

## **Guidance for the Development of the Individualized Service Plan**

**Statement of Purpose:** The Individualized Service Plan (ISP) is a written plan developed for each resident. The development of the ISP is the responsibility of the ISP team and the on-going review and revision of the ISP is one of the case management responsibilities of the operator.

The ISP team is comprised of:

- the resident,
- the resident's representative,
- the resident's legal representative, if any,
- the assisted living operator or designee, and if necessary,
- the home care agency (or clinical staff of EALR, if health care services are provided directly).

The initial ISP must be developed in consultation with the resident's physician, and such consultation must be documented by the ALR. The Medical Evaluation (DOH-3122) can satisfy the requirement that the ISP be developed in "consultation with the resident's physician." If there are questions regarding information in the medical evaluation, the ALR should contact the physician and document such contact. If the resident's physician determines that the resident is not in need of the skilled or rehabilitation services provided by the clinical staff of a home care services agency, then such agency is not required to participate in the development of the ISP. If a home care agency becomes involved after the initial ISP, the ISP should be updated to reflect the services provided.

### **Form Development**

Development of the ISP is the responsibility of the ALR, EALR or SNALR. The ISP must specify how the ALR will address the resident's needs and include the following critical elements:

- The type of service or assistance being provided;
- The frequency and duration of the service or assistance being provided;
- Who by title and affiliation (e.g., aide on staff or through home care agency) is providing the service or assistance;
- Documentation of what action will be taken to address a change in the resident's physical condition, level of physical or cognitive functioning, mental health or behavior, or a change in social activity or daily habits.
- Participation of required ISP team as evidenced by appropriate signatures.

The ISP must be reviewed and, if necessary, revised at least every six months or more frequently as may be necessary to address the resident's changing care needs or if the resident and/or the resident's designated representative requests an ISP review. To the

extent necessary, the ISP review and revision should occur in consultation with the resident's physician, home care staff and/or clinical staff of the residence.

The ISP must address the medical, nutritional, rehabilitative, functional, cognitive, social and other needs of the resident as identified in the required admission and evaluation documents. Operationally, these needs would include, but are not limited to:

#### Medical/Nursing Needs

- Physician, Specialist, Chiropractor, Nursing (Treatment & Education), Laboratory Tests, Medications, Medical Equipment, Health Prevention
- Pain Management
- Aide-level health related activities

#### Nutritional Needs

- Specialized Diet (Therapeutic Diet)
- Fluid restrictions/encouragement
- Dietary supplements

#### Rehabilitative Needs

- Therapy services
  - Physical Therapy, Occupational Therapy, Speech Therapy
  - Respiratory Therapy and Oxygen
  - Rehabilitation Equipment
  - Falls Management/Prevention

#### Personal Care Needs – Assistance with:

- Bathing/Dressing/Grooming
- Transferring/Ambulating
- Toileting/Continence
- Eating
- Medications

#### Cognitive Needs

- Reminding, Cueing, Directing, Accompanying
- Supervising/monitoring

#### Social Needs

- Social, Intellectual, Recreational, Spiritual
- Financial (benefit assistance)
- Cultural

## Mental Health Needs

- Collaboration and cooperation with the mental health provider, if applicable, to facilitate the resident's participation in and adherence to the mental health treatment plan.
- A description of:
  - Mental health service(s) provided;
  - Provider of service(s); and
  - Frequency of service.
- Substance abuse issues and coordination with substance abuse services provider.

## **Case Management and Supervision Responsibilities**

Case management is the integration of all resident services provided by the facility into a whole system that maintains a continuing awareness of each resident's total well-being.

Some components of the case management process include:

- thorough screening before admission;
- establishing a baseline profile of the resident;
- ongoing observation for changes;
- monitoring changes and important events including the recording of changes in resident record and communication to all key staff;
- corresponding system to respond appropriately to changes and events; and
- resolution or end result of actions taken in response to changes and events.

Supervision includes monitoring residents to identify abrupt or progressive changes in behavior or appearance, which may signify the need for assessment/evaluation and/or changes in service. This not only includes obvious major changes, but also encompasses monitoring changes in the basic activities of daily living. Additionally, supervision involves obtaining a nursing assessment and/or arranging for a physician's examination, as appropriate, in the event that a resident becomes ill or displays a progressive deterioration of health or behavior.

The development and review of the ISP should be integrated into the ongoing case management and supervision responsibilities of the operator. Resident changes through case management and supervision processes should be noted on the ISP with identified actions and comments.

## SAMPLE

### ALR – INDIVIDUALIZED SERVICE PLAN (ISP) REVIEW FORM

Facility Name: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Person Conducting this Review: \_\_\_\_\_ Title: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Previous Review: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

STATEMENT OF PURPOSE: The ISP must be reviewed and revised at least every six (6) months, or more frequently, in order to meet the resident's needs. The six-month ISP review is a summary of what has occurred with the resident in the previous six months and may be used to prompt needed ISP revisions. This review is intended to supplement information that should appear in medical orders, (Medication changes, physician appointments and orders, level of home care services) and ongoing case management notes.

**Review areas below and indicate the changes, if any, that have occurred since the last ISP review.**

SERVICE TASK	UPDATE	YES / NO	COMMENTS OR ACTION
	<b>MEDICAL / REHABILITATION / MENTAL HEALTH</b>		
<b>Medical</b>	Change in the resident's medical services?		
<b>Therapy (PT, OT, Speech)</b>	Change in resident's therapy services?		
<b>Nursing</b>	Change in resident's nursing services?		
<b>Laboratory</b>	Change in the resident's ordered laboratory services?		
<b>Mental Health</b>	Changes in the resident's mental health services?		
	<b>ACTIVITIES OF DAILY LIVING (ADLs)</b>		
<b>Bathing</b>	Change in the resident's level of independence or assistance?		
<b>Dressing</b>	Change in the resident's level of independence or assistance?		
<b>Grooming</b>	Change in the resident's level of independence or assistance.		
<b>Eating</b>	Change in the resident's level of independence or assistance.  Change in the resident's eating habits?		
<b>Nutritional</b>	Change in the resident's dietary requirement?		
<b>Ambulation</b>	Change in the resident's level of independence or assistance?		
<b>Transferring</b>	Change in the resident's level of independence or assistance?		
<b>Toileting</b>	Change in the resident's level of independence or assistance?		
<b>Continence</b>	Change in the resident's bowel and/or urinary continence status?		

SERVICE TASK	UPDATE	YES / NO	COMMENTS OR ACTION
<b>Assistance w/ Medications</b>	Does the resident self-administer his/her medications?		
	If yes, has there been a change in the resident's ability to:		
	• Correctly read the label on the medication container?		
	• Correctly ingest, inject or apply the medication?		
	• Correctly follow instructions as to the route, time, dosage and frequency?		
	• Open the container?		
	• Measure or prepare medications, including mixing, shaking and filling syringes?		
	• Safely store the medication?		
<b>Medical Equipment</b>	Is resident's medical equipment functioning appropriately?		
<b>Cognitive</b>	Change in the resident's level of cognitive functioning?		
<b>Pain</b>	Change in type, amount and location of pain experienced by resident?		
<b>Falls</b>	Has resident fallen? If yes, frequency # _____		
<b>Behavior / Mood</b>	Changes in the resident's behavior or overall mood?		
<b>Social Activity</b>	Changes in the resident's participation or interest in social activities?		
<b>Sleep Habits</b>	Change in the resident's sleeping patterns?		
<b>Financial</b>	Changes in resident benefits or financial situation.		
<b>Other</b>			
<b>Other</b>			

Physician consulted:  No  Yes \_\_\_\_\_  
(Physician Name)

Clinical staff or home care staff consulted:  No  Yes \_\_\_\_\_  
(Staff Name)  
\_\_\_\_\_  
(Staff Name)

ISP Revised:  No  Yes

Case Manager/ISP Designee: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)