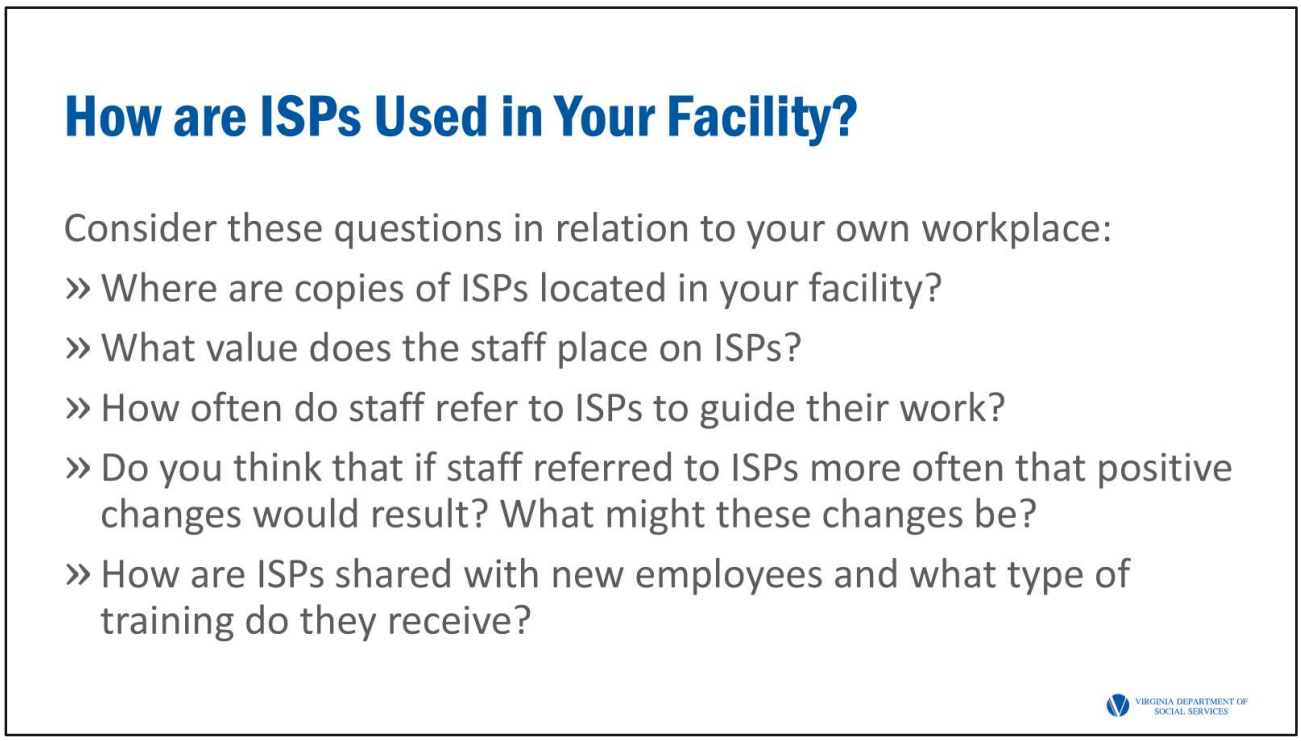
- Staff might mark ***assistance with bathing*** as the resident's ***need*** on the ISP. Under the Services column there might be a list such as Total assistance, Partial assistance, Prompting, Monitoring water temperature, and Other.
- Total assistance and Monitoring water temperature are straight-forward. But would checking Partial assistance give the care provider any idea of what type of help the person needs, or how much?

It is important to consider that check-off options don't always allow for nuance, flexibility or specificity.

If a preprinted ISP is used, it is best if the form has plenty of blank space provided to write out exactly what type and how much help a resident needs. When evaluating a preprinted ISP, ask yourself this question: ***Could a float person, PRN staff, agency staff, or new employee understand how to care for this resident based on the ISP?*** If the answer is 'No', then more individualizing of the ISP is necessary.

Electronic ISPs:

- Electronic ISPs are also acceptable, however, all regulatory requirements for ISPs apply.
- The most important point is that the ISP must be developed as an ***individualized*** plan for each resident. If the facility chooses to utilize an electronic version of an ISP, it cannot be a "one size fits all" creation. It must have the capability to be individualized and specific to each resident.
- The facility must also be able to make a physical copy of the electronic plan and provide it to the resident, and to collect all necessary signatures.
- Staff responsible for the care of the resident ***must*** have access to the ISP in electronic form, or it must be provided as a print copy.



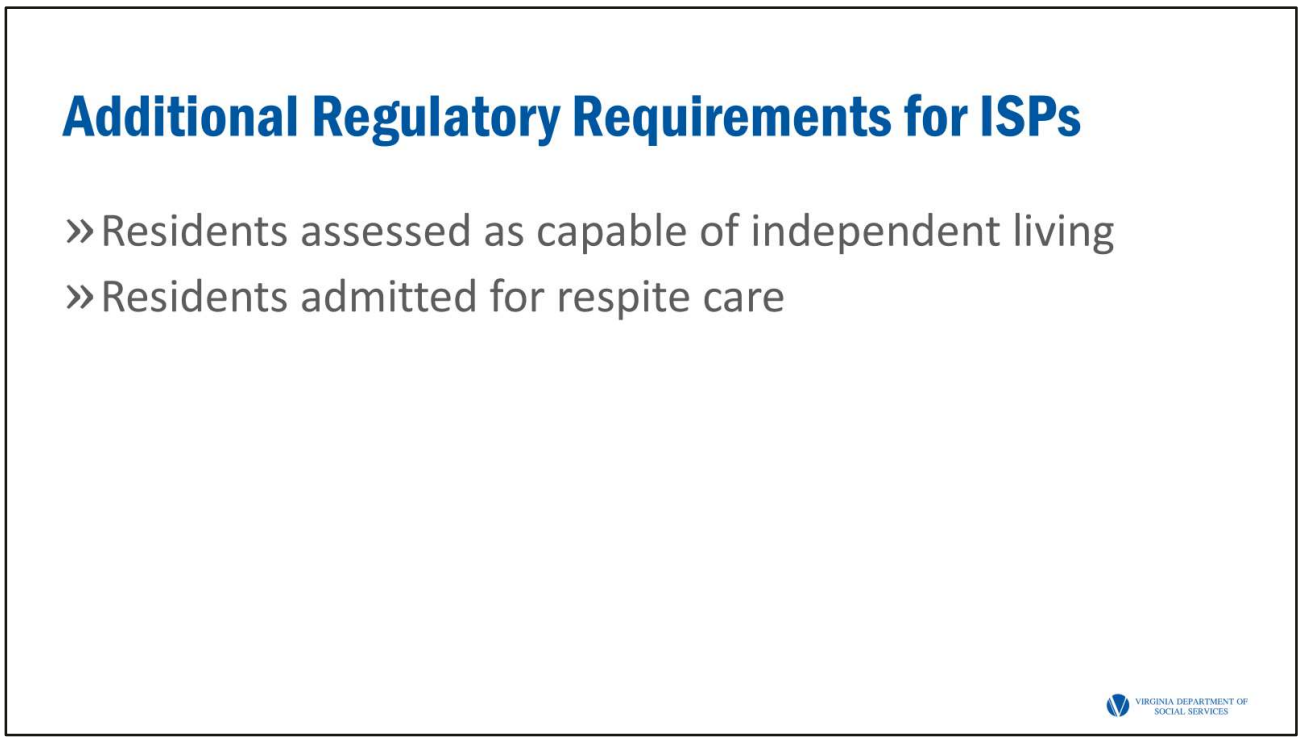
Trainer's Guide

The questions posed on this slide can be used to facilitate discussion amongst participants and can also be used as a checkpoint to ensure that participants are aware of circumstances in their own facilities.

Speaker Notes:

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 some of those changes be?
- How are ISPs shared with new employees and what type of training do they receive?



Regulation Reference: 22VAC40-73-450.B, 22VAC40-73-450.D

Speaker Notes:

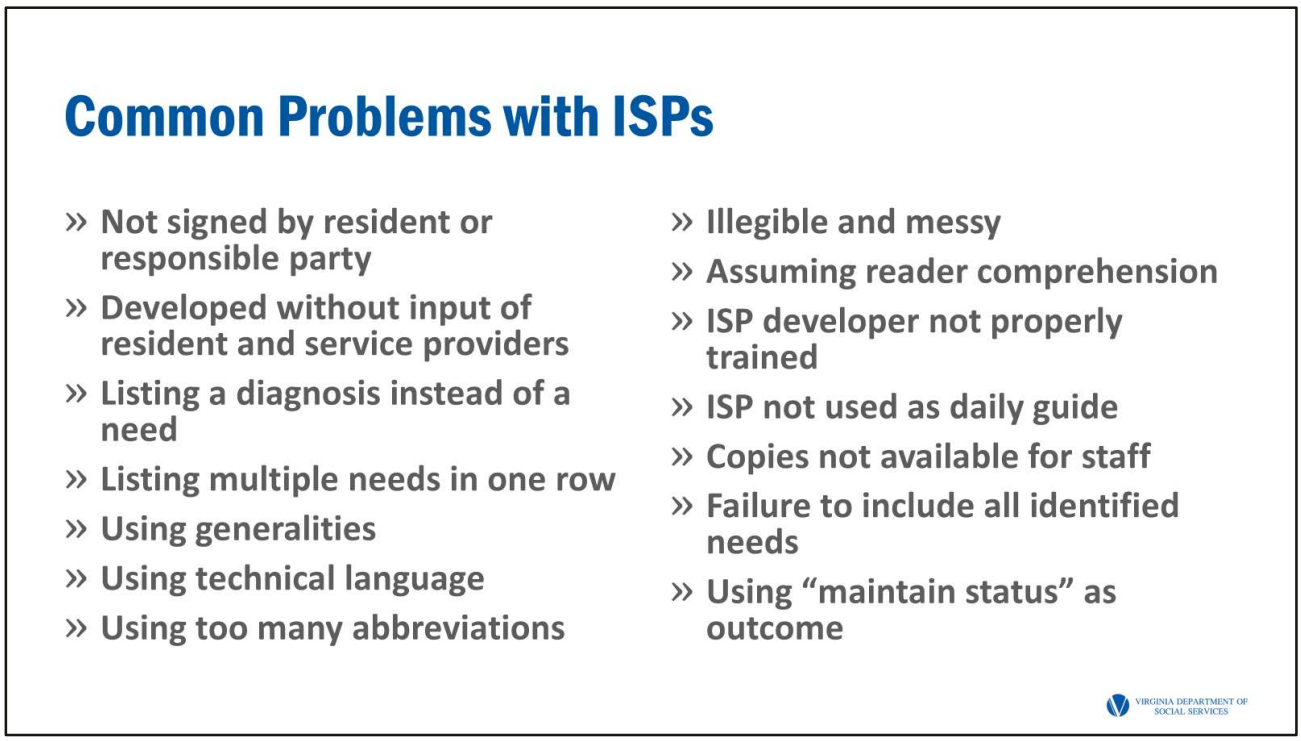
Here are some additional regulatory requirements for ISPs:

Residents assessed as capable of independent living level of care do not need an ISP.

- ***Independent living status*** means that the resident is assessed as capable of performing all activities of daily living and instrumental activities of daily living independently without requiring the assistance of another person and is assessed as capable of taking medications without the assistance of another person. If the policy of a facility dictates that medications are administered or distributed centrally without regard for the residents' capacity, this policy should not be considered in determining independent status.
- Residents assessed as capable of independent living status must have a current/updated UAI in their record that indicates that they have no dependencies.
- However, if at any point a resident's status changes and they no longer meet criteria for independent living status, they would require an ISP.

A UAI and ISP are required for an individual receiving respite care. The ISP must be completed prior to the person participating in respite care. UAI and ISP should be updated as necessary each time an individual returns for respite care. Likewise, an individual staying at the ALF for a trial basis would meet the definition of a resident and would therefore need an ISP. If an individual comes to the ALF each day for care during the day only, all the requirements for the ISP apply.

Respite care means services provided in an assisted living facility for the maintenance or care of adults who are aged or infirm or who have a disability for a temporary period or periods of time that are regular or intermittent. Facilities offering this type of care are subject to this chapter.

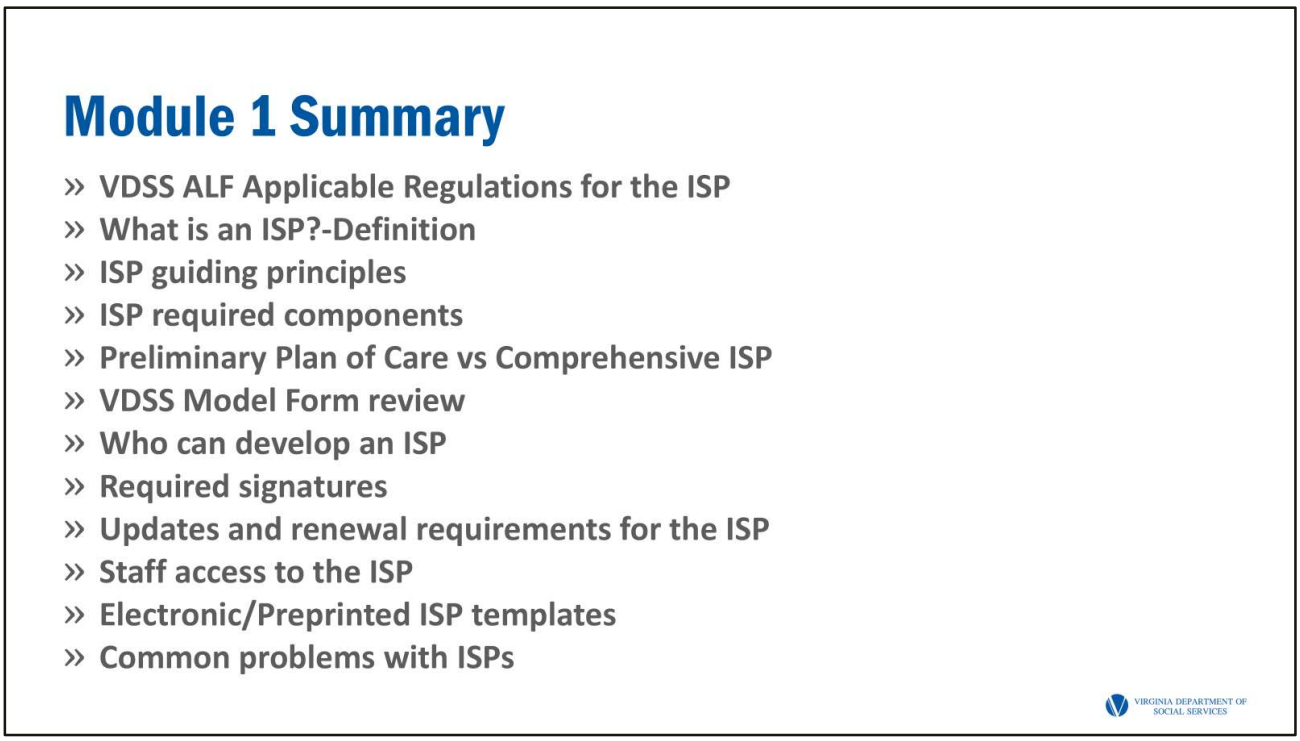


Speaker Notes:

Common problems with ISPs that have been noted during inspections include:

- ISPs that are not signed by the resident or responsible party
- ISPs that are developed without the input of the resident and their service providers
- ISPs that list a diagnosis instead of a need
- ISPs that list multiple needs in one row of the VDSS model form.
- ISPs that use generalities
- ISPs that use complicated or technical language
- ISPs that use too many abbreviations
- ISPs that are messy or illegible
- ISPs that don't consider the reading comprehension level of the staff that will use them
- ISPs that are developed by individuals that have not been properly trained
- ISPs that are rarely referred to, and are not used to guide daily care
- ISPs that are kept in a location where staff cannot access them
- ISPs that fail to include all a resident's identified needs
- ISPs that use "maintain status" as a goal or outcome

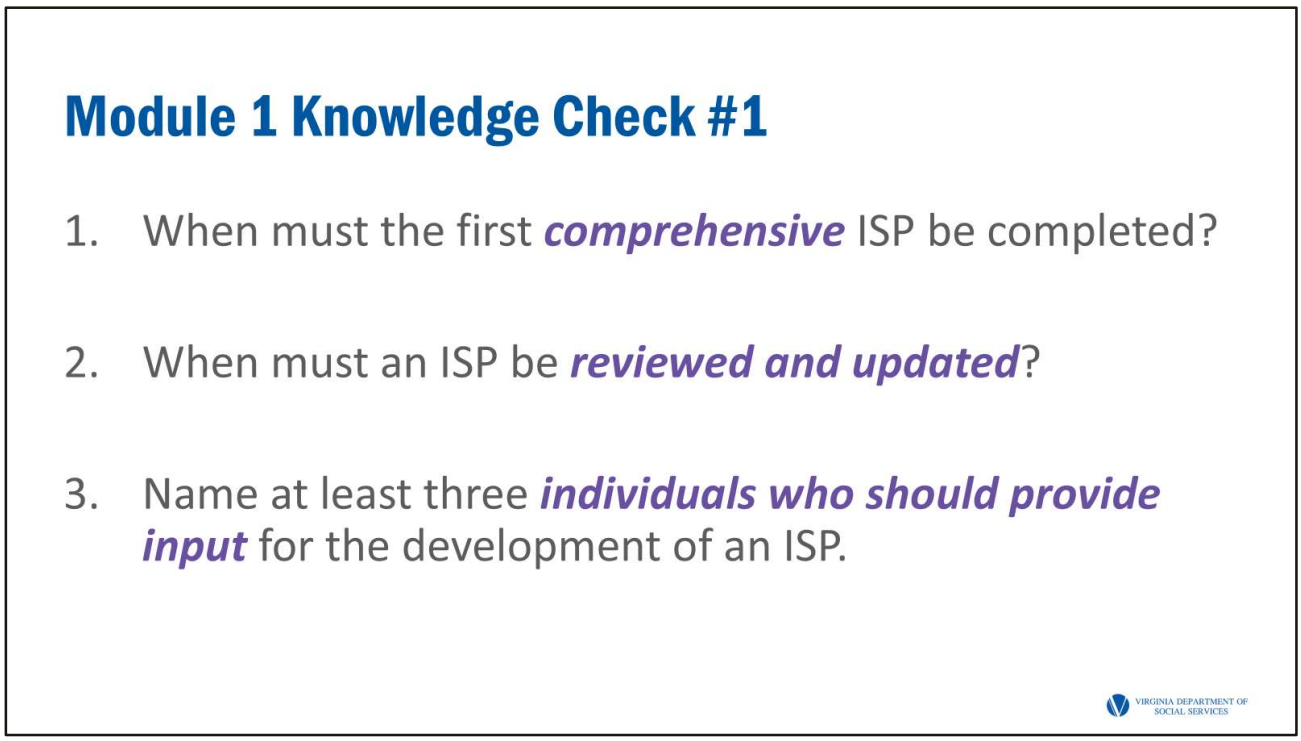
As we move through the training, think about these problems. See if you can identify how and why they occur, and how you might avoid them.



Speaker Notes:

In module one we reviewed;

- 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



Trainer's Guide

You may choose how to have your participants participate in the knowledge checks. You may ask them to write down their answers and check them when you provide the correct answers, or you can have your participants answer out loud and discuss the answers.

Speaker Notes:

Let's pause for a knowledge check for Module 1.

1. When must the first comprehensive ISP be completed?

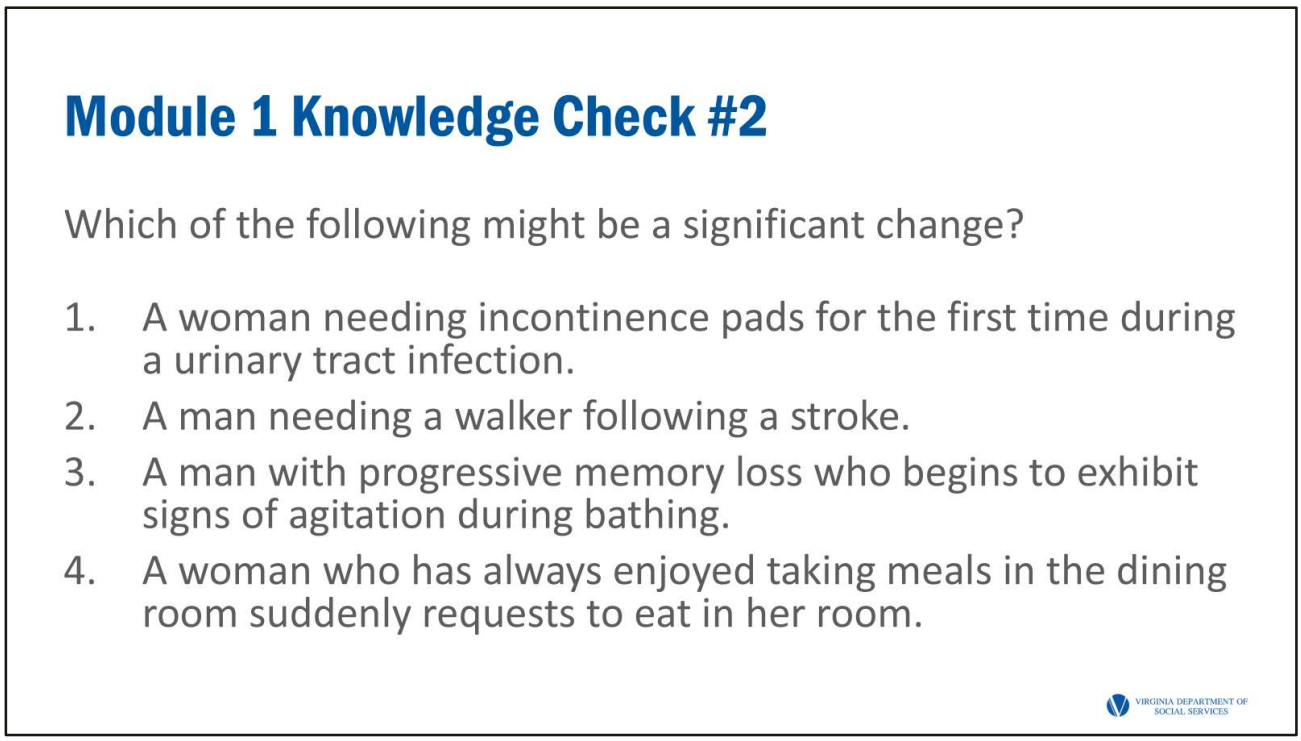
   Answer: A preliminary plan of care to address basic needs must be completed within seven days of admission. A comprehensive ISP must be completed within 30 days after admission.

2. When must an ISP be reviewed and updated?

   Answer: Reviews and updates are required at least every 12 months and additionally as needed whenever the resident's condition changes.

3. Name at least three individuals who should provide input for the development of an ISP.

   Answer: The ISP must be developed in conjunction with the resident and, as appropriate, with the resident's family, legal representative, direct care staff members, case manager, health care providers, qualified mental health professionals, or other persons.



Trainer's Guide

This set of knowledge check questions do not have absolute right or wrong answers. Use the answer considerations to stimulate discussion. You may bring in other considerations based on your own knowledge and experience to supplement as needed.

Speaker Notes:

Identifying significant changes is an important ability in the development of ISPs. Take a moment to look over these four examples. Based on the information provided, do you think each of these situations would represent a significant change?

There are no absolute right or wrong answers. ***Situations vary according to every individual.*** But sometimes we need to make decisions based on the knowledge we have. Fortunately, the UAI and ISP are ***fluid documents*** that can be updated as the resident's condition changes.

1. A woman needing incontinence pads for the first time during a urinary tract infection.

   Answer considerations: An infection is usually a correctable state. The resident is likely to regain continence as the infection clears. This is probably not a significant change in status. However, all staff providing care for this individual should be made aware of the infection and the need for using/checking/changing pads and reporting any new symptoms that may occur.

[Speaker notes continue next page]

2. A man needing a walker following a stroke.

   Answer considerations: What was the resident's mobility prior to the stroke? Is the resident participating in physical or occupational therapy? If so, what are the expected outcomes from therapy? It would not be unusual for an individual to use a walker for more than 30 days following a stroke. This may be a significant change.

3. A man with progressive memory loss who begins to exhibit signs of agitation during bathing.

   Answer considerations: If progressive memory loss is the cause of the agitation during bathing, this is a change that is unlikely to improve and will likely persist beyond 30 days and could be a significant change. However, some other factor(s) may be the cause of the behavior change, so a complete evaluation of the circumstances should be carried out. Avoid making assumptions.

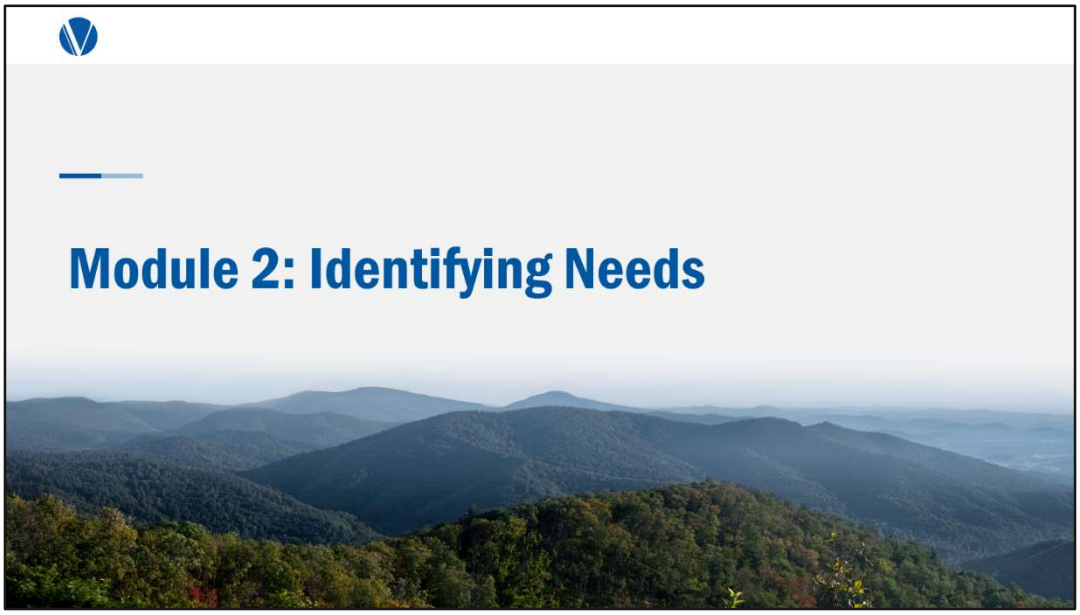
4. A woman who has always enjoyed taking meals in the dining room suddenly requests to eat in her room.

   Answer considerations: Sudden changes may indicate an acute condition. Appropriate care providers (for example, a nurse, physician, or mental health provider) should be notified so that other causes of the new social pattern - physical, social/emotional, and cognitive - can be evaluated. The result of this evaluation will help determine if this is a significant change that is likely to persist beyond 30 days and require changes to the UAI and ISP.

Utilize the entire team. One person alone is not responsible for monitoring the resident's status for changes that would impact the UAI and ISP. The entire care team direct care staff, nursing staff, managers, therapists, and physicians – should contribute their observations to reassessments.

Ensure observations are documented. Make certain that small changes in status and the responses of staff are described in care notes on an ongoing basis.

Module 2: Identifying Needs

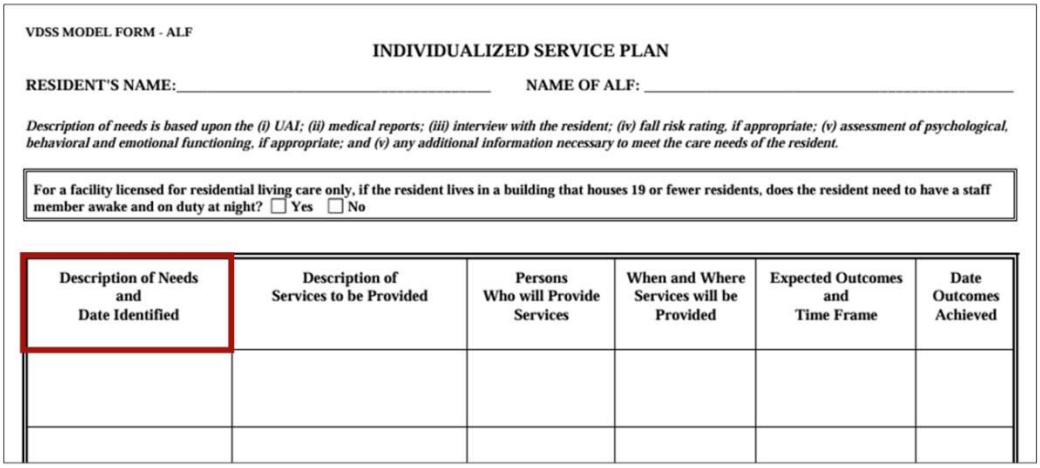


Regulation Reference: 22VAC-40-73-450

Speaker Notes:

In module two we will discuss how to identify resident needs. Resident's needs are identified using various sources of information and recorded on the resident's ISP. We will use a case study example to practice identifying needs and recording those needs on the VDSS model form.

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

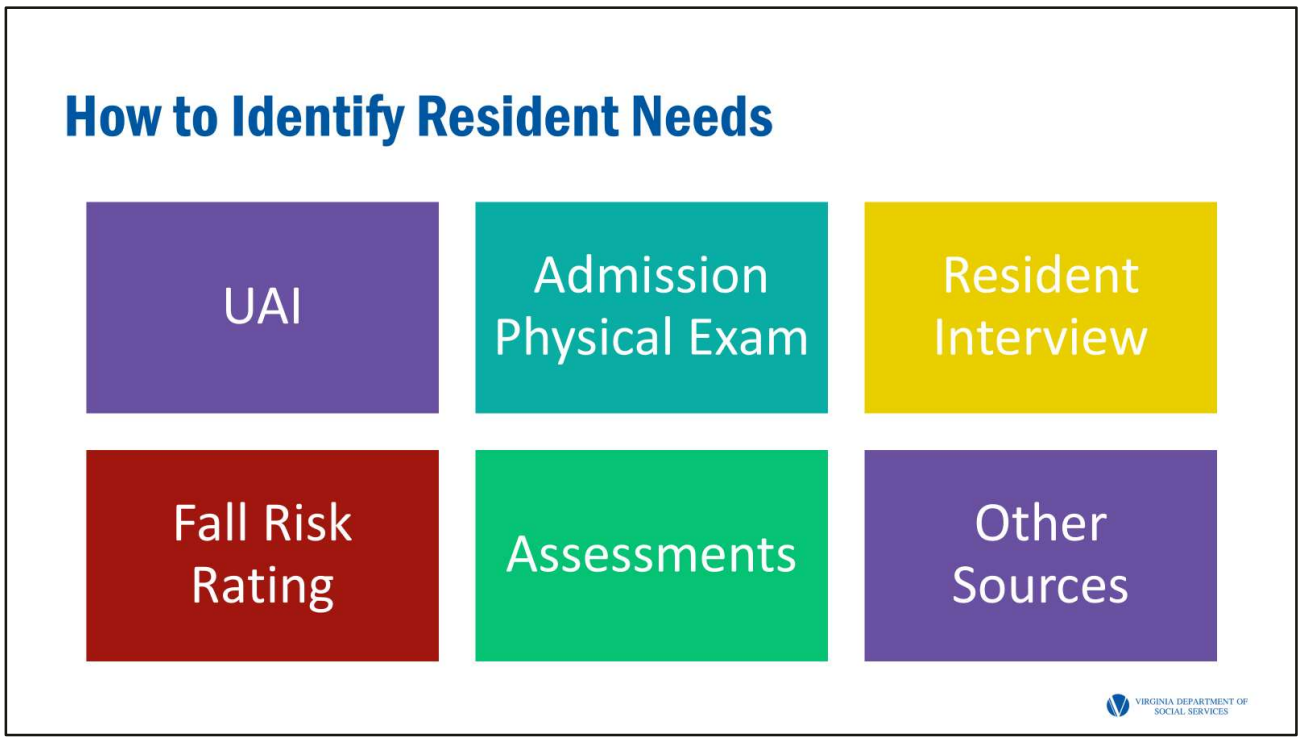
VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Trainer's Guide

Reminder: The VDSS model form presented is from the version published in February 2018. Please ensure that you refer to the VDSS website for the most current version, if updates have been released. While the VDSS model form is utilized in this training, your participants may benefit from examples using a facility-specific ISP format if the VDSS model form is not utilized in the setting where they will be developing ISPs

Speaker Notes:

The first required component for all comprehensive ISPs is a description of the resident's needs and the date that each need was identified. Providers who use the VDSS model form will record resident needs and the date each was identified in the first column of the form.



Regulation Reference: 22VAC-40-73-450.C

Speaker Notes:

VDSS regulations require that ISPs include a description of resident needs and the date that they were identified from the following sources:

- Uniform Assessment Instrument, or UAI
    - There are two different UAIs utilized depending upon payor source, the private pay and public pay UAI.
- Admission Physical Exam
- Interview with the resident
- Fall risk rating (if appropriate)
- Psychological, behavioral and emotional functioning assessments (if appropriate)
- Other sources as needed

As we continue this module, we will review each of these sources in more detail as relates to the identification of resident needs.

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

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Regulation Reference: 22VAC-40-73-450.B

Trainer's Guide

Remember: Completion of the Private Pay UAI training is a prerequisite for this training, therefore, participants should have an existing understanding of the UAI's purpose and how it is completed. The UAI information in this training is provided as it relates to completion of the ISP only and does not meet the training requirements to complete a UAI.

Participants who require a more in-depth review of Private Pay UAIs should be directed to access the private pay assessment manual and training course from the VDSS ALF providers website.

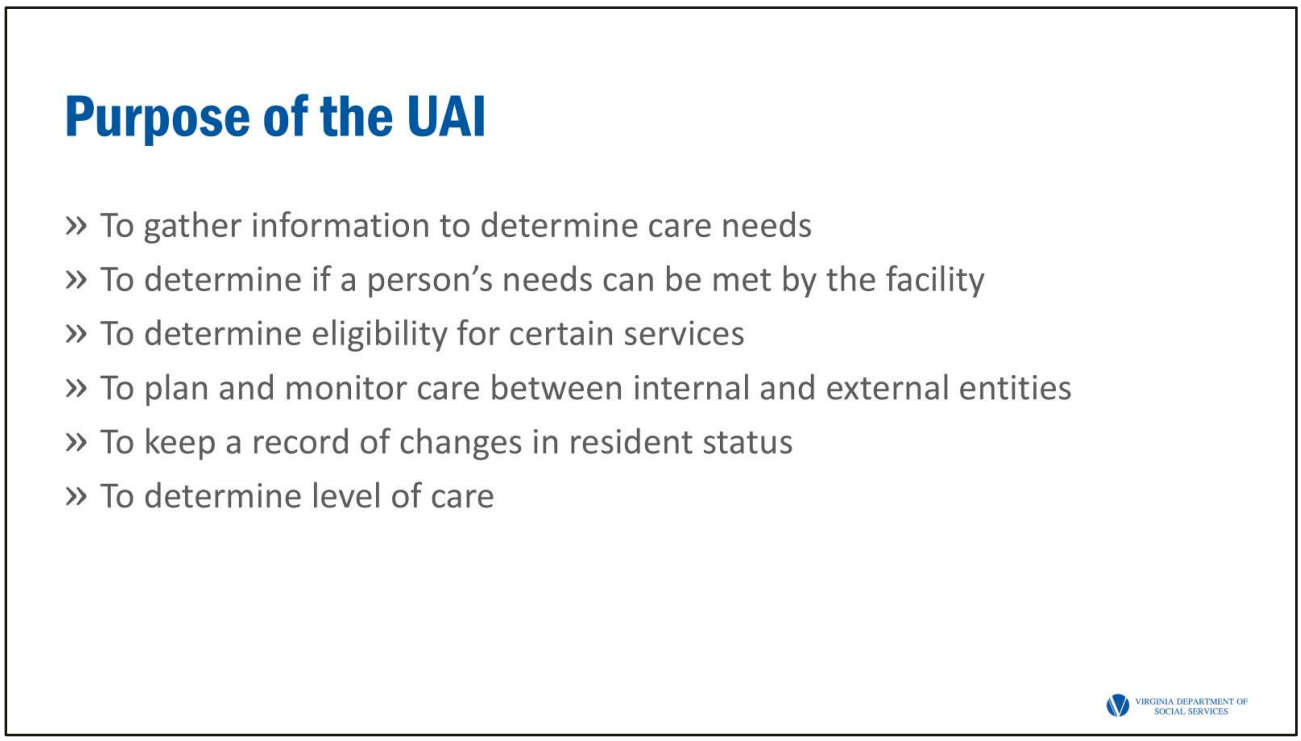
Speaker Notes:

The UAI is:

- An assessment tool which includes ***functional*** and ***psycho-social status information***
- Identifies ***needs***
- Provides a ***foundation*** for the ISP

The UAI provides information about a prospective resident and often forms the core of the ISP.

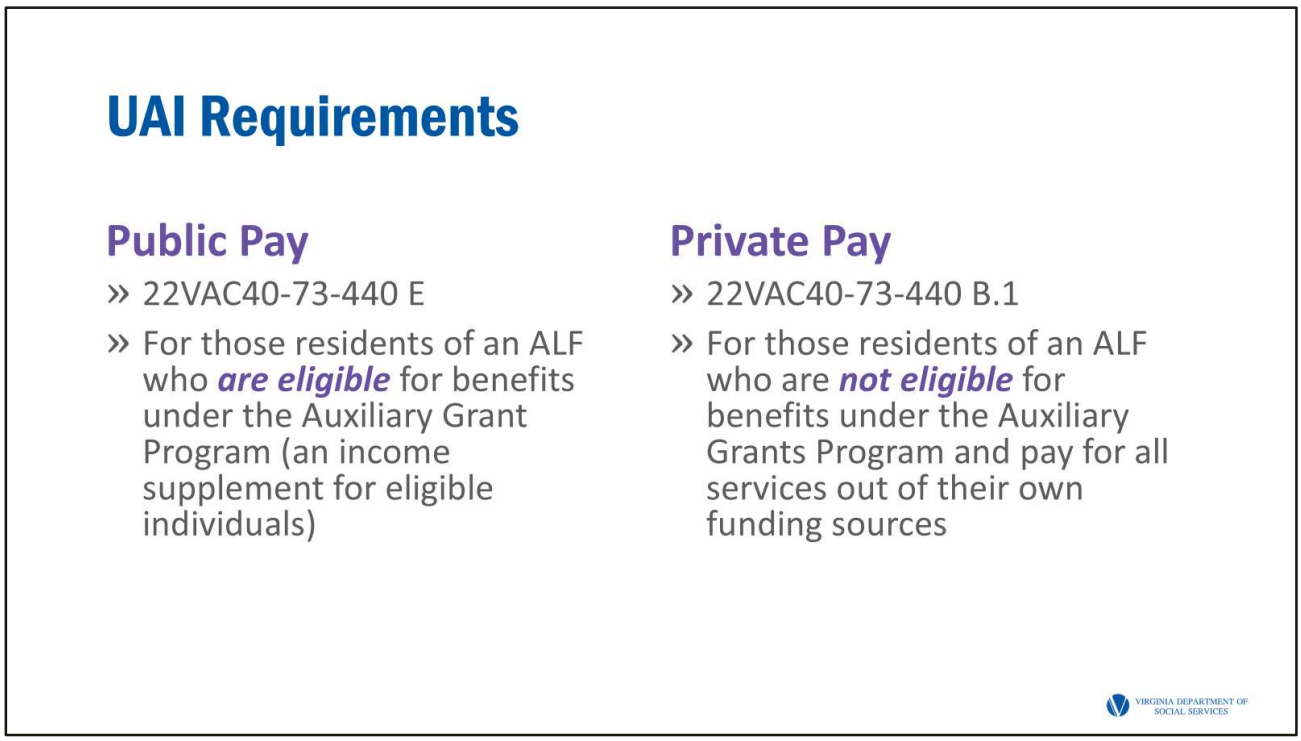
- The UAI gives critical information about a person's ***ability to function***
- The UAI identifies ***needs***, by showing where a person needs assistance, and what kind of assistance they require.
- The way that the needs are identified on the UAI can be met by the facility ***services*** described in the ISP.
- ***Remember:*** though it is a good source of information, the UAI is not the only source of important information.



Speaker Notes:

There are six main reasons why the UAI is a good foundation for the ISP

- The UAI provides information about an individual and their ***unique personal care needs.***
- The information contained in a UAI can help determine if the person ***is eligible to participate in a facility program and ensure that their needs can be met***. If a person has certain prohibited conditions or care needs, they are not allowed to be admitted to a licensed ALF.
- The assessment information is available to the facility's staff ***before*** admission. This helps to determine which facility's services the person will or will not need.
- The UAI can be shared between internal and external health care entities so that care can be ***planned***, ***coordinated***, and ***monitored***.
- The UAI document provides a way for a resident's changes in functioning to be ***systematically tracked and recorded***.
- The UAI helps to determine the ***level of care*** a person requires. The level of care determines what kinds of services will be provided. There are different licensing requirements for different levels of care.



Regulation Reference: 22VAC40-73-440E and 22VAC40-73-440.B.1

Trainer's Guide

An Auxiliary Grant (AG) is an income supplement for individuals who receive Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals who reside in a licensed assisted living facility (ALF), an approved adult foster care (AFC) home, or a certified supportive housing setting. Not all ALFs accept AG payments.

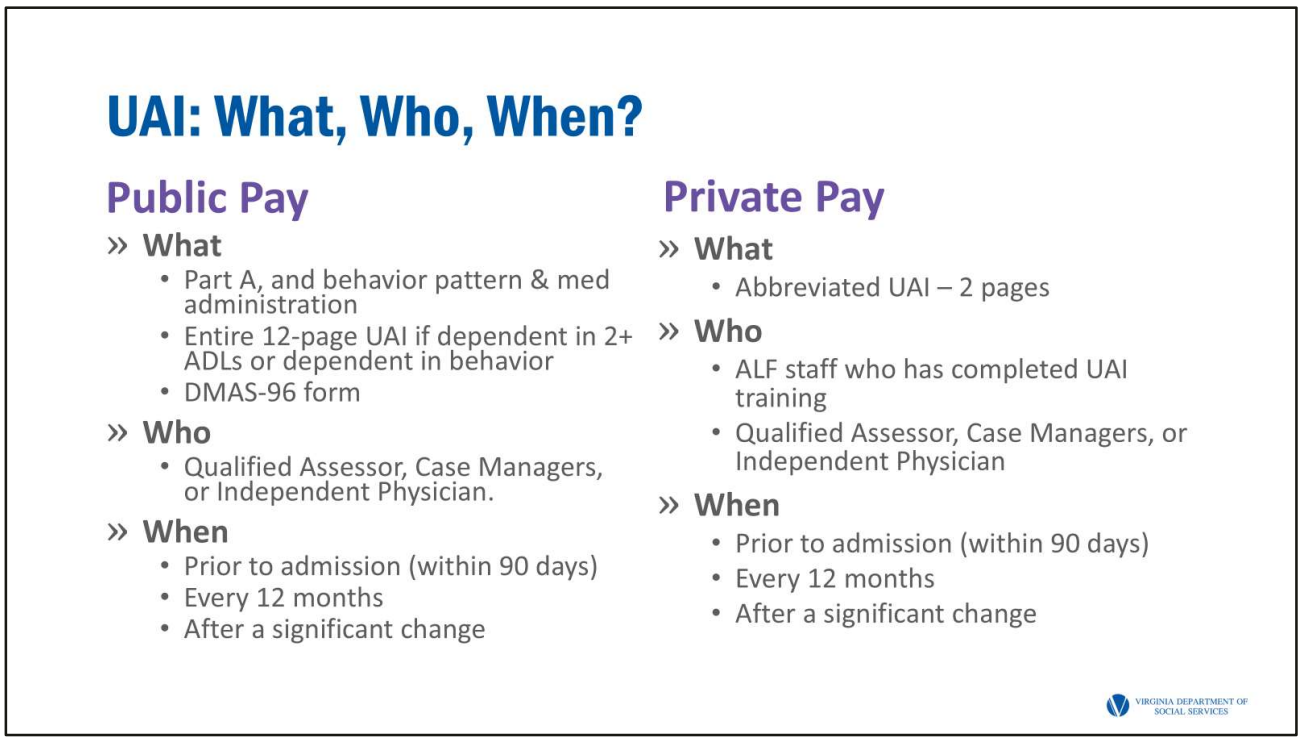
Additional information about the AG program can be found on the Department of Aging and Rehabilitative Services (DARS) website or the VDSS Licensing Programs website.

Speaker Notes:

We will now turn our attention to the UAI regulatory requirements.

A Public Pay UAI is required for those residents of an ALF who ***are eligible*** for benefits under the Auxiliary Grant (or AG) program. The AG program is an income supplement for eligible individuals.

A Private Pay UAI is required for those residents of an ALF who are ***not eligible*** for benefits under the AG program and who pay for all services out of their own funding sources.



Regulation Reference: 22VAC-40-73-450

Trainer's Guide

The term ***qualified assessor*** is used to describe individuals authorized to perform both public pay and private pay UAIs, but the requirements to be considered a qualified assessor are different for each type of UAI, and completion of the private pay UAI training does not qualify an individual to complete a public pay UAI.

The term ***uniform assessment instrument (UAI)*** is used to describe the forms required for public pay individuals and private pay individuals, but there are two completely different required forms for each.

Speaker Notes:

Public Pay UAIs: What needs to be completed?

Public pay individuals require completion of the ***Virginia Uniform Assessment Instrument (UAI)***

The first four pages of the UAI are also referred to as ***Part A*** and are labeled in the lower right corner of the form.

The first four pages of the UAI plus the sections on behavior pattern and medication administration ***must*** be completed for ***every*** public pay individual before they enter an assisted living facility.

Part A plus the behavior pattern and medication administration sections are also known as the ***Short Assessment.***

The Short Assessment gathers the basic data that supports safe care for an individual. It provides a brief review of:

- Functional status
- Current service arrangements
- Unmet needs

The entire 12-page UAI (Parts A and B) must be completed if ***either*** of these two conditions are met:

- IF the public pay individual is ***dependent in 2 or more ADLs***
  OR
- IF the individual is ***dependent in behavior***

Providers must also have the ***DMAS-96 form*** on file for all public pay residents, which documents the ***level of care recommendation*** from the assessor(s).

Public Pay UAIs: Who can complete one?

There are three categories of health professionals that can complete a Public Pay UAI:

- ***Case managers*** employed by a human services agency that are designated to develop and coordinate plans of care
- ***Qualified assessors for public pay UAI***, defined as an employee of a public human services agency trained in the completion of the uniform assessment instrument (UAI). An example of a qualified assessor would be hospital staff, who contracts with the Department of Medical Assistance Services (DMAS) to perform nursing facility preadmission screenings.
- ***Independent physicians*** who contract with DMAS. These physicians may not be affiliated with the facility.

Local departments of social services are ***assessors of last resort***.

Members of these groups of qualified assessors are paid a minimal fee for completing public pay assessments by the DMAS.

Private Pay UAIs: What needs to be completed?

Private pay individuals require completion of ***The Virginia Uniform Assessment Instrument for Private Pay Residents of Assisted Living Facilities*** and includes sections for the following:

- Identification information,
- Functional status (including medication administration),
- Psychosocial status (behavior pattern and orientation only), and
- An assessment summary which evaluates the presence of prohibited conditions.

Taken all together, this data determines the level of care for private pay individuals.

Private Pay UAIs: Who can complete one?

Qualified assessors for private pay UAIs include three categories of individuals:

- Employees of an ALF trained in the completion of the private pay UAI
- Independent private physicians
- Individuals who are qualified assessors for public pay UAIs

There are ***two additional important conditions*** that must be met when an ALF employee completes a UAI, after completion of appropriate training:

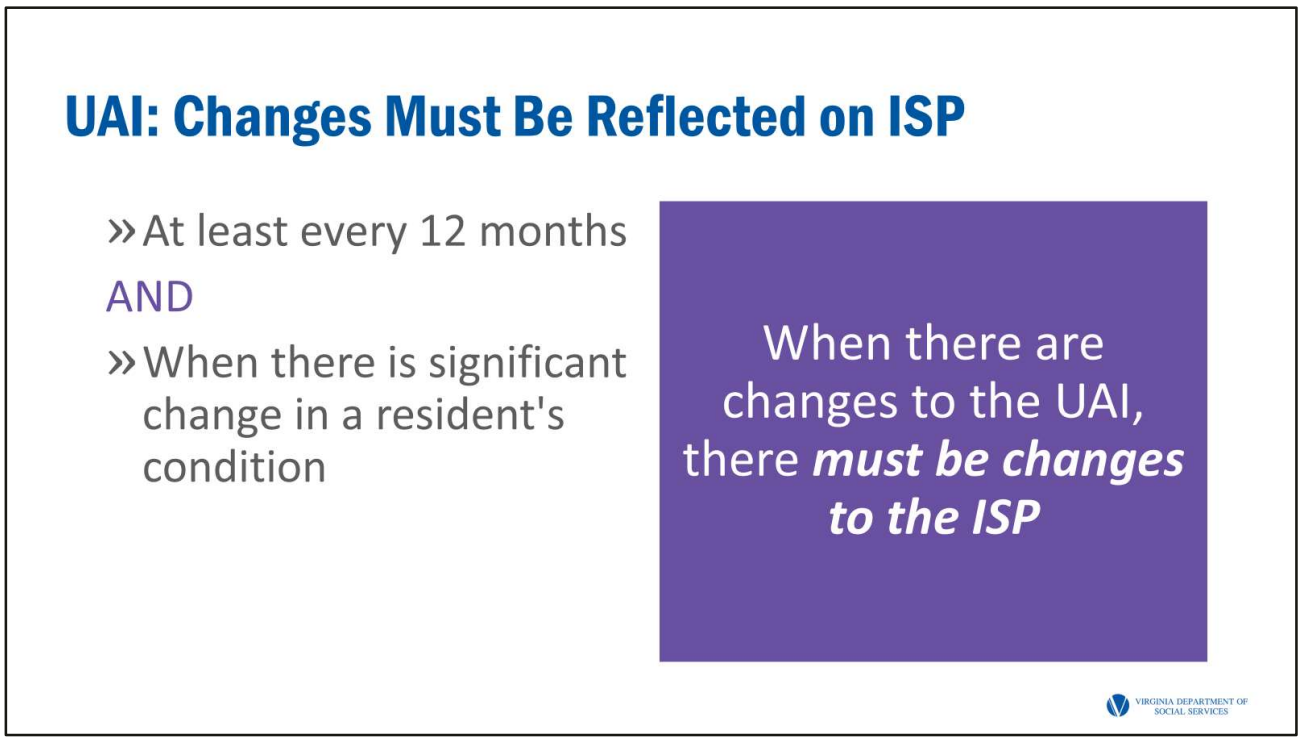
- The employee must appropriately apply the criteria pertaining to the level of care, and
- The administrator or the administrator's designated representative must approve and sign the completed UAI.

When should Public Pay and Private Pay UAIs be completed?

Regulatory requirements are designed to ensure that resident information is kept up to date. A UAI is only useful for the development of an ISP if that information is current and accurate.

- The UAI must be completed ***prior to admission***. Accurate information must be available to caregivers as soon as the individual steps into the facility as a resident.
- The UAI can be completed in advance of admission, but ***no longer than 90 days in advance***. Stale information is not helpful for developing service plans.
- A new UAI must be done before admission if there has been a ***change in the individual's condition*** that could affect services – even if an assessment has already been done.

If a resident is moving from one ALF to another or to a long-term care setting that uses the UAI and the resident has a complete, current, and accurate UAI available to send to the new facility, completion of a new UAI is not required.

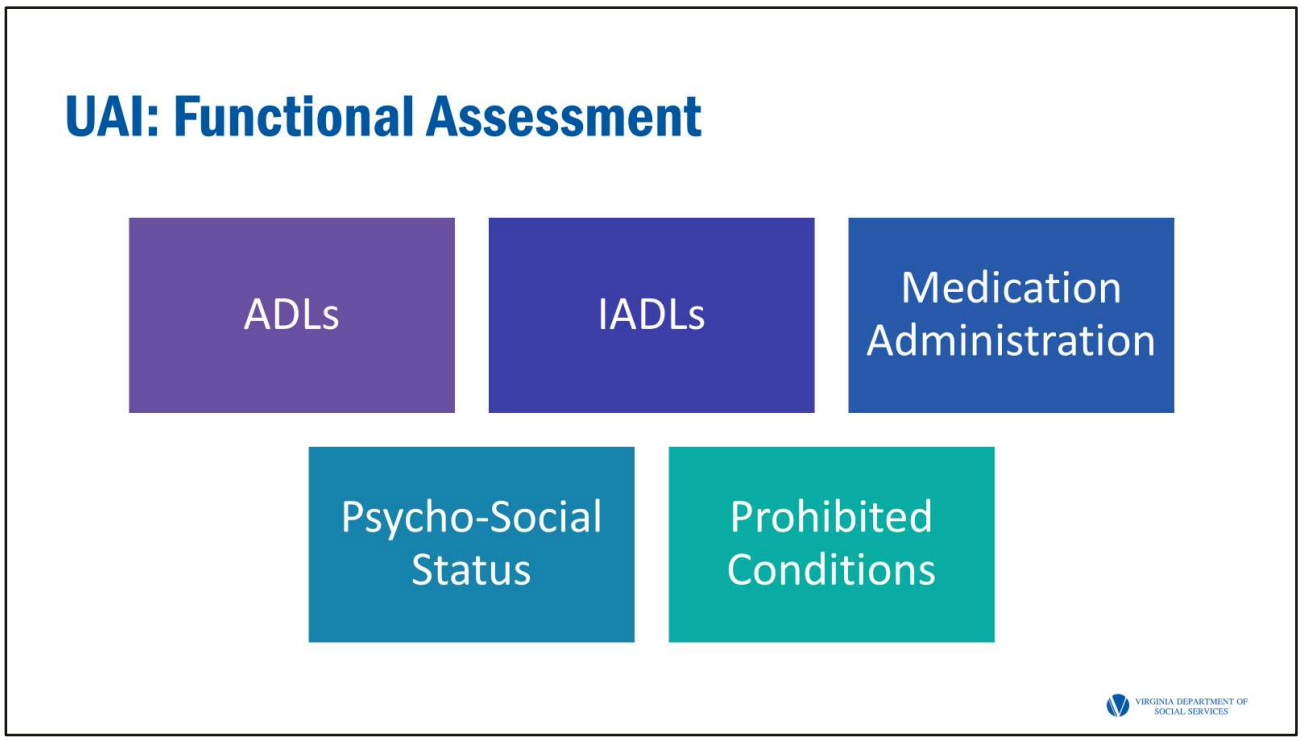


Regulation Reference: 22VAC-40-73-440.A

Speaker Notes:

UAI's, like ISPs, must be updated at least every 12 months and more frequently as needed when there is a significant change in a resident's condition. Remember, a significant change is one that is expected to last more than 30 days. ISPs are reviewed and updated every time that a UAI is updated.

Anytime that a change in resident's condition appears to warrant a change in the level of care required, the UAI and ISP should be reviewed and updated as needed. Needs that are identified on the UAI must be addressed in the ISP.

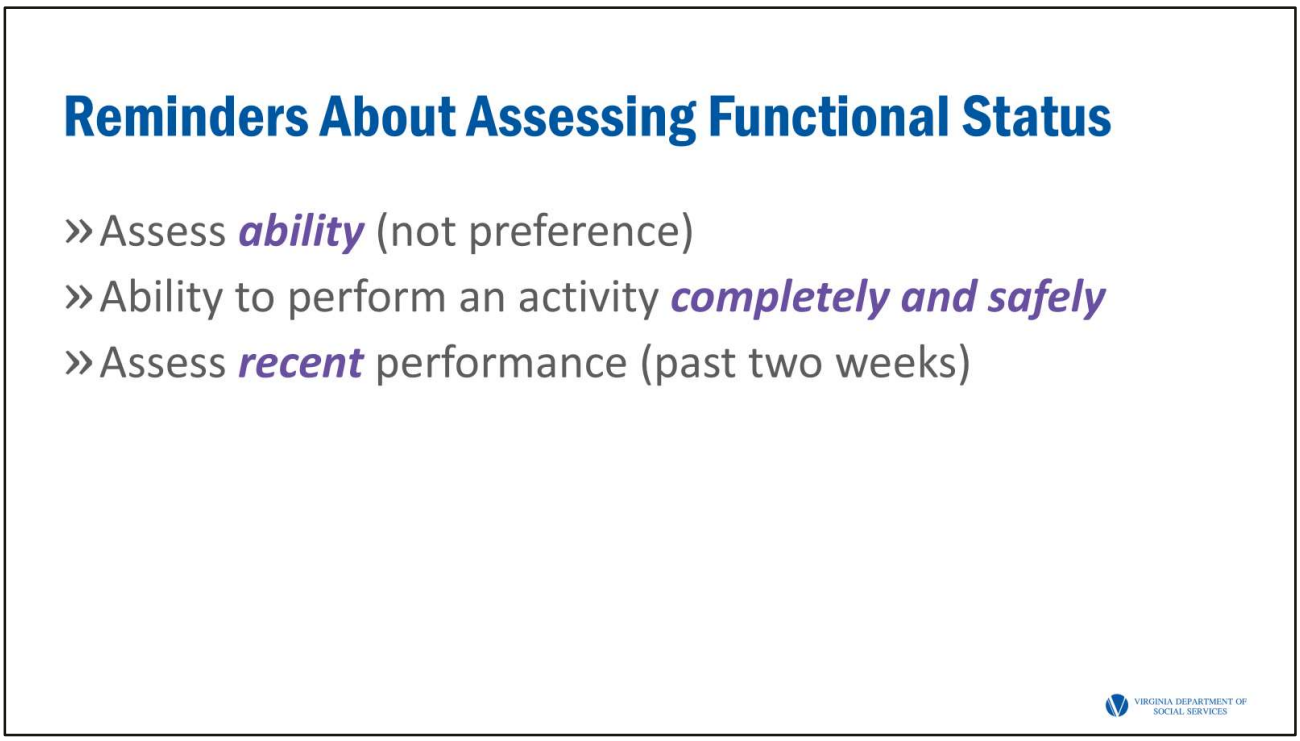


Speaker Notes:

One important purpose of the UAI is to summarize how a person can take care of themselves and their living space. This is known as ***functional status.***

Assessing a person's functional status involves looking at ***how much assistance*** an individual requires in the following areas:

- ***ADLs*** (or activities of daily living) – means bathing, dressing, toileting, transferring, bowel control, bladder control and eating/feeding. A person's degree of independence in performing these activities is a part of determining the appropriate level of care and services.
- ***IADLs*** (or instrumental activities of daily living) – means meal preparation, housekeeping, laundry, and managing money. A person's degree of independence in performing these activities is a part of determining the appropriate level of care and services.
- ***Medication administration*** - This area of functional assessments involves the amount and type of assistance that a person needs (if any) to safely receive their medications.
- ***Psycho-social assessment*** – This area of functional assessment involves judgment and memory, orientation, socially and culturally appropriate behavior, life stressors, emotional tone, and likes and dislikes. Questions about mental health history are also asked.
- The private pay UAI also assesses for the presence of prohibited conditions.



Speaker Notes:

An assessment of functional status reflects what a person can do, not what they ***prefer*** to do. A lack of capacity (ability to perform) is different from choice or lack of motivation.

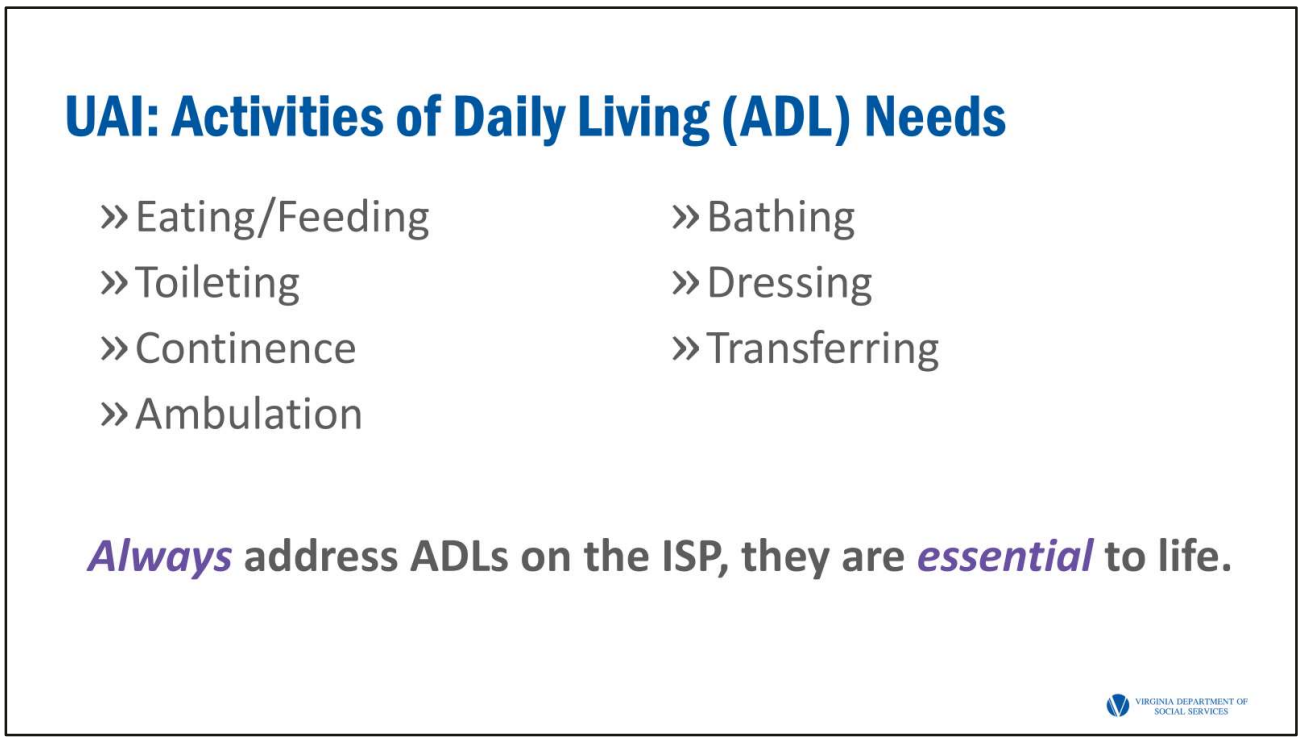
- A person who can dress themselves but does not get dressed because they do not like the clothing that they have available does not need any help.
- A person with dementia who is physically able to dress but does not remember to get dressed without reminders does need help.

A person's functional status is a measure of ability to perform that action safely, in its entirety.

- The accuracy of the assessment will require breaking the task down into small steps and requesting detailed information.

The assessment should indicate how the person has performed the activity recently, during the past two weeks.

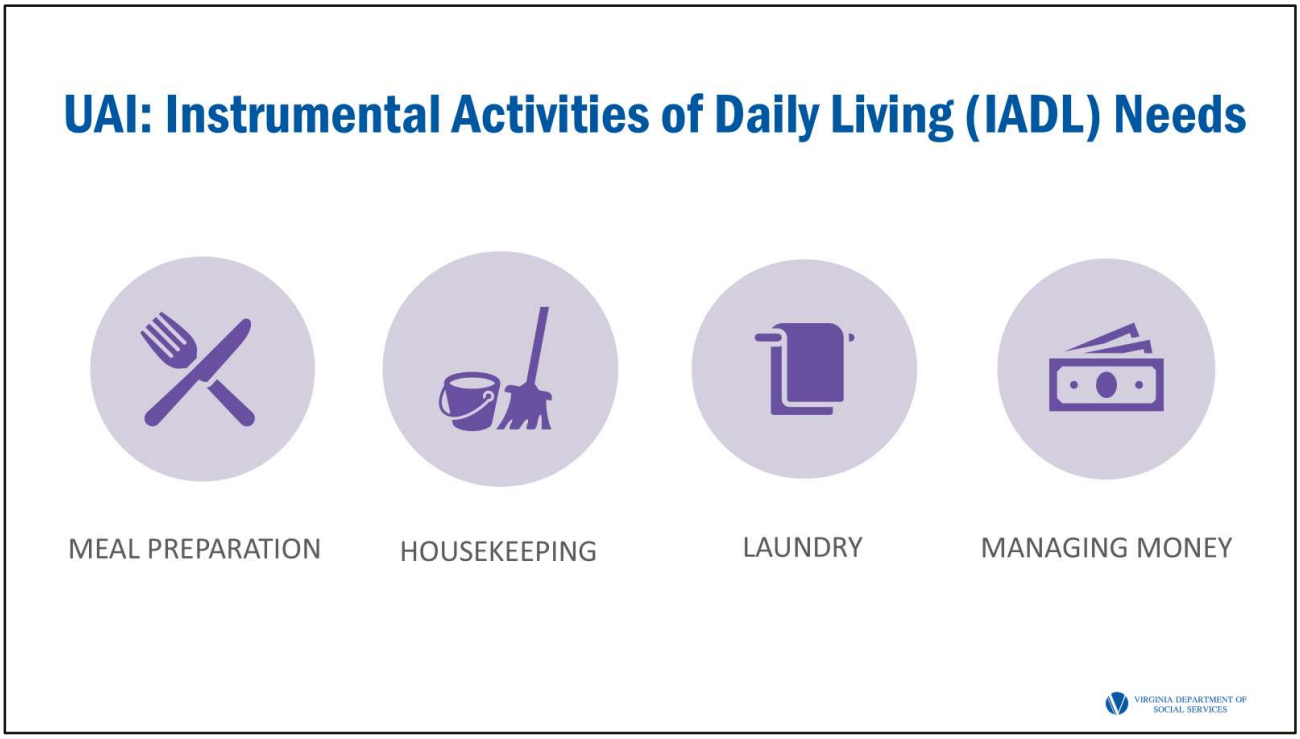
Detailed instructions and information for assessment of functional status can be found in the UAI User Manual. You should refer to this guide for additional information or refreshers as needed.



Speaker Notes:

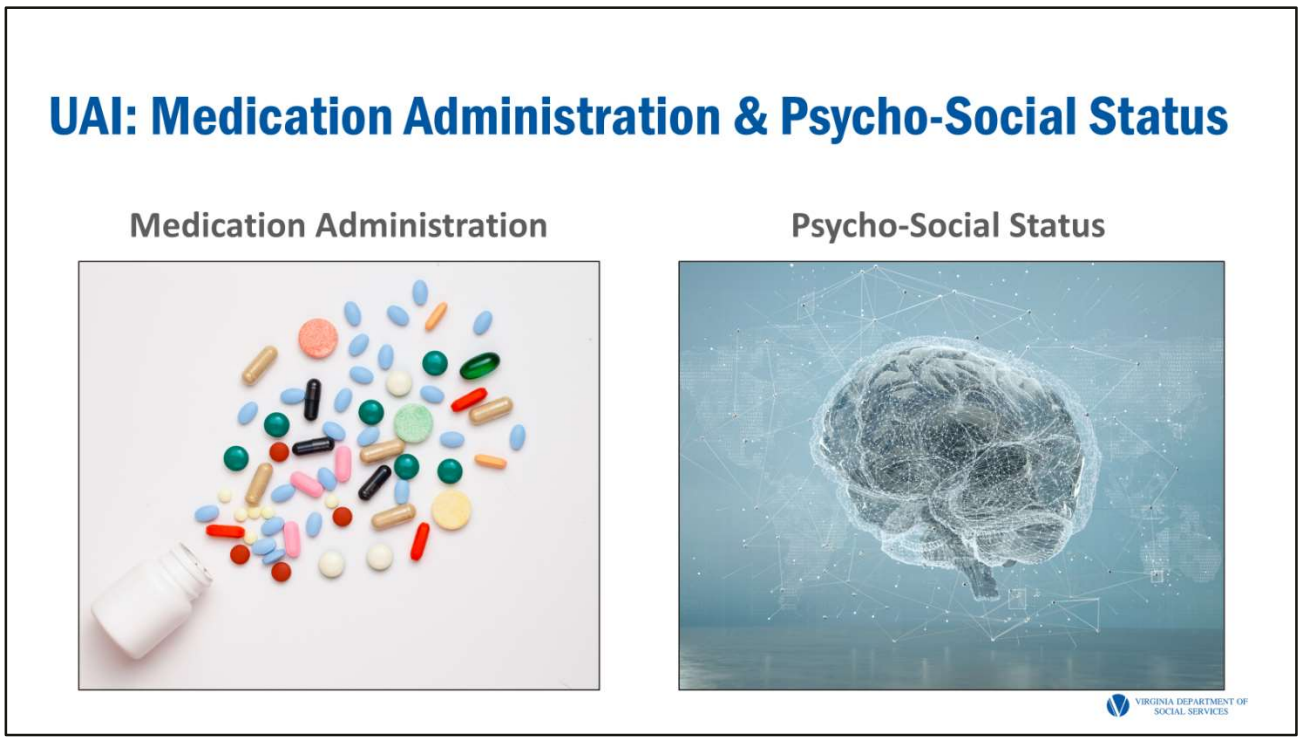
The UAI provides comprehensive and valuable information regarding resident needs in ***Activities of Daily Living (or ADLs)***. ADLs include personal care activities, such as bathing, dressing, toileting, transferring, bowel control, bladder control and eating/feeding.

Any ADL needs identified on the UAI must be included on the ISP because ADLs are those activities that are ***essential to life***.



Speaker Notes:

The UAI also provides valuable information regarding needs in ***Instrumental Activities of Daily Living (or IADLs)***. IADLs include activities that involve the individual's ability to live independently in the community and include meal preparation, housekeeping, laundry, and money management. Identified IADL needs should be addressed on the ISP.



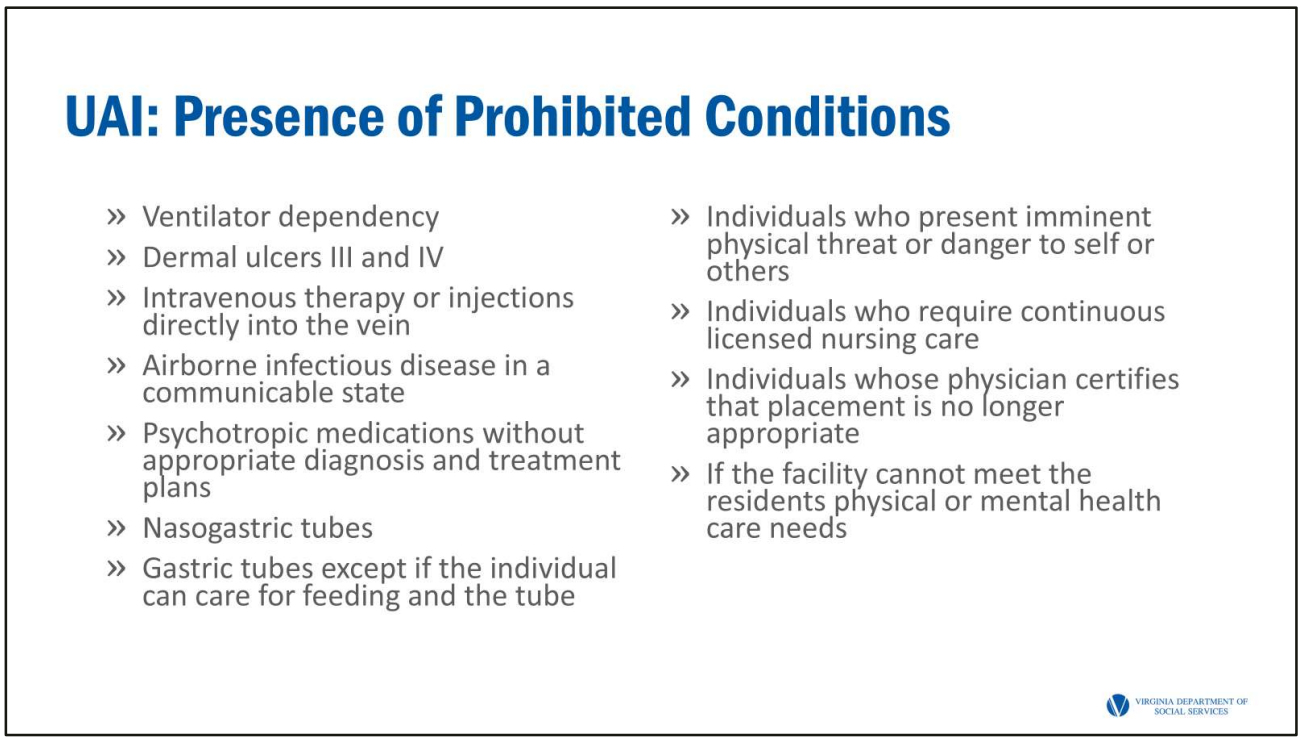
Speaker Notes:

The UAI also assesses an individual's needs in the areas of ***medication administration*** and ***psycho-social status***.

Medication Administration assesses whether a person needs to have medications administered or monitored by, 1. another person (which would include registered medication aides) or 2. professional staff (which would include licensed staff required to assess the individual and evaluate the efficacy of the medication or treatment).

Psycho-Social Status includes assessment of judgment and memory, orientation, socially and culturally appropriate behavior, life stressors, emotional tone, likes and dislikes, and mental health history. It is common for ALF residents to have many needs in this category due to loss, cognitive changes, and grief.

When the UAI indicates that there are needs in the areas of medication administration and psycho-social status, they ***must be addressed on the ISP.***



Regulation Reference: 22VAC40-73-310.H, 22VAC40-73-310.K

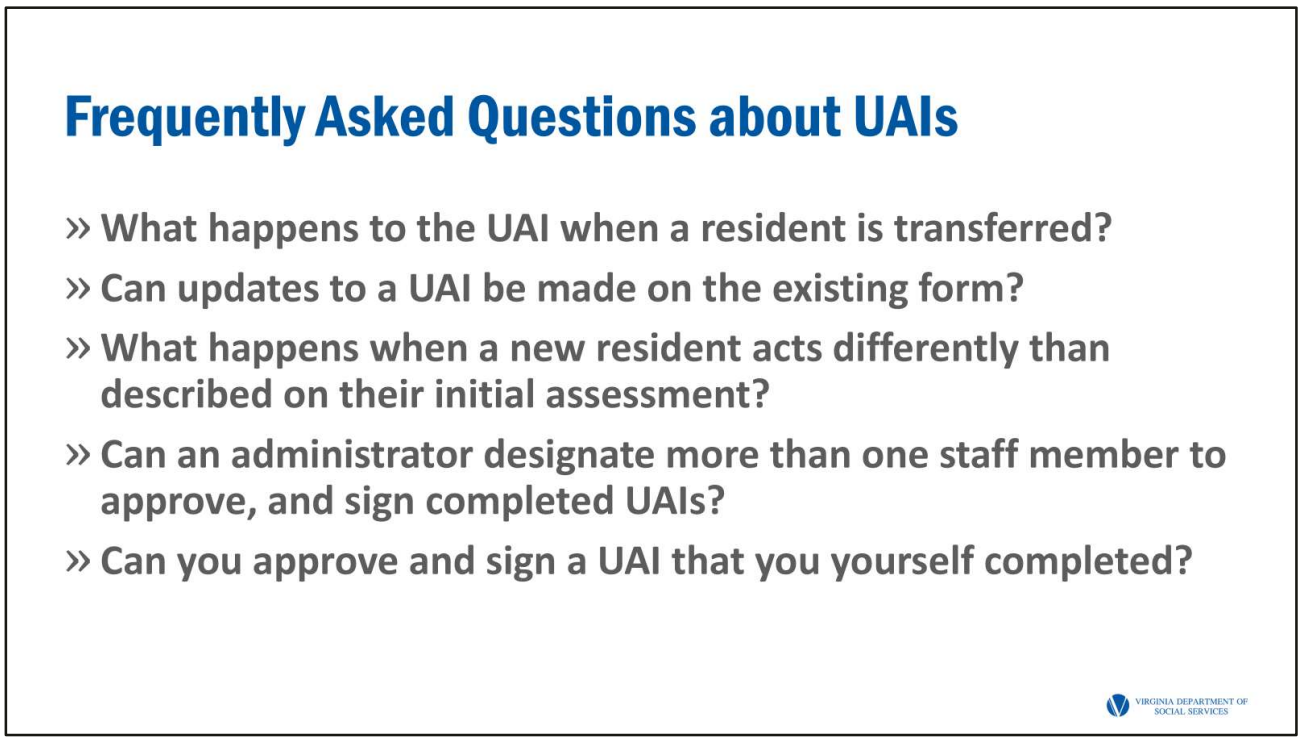
Speaker Notes:

***The Private Pay UAI includes an assessment section to document the presence of prohibited conditions*.** In accordance with § 63.2-1805 D of the Code of Virginia, assisted living facilities shall not admit or retain individuals with any of the following conditions or care needs:

- Ventilator dependency
- Dermal ulcers III and IV except those stage III ulcers that are determined by an independent physician to be healing
- Intravenous therapy or injections directly into the vein, except for intermittent intravenous therapy managed by a health care professional licensed in Virginia or as permitted in subsection K of 22VAC40-73-310
- Airborne infectious disease in a communicable state that requires isolation of the individual or requires special precautions by the caretaker to prevent transmission of the disease, including diseases such as tuberculosis and excluding infections such as the common cold
- Psychotropic medications without appropriate diagnosis and treatment plans
- Nasogastric tubes
- Gastric tubes except when the individual is capable of independently feeding himself and caring for the tube or as permitted in subsection K of 22VAC40-73-310
- Individuals presenting an imminent physical threat or danger to self or others
- Individuals requiring continuous licensed nursing care;
- Individuals whose physician certifies that placement is no longer appropriate;

1. Unless the individual's independent physician determines otherwise, individuals who require maximum physical assistance as documented by the UAI and meet Medicaid nursing facility level of care criteria as defined in the State Plan for Medical Assistance Program (12VAC30-10);
2. Individuals whose physical or mental health care needs cannot be met in the specific assisted living facility as determined by the facility.

The presence or absence of prohibited conditions ***must be assessed carefully*** and must consider ***all relevant regulations***.



Speaker Notes:

What happens to the UAI when a resident is transferred?

- If a resident is moving from one ALF to another or to a long-term care setting that uses the UAI and the resident has a complete, current, and accurate UAI available to send to the new facility, completion of a new UAI is not required.
- Even though an accurate UAI, that is no older than 12 months is all that is required for transfer, it is wise for the receiving agency to carefully review the assessment data after the person is admitted. Transfers and new environments can result in changes in needs and behaviors that may require updates to the UAI.

Can updates to a UAI be made on the existing form?

A UAI assessment can be updated once before a clean document must be used. Revisions should be neat, clear and readable. A different color of ink must be used for the reassessment. Revision dates and initials must be legible.

What happens when a new resident acts differently than described in their initial assessment?

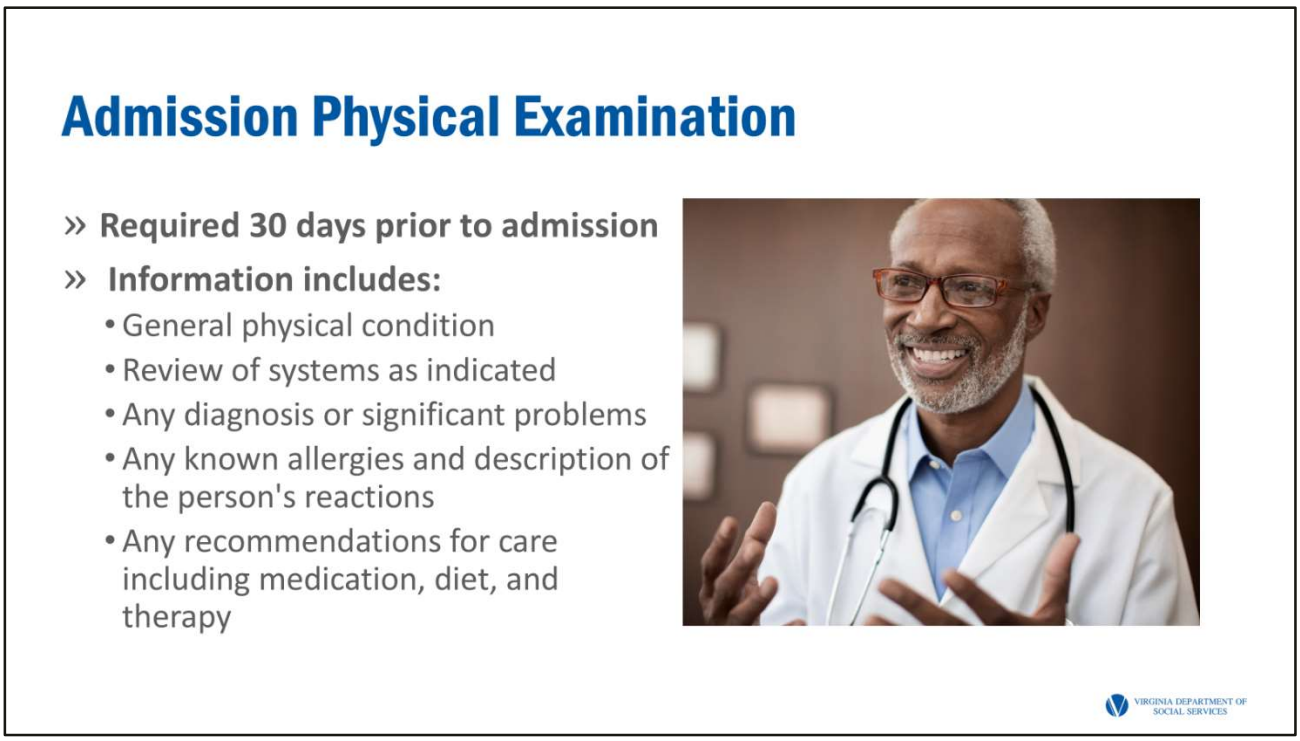
- It is possible for a resident entering a new and unfamiliar environment will act differently than they did before. Anxiety, sadness, even anger and fear are common. Self-care skills may deteriorate. Many of these changes are part of a phenomenon known as ***transfer trauma or relocation stress syndrome***.
- The UAI must reflect a person's ***current*** condition, and not how they were at home or prior to admission.

Can an administrator designate more than one staff member to approve, and sign completed UAIs?

YES. Regulations do not specifically prohibit an administrator from having more than one designee.

Can you approve and sign a UAI that you yourself completed?

NO. The individual that completes the UAI cannot sign the UAI, even if they are the administrator. Another staff person who has completed UAI training and is considered the designated representative must sign the UAI.



Regulation Reference: 22VAC-40-73-320

Speaker Notes:

All residents are required to have a report of physical examination in the 30 days preceding admission.

The report of physical examination includes a lot of valuable information for needs identification, including:

- General physical condition
- A review of systems as indicated
    - A review of systems may include information about the resident's ability to hear and speak, issues with body systems or organs like the heart, lungs, gastrointestinal tract, any issues with pain or mobility, metabolic issues or incontinence.
- Any diagnosis or significant problems
- Any known allergies and description of the person's reactions
- Any recommendations for care including medications and capability of self-administering medication, diet, and therapy

Needs identified on the admission physical examination should be addressed on the ISP.

The information provided on the physical examination may also point to questions that you may want to ask during your resident interview, or you may need to contact the resident's medical provider for additional information or clarification.

Regulation Reference: 22VAC-40-73-310.B

Speaker Notes:

Assisted living facilities cannot admit an individual before a determination has been made that the facility can meet the needs of the individual. Regulations require that a resident interview be conducted as part of this determination.

The resident interview is an opportunity to gain insight or clarification not available in other assessment sources.

Detailed information about a person's background enables staff to relate meaningfully to them. This is especially important when caring for people with memory disorders or cognitive decline (like Alzheimer's). Having a family member or a trusted source with the resident might be helpful to clarify what is meaningful to them.

Check to see if your facility's assessment tools request information like:

- Where the person spent their childhood.
- Names of pets, special memories, and travel.
- Early jobs, childhood memories, and travel.
- What may frighten them, soothe them, or make them laugh.
- Information about accidents, traumas or bad memories from their early years.

Personal likes and dislikes regarding food preferences, degree of privacy, spending time indoors versus outdoors, and bathing routines are very important to an individual's comfort in their home and should be reviewed during the interview.

Family dynamics and support systems are critical pieces of information.

Individuals should be assessed for ***grieving***, including not just the grief of loss from death but also the loss of home, independence, belongings, and community identity.

Completion of a thorough resident interview helps ensure that needs are identified to support the principles of ***individuality, personal dignity, freedom of choice, and home-like environment.***

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

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Regulation Reference: 22VAC-40-73-325

Speaker Notes:

For residents who meet the criteria for assisted living level of care: a written fall risk rating must be completed by the time the comprehensive ISP is completed.

If a resident has a documented fall risk rating that indicates an increased risk for falls this need must be addressed on the ISP.

Fall risk ratings are required to be reviewed and updated after a fall.

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*

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Regulation Reference: 22VAC-40-73-450

Trainer's Guide

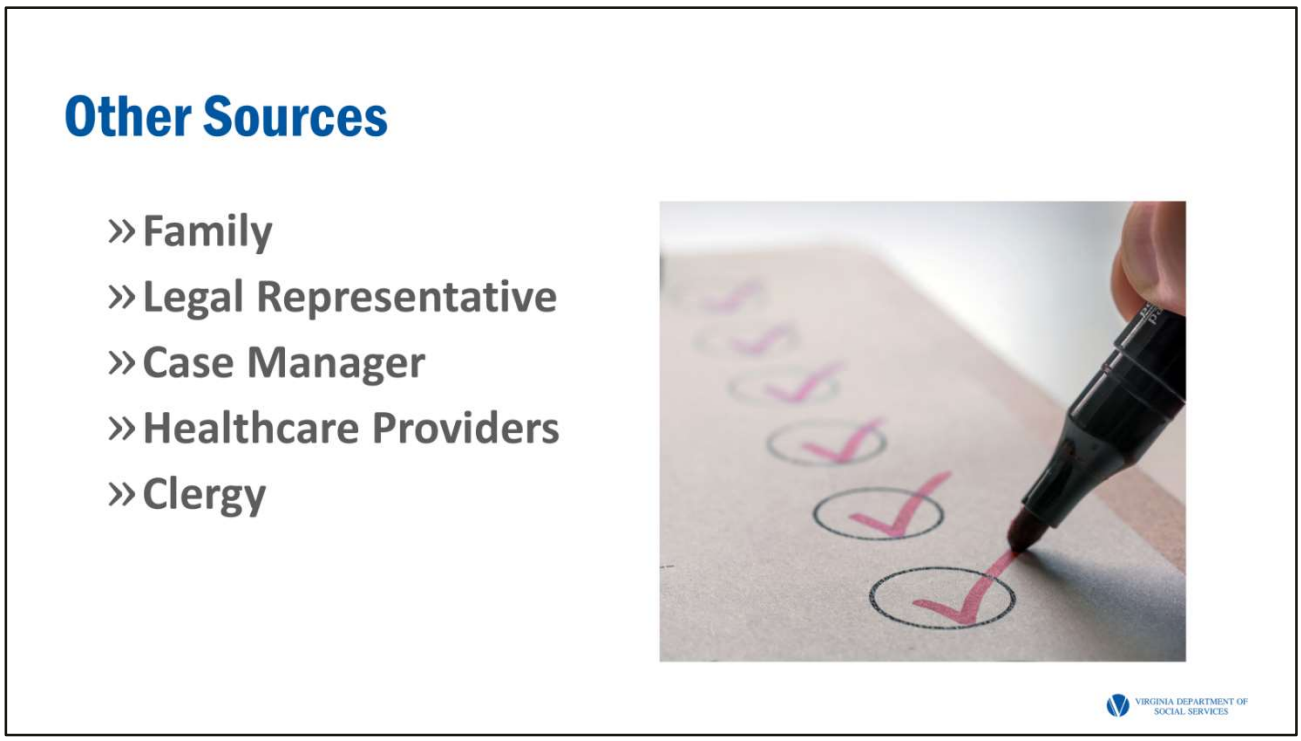
Look here for helpful information!

Speaker Notes:

A psychosocial and behavioral history assessment is required to completed when determining whether it is appropriate for a facility admit a resident with mental illness, intellectual disability, substance abuse, or behavioral disorders. If the individual is admitted, ***the psychosocial and behavioral history must be used in the development of the ISP***.

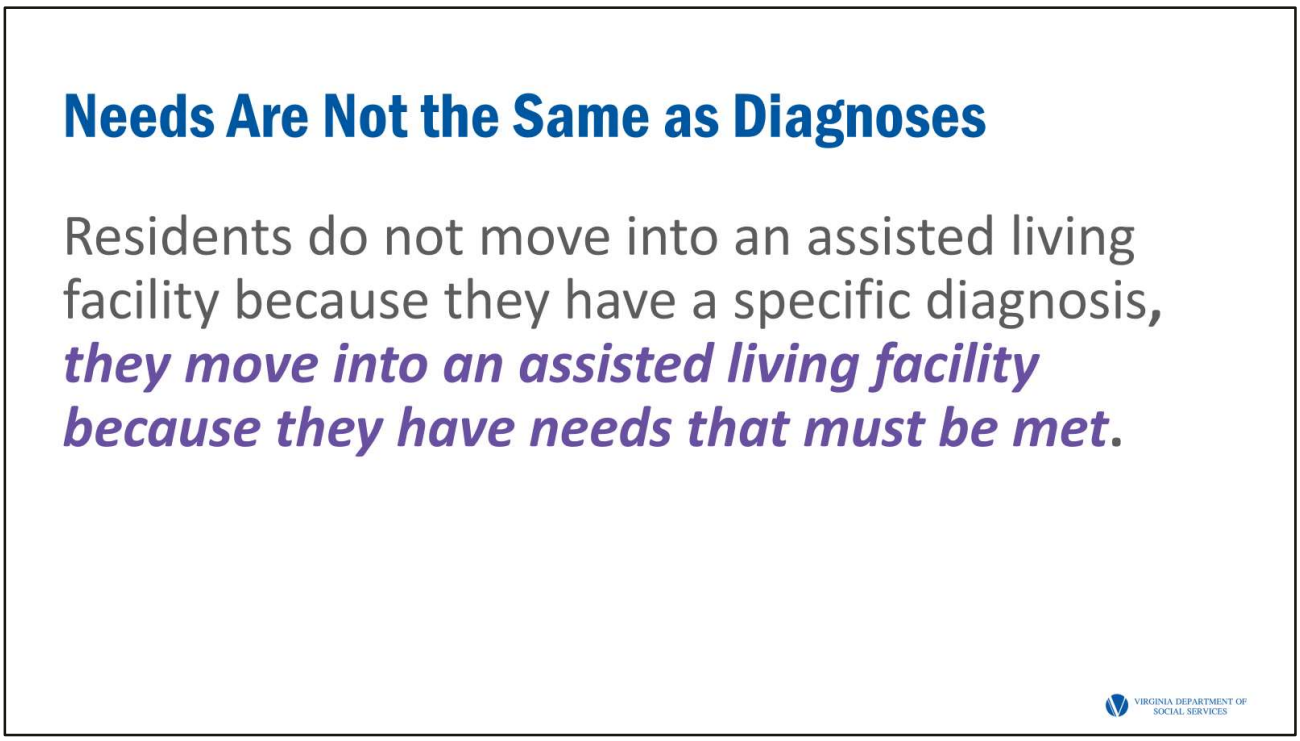
If a mental health screening has been performed for a resident, that screening should be assessed for needs to be addressed in the ISP. Facility- or provider-specific assessment tools or documentation that address psychological, behavioral or emotional functioning should also be utilized for this purpose.

Remember: It is possible for a resident entering a new and unfamiliar environment will act differently than they did before. Anxiety, sadness, even anger and fear are common. Self-care skills may deteriorate. Many of these changes are part of a phenomenon known as ***transfer trauma or relocation stress syndrome***.



Speaker Notes:

Other potential sources for needs identification include the resident's family, legal representative, case manager, other healthcare providers, or clergy. Observations and input from direct care staff can also be an important source of information. If the ISP is not developed on the first day of admission, there will be some time during which direct care staff can observe the new resident's adjustment to their new environment and may identify additional needs to be addressed on the ISP.



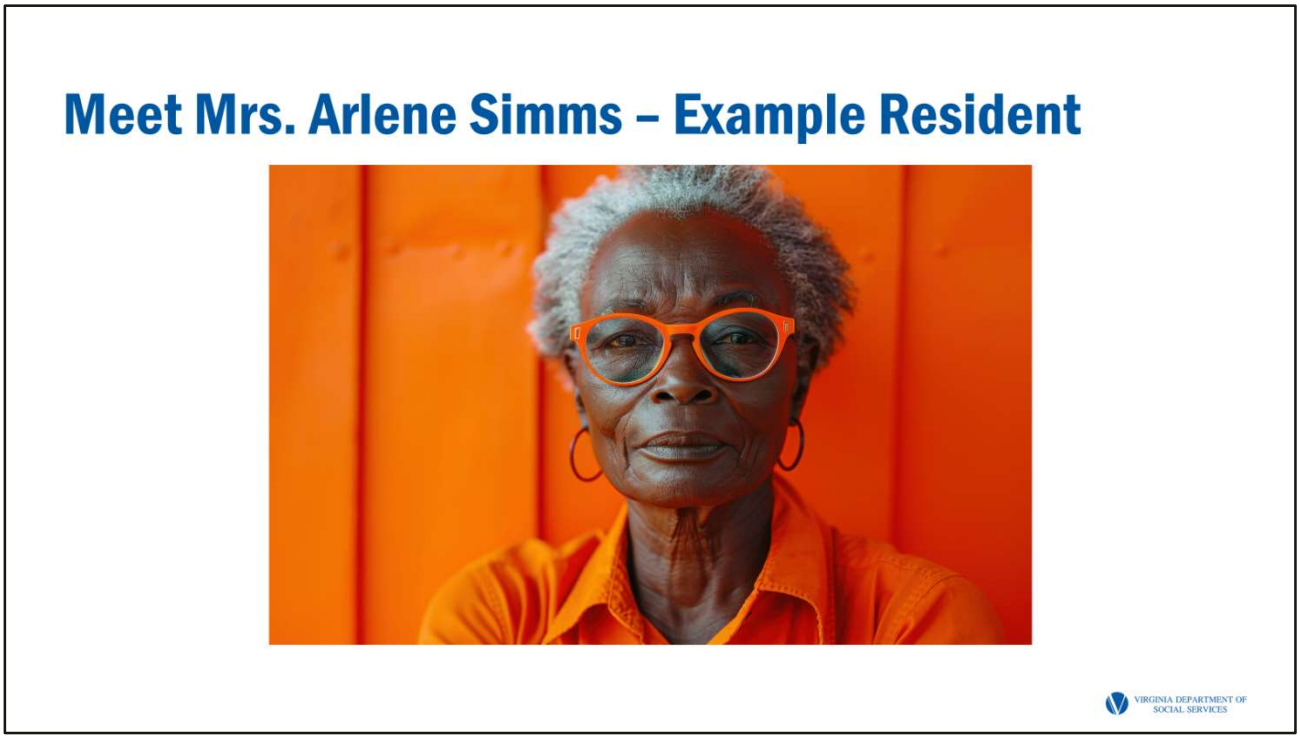
Speaker Notes:

When identifying needs for an ISP it may be helpful to ask yourself: ***Why did this person come to assisted living?***

Imagine that a new resident in your facility has Type 2 diabetes. They are not being admitted because they have that diagnosis. Many people manage their diabetes very well on their own. This resident may need assistance with certain aspects of disease management, like medication administration, monitoring of blood glucose levels and skin integrity, et cetera.

It is possible that this resident with diabetes may not have any needs related to management of their disease but may need assistance in other areas for other reasons.

Diagnoses, including names of diseases or disorders like "Alzheimer's" or "bipolar" are not what should be entered as a need on an ISP.



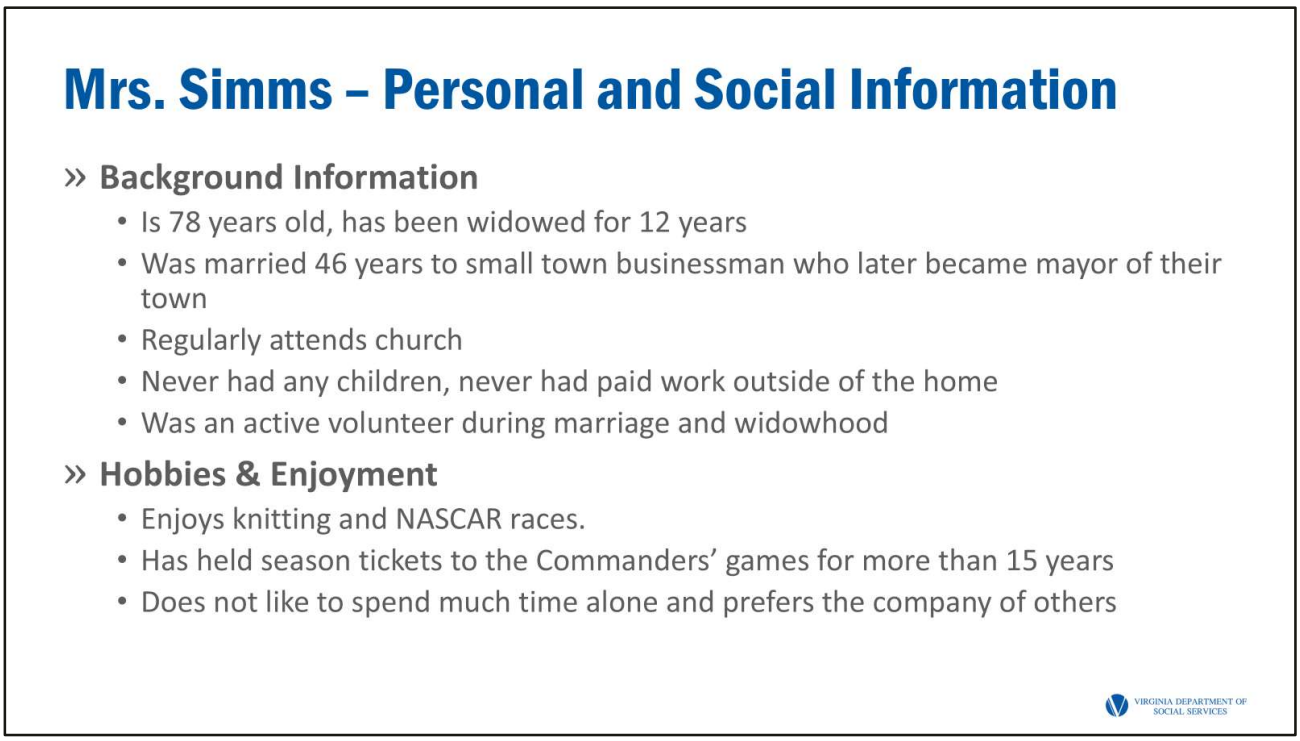
Trainer's Guide

Mrs. Arlene Simms will be used as an example resident throughout the rest of the training. Participants will be introduced to information about Mrs. Simms and will use that information to practice identifying the information to create an ISP. Mrs. Simms' example information will also be used as a guide for how to fill out the ISP model form. Mrs. Simms' information will be reviewed as you progress through the slides and is also included as a handout in the participant resources, which will be helpful to refer to for later portions of the training.

Throughout the Mrs. Simms example sections of the training, you should encourage your participants to participate, sharing their thoughts and ideas. Before presenting the example ISP information, encourage your participants to talk about what they think should be included in Mrs. Simms' ISP.

Speaker Notes:

I would like to introduce you to Mrs. Arlene Simms, who will be our example resident to practice identifying information and completing the ISP model form. We will revisit Mrs. Simms several times over the course of this training.



Speaker Notes:

Mrs. Arlene Simms will be joining your program soon. You and your staff are in the process of gathering the information that you will need to create her ISP.

So far you have learned the following information…

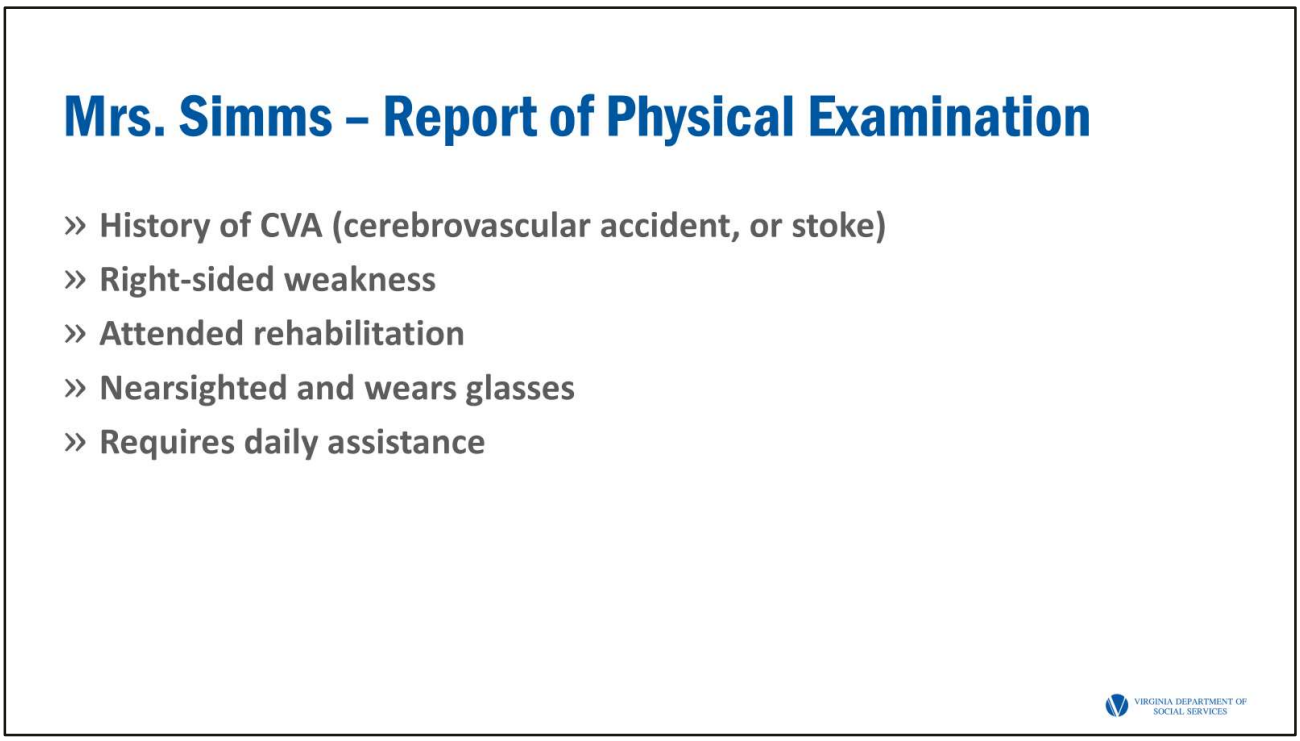
[read information from slide].

Based on the information you have so far, do you have any ideas about what ***individuality, personal dignity, freedom of choice, and home-like environment*** might mean to Mrs. Simms, or how you may be able to support those principles?

Is there any danger of ***bias or stereotyping*** when ISPs are developed?

Consider these points:

- We cannot formulate ISPs based on one source of information alone.
- You will never have access to all the information, and some of the information may change. That is why an ISP is a living, fluid document.
- Sources of information include interviewing, reading reports, and observing.
- Beware of stereotyping ISP needs, services, and goals based on your own biases or incomplete information.
- ***The best source of information is the person themself*.**
- Don't forget to include information from family and friends, if it is available.
- If it is not possible to ask anyone or the resident is unable to tell you, then observe and document their reactions to your program and to staff approach.



Speaker Notes:

You have just reviewed Mrs. Simms' Report of Physical Examination.

You learn that she has had a cerebrovascular accident, or CVA (also called a stroke). The document states that she has right-sided weakness and that she attended rehabilitation. She is nearsighted and wears glasses. Her report also states that she needs 'daily assistance,' but no further details about what type of assistance necessary are listed.

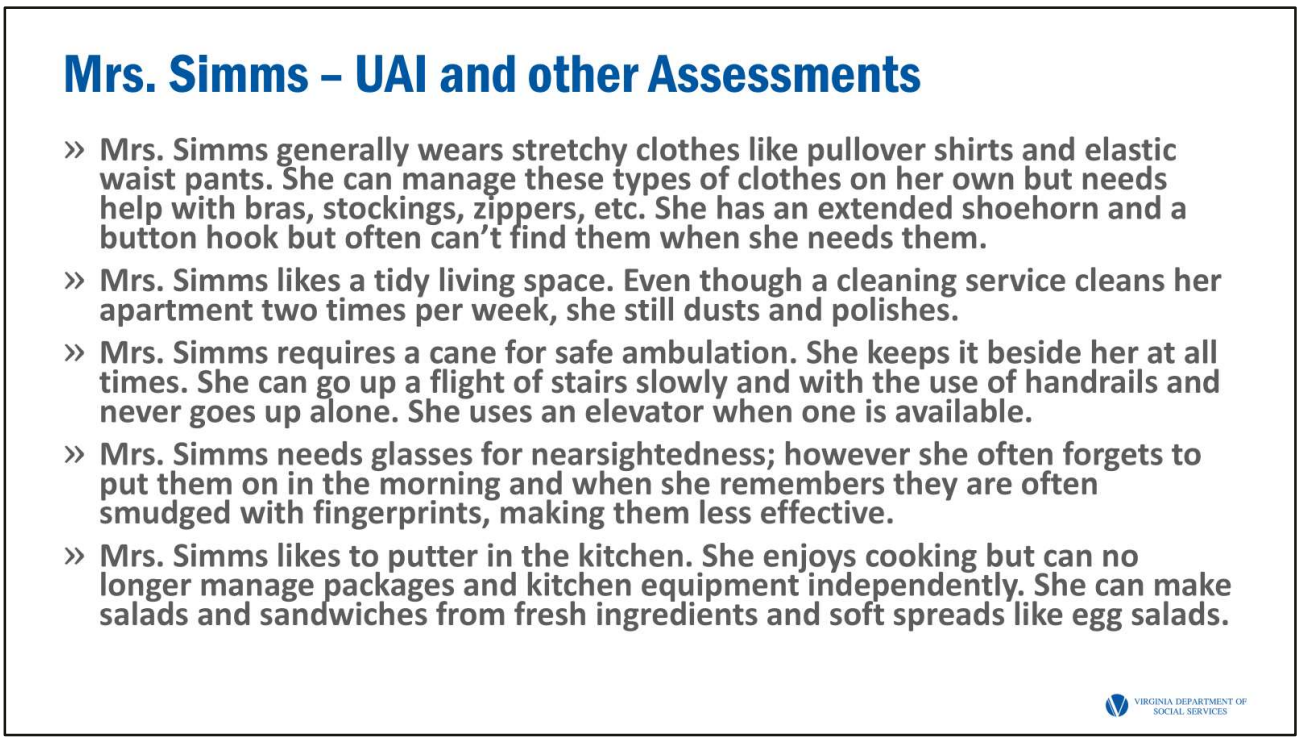
Based on this report alone, is it safe to assume that Mrs. Simms will require assistance with ***all*** her ADLs? What about IADLs?

[allow participants an opportunity to respond before proceeding]

Remember, you must ***never assume***. Assuming the presence of needs based solely on a ***diagnosis*** is not an accurate way to determine needs.

Mrs. Simms may have developed unique coping strategies that make her independent in many ways. What other sources of information would you like to review to continue to gather information?

[allow participants an opportunity to respond before proceeding]



Trainer's Guide

You are relaying a large amount of information about Mrs. Simms at once. Review the information slowly and repeat information as needed for your participants. Refer participants to their packet to view Mrs. Simms' case study information as needed.

Speaker Notes:

You've now had the chance to review Mrs. Simms' UAI and other assessment documents that you have in her chart. You have also conducted an interview with Mrs. Simms.

Remember, even though the UAI is an important source of assessment information, it is not infallible and should be checked for accuracy and relevance as required by ALF standards.

Through your reviews of Mrs. Simms' UAI and other assessment documents provided by her healthcare providers and your interview with Mrs. Simms and her daughter you have learned the following:

- 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 with fresh ingredients and soft spreads like egg salads.

From the information that you have learned about Mrs. Simms so far, what are some of the needs that you have identified that should be addressed on her ISP?

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					

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Trainer's Guide

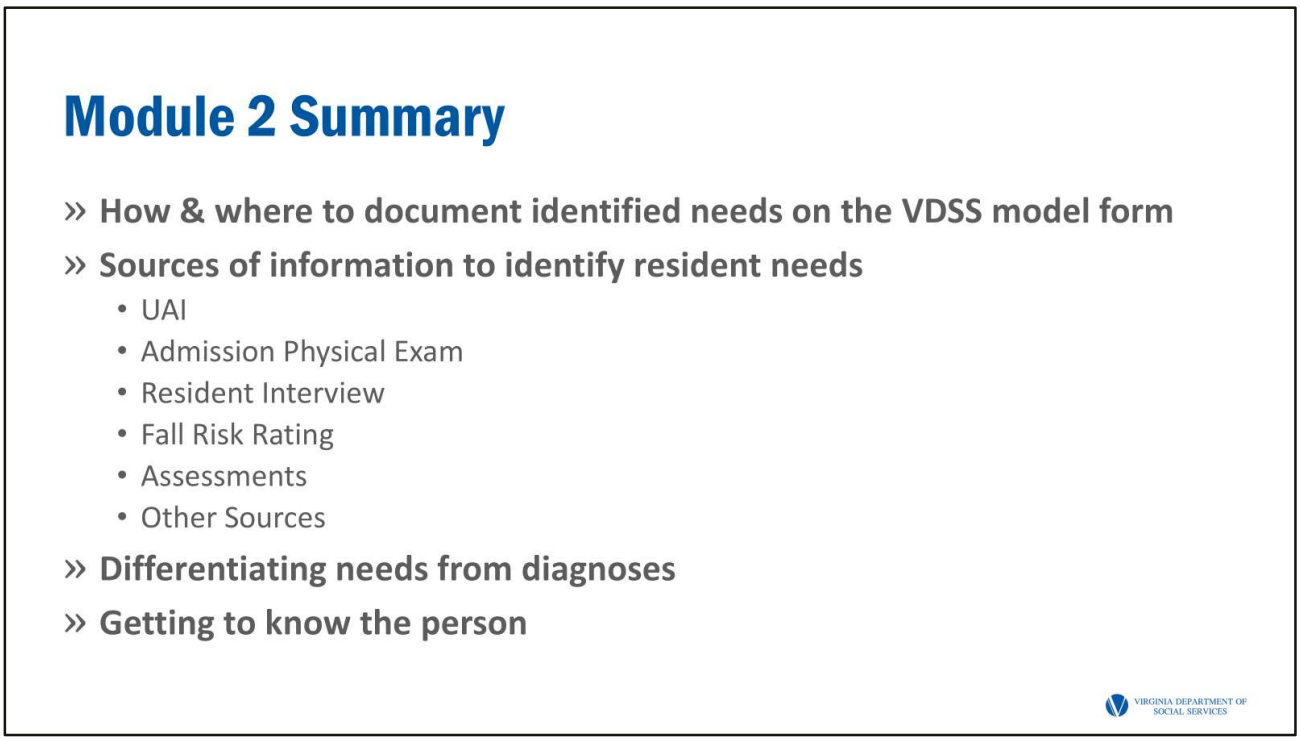
Your participants should be encouraged to offer additional examples of needs that they identified from the information provided about Mrs. Simms. Provide feedback to your participants regarding the needs that they identify. For the purposes of this example, every possible need has not been identified.

Speaker Notes:

Here's an example of how some of the needs identified for Mrs. Simms could be recorded on the VDSS ISP model form. For the purposes of this example, Mrs. Simms' information was all reviewed on May 1, 2025, which will be recorded as the date identified.

[Review information from slide]

We will return to Mrs. Simms and continue to work on her ISP as we move through the training.

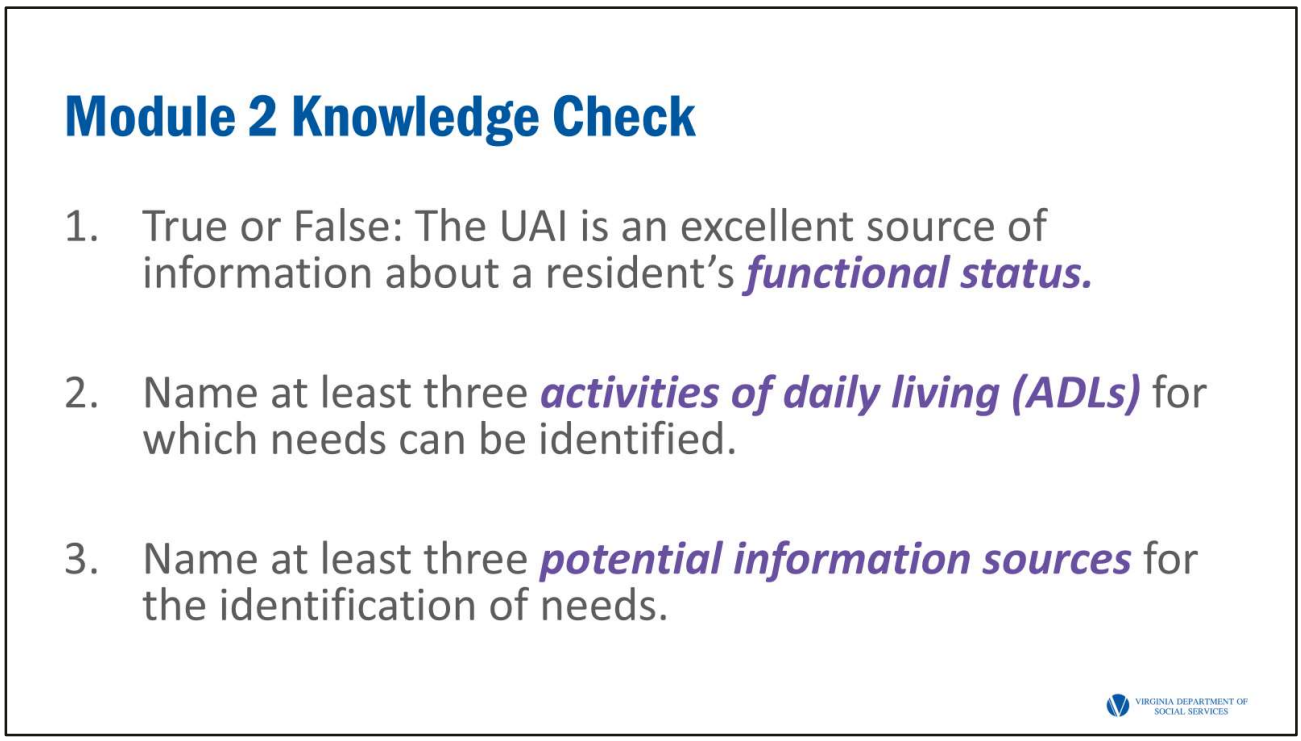


Speaker Notes:

In module 2 we reviewed:

Sources of information to identify resident needs including the UAI, admission physical exam, resident interview, fall risk rating, assessments and other sources.

We also learned about the difference between a need and a diagnosis and how to get to know the resident.



Regulation Reference: 22VAC-40-73-450

Trainer's Guide

Reminder: You may choose how to have your participants participate in the knowledge checks. You may ask them to write down their answers and check them when you provide the correct answers, or you can have your participants answer out loud and discuss the answers.

Speaker Notes:

Let's pause for a knowledge check for Module 2.

1. True or False: The UAI is an excellent source of information about a resident's ***functional status*.**

   Answer: True

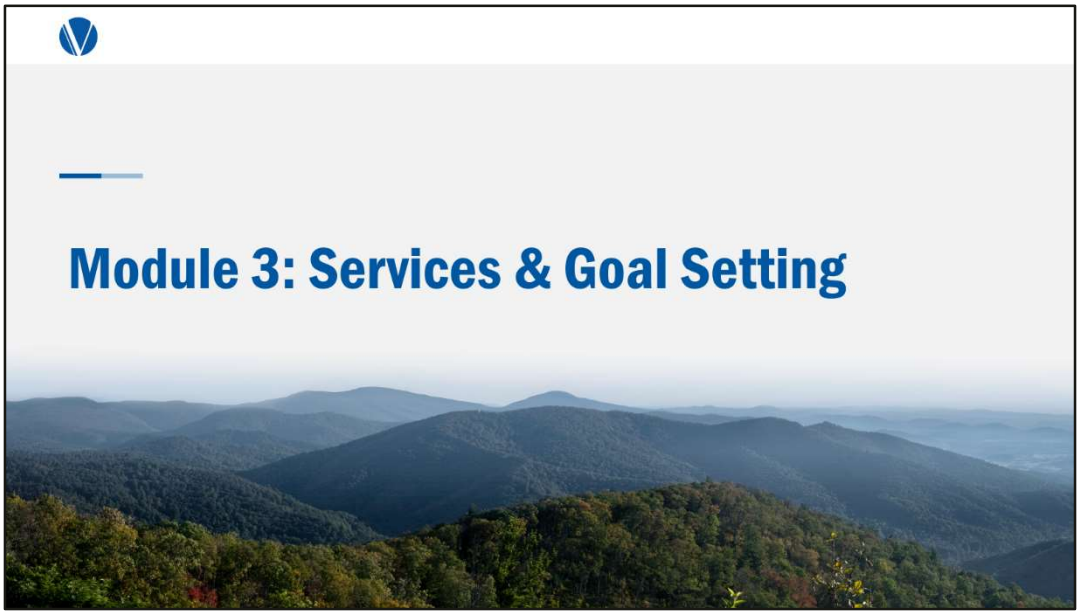
2. Name at least three ***activities of daily living (ADLs)*** for which needs can be identified.

   Answers: Possible answers include eating/feeding, toileting, continence, ambulation, bathing, dressing, transferring

3. Name at least three ***potential information sources*** for the identification of needs.

   Answers: Possible sources include: the UAI, physical exam, resident interview, fall risk rating, other assessments (including psychological, behavioral or emotional) and other sources (which include resident's family, legal representative, other healthcare providers, direct care staff).

Module 3: Services & Goal Setting



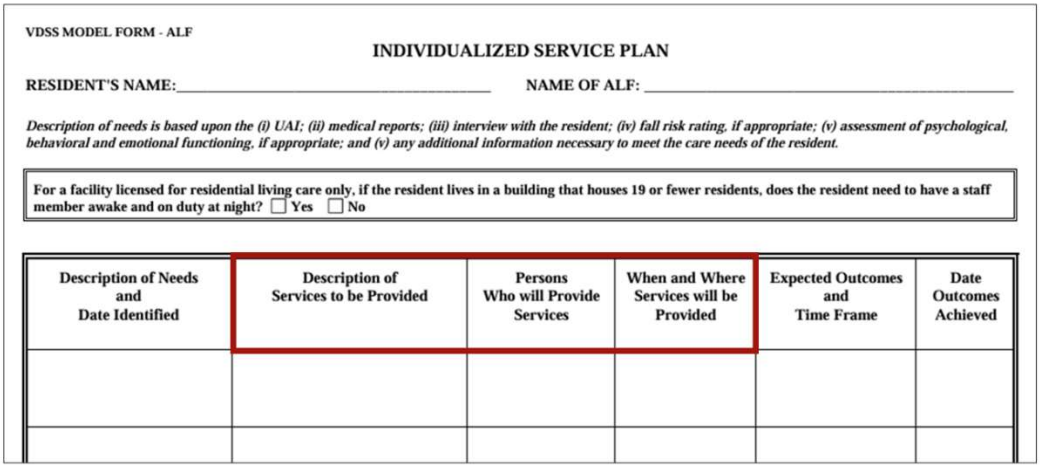
Regulation Reference: 22VAC-40-73-450

Speaker Notes:

In module three we will review the Individualized Service Plan (ISP) services and goal setting, which includes writing service statements and identifying expected outcomes.

We will also review supporting principles, including planning for teamwork.

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

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Regulation Reference: 22VAC-40-73-450.A and 450.C

Trainer's Guide

Reminder: While the VDSS model form is utilized in this training, your participants may benefit from examples using a facility-specific ISP format if the VDSS model form is not utilized in the setting where they will be developing ISPs

Speaker Notes:

Once a resident need has been identified, and the date recorded, the next required components of the comprehensive ISP record details about the services that will be provided to meet the identified needs.

The ISP must include the following regarding services:

- Written description of ***each service to be provided***
- ***Who*** will provide each service
- ***When & where*** each service will be provided

Providers who use the VDSS model form will record information about services to be provided in the second through fourth columns of the form, which are indicated here.

Supporting Principles for Services and Goals

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

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Regulation Reference: 22VAC-40-73-450.B.2

Speaker Notes:

As outlined earlier, regulations require ISPs to support the principles of ***individuality, personal dignity, freedom of choice***, and ***home-like environment*** and shall include other formal and informal supports. Whenever possible, residents should be given a choice of options regarding the type and delivery of services.

Individuality is the character or personality that makes one person different from others, it is their uniqueness.

Personal dignity is the value and respect for oneself as a human being that is sometimes shown in behavior or appearance.

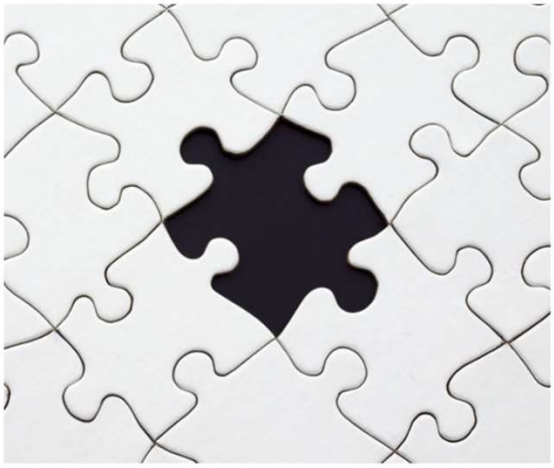
Freedom of choice is the opportunity and autonomy to pick from at least two options available, without constraint or pressure from other parties.

Home-like environment is an environment that fosters emotional attachment to people and place, encourages a resident's preferred lifestyle, habits and use of their personal belongings and provides a sense of family and community. It is comfortable, cozy and reminiscent of one's own home.

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...



VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Regulation Reference: 22VAC-40-73-310.B

Speaker Notes:

When describing services, it is important to do so in a way that exactly meets the resident's need – like a puzzle piece fits in a puzzle.

The items listed under the ***services*** in the ISP must state ***specifically*** what the facility, staff and individuals from external organizations will do to meet the identified needs of the resident.

You may find it helpful to think to yourself: ***The staff will...*** Then, write out the exact actions the staff must take to meet the resident's need.

The staff actions should be described in detail so that a person unfamiliar with the resident would be able to assist them appropriately based on how their needs and services are described in the ISP.

You should also consider what the facility will do, and what individuals from organizations will do to meet resident needs.

Giving detailed and specific descriptions of services on the ISP is one way to ensure individualized care.

Regulation Reference: 22VAC-40-73-480

Speaker Notes:

When considering service delivery, it is important to consider whether the aim of a service is habilitative or rehabilitative.

Habilitation refers to a person's adaptation to a chronic or permanent condition.

- Habilitation goals involve a person's ability to function within the constraints of their condition. In other words, habilitation services help the resident and family get accustomed to the resident's status and develop means of adapting and coping.
- Habilitation also involves prevention of secondary disabilities. These are conditions that can arise because of the effects of the primary disability. An example would be the development of pressure ulcers because of partial paralysis. Habilitation services might include repositioning, observing the skin, and encouraging maximum movement through music and games.

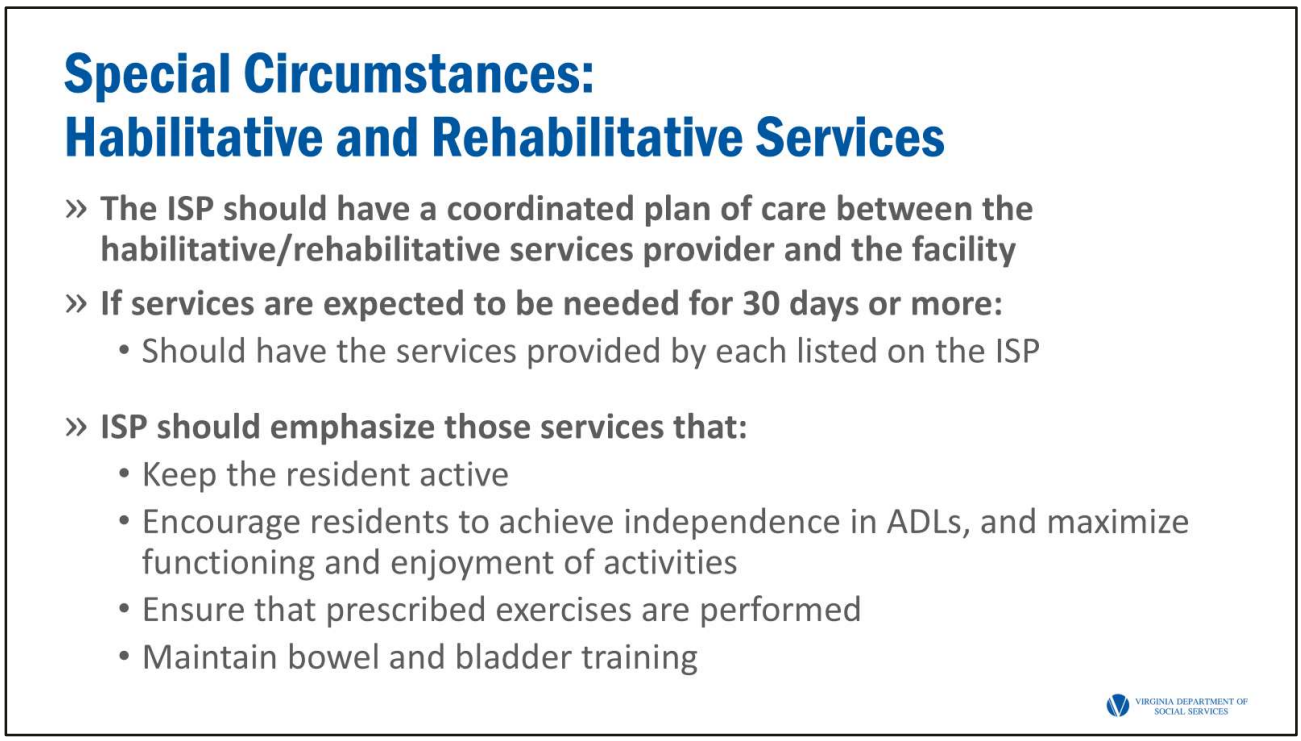
Rehabilitation refers to the recovery of function. Its goal is to return the individual to as much of their previous capability as possible. (See the regulations for restorative, habilitative, and rehabilitative services for more information).

- Rehabilitation, or "rehab" is a distinct healthcare specialty. It involves specialized training and treatment skills.

- ALFs work closely with rehab specialists and ALF staff members are important to the success of treatment programs. The role of assisted living is to coordinate with appropriate professional service providers and ensure that any facility staff who assist with support for these service needs are trained by and receive directions from qualified professionals. Staff members are often instructed by therapists in the proper way to perform treatments 'at home'.
- It is not permitted for staff in assisted living facilities to start a treatment plan on their own – be it behavioral, speech, physical, occupational, or psychological.

In summary: assisted living facilities have an important role in both habilitation and rehabilitation. A resident can have services and goals that are both habilitative (adaptive) and rehabilitative (restorative) in nature.

If a resident has an identified need for either habilitative or rehabilitative services, it must be on the resident's ISP.



Regulation Reference: 22VAC-40-73-480

Speaker Notes:

There are several ***special circumstances*** that affect residents' service needs, and which have ***regulatory implications*** for ISPs

If a resident receives ***habilitative or rehabilitative services*** through a professional service provider, such as physical or occupational therapy, there should be a coordinated plan of care between the service provider and the facility.

If services are expected to be needed for 30 days or more, the specific habilitative and rehabilitative services provided by the service provider and the facility should be listed on the ISP.

The 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.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

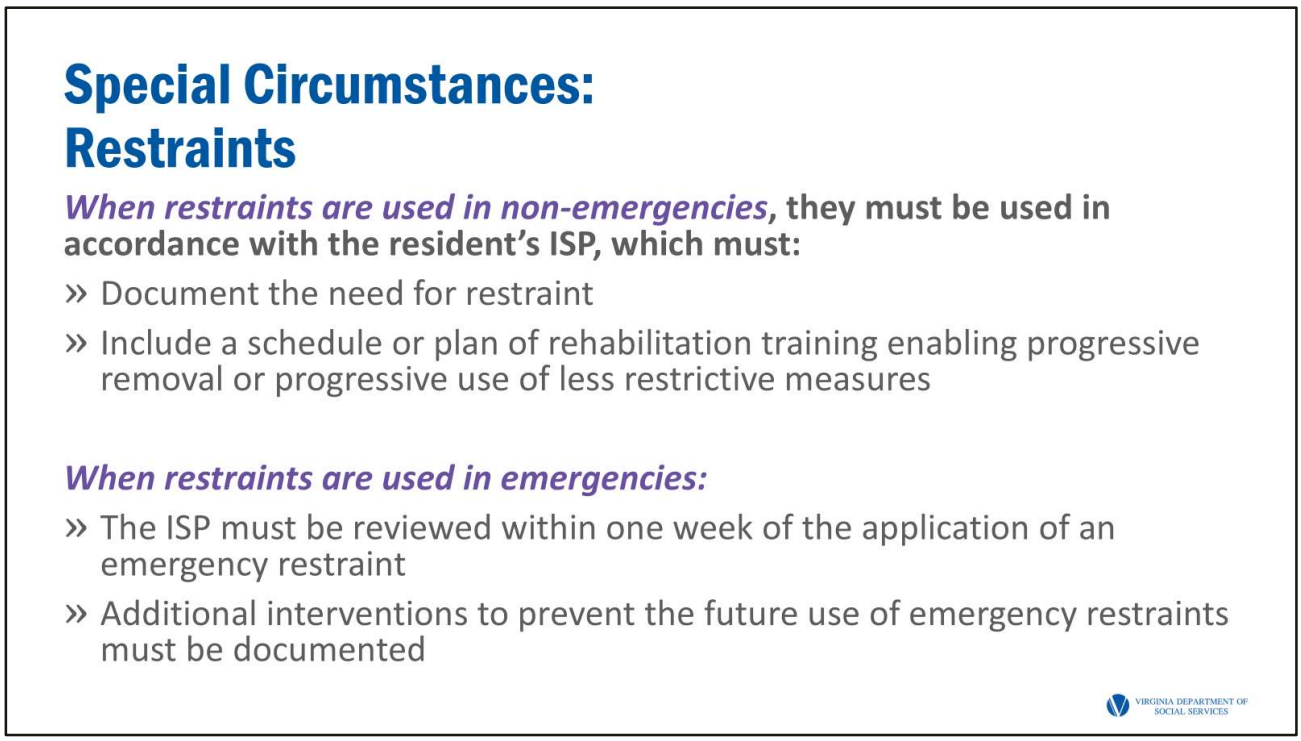
Regulation Reference: 22VAC-40-73-450.D, 22VAC40-73-310.M

Speaker Notes:

When a resident is receiving ***hospice care***, a coordinated plan of care must be communicated and agreed upon between the assisted living facility and the licensed hospice organization. The services to be provided by the facility and the services to be provided by the hospice organization must be specified on the ISP.

"Resident now receiving hospice services effective MM/DD/YYYY" is not sufficient to meet the regulatory requirements in terms of defining the services to be provided by each and a coordinated plan of care.

The ISP must reflect all individuals who contributed to the development of the ISP, this includes hospice representatives. The hospice representative is not required to sign the ISP.



Regulation Reference: 22VAC-40-73-710

Trainer's Guide

The information in this training regarding special circumstances, including restraints, is focused on the implications for ISPs. Learners should be encouraged to refer to the regulations for additional requirements for restraints beyond the implications for ISPs.

Speaker Notes:

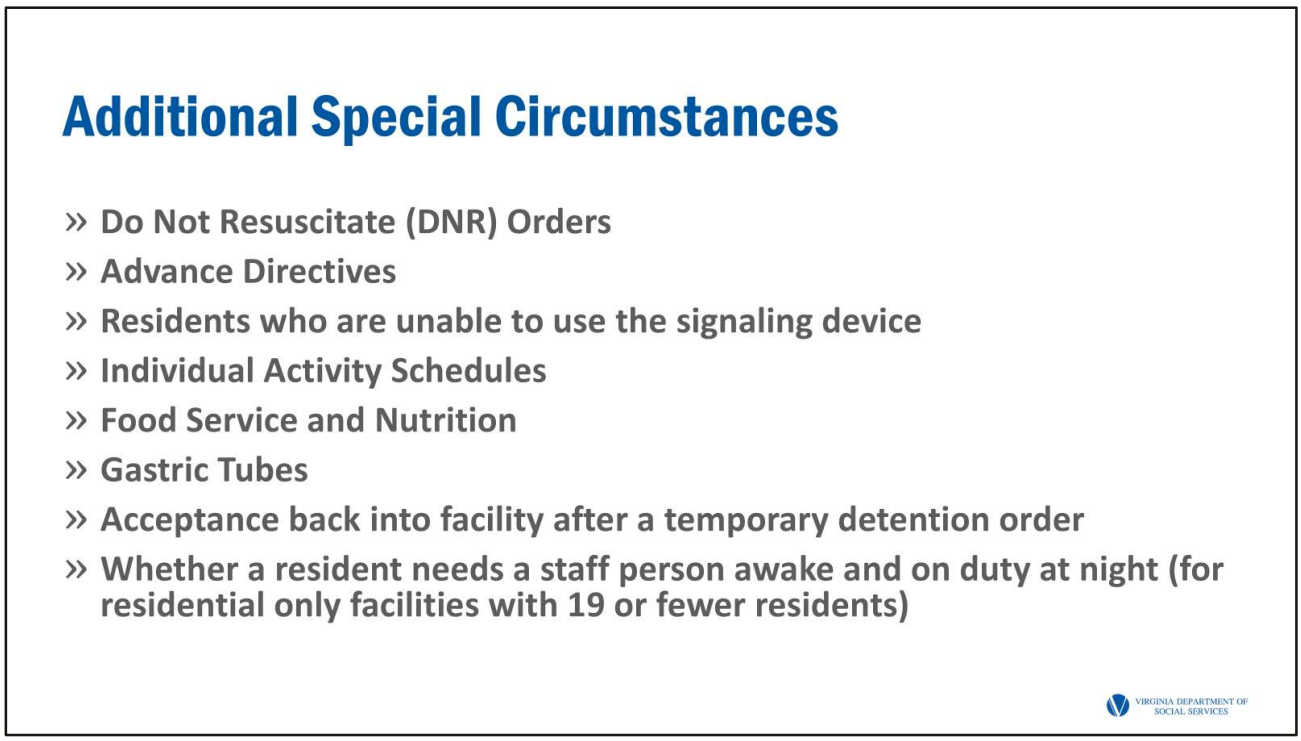
The use of restraints is subject to stringent regulatory requirements. Physical restraints may only be used according to a physician's written order. Full regulatory requirements for the use of restraints will not be reviewed during this training.

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.



Regulation Reference: 22VAC40-73-720, 22VAC40-73-730, VAC40-73-930.D, 22VAC40-73-520H.6, 22VAC40-73-580, 22VAC40-73-470 E.1.d., 22VAC40-73-370, 22VAC40-73-450.C6

Speaker Notes:

There are some additional ***special circumstances*** that have regulatory implications for the ISP.

Do Not Resuscitate (or DNR) Orders: If a resident has a valid written order issued by his attending physician, this must be documented on the ISP per the Code of Virginia § 63.2-1807.

Advance Directives: When a resident has an advanced directive, such as a living will or durable power of attorney for health care, the facility must obtain the name and contact information for any designated agent as related to the development and modification of the ISP.

If a resident is ***unable to use the signaling device***, that inability must be included on the ISP.

Individual Activities Schedules: If a resident requires an individual schedule of activities, that schedule shall be a part of the individualized service plan

Food Service and Nutrition:

- If a resident has been assessed on the UAI as dependent in eating/feeding, his individualized service plan shall indicate an approximate amount of time needed for meals to ensure needs are met.
- If the resident has a psychiatric condition that contributes to self-isolation, a qualified mental health professional shall make a determination in writing whether the resident should have the option of having meals in his room. If the determination is made that the resident should not have this option, then the resident shall have his meals in the dining area.

Gastric Tubes: When care is provided to a resident with a gastric tube, the tube care and feedings provided to the resident and the supervisory oversight provided by the delegating RN must be reflected on the ISP

Accepting back residents who have been detained by temporary detention orders (TDOs):

If a resident is detained by a temporary detention order pursuant to §§ 37.2-809 through 37.2- 813 of the Code of Virginia and is not involuntarily committed, the facility must have procedures to ensure that they are accepted back into the facility. These procedures must include updating the resident's ISP as needed.

If a facility is licensed for residential care only with 19 or fewer residents, the ISP must include a statement whether the resident needs a staff person awake and on duty at night.

Regulation Reference: 22VAC-40-73-280.A

Trainer's Guide

Look here for helpful information!

Speaker Notes:

There are many ***different roles*** involved with the delivery of assisted living services. These roles can also have widely ***varying titles*** from one facility to another.

Consider the following about your workplace: What is the title or term for employees who prepare food? Who delivers or serves food? What is the title of a person who provides hands-on care for ADLs and other activities? (There may be several roles that fit this description).

As a developer of ISPs, you need to know ***the roles of the staff*** in your facility and ***what their duties are*** to enter clear information on the ISP.

You may find it helpful to use a checklist of roles when determining services to include on the ISP. Often, many roles are involved in meeting a single need.

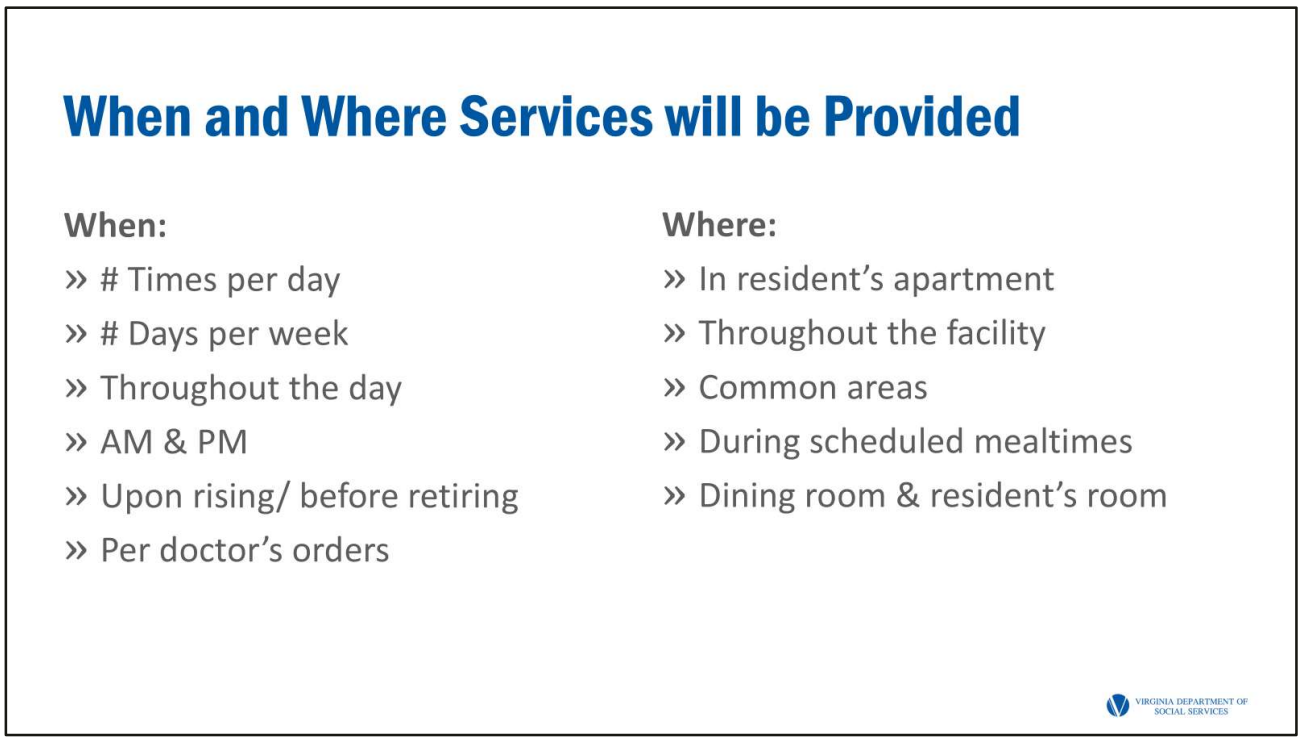
Sometimes it is even appropriate to write that ***every*** staff member in ***every*** department is responsible for providing a certain service. Meeting residents' communication needs could fall into this category, especially in dementia care. Including a designation like this on the ISP implies that all staff members are ***aware*** of their responsibility and are ***trained*** to meet it.

Roles of individuals who may provide services to residents include:

- Direct care staff (including nurses' aides, certified nursing assistants, and registered medication aides)
- Licensed nursing staff
- Activities
- Dietary or dining
- Maintenance and housekeeping
- Administration
- Transportation
- Private duty nurses or Companions
- Registered dietician or nutritionist
- Hospice personnel
- Family
- Therapy Services (like occupational therapy, physical therapy or speech therapy)

The facility must differentiate on the ISP who is responsible for providing specific services to residents when the service is provided by facility staff and external organizations.

For example, if the resident needs bathing three days per week, and hospice provides bathing one of the three days each week the resident's ISP must specify that hospice staff will provide a bath one day each week and that direct care staff will provide a bath two days each week.



Regulation Reference: 22VAC-40-73-450.C

Speaker Notes:

An ISP may include the following descriptions of when a service will be provided:

- Number of times per day
- Number of days per week
- Throughout the day
- Morning and night
- Upon rising or before retiring
- Per doctor's orders

An ISP may include the following description of where a service will be provided:

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

These are only some of the many possibilities of the ***when and where*** of ISPs.

The when of an ISP can indicate frequency (how often and what interval) or a scheduled day, date or time.

- When a service is provided can be determined by doctor's orders, ALF standards, resident's wishes, or facility policy.
- Whenever possible, ***resident's wishes*** should be respected, supporting the principle of freedom of choice. This can be stated on the ISP.
- Staff convenience should not determine when a service is provided.

Where a service is provided can send powerful messages to the resident. When personal services are provided in private locations the resident's dignity is preserved, and a message of respect is sent.

- This is just as true for residents who are cognitively impaired.
- Sometimes there is significance regarding where a service is rendered. For example, being seated or being in a place free of distractions can decrease the risk of choking.
- Carefully stating the ***where*** of service provision on ISPs reminds all members of the care team about these privacy and safety issues.
- Finally, it is possible for some services to be provided in all locations throughout the facility, at all times, and by all facility staff.
- ***Can you think of an example of this type of global service?***

Regulation Reference: 22VAC-40-73-450.A and 450.C

Trainer's Guide

You can use the action words on this slide to conduct a mini activity with your participants to practice writing the service portion of the ISP in a detailed and concise manner.

Trainer Notes:

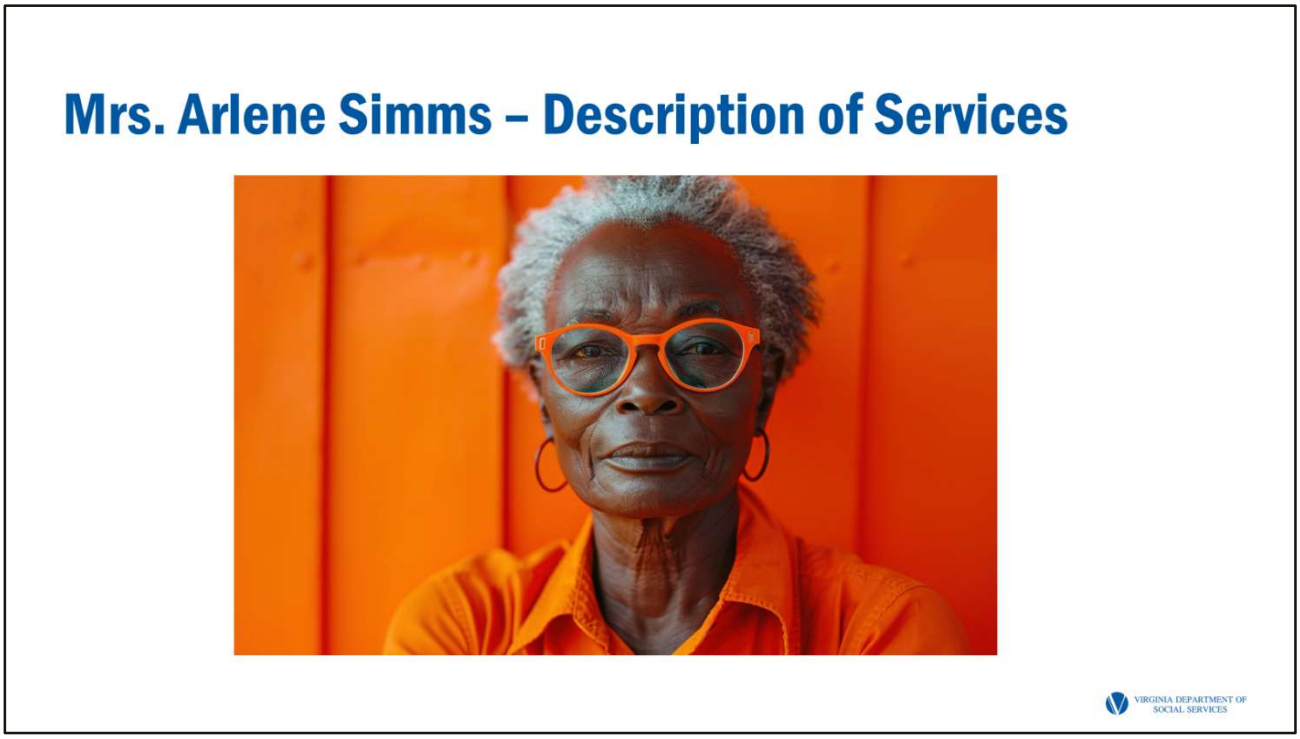
1. Assign each participant one of the verbs listed on the slide (or allow them to pick). If there are more participants than verbs listed on the slide, have the participants create groups.
2. Ask the participants to think of a resident and to use their assigned/selected verb to write a service statement for that individual's ISP.
3. Remind the participant that the format is: The staff person responsible' (for example: direct care, dining, or recreation staff) will 'insert verb' by 'insert action'.
4. Give the participants an example to help them get started. "The direct care staff will assist during bathing by washing feet and back." Or "The dining staff will encourage..."
5. After each participant has written their service statement, ask them to partner up or join with another group.
6. Have the partners read their service statement to each other. Have them determine if they would have been able to provide the care needed with the direction they were given?
7. What questions would they have if they were supposed to provide that service for the individual needing care?

8. Would they need more details?

Explain to your participants:

ISP statements about services use action words like these. A good formula for an accurate and concise service statement is “The [staff person responsible] will [insert action word] by [describe how the action will be completed].”

For example, this following statement might be one of several services provided to a resident with dementia who needs bathing assistance, but who can also become frightened by the shower. This resident prefers baths over showers. “The direct care staff will offer a bath if the resident refuses a shower.”



Trainer's Guide

Have your participants refer to the Mrs. Simms handout to review Mrs. Simms' information, so it will be fresh in their minds for the next part of the practice exercise.

Speaker Notes:

We will now return to Mrs. Simms to describe the services that will be provided to her and document those services on the ISP form. Refer to her case study information to refresh your memory.

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					

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Trainer's Guide

Before presenting the next slide, encourage your participants to talk about what they think should be included in Mrs. Simms' ISP regarding the services she will be provided and who/when they will be provided to her. You can also encourage your participants to practice identifying services for additional needs that they have identified through review of Mrs. Simms' information that are not included in the example.

Speaker Notes:

Based on these needs identified on Mrs. Simms' ISP form, what do you think appropriate services are to provide for Mrs. Simms? Who would be the best person or people or role/roles to provide those services? When and where should the services be provided?

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		

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Trainer's Guide

The text on the example ISP is quite small due to the amount of information in each section. Be sure to zoom in or read each section to your participants as needed.

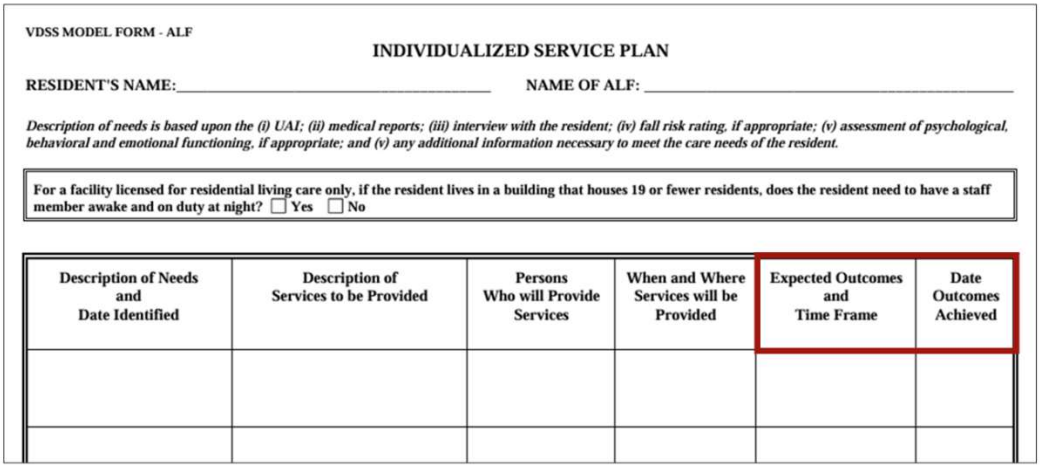
Speaker Notes:

Here are some examples of services that could be provided to meet Mrs. Simms' needs based on the information that has been previously provided, and how these services can be described on the VDSS model form.

[Review example ISP information provided]

We will return to Mrs. Simms to set expected outcomes for her services after the next section of the training.

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

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

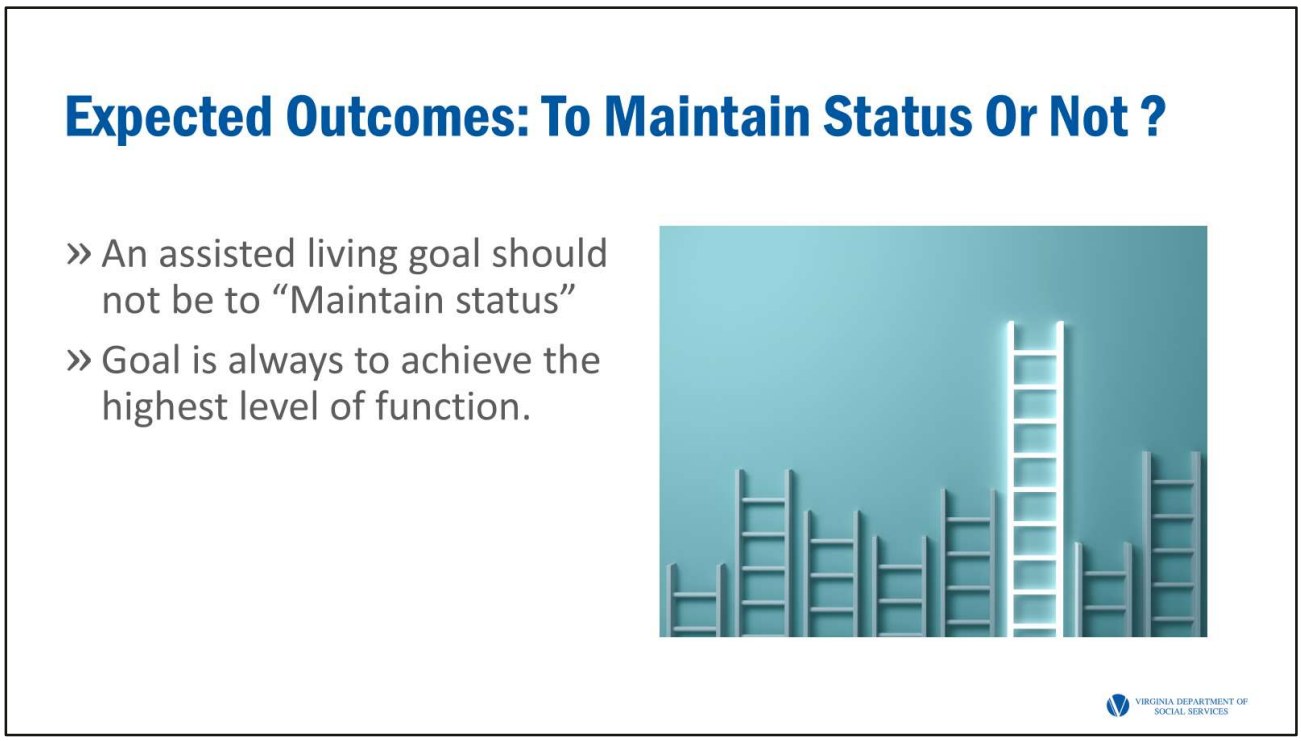
Regulation Reference: 22VAC-40-73-450.C.4

Speaker Notes:

Once a resident need has been identified, and the appropriate services to address the need (including who, when, and where), the next required components of the comprehensive ISP are:

- ***Expected outcome(s) and time frame(s)***
- ***Date outcome(s) achieved***

Providers who use the VDSS model form will record information about expected outcomes and time frames and the date each outcome is achieved in the last two columns of the form, which are indicated here.



Regulation Reference: 22VAC-40-73-450.C

Speaker Notes:

Sometimes it seems as though a reasonable goal for a resident would be for them to continue in the way they currently are functioning. However, an ISP goal to 'Maintain current status' can send one of the following negative messages:

- "It is good enough for things to stay just the way they are."
- "We really have no hope that anything will change."
- "This person is actually going to go downhill, so functioning the same would be a good thing."
- "We don't know how to state a goal for this need."

Would you want someone to write a goal for you that states: "Maintain status?" Probably not.

Even if goals don't target actual ***improvement*** in functioning, they ***can*** focus on improving quality of life, independence, comfort, and self-worth.

When developing ISP goals, consider these issues:

- The purpose of placement in assisted living (should match with what needs have been identified)
- The nature of any underlying condition or disease (it is a condition that is expected to improve?)
- The resources of the facility
- Maximizing the resident's level of functioning, and
- What can realistically be achieved

For example: Instead of writing: "Maintain current activity level", write: "Mr. Jones will attend three activities each week that he chooses."

Regulation Reference: 22VAC-40-73-450.C

Speaker Notes:

Expected Outcomes are Goals - What we want to see from the resident as a result of the services we provide.

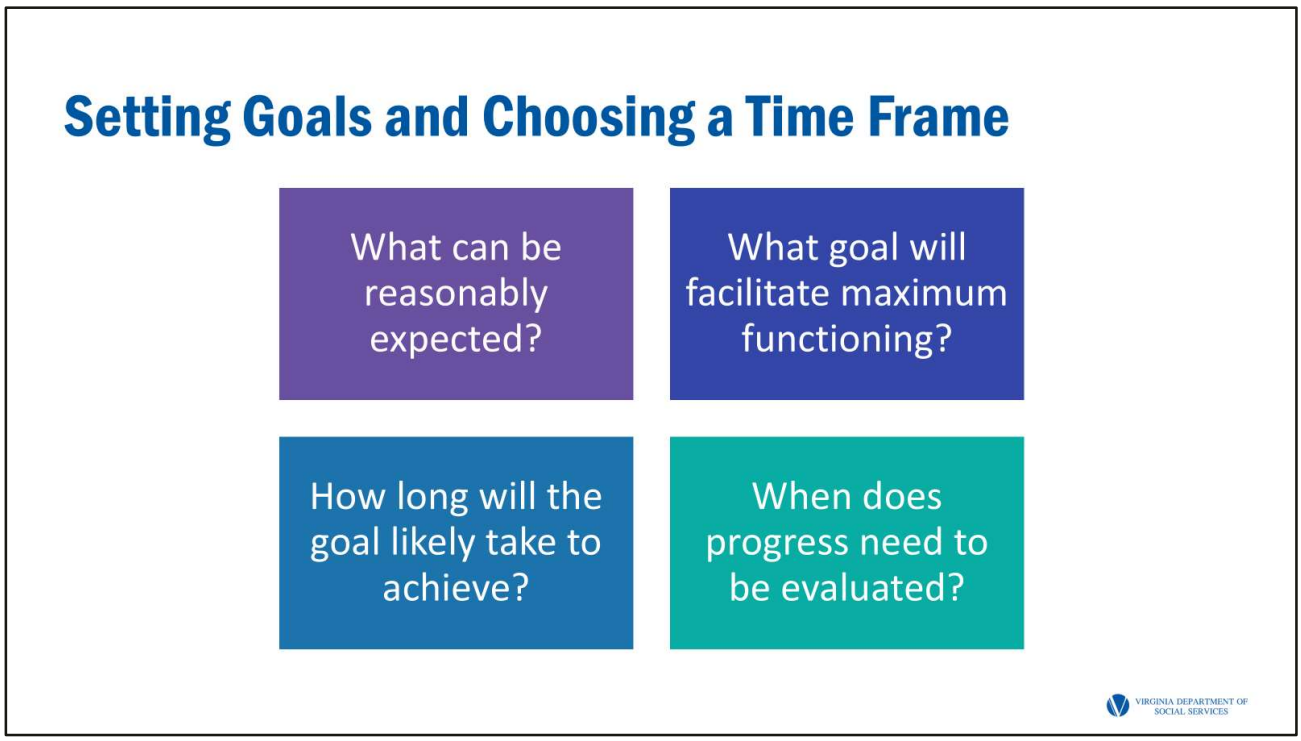
Goals sound like this: "The resident will…." Then the end of the sentence states what the resident will look like, act like, sound like, or smell like if we have all done our jobs well.

Goals should be reasonable. They should make sense in terms of the abilities of the resident. They should be practical and have a sound purpose for the person's life.

Goals should be a good fit with the person's age, interests, background, abilities and medical status. In other words, they should be ***appropriate*** for the resident.

A goal should be measurable, observable, or countable. "Roger will exercise" is not a well-written goal. A better goal would be: "Roger will attend and participate in group exercise classes three times per week." In the second example, anyone can determine if Roger has met the desired outcome.

Goals must support ***maximum functioning*** for the person. Maintaining a given level of function is neither reasonable nor appropriate. Services and efforts should be directed toward assisting residents to do the most that they can on any given day.



Regulation Reference: 22VAC-40-73-450.C

Speaker Notes:

A time frame is similar to a deadline. It is an interval of time during which a certain thing is supposed to happen. A time frame provides a period in which to measure the resident's progress toward attaining a goal.

When choosing time frames for expected outcomes or goals that address needs on the ISP that are not expected to change, it is reasonable to set a time frame for those expected outcomes that coincides with the next scheduled review of the ISP. In many cases this will be the next annual review.

When choosing time frames for expected outcomes or goals that address needs that are expected to change or improve, a time frame should be chosen that aligns with those expectations.

An example of a need and expected outcome that could change more quickly is:

Need: Mr. Adams needs physiotherapy to regain mobility.

Description of Services: Physiotherapy services will be scheduled and performed three times weekly.

Persons Who will Provide Services: Staff of PT Company, LLC

When and Where Services will be Provided: Three times weekly, in PT gym and throughout facility as prescribed.

Expected Outcome and Timeframe: Mr. Adams will be able to walk 20 feet independently within 30 days.

Goal setting can be tricky, but it is a very important part of the ISP process. Asking yourself these questions as you develop ISP goals can help you stay on track.

- What can be reasonably expected?
- What goal will facilitate maximum functioning?
- How long with the goal probably take to achieve?
- When does progress need to be evaluated?

Regulation Reference: 22VAC-40-73-450.B.3 and 450.C

Speaker Notes:

When writing ISPs, it is helpful to keep in mind the ***underlying reason*** (or reasons) for a specific resident's needs when developing their ISP. You may encounter several residents with the same need, but who have different reasons.

For example, you may have three residents that require assistance with ambulation.

- One has joint pain and limited mobility related to arthritis
- One has safety concerns related to dementia
- One has joint pain and limited mobility related to recent hip surgery

Consider:

- What might be your services and goals for these three individuals?
- Will the residents require the same services? Consider the use of assistive devices versus cueing/prompting versus rehabilitation services.

Possible answers: The person with arthritis may use assistive devices; cueing could be helpful for the individual with dementia; and rehabilitation therapy, such as physical therapy, would be helpful for the person with the broken hip.

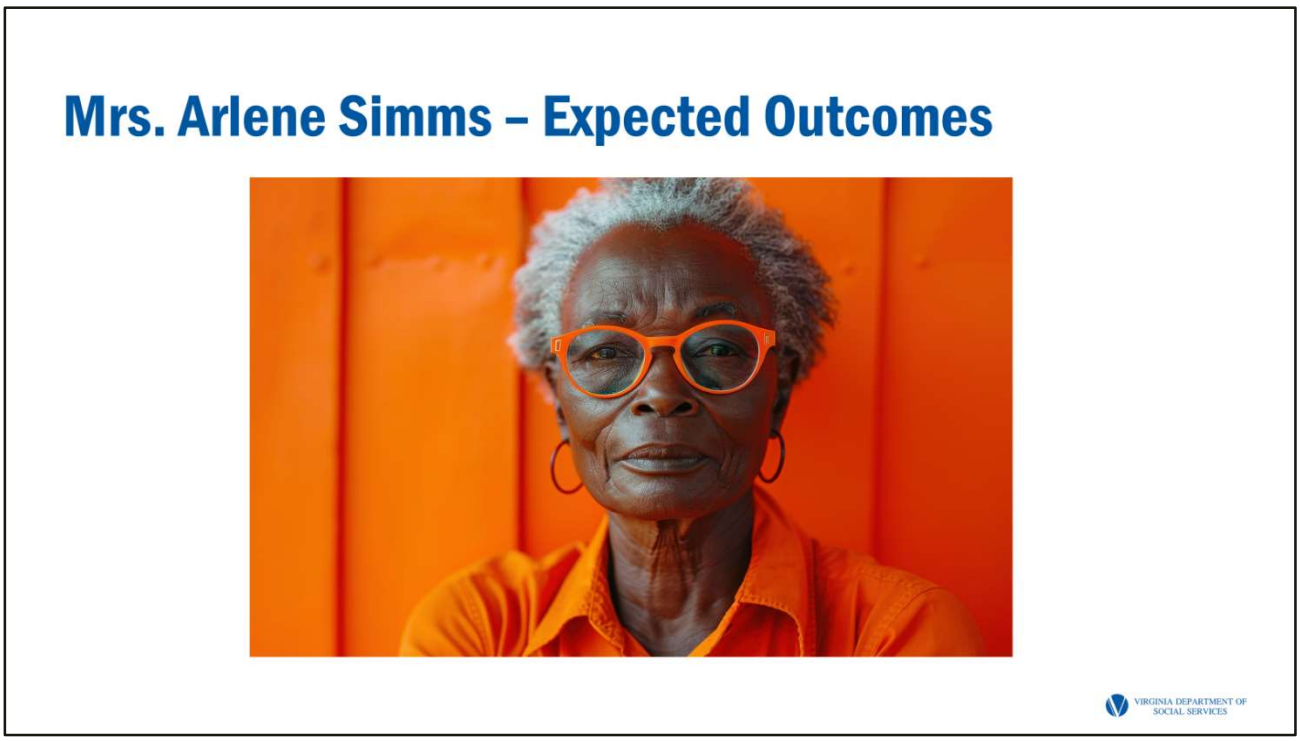
- Will their goals be habilitative or rehabilitative?

Answer: The people who have arthritis and dementia will have habilitation goals. However, the person with the broken hip will have rehabilitation goals.

When contemplating the reasons why someone might need assistance, keep in mind these examples and how the services and goals might differ.

- physical disability
- emotional, cognitive, or behavioral disorder
- accident or injury

The examples used here aim to demonstrate how the same need may result in very different services and goals, depending on the resident's specific circumstances. This also should serve as a reminder of the reasons that pre-printed ISPs may not always be effective and may require more individualization.



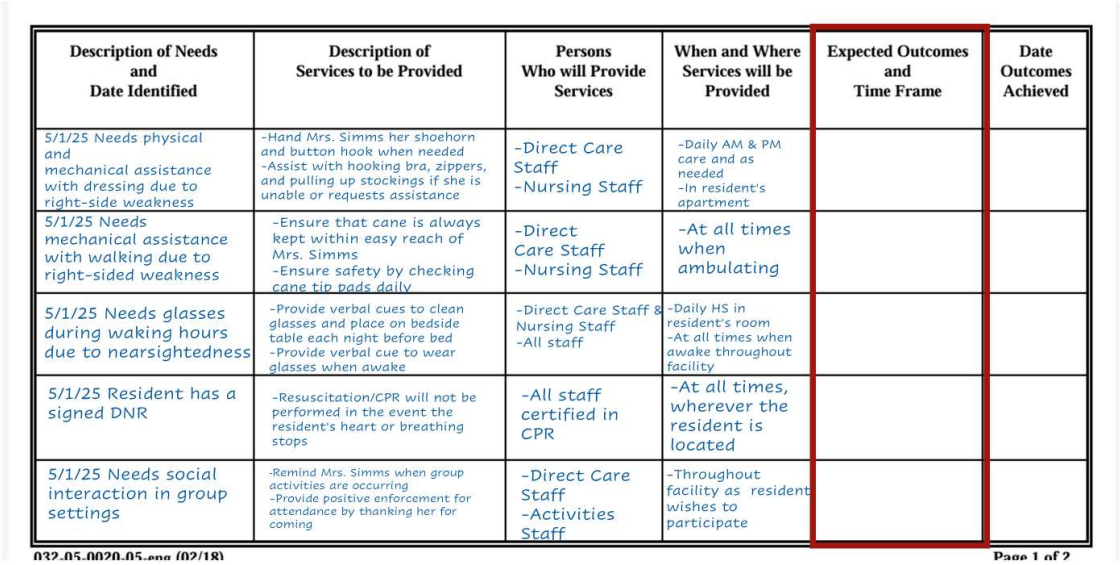
Trainer's Guide

Have your participants refer to the Mrs. Simms handout to review Mrs. Simms' information, so it will be fresh in their minds for the next part of the practice exercise.

Speaker Notes:

We will now return to Mrs. Simms to describe the expected outcomes for her services, and document them on the ISP form. Refer to her case study information to refresh your memory.

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		

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Trainer's Guide

Before presenting the next slide, encourage your participants to talk about what they think should be included in Mrs. Simms' ISP regarding outcomes for her services. You can also encourage your participants to practice identifying outcomes for services for additional needs that they have identified through review of Mrs. Simms' information that are not included in the example.

Speaker Notes:

Based on the services identified on Mrs. Simms' ISP form, what do you think the appropriate outcomes and timeframes would be for Mrs. Simms?

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	

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Trainer's Guide

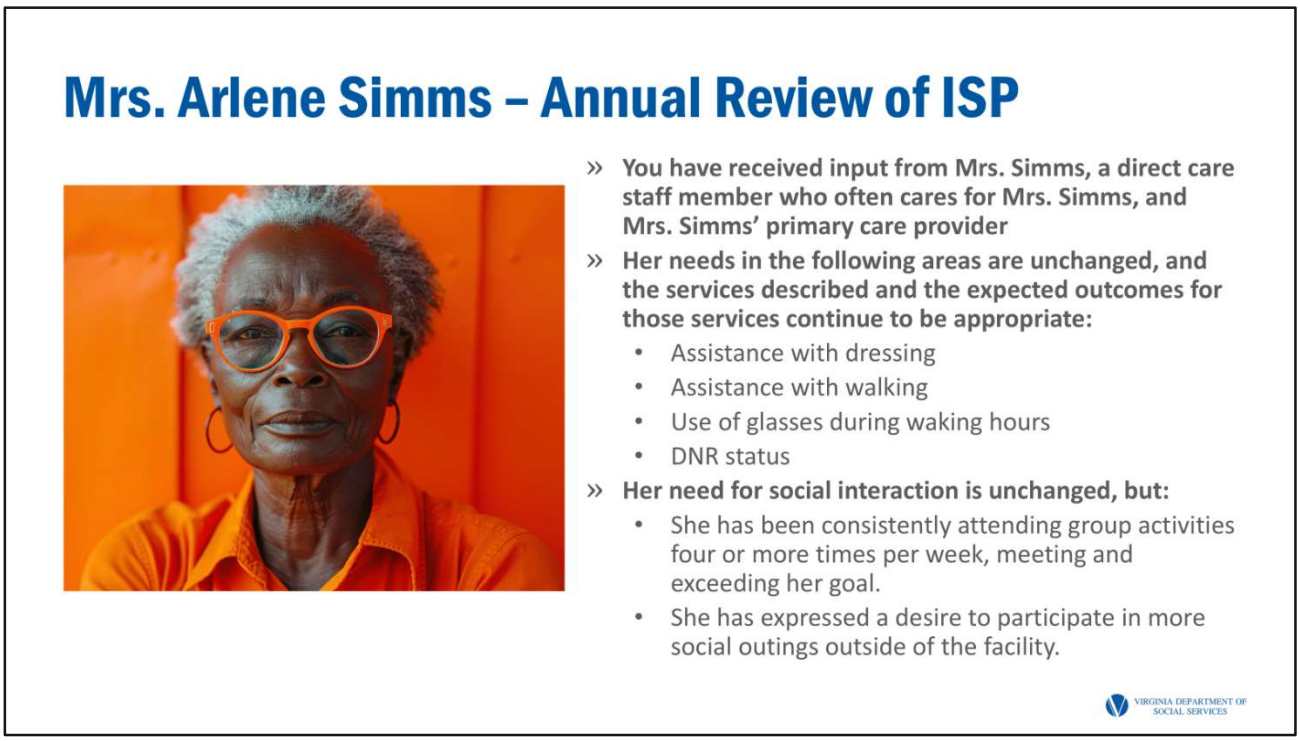
The text on the example ISP is quite small due to the amount of information in each section. Be sure to zoom in or read each section to your participants as needed.

Speaker Notes:

Here are some examples of expected outcomes for the services identified, and how these outcomes can be described on the VDSS model form.

[Review example ISP information provided]

We will return to Mrs. Simms one final time after we check in on her progress toward her expected outcomes.



Regulation Reference: 22VAC-40-73-450.F

Speaker Notes:

It is now May 1, 2026, and you are completing the annual review of Mrs. Simms' 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 regarding her needs, services, and progress toward expected outcomes. The results of your review are as follows:

Her needs in the following areas are unchanged:

- Assistance with dressing
- Assistance with walking
- Use of glasses during waking hours
- DNR status

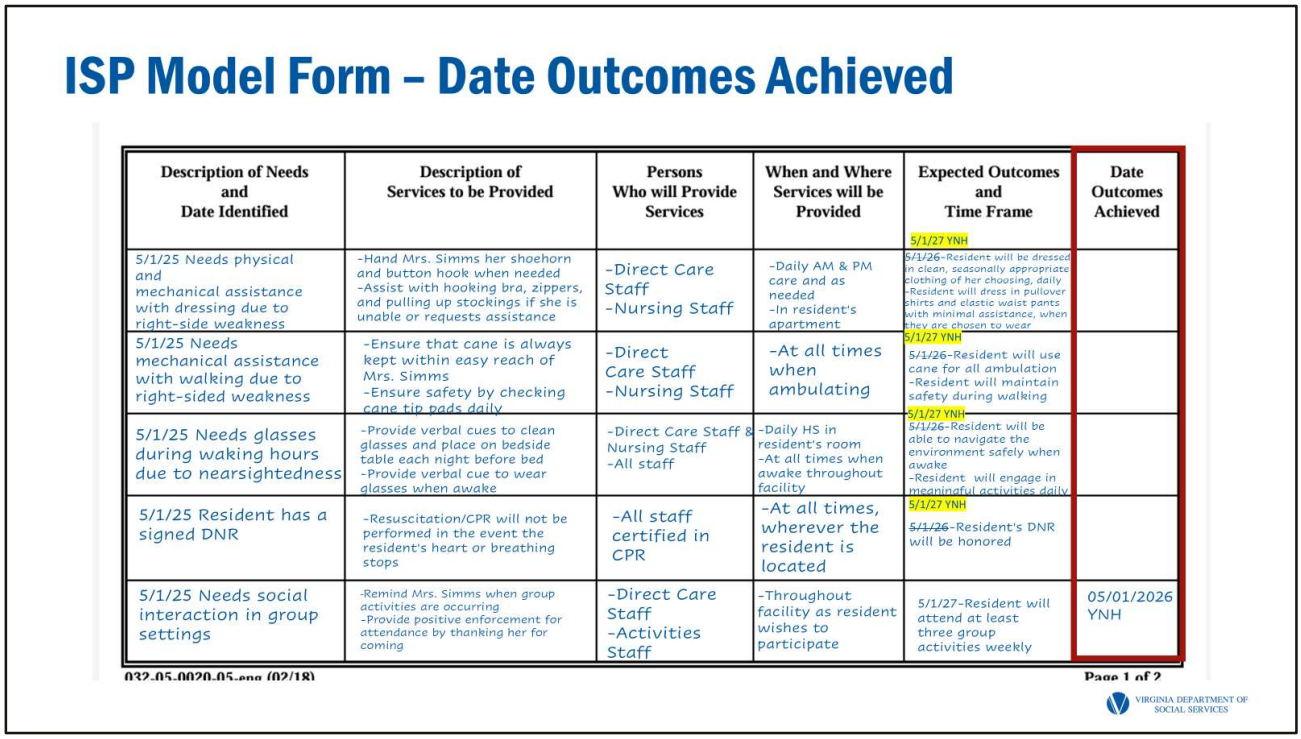
Mrs. Simms, the direct care staff and primary care provider agree that the services described for these needs and the expected outcomes for those services continue to be appropriate.

What will you change (or not) on Mrs. Simms' ISP for these areas?

Her ***need for social interaction is unchanged,*** however:

- She has been consistently attending group activities four or more times per week, meeting and exceeding her expected outcome.
- She has expressed a desire to participate in more social outings outside of the facility.

What will you change (or not) on Mrs. Simms' ISP for this area?



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

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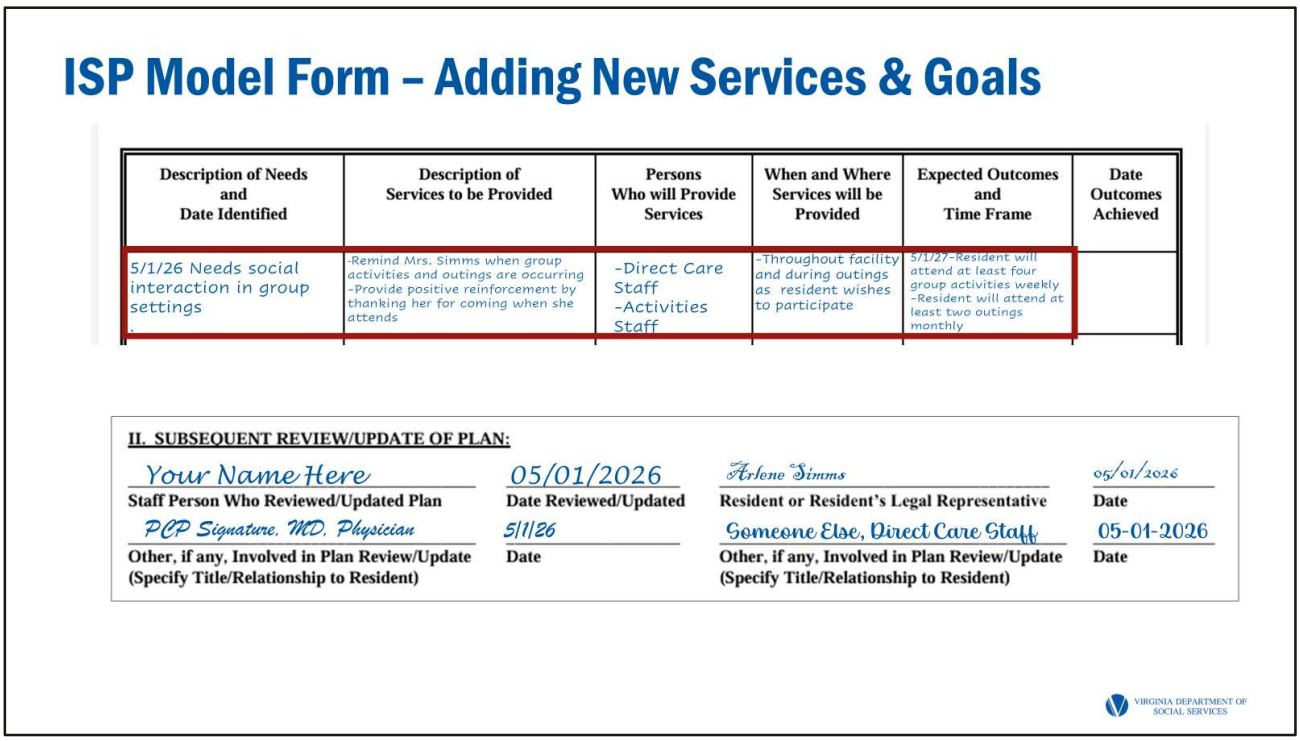
VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Speaker Notes:

Because the ISP continues to be appropriate regarding Mrs. Simms' needs for assistance with dressing, assistance with walking, use of glasses and DNR status, no changes to the ISP document are necessary for these items. You do not need to change the date identified, because these needs have been ongoing from the original date. You will need to update the time frame for the expected outcomes. In this example the date has been extended one year, to the next scheduled annual review of the ISP.

When using the model form, you may update the date in this manner, or you may choose to use a fresh form and a new line, keeping all other information the same and updating the time frame, as long as the form remains legible and the updates are clear.

Because the expected outcome for the services listed for Mrs. Simms' need for social interaction was met, the date that the goal was met should be recorded in the rightmost column.

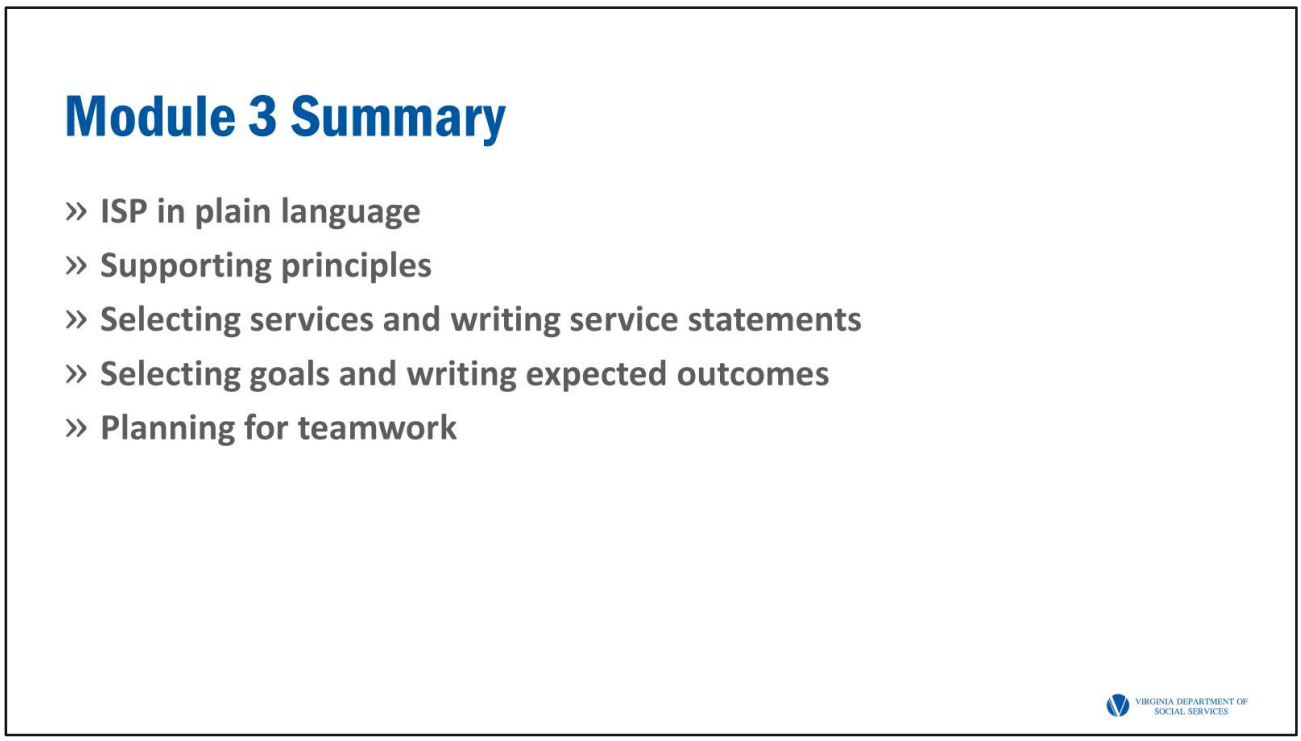


Speaker Notes:

Because Mrs. Simms still has a need identified for social interaction in group settings, this need should be added to her updated ISP, with appropriate service descriptions and expected outcomes. Here is an example of updates to service descriptions and expected outcomes that might be added to Mrs. Simms ISP, on a new page.

You must ensure that you (as the reviewing/updating staff person), Mrs. Simms, and the participating care staff and primary care provider sign and date the updated ISP document. The model form has an area for these. When using the VDSS model form, you can attach additional sheets as necessary.

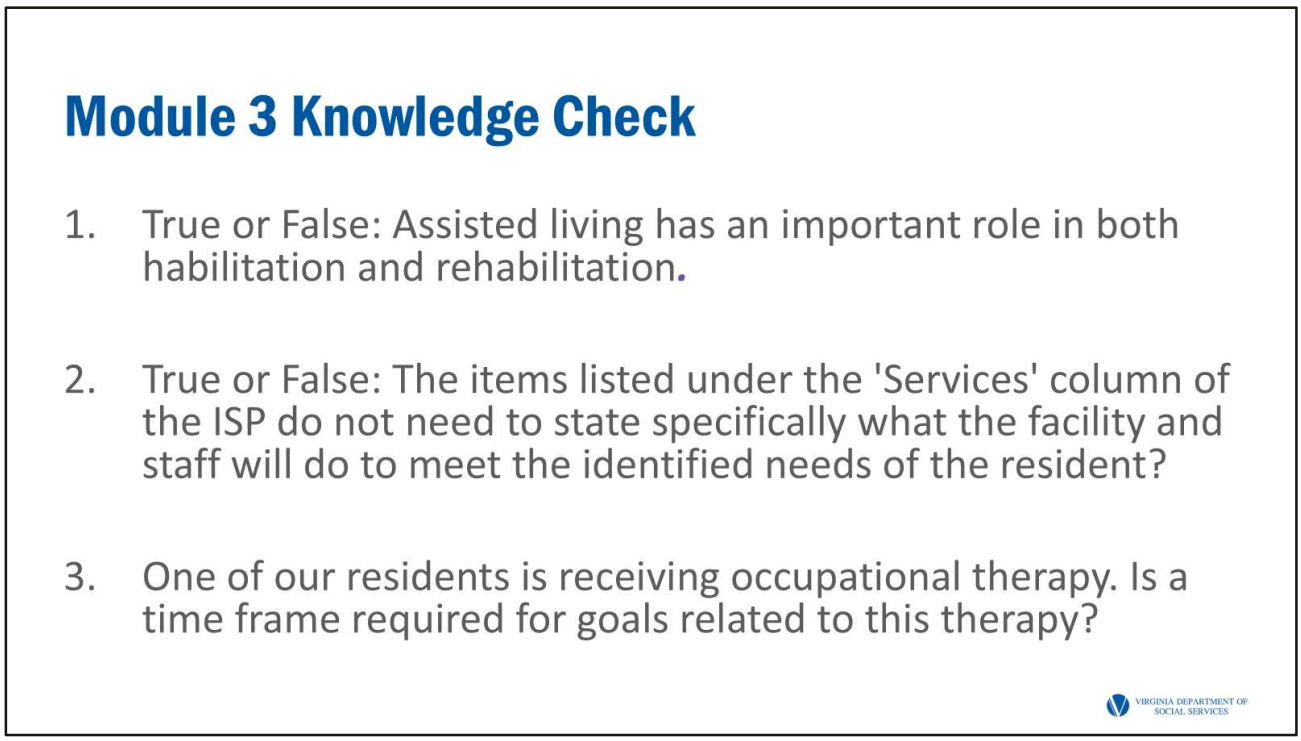
The same process is used to update the ISP and update needs, services or goals for annual reviews and between annual reviews when a significant change occurs. When providers use the VDSS model form, additional pages can be added as necessary.



Speaker Notes:

In module 3 we reviewed;

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



Trainer's Guide

Reminder: You may choose how to have your participants participate in the knowledge checks. You may ask them to write down their answers and check them when you provide the correct answers, or you can have your participants answer out loud and discuss the answers.

Speaker Notes:

1. True or false: Assisted living has an important role in both habilitation and rehabilitation.

   Answer: True

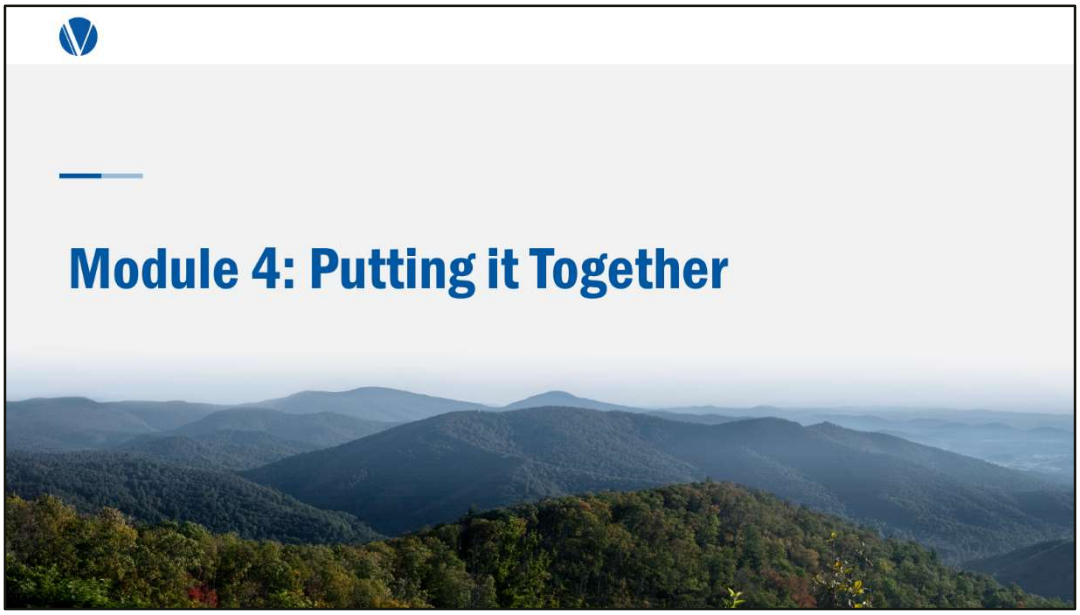
2. The items listed under the 'Services' column of the ISP ***do not need*** to state specifically what the facility and staff will do to meet the identified needs of the resident.

   Answer: False

3. One of our residents is receiving occupational therapy. Is a time frame required for goals related to this therapy?

   Answer: Yes

Module 4: Putting it Together



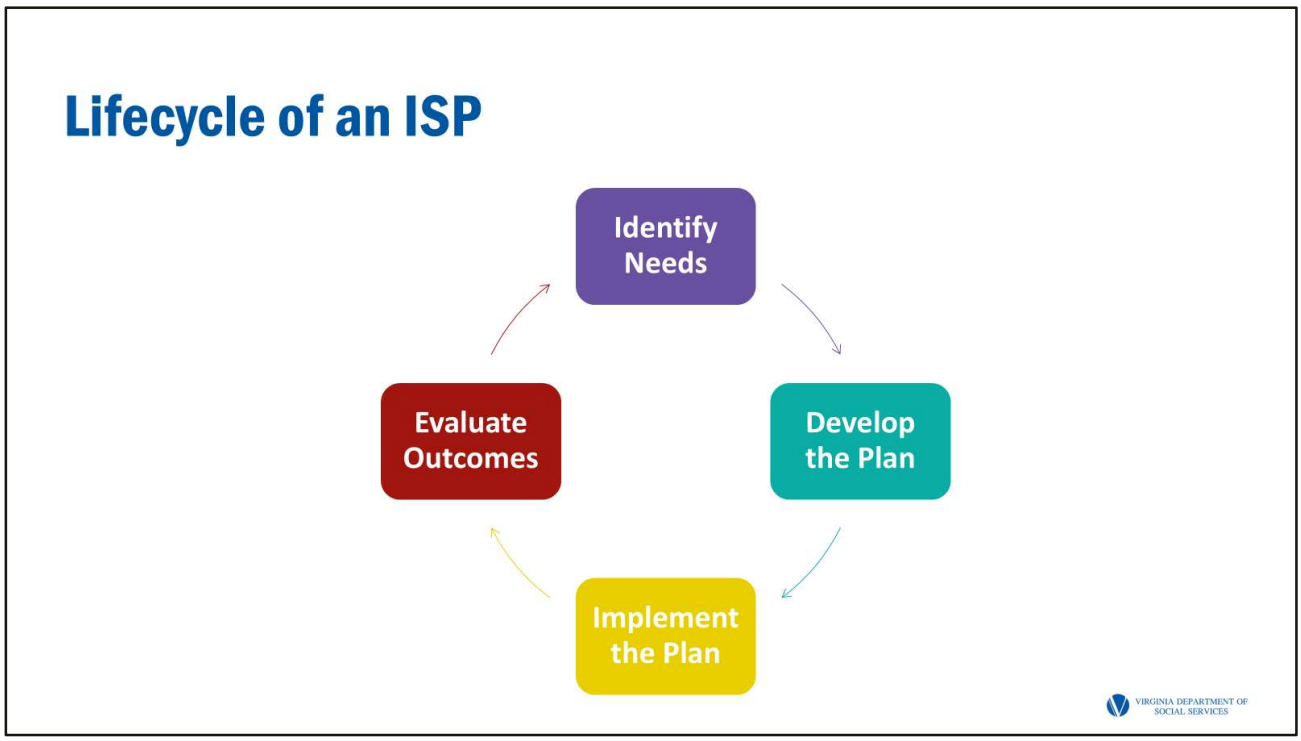
Regulation Reference: 22VAC-40-73-450

Speaker Notes:

In module four we will review putting the Individualized Service Plan (ISP) together.

We will review:

- The Lifecycle of an ISP
- High Quality ISPs
- Common Problems
- Leveraging Teamwork

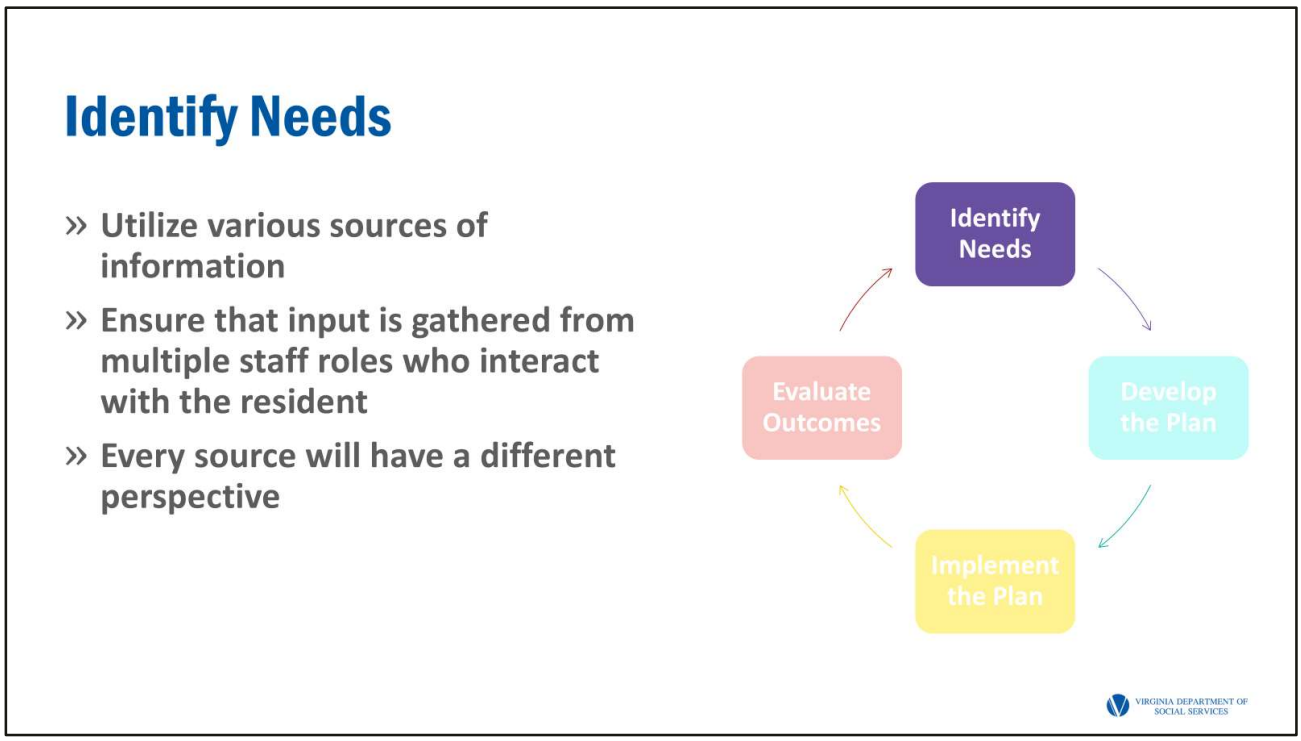


Regulation Reference: 22VAC40-73-450.A., 450.C, 450.E, 450.F, 450.G and 450.H.

Speaker Notes:

ISP development and revision occurs in a cycle:

1. Identify needs
2. Develop the plan
3. Implement the plan
4. Evaluate outcomes



Regulation Reference: 22VAC-40-73-280.A

Trainer's Guide

To stimulate discussion, consider asking participants how and why input from individuals in multiple roles in the facility is important to the process of ISP development. What types of information could you obtain from talking to the resident, their family members or legal representative, Activities Director, Dietitian, Chaplain, Social Worker, and friends? Be sure to talk about confidentiality of resident information.

Speaker Notes:

To identify resident needs, multiple sources of information must be used. The UAI will provide a good foundation for needs identification, but there are other forms and assessments that can provide valuable information:

- Report of physical examination
- Mental health screening evaluation
- Personal/social data form
- Other assessment forms

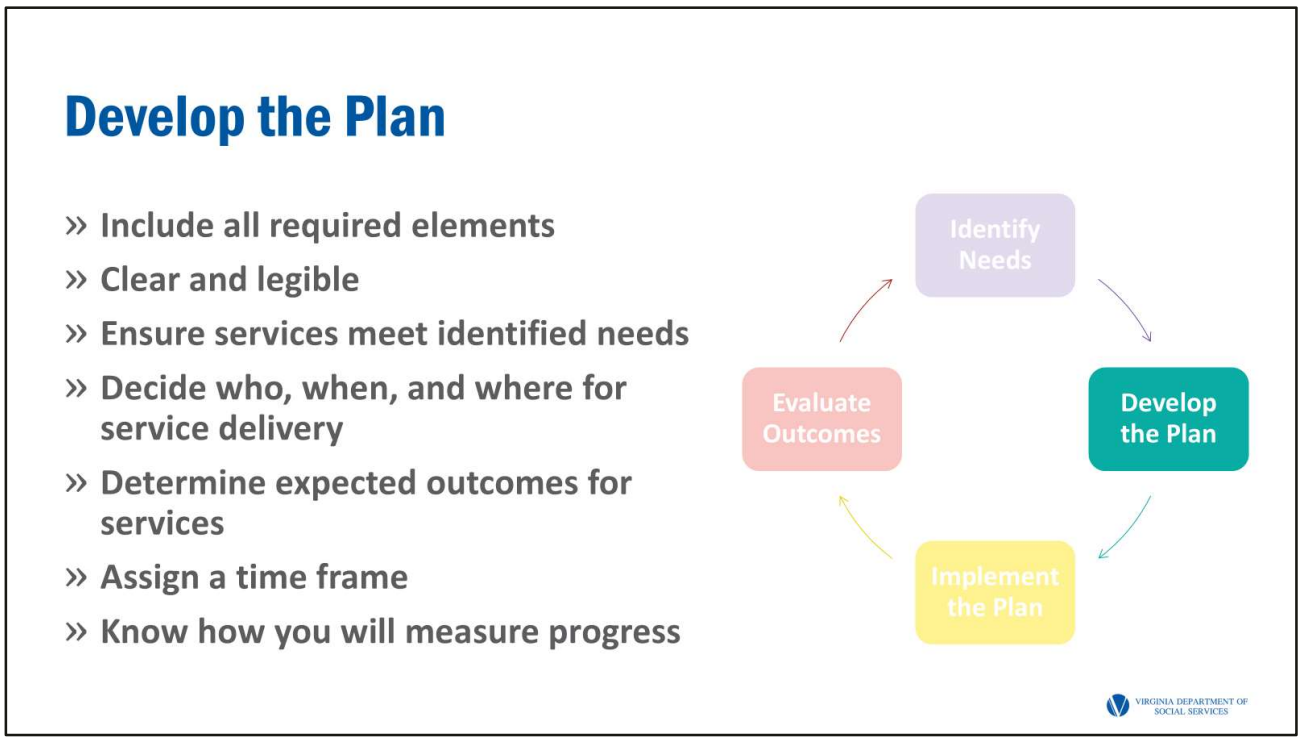
Gather information from the resident interview and input from the resident's representative, family, staff who know the resident well and others as appropriate. Each person will have a different perspective, and gathering information from multiple sources can help generate the most complete and accurate information regarding resident needs.

Avoid listing diagnoses or medical conditions as a resident need.

Be sure to include IADL needs (money management, meal preparation, housekeeping, laundry) on the ISP if identified. If a need of a resident will be met by a standard service provided by the facility, such as meal service or housekeeping services, it is acceptable to reference a document that describes these standard services.

Evaluate any special circumstances for inclusion in the ISP, such as the presence of a DNR order or advance directive, habilitative and rehabilitative services, hospice care, private duty personnel, restraints, ability to use the signaling device and others.

When reviewing information, it is possible or even likely that you may find discrepancies between the information sources. It will be your responsibility to determine the accuracy of each need and ensure that the ISP reflects the resident's most current needs.



Regulation Reference: 22VAC40-73-450.A, 450.B., 450.C. and 450.E.

Trainer's Guide

Use the questions in the speaker notes to facilitate discussion among participants.

Speaker Notes:

Include all required elements, using either the VDSS model form or a facility-specific format that collects the same information.

- Description of each need and the date identified
- Description of services to be provided
- Persons who will provide services
- When and where services will be provided
- Expected outcomes and timeframes
- Date(s) outcomes are achieved

Ensure that handwritten forms are clear and legible.

When using the VDSS model form:

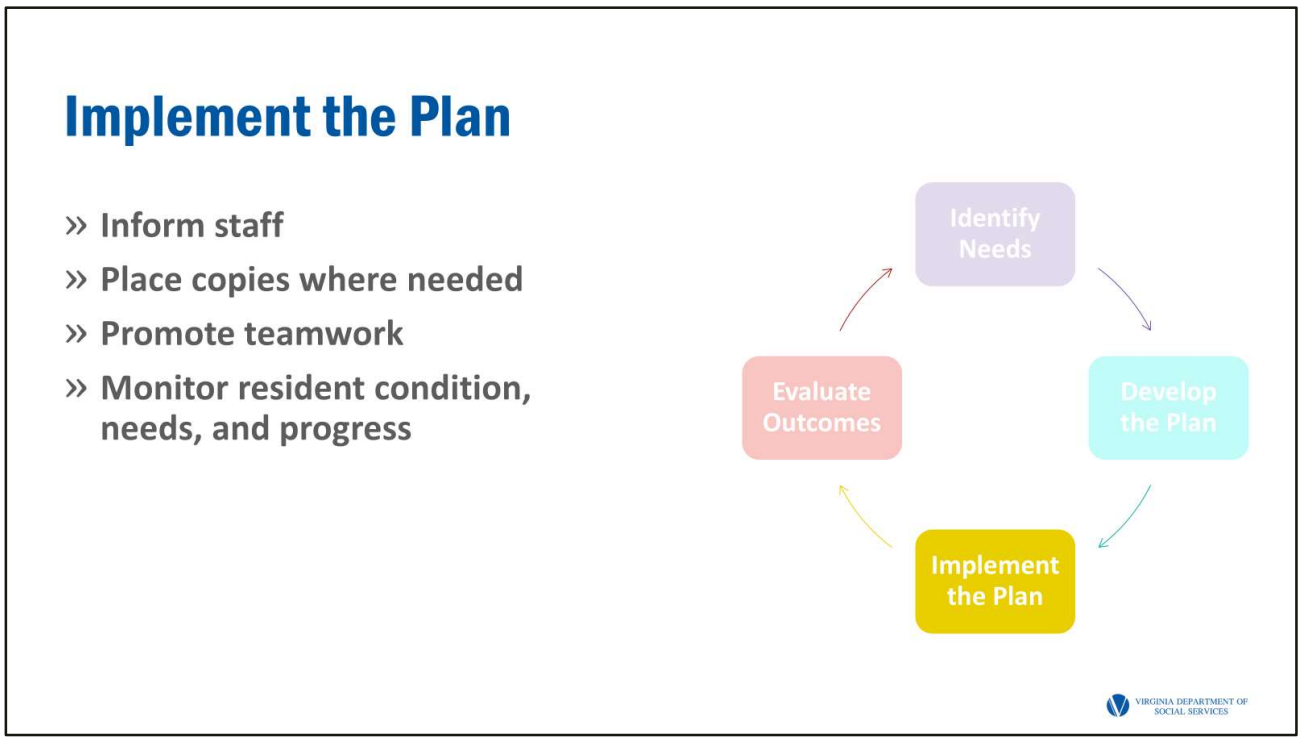
- Do not put more than one need in each row to save space, attach as many extra copies of the ISP form as necessary to list each resident need in its own row.
- Fill the form out completely, even when the same information is needed in multiple rows. Do not use (“) or arrows to carry information from row to row.

Services describe what actions the staff or facility will take to meet a resident's needs.

Promote teamwork and select design service delivery to utilize the abilities and strengths of your entire team.

Assign a time frame that corresponds to the next period where progress will be measured. For long-term outcomes, this may be the date of the next ISP review period, but for short-term outcomes like therapy goals, it may be sooner.

When identifying expected outcomes, know how you will measure progress and choose outcomes that reflect how success will be counted or measured (for example, “the resident will attend three activities of their choosing each week”).

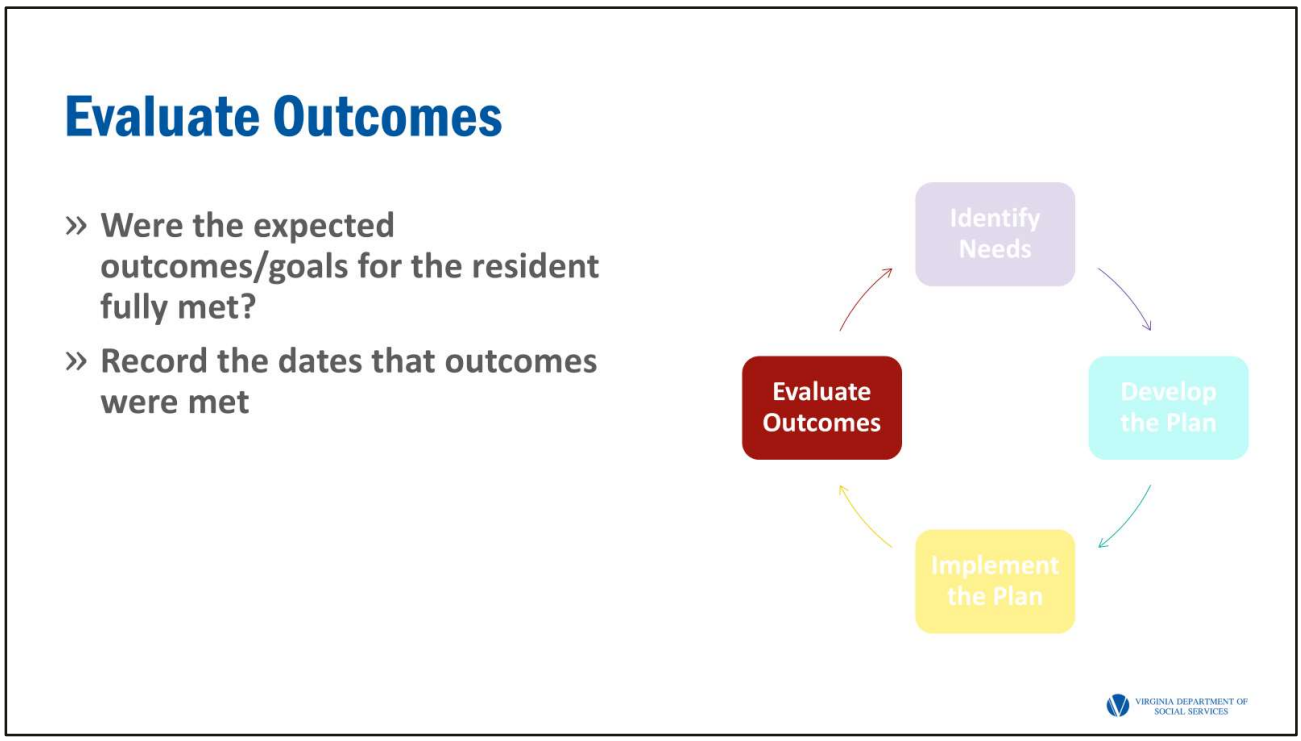


Regulation Reference: 22VAC40-73-150.C.7 and 450

Speaker Notes:

Effective implementation of ISPs can be achieved by:

- Ensuring that staff (service providers) are informed of their responsibilities in an ISP, know what services they are expected to provide, how to provide them, and what outcome they are working toward.
- Ensuring that copies of ISPs are available to staff to reference and that staff routinely refer to these copies to guide their actions.
- Facilitating teamwork by working toward a shared goal, promoting communication and sharing insights around service delivery and resident response.
- Ensuring that staff understand their responsibilities for monitoring and documenting resident response to service delivery and any observations related to changing resident needs.

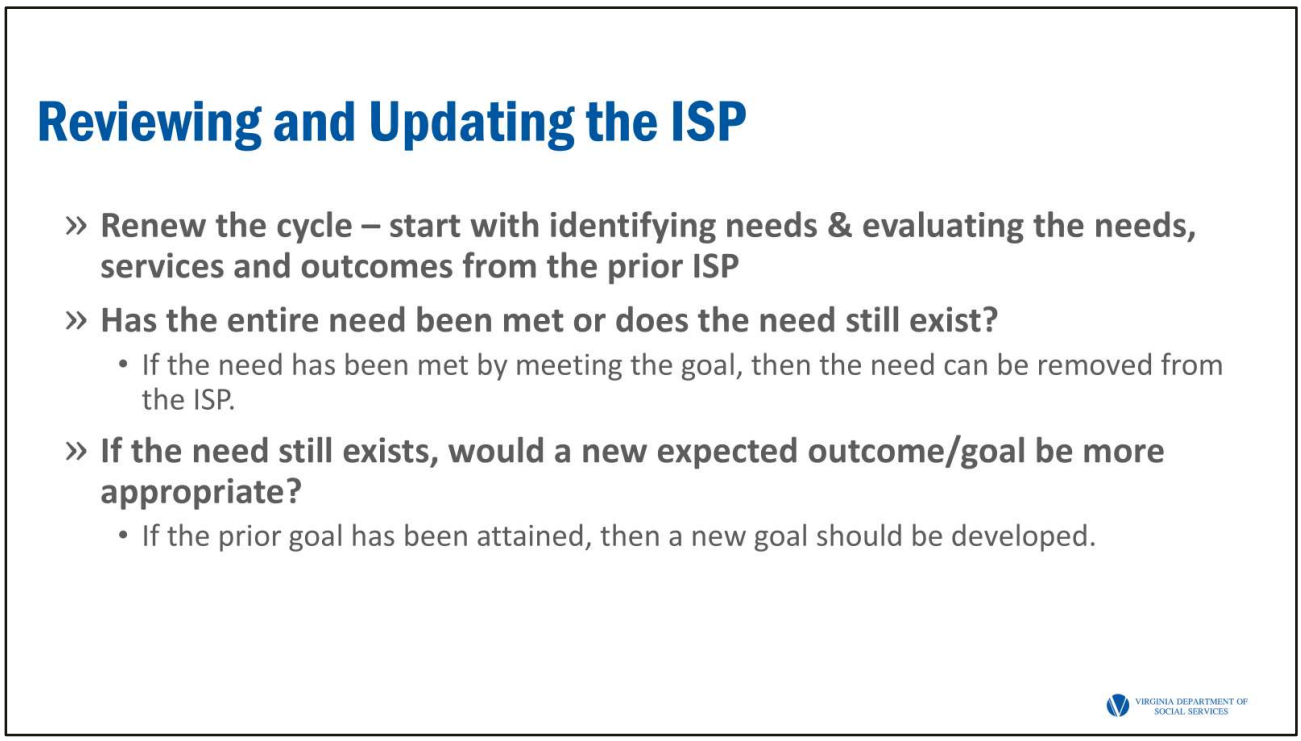


Regulation Reference: 22VAC40-73-150.C.7 and 450.

Speaker Notes:

The final step of the ISP cycle is evaluation and documentation of progress toward expected outcomes.

- Were the expected outcomes or goals for the resident fully met?
- What date were outcomes achieved?



Regulation Reference: 22VAC-40-73-450.F

Speaker Notes:

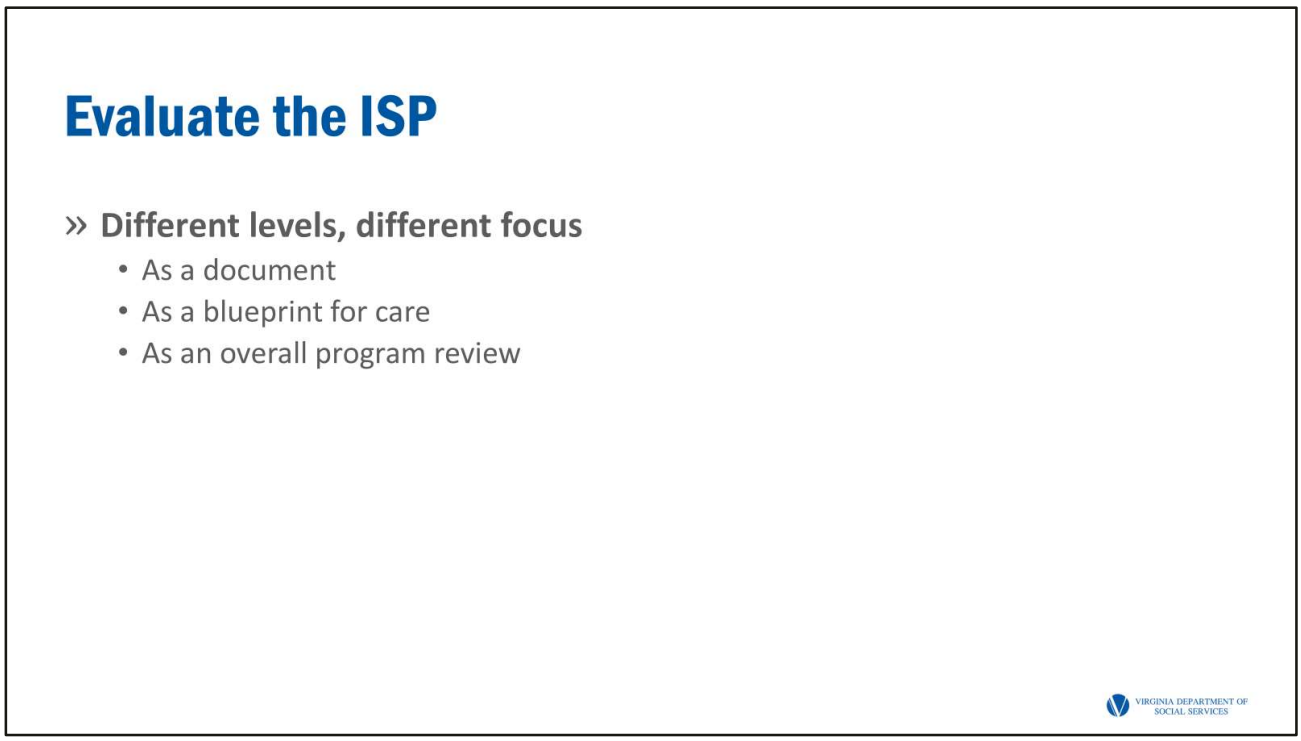
At this point, the cycle begins again, and the ISP must be reviewed to determine:

- Whether listed resident needs are still current – has an entire need been met or partially met?
- Whether the services listed have been consistently provided, whether they have been effective and whether they continue to be appropriate.
- If a need has been met and the expected outcome has been achieved. If so, the need can be removed from the ISP.
- If a need still exists. If so, consider whether a new goal or expected outcome would be more appropriate.

Based on the most current information, the ISP should be updated or redeveloped to meet the resident's current needs and implemented with the updated services to be provided.

Ensure that ISP reviews and updates are performed in conjunction with the resident, and as appropriate with their family, legal representative, direct care staff, case manager, health care providers, mental health professionals or other individuals.

Ensure that all contributions to the ISP development are documented appropriately and that all required signatures are obtained on the updated document.



Regulation Reference: 22VAC40-73-150.C.7 and 450

Speaker Notes:

When evaluating an ISP, it should be evaluated on multiple levels.

During this evaluation, you should look at:

The ISP as a document:

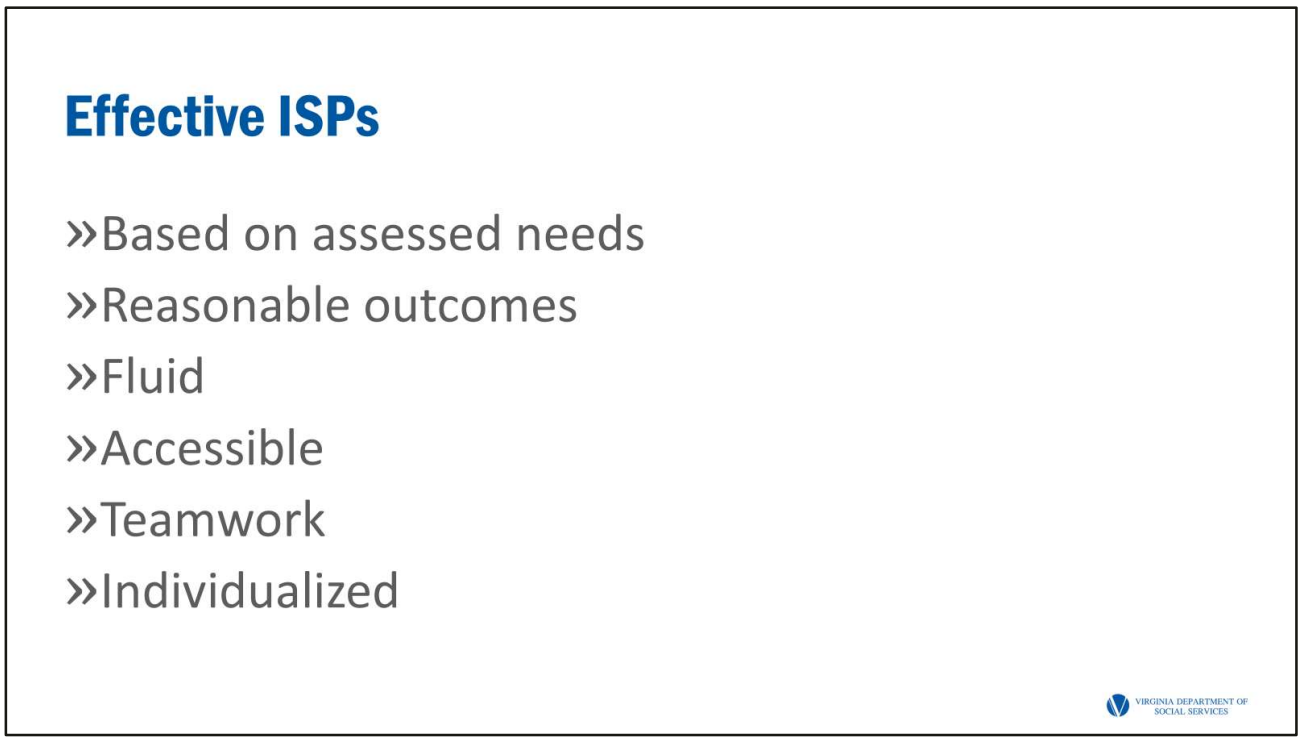
- Ensuring that it is legible and easy to understand
- Confirming that the form being used meets all requirements of regulations and collects all required information

The ISP as a blueprint for care:

- Ensuring that residents' needs are correct and current
- Ensuring that services provided are appropriate to meet resident needs
- Ensuring that expected outcomes and timeframes are appropriate

The ISP as an overall program review:

- Confirming that staff are performing service delivery as described
- Confirming that staff with responsibilities for service delivery have access to the ISP and reference the ISP regularly to guide care

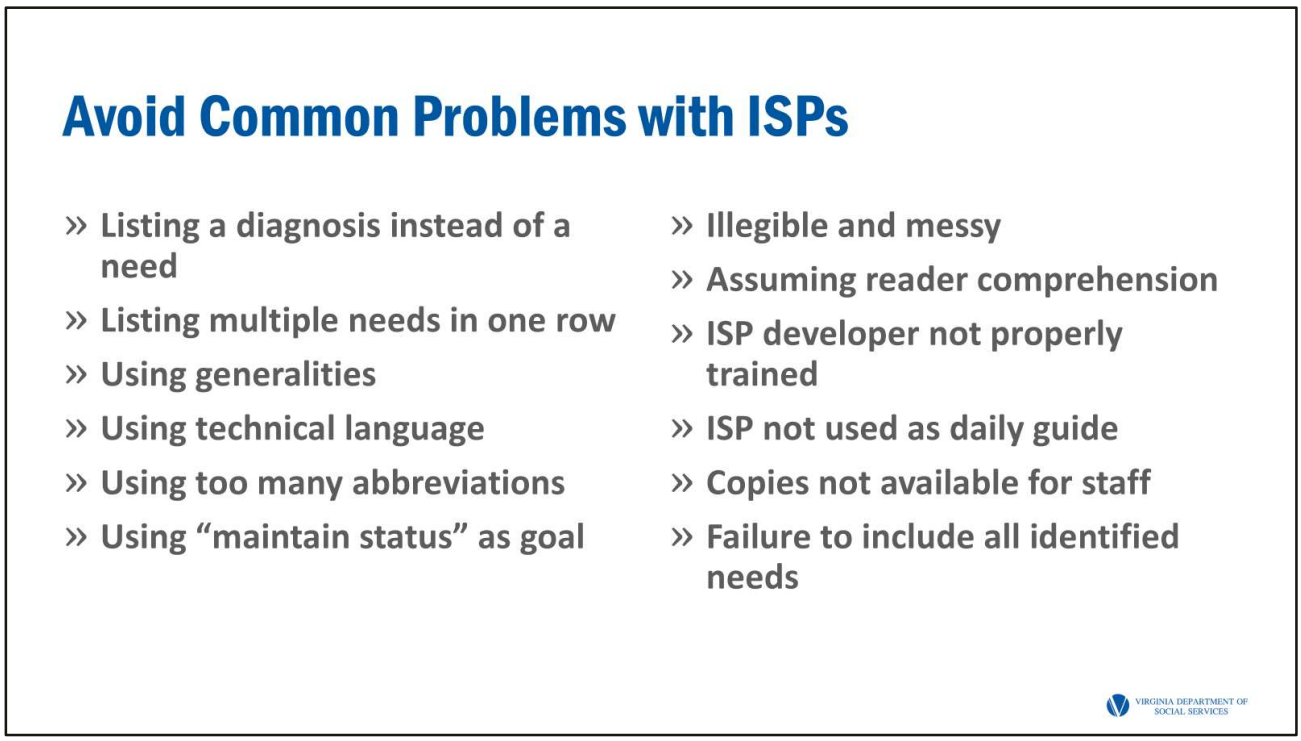


Regulation Reference: 22VAC-40-73-450.B.3

Speaker Notes:

To summarize points previously discussed, consider how the following can help assure that ISPs are effective and successfully maximize residents' level of functional ability and quality of life:

- ISPs must be based on ***assessment*** data. Accuracy and thoroughness are key. Remember that assessment data can be obtained from a variety of sources including documents and interviews.
- ISP services and goals should be ***reasonable***. Reasonable goals are appropriate to the condition of the resident, and attainable through the resources of the facility.
- An ISP is a ***fluid*** document. It is meant to change, to go with the flow of a person's life and condition. Don't hesitate to make changes to the ISP when necessary.
- Regulations require that ISPs must be ***accessible*** to people who need them, but beyond regulatory requirements, a well-written ISP will be valuable to staff members, and they should want to refer to them regularly to guide care. This attitude can be encouraged by management and administrative strategies.
- ISPs require ***teamwork*** – both in development and in implementation.
- And most importantly, ISPs need to be individualized. ***The ISP should paint an accurate picture of the individual and all ISPs should not look the same.***



Trainer's Guide

Throughout this training your learners have been introduced to common problems with ISPs and how to avoid them. You can pause here and encourage discussion between your learners regarding their perspective on these common problems and how they can avoid making these mistakes when developing ISPs on their own.

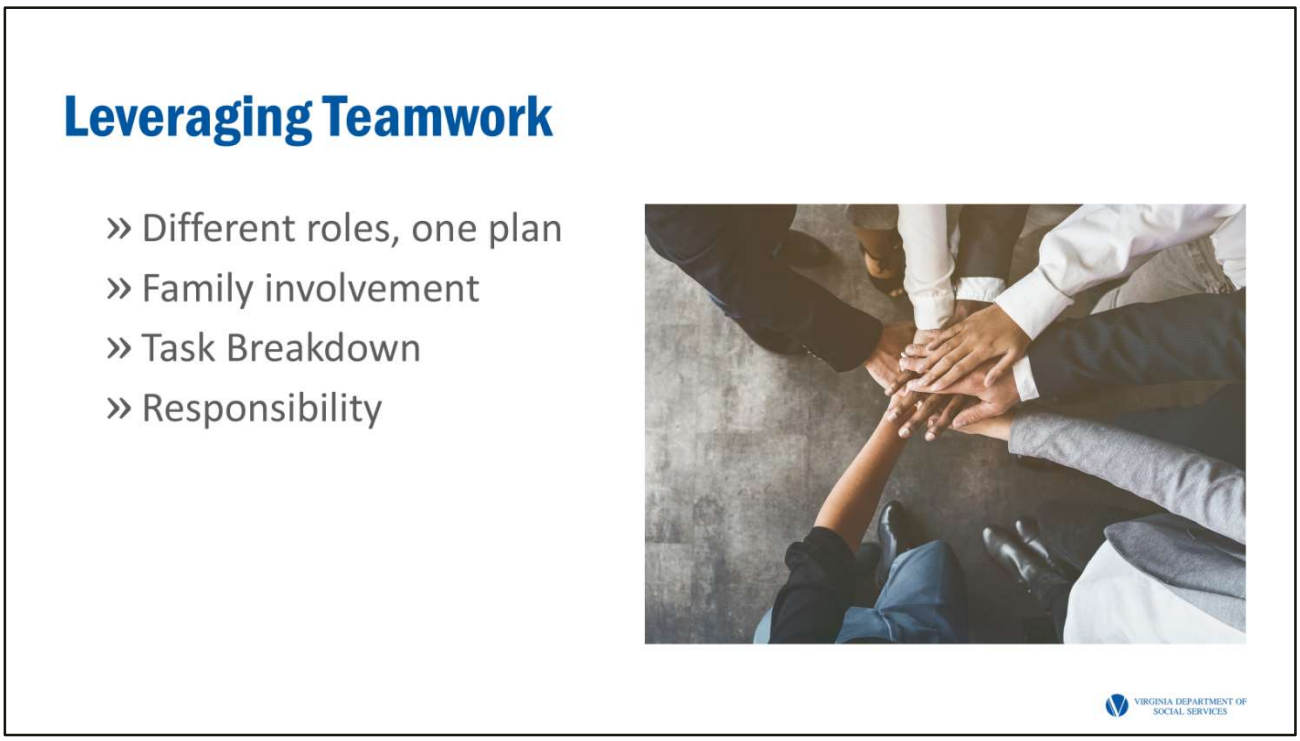
Speaker Notes:

Throughout this training we have reviewed how to avoid common problems with ISPs. At this point you should have a good idea of how and why these problems occur, and how you will avoid them when developing ISPs.

[Read list from slide]

There is one last, important point regarding these potential problems – ***resident and family involvement*** in the ISP process.

- Technical language, abbreviations (like ISP and UAI), and healthcare jargon can interfere with family members' and residents' understanding of the ISP.
- It may take a bit more time and paper, but writing out names and using common words in place of healthcare terminology can ease families into the ISP team more comfortably.



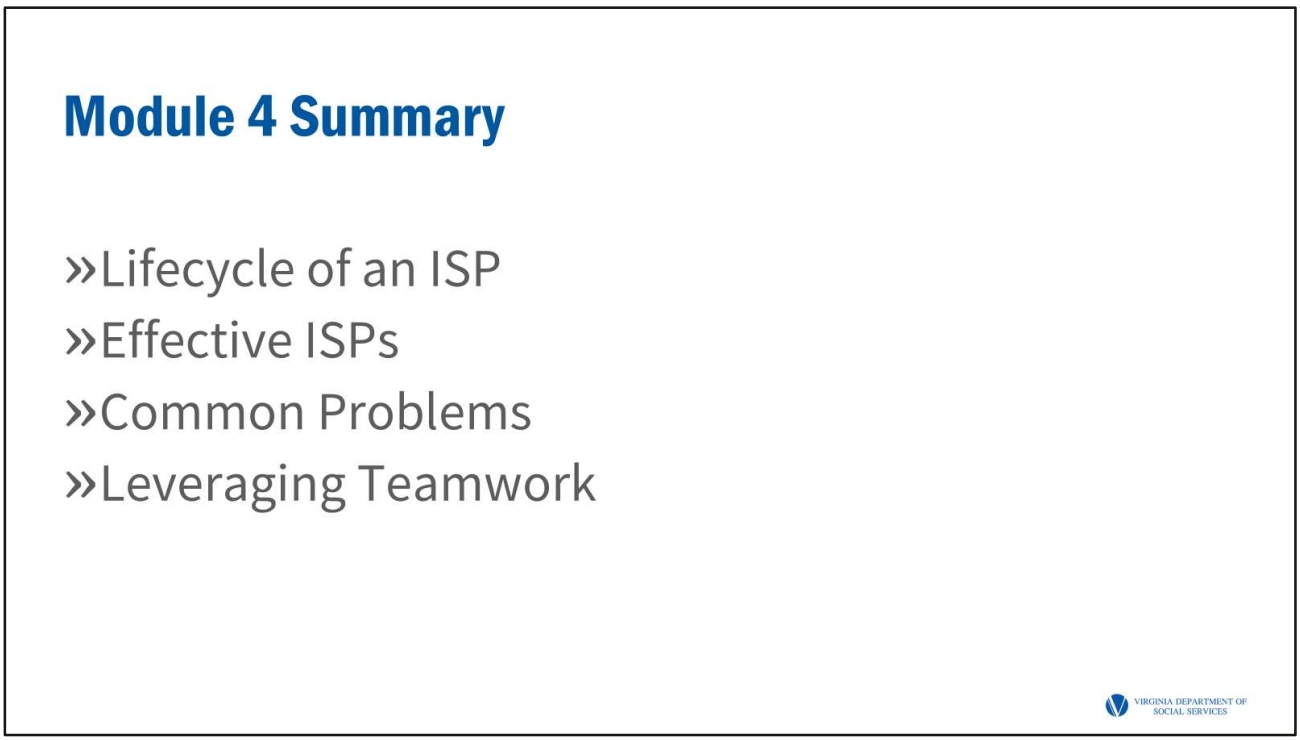
Regulation Reference: 22VAC40-73-280.A. and 450

Speaker Notes:

ISPs are designed to encourage and support teamwork, where multiple individuals come together to provide all the necessary services to meet a resident's needs.

The ISP, when properly used, helps staff members with different roles work together to achieve the same goals for resident care. An ISP gives care providers an overall approach to a resident's care and ensures that all staff are on the same page.

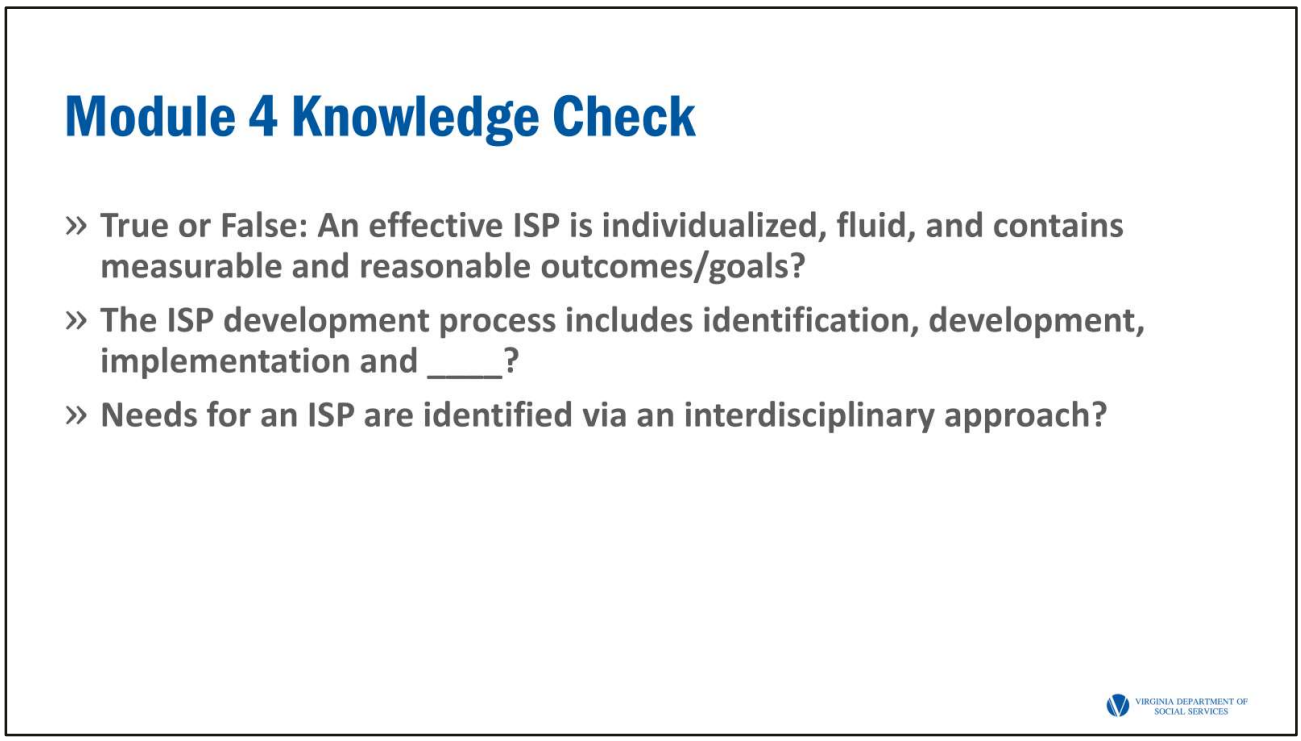
Meeting a need involves breaking it into separate smaller tasks. Different disciplines take on the tasks for which they have been trained. A well-written ISP will contain specific instructions as to how a person's needs will be met by the various staff members in your facility. Describing who (use staff position titles such as direct care staff, medication aid etc. instead of actual staff names) will perform each step of a service assigns responsibility. It also ensures that none of the tasks involved in a service are overlooked.



Speaker Notes:

In module 4 we reviewed;

- Lifecycle of an ISP
- High Quality ISPs
- Common Problems
- Leveraging Teamwork



Trainer's Guide

Reminder: You may choose how to have your participants participate in the knowledge checks. You may ask them to write down their answers and check them when you provide the correct answers, or you can have your participants answer out loud and discuss the answers.

Speaker Notes:

Let's pause for a knowledge check for Module 4.

True or False: An effective ISP is individualized, fluid, and contains measurable and reasonable outcomes/goals.

Answer: True

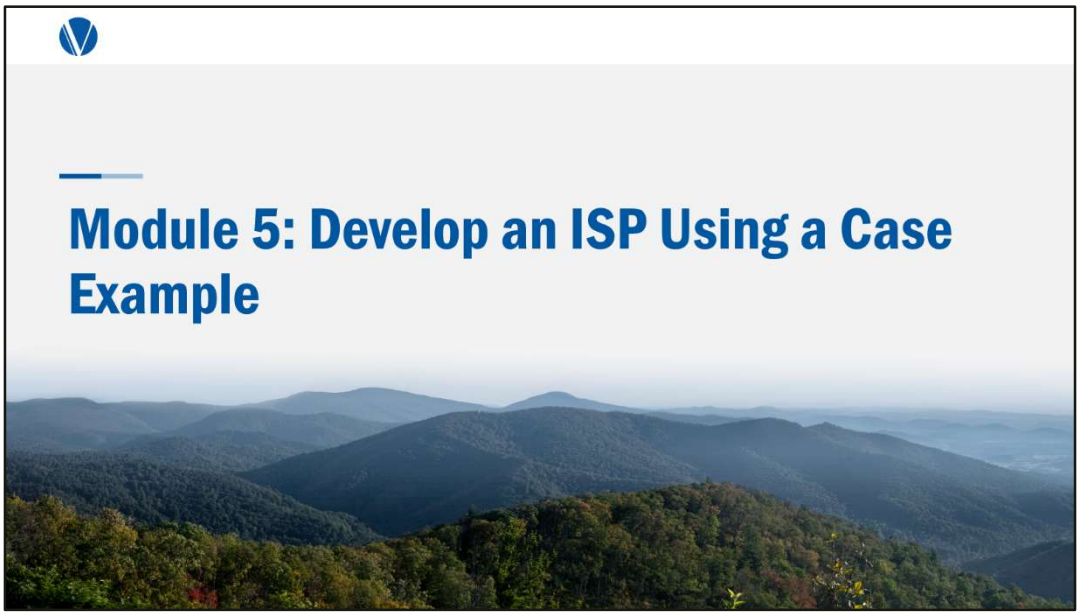
The ISP development process includes identifying needs, developing the plan, implementing the plan and _____?

Answer: Evaluating Outcomes

True or False: Resident needs are best identified using an interdisciplinary approach.

Answer: True

Module 5: Develop an ISP Using a Case Example



Regulation Reference: 22VAC-40-73-450

Speaker Notes:

In module 5, the final module of this training, you will use everything that you have learned during this training to develop an ISP using a case example.

Trainer’s Guide

Writing an ISP for Virginia Jones wraps the entire training up and is an extremely valuable learning experience. It allows for interpersonal interaction and discussion, as well as practice researching and writing an ISP.

An example ISP for Vee Jones is provided for ***trainer use only***, in case you need to help or ideas to your learners as they work through the activity. This example ISP should not be shared with the participants as it defeats the purpose of the practice. It is important that you are familiar with the Vee Jones information and participant packet before you lead this activity so that you can adequately assist your learners.

This activity should take at least 40 minutes to complete.

Vee Jones ISP Activity Notes:

Depending on the number of participants in your training session, you may optionally break your class into teams of 2-4 people (depending on the size of the class); teams should be multidisciplinary, if possible.

Each participant or team will need to reference the following documents for Virginia "Vee" Jones from the participant packet

- Case study information
- Personal and social data
- UAI

- Report of Physical Examination and Tuberculosis Screening
- Mental Health Screening
- Participants should also review the facility policy on services provided to residents

Using the information from the participant packet:

- Each group/participant should write an ISP for Vee Jones using as many sheets of the VDSS model ISP form as necessary.

Trainer's Guide

You can substitute your facility ISP form for the VDSS form, provided that the form used meets regulatory requirements

Remind your participants of the following as they work on the activity:

- The ISP that they are working on for Vee Jones is a ***preliminary ISP*** that would be done on or within seven days prior to admission and should focus on health, safety, and welfare.
- The preliminary ISP should be as resident-specific as possible given the information that you have available.
- The comprehensive ISP would be developed after you and your staff have had a chance to get to know Vee and how she responds to the new environment of your facility.

Circulate during the activity and provide individual help as necessary. The following may be helpful to increase engagement during this activity:

- Have the participants share portions of their ISP aloud with the group, especially when the needs and services identified are particularly insightful or well-written.
- Ask the participants the following questions and encourage their peers to offer suggestions to help.
    - What are some of the difficulties that they are having with completing the ISP?
    - Were there inconsistencies between the UAI and the information on the other forms?
        - *Allergies to peanuts and sulfa drugs are listed on the Report of Physical Examination form but are not listed on UAI as an adverse reaction/allergy.*
        - *Difficulty swallowing is marked "yes" on the UAI but is not mentioned anywhere else in the available documentation.*
        - *See if anyone in the group has noticed these inconsistencies.*
    - What actions should be taken and how should the ISP be completed when information is conflicting between different sources?

Ensure that you provide feedback on the quality and accuracy of needs and services identified by your learners on the ISP. Supplement with ideas and help from the example ISP or your own experience and observations as necessary.

If you identify areas of difficulty or those that were not understood well, you can go back and review those portions of the training again as needed.

Virginia "Vee" Jones Example ISP -FOR TRAINER USE ONLY – Page 1 of 4

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
4/21/25 Needs physical assistance with dressing due to left-sided weakness post stroke.	- Physical assistance with dressing/undressing. - Cue resident during steps of dressing to encourage independence in completing dressing tasks.	Direct care staff Nursing staff	Resident room during am and pm care daily.	4/20/26 Ms. Jones will be dressed in clean, weather appropriate clothing of her choice daily. -She will continue to dress herself as independently as she can.
4/21/25 Needs mechanical assistance with ambulation due to left sided weakness post stroke.	- Ensure walker is within reach at all times. - Help allay fears of falling by maintaining physical proximity while she ambulates and positive verbal recognitive of skill and independent ability. - Staff to observe resident during ambulation for signs of unsteady gait. - Verbal cueing, physical and stand by assistance when Ms. Jones uses stairs.	Direct care staff Nursing staff Activity personnel	In resident room and throughout facility daily. Outside of the facility during activity outings or during medical appointments.	4/20/26 Ms. Jones will ambulate with maximum independence.
4/21/25 Needs assistance with bathing.	- Physically assist resident getting in and out of the shower. - Physically assist in washing back and lower extremities while Ms. Jones is in the shower. - Provide resident with soapy wash cloth to bath parts of her body she can reach independently.	Direct care staff Nursing staff	During regularly scheduled bathing, twice a week, and bathing as needed if incontinent in resident bathroom.	4/20/26 Resident will maintain appropriate hygiene.

Virginia "Vee" Jones Example ISP -FOR TRAINER USE ONLY – Page 2 of 4

4/21/25 Physical and Occupational Therapy due to left sided weakness.	- Physical and occupational therapy services. - Prompt resident to complete Range of Motion (ROM) activities.	Home health agency Direct care staff Nursing staff	Home health - Resident room and hallways based on therapy requirements twice a week as ordered. Facility staff – Resident room after breakfast daily	7/21/25 Ms. Jones' will show improvement in left sided weakness and show improvement in balance. Resident will complete all therapy exercises.
4/21/25 Occasional bladder leaks.	- Prompt Ms. Jones to use the bathroom.	Direct care staff Nursing staff	In facility and on outings every 1-2 hours daily.	4/20/26 Ms. Jones will not experience bladder leaks to the extent possible through regular attendance in the bathroom.
4/21/25 Medication Administration and psychotropic medications	- Administer medications as instructed/prescribed - Review schedule and purpose of medications. - Refusal of medications will be reported to the administrator and physician.	Nursing staff RMA	Daily during prescribed times and as needed	4/20/26 Ms. Jones will receive her medications as prescribed. Ms. Jones will be able to verbally express the schedule and purpose of her medications.
4/21/25 Monitor possible vision impairment due to cataract surgery on right eye; and developing cataract on left eye. Needs glasses during waking hours due to left eye cataract and previous right eye cataract.	- Remind resident to wear glasses while awake - Clean glasses with soap and water drying with a soft cloth and place on bedside table.	Direct care staff Nursing staff All department staff as appropriate	Daily during all waking hours throughout the facility and when on outings. Each evening once resident is in bed.	4/20/26 Ms. Jones will have clean glasses at all times and wear glasses during waking hours.

Virginia "Vee" Jones Example ISP -FOR TRAINER USE ONLY – Page 3 of 4

4/21/25 Needs assistance with social engagement due to self-isolation from occasional slurred speech and hearing loss.	- Encourage Ms. Jones to attend at least one activity at the facility each day. - Review the activity schedule and options for attendance at religious services. - Weekly review of activities and ask which activities she would like to attend each day. - Weekly reminder of options for attending church.	Direct care staff Nursing staff Activity staff	Throughout facility based on location of activity and activity schedule.	4/20/26 Ms. Jones will increase the number of activities attended on a weekly basis.
4/21/25 Needs assistance with transportation to appointments.	- Arrange for transportation services to appointments.	Direct care staff Nursing staff Front office staff	Daily/weekly based on resident appointment schedule.	4/20/26 Ms. Jones will not miss any scheduled appointments.
4/21/25 Needs assistance with meal preparation Needs No/low salt diet Allergic to nuts	- Provide three well-balanced a no/low sodium diet free of nuts meals per day. - Provide resident with nut-free snacks. - Ensure no nuts are provided during internal or external activities scheduled by the facility. -	Direct care staff Nursing staff Activity personnel All other department staff as appropriate	Daily during all meals, when snacks are available, and during activities when food is provided.	

4/21/25 Behavioral services with Blue Mountain Behavioral Services.	- Ensure monthly outpatient visits are attended at the behavioral services - Read/Assist Ms. Jones with the information she receives from her mental health services to better understand the information she receives at her monthly appointments and answer any of her questions. - Help her name symptoms of her bipolar disorder and understand the name of her psychiatric medications and what symptoms they treat and the potential side effects of the medications. - Answer any questions she may have related to her psychiatric medications. - Encourage her to discuss her past Incidents and concerns at her monthly outpatient behavioral services and come up with safe ways to handle the problems. - Encourage her to take her meds every day, exercise at least three times a week and engage each day in activities/programs.	Blue Mountain Behavioral Services Direct care staff Nursing staff	Throughout facility daily based on activity schedule and location of activity. Scheduled monthly behavioral services appointments.	4/20/26 Ms. Jones will attend her monthly outpatient behavioral services.
4/21/25 Needs assistance with transferring	- Physically assist during transfers from bed to chair and in and out of the shower. - Prompt resident to use walker to assist in getting in and out of chairs.	Direct care staff Nursing staff	Resident room and throughout facility during mealtimes and activities.	4/20/26 Resident will have maximum independence and remain steady during transfers.