



Assessing for Fall Risk in Community Settings: Process Map and Resources

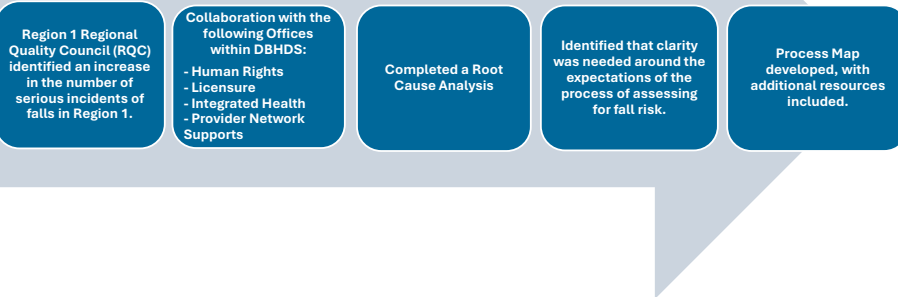
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- During FY24 and FY25, data in Region 1 showed an 18% increase in the rate (per 1,000) of Serious Incident Reports for falls, for individuals receiving Developmental Disability Waiver Services.
- This led the Region 1 Regional Quality Council (RQC) to propose a Quality Improvement Initiative (QII) to reduce the number of falls in Region 1. The QII workgroup felt that providing clarification around when a falls risk assessment should be completed would allow for more clarity and offer a chance to make the process more thorough, consistent, and reliable for providers. During this work it was determined that a process map would help with providing some clarity around assessing for fall risk.

The “WHY”





Expectations for Assessing for Fall Risk





1. **Assessing for Fall Risk**

- 12VAC35-105-650 F. 15: A comprehensive assessment shall update and finalize the initial assessment and shall include, as applicable, and in all residential services, fall risk, communication methods or needs, and mobility and adaptive equipment needs.
- *Additional Information:*
 - ✓ *Providers are responsible for independently conducting assessments to identify needs and assess for risks.*

**2. Safety Plan - Including a Fall Risk Plan**

- 12VAC35-105-665 A. 6: The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: A safety plan that addresses identified risks to the individual or to others, including a fall risk plan.



3. Reassessments

12VAC35-105-675 A: Reassessments shall be completed at least annually and any time there is a need based on changes in the medical, psychiatric, behavioral, or other status of the individual.

- Additional Information:
 - ✓ A provider is responsible for independently conducting reassessments.
 - ✓ A provider must complete reassessments at least annually which may include assessing fall risk especially if an individual has a history of falls.
 - ✓ If there is a change in the medical, psychiatric, behavioral or other status of the individual, the provider is responsible for conducting a reassessment which should include assessing for fall risk.



4. ISP Updates: Annual, Change in Status, and Based on Assessment Results

- 12VAC35-105-675 B: Providers shall complete changes to the ISP as a result of the assessments.
- 12VAC35-105-675 C: The provider shall update the ISP at least annually and any time assessments identify risks, injuries, needs or a change in status of the individual.

Please note: (The Office of Provider Network Support definition of Change in Status - refers to changes related to a person's mental, physical, or behavioral condition and/or changes in one's circumstances to include representation, financial status, living arrangements, service providers, eligibility for services, services received, and type of services or waiver).

**5. Development and Implementation of Fall Risk Policy, Fall Prevention Management Plan and Program**

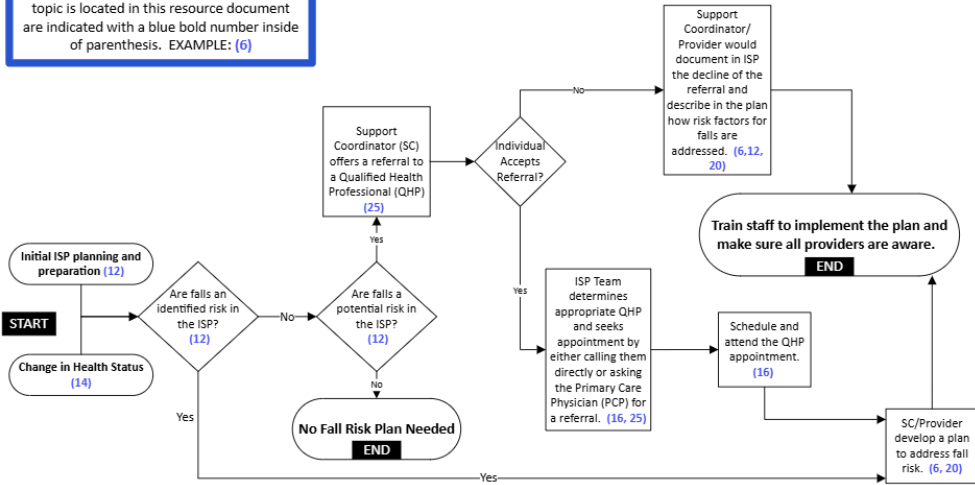
- 12VAC35-105-720 B: The provider shall implement written policies to identify any individuals who are at risk for falls and develop and implement a fall prevention and management plan and program for each at risk individual.
- Additional Information:
 - ✓ Provider should comply with their own written policy around fall risk assessments.
 - ✓ All incidents that meet the criteria for a serious incident, including falls, must be collected, maintained and reviewed at least quarterly.
 - ✓ It is the responsibility of the provider to determine when an individual should be reassessed for falls. This criteria must be outlined in the Health care policy (12VAC35-105-720 B).



Fall Risk Process Map



Page numbers corresponding to where that topic is located in this resource document are indicated with a blue bold number inside of parenthesis. EXAMPLE: (6)



Note: Start back at the beginning of the process map any time there is a change in status or a new ISP is being completed.



Individualized Service Plan and Fall Risk



Collaboration across programs regarding fall risk can help to ensure that everyone is providing appropriate supports to reduce the risk of falls.

The following links provide in depth information on using the WaMS Individualized Service Plan (ISP) 4.0 and updating the part V.

- [ISP 4.0 User Guide 2025](#) NOTE: this document is in WaMS. Once the link is clicked, sign into WaMS and then the document will automatically begin to download to your computer.
- [ISP part V updates](#)

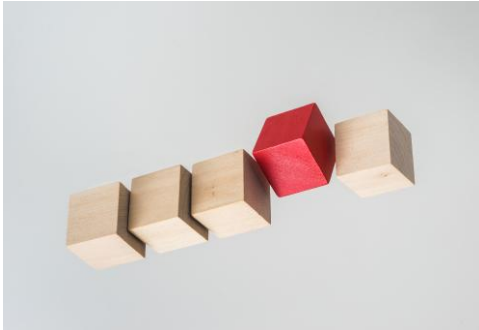




Changes in Health Status Considerations



Changes in Health Status for Falls:
(examples including, but not limited to the following)



Had a fall

Has a new diagnosis (examples including, but not limited to)

- Stroke
- Diabetes
- Seizure
- Arthritis
- Fainting (syncope)
- New urinary/bowel urgency
- Chronic fatigue

Started a new medication, or taking more than 4 medications daily (polypharmacy)

Has started using new medical equipment



WaMS Resources



A print-out of the Potential Risk Referral form can be created from WaMS showing the potential risks.

- **Understanding PC ISP v4.0 Parts I-IV** (Click on the "Understanding PC ISP v4.0 Parts I-IV" link and go to the 34:10 mark. This explains how to create the print-out pictured to the right).
- The Potential Risk Referral form is intended to be taken to the Qualified Health Professional (QHP) appointment with the individual.

Virginia Waiver Management System (WaMS)

Individual Support Plan - Potential Risks Referral

Potential Risks Referral

Per the Virginia Department of Behavioral Health and Developmental Services Person-Centered Individual Support Plan, the following potential risks were identified. This listing is being provided for assessment and consultation purposes.

Potential Risks

- Aspiration Pneumonia - Requires assistance to be fed (food or liquid)
- Aspiration Pneumonia - Regularly coughs while eating or has experienced a choking episode
- Dehydration - Requires assistance to be fed (food or liquid)
- Bowel Obstruction - Requires assistance to be fed (food or liquid)
- Lack of Safety Awareness - Displays a pervasive lack of safety awareness throughout their daily living due to communication deficits combined with cognitive deficits and/or brain injury that leaves them open to victimization (financial, daily living, socio-sexual)

Will an appointment with a Qualified Health Professional be scheduled?

Select one response*

- Appointment will be scheduled.
- Appointment declined by individual/SDM



Fall Risk Assessment Tools





The Health and Safety Alert (November 2025) mentions the **Morse Fall Scale** as a potential fall risk assessment tool. However, providers can research other tools and/or create their own tool.

- It is important to note that there are no specific fall risk assessment tools written exclusively for the individual with I/DD at this time.
- The Office of Integrated Health can be a resource if you have questions or concerns about assessing for fall risk.

Please note the following:

- Fall risk assessment tools can be completed by providers as part of assessing for fall risk in the plan. However, a fall risk assessment tool is not mandated by licensure regulations.
- As previously indicated, providers will need to follow their own policies and procedures related to fall risk assessment and can be cited by licensure for not doing so. (**12VAC35-105-720.B**)



Falls Resources



Office of Integrated Health Main website link:

[Office of Integrated Health - Virginia Department of Behavioral Health and Developmental Services \(DBHDS\)](#)

- Look for “Educational Resources” then “Falls/Resources”

OR use the following links to access the Office of Integrated Health specific falls resources:

- [Fall Prevention Resources Feb 2025](#)
- [Movement for Better Health](#)
- [Common Medical Emergencies Health & Safety Alert August 2024](#)
- [ER Advocacy Card](#)
- [April 2025 The Fatal Seven Newsletter](#)
- [Falls Health & Safety Alert Newsletter 2025](#)
- [DBHDS My Care Passport](#)



Frequently Asked Questions



- **Can an individual decline a referral when a risk is identified?**

Yes, individuals have the dignity of risk, which means they are able to decline recommended services. However, providers should first confirm that the individual has been provided informed choice to ensure they understand the risks of refusing recommended services. If the individual continues to refuse the recommended services, the provider should document the refusal in the treatment record and assess to determine whether or not the provider can continue to adequately address the individual's treatment needs.

- **How do you make changes to Part III? Once plan is completed, how do you make changes? More specifically, how do you make changes such as: add services; add outcomes; end outcome; change routine and essential supports, add providers?**

Following the completion of the annual, the Parts I and II can be updated daily by the Support Coordinator. The Parts III and IV are locked for editing, which means that the only way to adjust the shared plan is through provider revisions in the Part Vs. If a person wants/needs an additional outcome (or to stop one) the affected provider revises the Part V and submits for SC review and approval in the system. This action modifies what is recorded in the Part III in WaMS. If the provider is newly added to the WaMS ISP section, they will only be able to view the ISP. They would follow the process to complete an interim Part V as described in the user guide.

- **What should a provider do if a prior authorization for PT/OT is needed?**

Follow-up regularly with the PCP (or whoever ordered the PT/OT) to ensure they have and are providing all needed information to the insurance company (for example, up-to-date demographic information such as name, birthday, medical diagnoses and conditions, etc.)

- **What should a provider do if they get a referral from the PCP for OT/PT but can't find one?**

- Update the PCP (or whoever made the referral) that they can't find a PT/OT, and ask the PCP for help
- Update the individual's support coordinator
- Contact the care coordinator with the insurance company, or managed care organization care coordinator (MCO CC), and ask them for help. The insurance company's care coordinator can be a great resource especially in situations where the individual prefers or needs PT at home instead of in a clinic, but finding a PT to come to the home is difficult.

- **Can OIH be a resource for providers to problem solve issues like this?**

Yes! Please email communitynursing@dbhds.virginia.gov with your questions and concerns.



Glossary



Qualified Healthcare Professional (QHP) – A person who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) to perform a professional service within their scope of practice and independently report that service. QHPs can include, but are not limited to:

- Physician
- Nurse Practitioner
- Registered Nurse
- Certified Nurse Specialist
- Physician Assistant
- Occupational Therapist
- Speech Therapist
- Certified Nutritionist (Dietitian)
- Board Certified Behavior Analyst (BCBA)
- Positive Behavior Support Facilitator (PBSF)
- Physical Therapist
- Wound Care Specialist

Primary Care Provider (PCP) - a physician or nurse practitioner practicing in accordance with state law who is responsible for supervising, coordinating, and providing initial and primary medical care to patients; for initiating written referrals for specialist care; and for maintaining the continuity of patient care

Nurse Practitioner (NP) - an advanced practice registered nurse who is jointly licensed by the Boards of Medicine and Nursing

Registered Nurse (RN) - a person who is licensed or holds a multistate licensure privilege to practice professional nursing

Occupational therapist (OT) – a person who is licensed to practice occupational therapy – the therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning

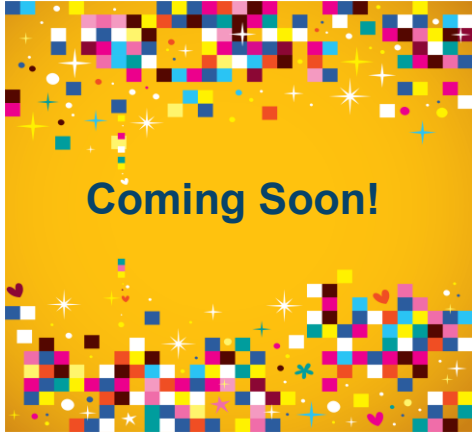
Physical therapist (PT) - a healthcare professional who is specially trained to have the expertise to perform screenings, examinations, evaluations, and assessments related to physical mobility issues.

(Virginia Administrative Code, 2015; Virginia Administrative Code, 2023; Virginia Department of Health Professions, n.d.)



Future Video





Medications and Fall Risk (Video)

Be on the lookout for this resource from DBHDS in the near future.

- Virginia Administrative Code (2015). 12VAC30-130-800 Definitions. Retrieved December 30, 2025, from <https://law.lis.virginia.gov/admincode/title12/agency30/chapter130/section800/>
- Virginia Administrative Code (2023). § 54.1-3000 Definitions. Retrieved December 30, 2025, from <https://law.lis.virginia.gov/vacode/title54.1/chapter30/section54.1-3000/>
- Virginia Department of Health Professions (n.d.). "Occupational Therapist and Occupational Therapy Assistant." Retrieved December 30, 2025 from <https://www.dhp.virginia.gov/Boards/Medicine/AbouttheBoard/RegulatedProfessions/OccupationalTherapy/>