



# COMMONWEALTH of VIRGINIA

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### Office of Integrated Health Health & Safety Alert/Information

## Falls and Individuals with Intellectual and Developmental Disabilities (IDD) Health & Safety Alert

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### Introduction

Falls are considered one of the most common and serious health-related issues for individuals with intellectual and developmental disabilities (IDD). The IDD population suffers 50% higher rates of avoidable falls than their peers in the general population. These falls result in injuries requiring hospitalization and sometimes lead to death (14)(15)(8).

A fall is defined as an event which results from the sudden loss of balance in an individual coming to rest involuntarily on the ground or floor or other lower level, such as a wall, a chair, a bed, or any other support surface which might be used to aid in recovery of balance (2)(8). For example, falling back into a chair while attempting to stand up is considered a sudden loss of balance, i.e. a fall (2).

A fall to the ground which occurs as the result of an external force, such as a push or shove from another person; any sudden major health event (such as a stroke or a heart attack); and any unexpected catastrophic environmental hazard (the ceiling falls in) is not considered a fall (2).

The physical and mental systems within the body must coordinate and operate normally to enable an individual to maintain balance enough to walk (ambulate) without falling. Maintaining balance while walking is a complex task requiring constant and ongoing coordination between the body's physical systems and mental processes. It involves integrating multiple sensory inputs, processing them in the brain, and executing the correct motor response to prevent falls. The brain, muscle tone and strength, vision, hearing, physical sensations and mental perceptions must all work together in unison for mobility to occur (2).



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## Fall Risk Factors

Many factors increase the chances of a fall, and they are typically categorized as either internal (within the individual) and external (in the environment). There are several risk factors that if present will increase the chances of a fall. With each additional risk factor the chances go up that a fall will occur (8)(17).

An individual's physical abilities, environmental surroundings, nervous system (neurological) characteristics, along with medication side effects, or a combination of these, can affect fall risk in both the IDD population and the general population (8)(17).

## Falls and the Individual with IDD

Falls are considered one of the seven most fatal preventable conditions for an individual with IDD (3)(8).

Half of all falls experienced by an individual with IDD results in large bone fractures, and/or a head injury resulting in hospitalization (11)(12)(8).

Falls in the IDD population are similar, and at the same time different, from the general aging population. One of the main differences is that an individual with IDD is not thinking about, and/or has no concept of, the fact they might fall and hurt themselves (8).

Similar to the general aging population if an individual has fallen once it is very likely they will fall again (11)(12)(2)(8).

## Physical factors

Physical limitations that increase the risk for a fall include:

- Increased age. Individuals with IDD start falling at a much younger age than their peers in the general population due to an accelerated physical and mental aging process. Individuals who have IDD and are 35 - 40 years of age often show signs of increased aging and have fall rates equal to much older adults within the general population (11)(12)(2)(8).
- Unsteady balance and a slower walking gait caused by reduced muscle strength and bone weakness. Among individuals diagnosed with arthritis, osteoporosis, and cerebral palsy, the risk is even higher (5)(8).
- A seizure disorder or epilepsy diagnosis significantly increases fall risk among individuals with IDD (23)(8).
- Sensory impairments such as reduced vision, inner ear problems, diabetic neuropathy in the feet, and foot deformities (7)(2)(8).

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- Long-term chronic secondary diagnoses such as diabetes, obesity and heart disease (2).
  - Gender, women fall more than men in both the IDD and the general population. Women have weaker bones, reduced muscle mass, higher rates of incontinence, and are more likely to be prescribed antidepressant medications, which cause side effects such as dizziness (16)(2)(25).
  - Both urinary urgency along with bowel and bladder incontinence have been connected to an increased fall risk (23)(21)(10).
  - Low levels of physical activity and/or a sedentary lifestyle increase fall risk among individuals with IDD and the general population (5).

### Environmental factors

External factors (everything outside of the individual in the environment) can also increase the risk of a fall. The combination of physical and environmental factors doubles the risk of a fall (5) (16). Individuals face unique fall risks both indoors and outdoors (6)(8).

More individuals with IDD are aging in place, meaning in their homes and communities. For an individual with IDD to participate in the community and activities of daily living (ADLs), they need to be able to move safely in any environment (6)(2).

Research reveals that most falls occur inside the house, suggesting people feel more comfortable in their homes and might not be as cautious about fall risks in an environment they feel familiar with. Caregivers have been shown to be more vigilant about fall risk hazards outside of the house than they are inside (23)(16).

Individuals with IDD who need more assistance with their ADLs have a higher risk for falls. According to Choi et al. (5) and Doherty et al. (8), falls among individuals with intellectual and developmental disabilities (IDD) most frequently happen during activities of daily living (ADLs), especially in the bathroom or bedroom, when showering, bathing, or toileting. To prevent these falls, strategies focus on modifying the environment and minimizing risk factors specific to these settings (5)(8).

Identified potential indoor fall risks include:

- Stairs.
- Living areas on various levels, graded flooring and/or rug heights.
- The presence of loose carpets or scatter rugs.
- The presence of wet or slippery floors.

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- Cluttered living environments.
  - Badly arranged furniture and/or oversized furniture in a small space.
  - Obstructed hallways.
  - Poor lighting in living areas.
  - Wearing poor-fitting footwear, or the wrong type of footwear for a task.
  - Damaged assistive walking devices or medical equipment.
  - Failure to use prescribed assistive walking devices or using the devices incorrectly.
  - Poor assisted transfers by a support person.
  - Seat heights on chairs which are too low or too high (16)(8).

Identified potential outdoor fall risks include:

- Unleveled and/or uneven natural outside surfaces.
- Cracked pavement.
- Uneven stairs or entrance thresholds.
- Potholes.
- Sloped yards.
- Bad weather conditions (16)(8).

### **Nervous system (Neurological) factors**

The greater an individual's cognitive difficulties and mental confusion, the higher their risk for a fall (5). The abnormal development of the brain affects cognitive functioning and motor control in varying degrees among all individuals diagnosed with an intellectual or developmental disability (9)(8).

Neurological factors increasing fall risk include:

- Being easily distractible. Some individuals with IDD may engage in unpredictable and/or impulsive behavior, such as unnecessary hurrying, or rushing, and running from one task to the next which increases the chance for a fall to occur (23)(8).
- Delayed physical reaction times and poor motor skills. Individuals with IDD struggle to have the cognitive ability to rebalance themselves, and/or do not reach out in an attempt to catch themselves when falling. Resulting in more large bone

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fractures and serious head injuries, which can be fatal, in contrast to older individuals in the general population who suffer more small bone fractures in their hands and feet when attempting to rebalance or catch themselves (3)(8).

- Anxiety and the fear of falling leading to isolation and depression. After falling and suffering injury many individuals with IDD, and those in the general population, will refuse to participate in social activities for fear of falling again (8).

### **Medications factors**

Medication side effects that increase fall risk have been a subject of research worldwide for years. Taking five or more medications regularly is the common definition of polypharmacy, and polypharmacy has been connected to an increase in falls (13)(18).

On closer examination, certain drug classifications have been found to increase fall risk more than others due to side effects which cause increased dizziness, drowsiness and sedation (13)(18).

These medications are considered “Fall-Risk Increasing Drugs”. Taking just one of these drugs can increase an individual’s risk for a fall (13).

The drug classifications that cause increased dizziness and drowsiness are:

- Opioids, prescribed for pain relief.
- Antidepressants, prescribed for depression.
- Antihistamines, prescribed for allergic reactions.
- Antipsychotics, prescribed for mental health conditions.
- Anticonvulsants, prescribed to reduce seizures.
- Benzodiazepines, prescribed to reduce anxiety.
- Antiemetics, prescribed to reduce nausea and vomiting.
- Hypotension medications such as diuretics and beta-blockers.
- Muscle relaxants work on the nerves in the brain and spine to relax muscles.
- Certain antibiotics and antifungals (13)(18).

### **Fall Risk Assessments**

Every individual with IDD residing in a DBHDS licensed provider agency location requires a fall risk plan to be included in their individual service plan (ISP) annually (26)(27).

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Fall risk screenings done in the community may identify an individual at increased risk for falls, but only an assessment by a healthcare professional can diagnose the reasons or isolate specific factors that contribute to an elevated fall risk (24).

A variety of healthcare professionals can perform fall risk assessments. These include a primary care provider (PCP), a nurse practitioner (NP), a registered nurse (RN), an occupational therapist (OT), and a physical therapist (PT) (24).

A physical therapist (PT) is a healthcare professional who is specially trained to have the expertise to perform screenings, examinations, evaluations, and assessments related to physical mobility issues (24).

A fall risk assessment by a healthcare professional should include:

- Falls history. The number of falls in the past year and all details about the fall, such as location, activity, footwear, use of any prescribed assistive devices, the use of eyeglasses or hearing devices, ability to get up after the fall, the time of day, any injuries sustained, and what medical treatment was received.
- A medication review to identify drugs that cause sedative effects.
- Assessment for orthostatic hypotension, which is done by taking the blood pressure of the individual while they are sitting, then again when standing.
- Physical examination to observe balance and gait while the individual is walking. This might include the use of different types of screening tools, such as “Stopping Elderly Accidents, Deaths & Injuries” (STeADI), or the Fall Risk Assessment Screening Tool (FRASST), which also includes the Timed Up and Go evaluation.
- A review of neurological problems, including seizures.
- Evaluation of cognition or severity of intellectual disability.
- Review of the individual's possible behaviors that impact their risk for a fall.
- Laboratory tests and imaging, which could include thyroid-stimulating hormone, vitamin B12 level, complete blood count, and vitamin D level, along with a bone density scan when indicated.
- An environmental assessment of the individual's living environment both indoors and out (22)(24)(2).

There are many different Fall Risk Assessment tools which might be used by healthcare professionals to assess an individual's risk for falls.

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Two commonly used fall risk assessment tools for individuals with intellectual and developmental disabilities are the Morse Fall Scale and the Stopping Elderly Accidents, Deaths, and Injuries (STeADI). There are no specific Fall Risk Assessment tools written exclusively for the individual with I/DD at this time (24).

## Fall Reduction Planning

Fall reduction strategies should focus on minimizing the risk of falls and injury while still maintaining the individual's independence (22).

The individual, family, guardian, and/or the authorized representative, register nurse (RN), therapist (PT/OT), behaviorist (BCBA/PBSF), support coordinator, program managers/supervisors, and direct support professionals (DSP) should all be part of the conversation about reducing fall risk for the individual with IDD.

Everyone on the care team should be aware of the level of fall risk for the individual. An individualized written fall reduction protocol by a healthcare professional ensures consistent care delivery. The individual, caregivers, and support staff all need to be trained in interventions to reduce the risk of falls (24).

A yearly screening for fall risk is best practice for all individuals with I/DD. A new fall risk assessment should be completed by a healthcare professional after any change in the individual's condition. Caregivers should be aware of all drug side effects which might affect an individual's mobility (12)(8).

A Board-Certified Behavior Analyst (BCBA) should be contacted to complete an assessment and written behavior plan for individuals with IDD who have challenging, impulsive, unsafe, and/or unpredictable behaviors that increase their risk for falls. The care team should be educated and trained on the use of specific behavioral plans for all individuals with IDD (4).

The use of monthly environmental safety checks may identify needed repairs in the environment to reduce fall risk. Increased lighting in living areas and in hallways to improve visibility. Discontinue the use of all throw rugs. Repair or replace broken or uneven flooring, sidewalks, exit, and entrance areas (6).

Hand railings in hallways, stairs, and grab bars in the bathroom next to the commode, bathtub, and in shower stalls require secure mounting by a licensed building contractor to ensure they are mounted correctly for safety.

Supporters should help individuals to obtain and use properly fitting footwear. If there are questions or concerns, ask PT for recommendations (6).

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Regular assessment and training on all durable medical equipment and mobility devices helps to reduce risk for falls (6).

## Care Considerations

Any type of fall, witnessed or unwitnessed, can have serious consequences for an individual with IDD. Individuals with IDD who are experiencing falls need to be evaluated immediately in the hospital emergency room (ER) and a follow-up with their primary care physician (PCP), even if there does not seem to be any physical injuries from the falls (1)(3).

If a fall is unwitnessed and a caregiver finds an individual with IDD on the floor or ground, it should always be assumed that the individual has hit their head. An individual who has experienced an unwitnessed fall should be evaluated immediately in the hospital emergency room (ER), even if there are no observable physical injuries from the fall (1)(3).

The individual's primary care physician (PCP) should be notified of any visits by the individual to the hospital ER, and a follow-up appointment should be made.

When a fall occurs, you should:

- Assess for immediate danger to all individuals involved.
- Assess the individual's airway, breathing, and circulation.
- If the individual is not breathing, start CPR, call 911, and follow First Aid/CPR protocols.
- Was the individual unconscious, even for a short time? If yes, the individual should be assessed for a concussion in the ER. Call 911 immediately.
- Is the individual vomiting, or has poor skin color, skin or lips which are bluish, purple, or gray? If yes, call 911.
- Is the individual bleeding, and the bleeding won't stop with direct pressure for 5 minutes? Call 911.
- Does the individual have any cuts or burns that are large, deep, or involve the head, chest, or abdomen? Call 911.
- Is the individual having a seizure as a result of the fall? Call 911.

After a fall with serious injuries:

- If the individual can't move, call 911.

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- If the individual is having trouble breathing or is choking after a fall, call 911.
  - If the individual displays any lack of responsiveness, call 911.
  - If an individual (who can typically ambulate) cannot bear any weight, call 911.
  - If the individual fell from any elevation or height, such as off a porch, a deck, a ramp, etc., call 911.
  - If the individual fell from any type of lift (a vehicular lift, a Hoyer lift, etc.), call 911.
  - If the individual is involved in any type of DME-related fall, such as a fall from a manual wheelchair, a power wheelchair, a stander, a gait trainer, a lift, etc., call 911.
  - If the individual falls out of a passenger seat in a vehicle, is thrown from a vehicle during a vehicular accident, or falls out of any vehicle, call 911.
  - If you observe excessive swelling to any area of the individual's body, such as their legs, arms, etc., after a fall, call 911 (1)(3)(19)(20).

## Documentation of a Fall

When writing a note about any individual's fall, always include at least the following information and any other documentation required by your agency's policy.

- The time, day of the week, and date of fall.
- Who witnessed the fall, and/or persons present at time of fall.
- The location of the fall, such as the living room, bathroom, front porch, or the activity room at their day program, etc.
- A description of the type of fall, such as to the floor, from the chair to the floor, off the porch to the ground, etc.
- A description of any visible injuries from the fall and where on the body the injury is located.
- A description of the care given after the fall and how many minutes after the fall the individual received that care, such as, "Called 911 two minutes after the individual fell from a chair in the dining room fall onto carpet. No visible injuries. Took the individual to urgent care 6 hours after the fall."
- A description of the footwear the individual was wearing at the time of the fall.

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- Who was notified about the fall, such as the family or guardian, the supervisor, the support coordinator, the other caregivers, etc.
  - And any other information which is required by agency policy or protocol.

In addition to documentation, the following is considered best practice after an individual has experienced a fall.

- All team members on the individual's care team should be notified about the fall an individual with I/DD has as soon as possible.
- After a fall, an ISP meeting should be conducted to identify any referrals or interventions that might be appropriate for the individual with IDD.
- The individual might need additional support to limit and/or reduce their risk for a serious injury due to another fall.
- Update the individual's Individualized Support Plan (ISP).
- Update the ISP annually and/or whenever there is a change in the individual's health condition, and/or if they have had a fall.
- The entire care team should be educated on the risk for falls and the consequences of falls for the individual with IDD to reduce potential for injuries.
- Acting to screen, assess, and individualize interventions specific to an individual's needs will improve outcomes and assist the individual with IDD to live a more productive, longer life in the community.
- Reducing falls of individuals, with or without injury, is everyone's responsibility (24) (1).

## Resources

- DBHDS Webpage: <http://www.dbhds.virginia.gov/>
- OIHSN Webpage: <https://dbhds.virginia.gov/office-of-integrated-health/>
- MRE Webpage: <https://dbhds.virginia.gov/office-of-integrated-health/health-support-network/mobile-rehab-engineering/>
- MRE email: [mreteam@dbhds.virginia.gov](mailto:mreteam@dbhds.virginia.gov)
- Dental Webpage: <https://dbhds.virginia.gov/office-of-integrated-health/dental/>
- Dental email: [dentalteam@dbhds.virginia.gov](mailto:dentalteam@dbhds.virginia.gov)

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- Nursing Webpage: <https://dbhds.virginia.gov/office-of-integrated-health/community-nursing/>
  - Nursing email: [communitynursing@dbhds.virginia.gov](mailto:communitynursing@dbhds.virginia.gov)

## Fall Resources

- Centers for Disease Control and Prevention (CDC, n.d.). STEADI Older Adult Fall Prevention Online Training for Providers. Retrieved from <https://www.cdc.gov/steady/hcp/training/index.html>
- Centers for Disease Control and Prevention (CDC, 2013). STEADI: Webinar for health care providers [Webinar]. Retrieved from <https://search.cdc.gov/search/?query=Falls&sitelimit=&utf8=%E2%9C%93&affiliate=cdc-main>
- University of Massachusetts (UMass), Enice Kennedy Shriver Center - Improving the lives of people with Intellectual and Developmental Disabilities. <https://shriver.umassmed.edu/>

## Concussion Resources

- Brain Injury Association of Virginia, (BIAV, 2013) <https://www.biav.net/?s=concussion>
- Virginia Department of Health (VDH, 2019) <http://www.vdh.virginia.gov/traumatic-brain-injury/concussions/>

## References

1. [Agency for Healthcare Research and Quality \(AHRQ\). \(2017, December\). The falls management program: A quality improvement initiative for nursing facilities: Chapter 2. fall response.](#)
2. [Appeadu, M.K., & Bordoni, B. \(2023, June\). Falls and fall prevention in older adults. StatPearls \[Internet\].](#)
3. [Axmon, A., Ahlström, G., & Sandberg, M. \(2019, March\). Falls resulting in health care among older people with intellectual disability in comparison with the general population. \*Journal of Intellectual Disability Research\*, 63\(3\), 193–204. Doi: 10.1111/jir.12564.](#)
4. [Broadwell, L. \(2025, June\). ABA insights: It's not always behavioral! ruling out medical causes to challenging behavior. \*Kind Behavioral Health\*, \[Internet\].](#)
5. [Choi, P., Wei, T., Motl, R.W. & Agiovlasitis, S. \(2020, July\). Risk factors associated with history of falls in adults with intellectual disability. \*Research in Developmental Disabilities\*, 106:103748.](#)
6. [Clemson, L., Stark, S., Pighills, A.C., Torgerson, D.J., Sherrington, C., & Lamb, S.E. \(2019, February\). Environmental interventions for preventing falls in older people living in the](#)

- 
- [community. \*Cochrane Database of Systematic Reviews\*, \(2\):CD013258. \[Internet\]. DOI: 10.1002/14651858.CD013258.](#)
7. [Doettl, S.M., Turner, K.L., Plyler, P.N., Thomas, N., Lambert, A., Luttrell, S., Sillyman, R., Collins, A. & Molnar, C. \(2021, October\). Audiological and other factors influencing serious injury from falls in adults with intellectual and developmental disabilities. \*Perspectives of the ASHA Special Interest Groups\*, 6:1106–1112.](#)
  8. [Doherty, A.J., Benedetto, V., Harris, C., Ridley, J., O'Donoghue, A., James-Jenkinson, L., Fidler, D., & Clegg, A. \(2023, March\). Preventing falls at home among people with intellectual disabilities: A scoping review. \*Journal of Applied Research in Intellectual Disabilities \(JARID\)\*. 1-23. DOI:10.1111/jar.13104](#)
  9. [Enkelaar, L., Smulders, E., Lantman, H., Geurts, A.C.H. & Weerdesteyn, V. \(2012, February\). A review of balance and gait capacities in relation to falls in persons with intellectual disabilities. \*SciVerse ScienceDirect, Research in Developmental Disabilities\*. 33, 291–306.](#)
  10. [Finlayson, J., Skelton, D.A., Ord, P., Roche, F., Marshall, A., Butcher, J., & Gore, N. \(2025, November\). Adults with intellectual disabilities and incontinence: assessment and toileting issues. \*Journal of Intellectual Disability Research\*, 69:165–175. Doi.org/10.1111/jir.13202](#)
  11. [Ho, P., Bulsara, C., Patman, S., Bulsara, M., Downs, J., & Hill, A.M. \(2018, July\). Investigating falls in adults with intellectual disability living in community settings and their experiences of post-fall care services: protocol for a prospective observational cohort study. \*BMC Geriatrics\*, 18:171.](#)
  12. [Ho, P., Bulsara, M., Patman, S., Downs, J., Bulsara, C. & Hill, A.M. \(2019, December\). Incidence and associated risk factors for falls in adults with intellectual disability. \*Journal of Intellectual Disability Research\*. 63\(12\): 1441–1452. Doi: 10.1111/jir.12686](#)
  13. [Ie, K., Chou, E., Boyce, R.D., & Albert, S.M. \(2021, January\). Fall risk-increasing drugs, polypharmacy, and falls among low-income community-dwelling older adults. \*The Gerontological Society of America Innovation in Aging\*, 5\(1\), 1–9. Doi:10.1093/geroni/igab001](#)
  14. [Kovačič, T., Kovačič, M., Ovsenik, R., & Zurc, J. \(2020, May\). The impact of multicomponent programmed on balance and fall reduction in adults with intellectual disabilities: A randomized trial. \*Journal of Intellect Disability Research\*. 64\(5\):381-394. Doi: 10.1111/jir.12727.](#)
  15. [Lalor, A., Callaway, L., Koritsas, S., Curran-Bennett, A., Wong, R., Zannier, R., & Hill, K. \(2023, November\). Interventions to reduce falls in community-dwelling adults with intellectual disability: a systematic review. \*Journal of Intellectual Disability Research\*. 67\(11\), 1073–1095. Doi: 10.1111/jir.13066](#)
  16. [Lee, S. \(2021, January\). Falls associated with indoor and outdoor environmental hazards among community dwelling older adults between men and women. \*BMC Geriatrics\*, 21:547. Doi.org/10.1186/s12877-021-02499-x](#)
  17. [Li, Y., Hou, L., Zhao, H., Xie, R., Yi, Y., & Ding, X. \(2023, January\). Risk factors for falls among community-dwelling older adults: A systematic review and meta-analysis. \*Frontier Medical\*. 9:1019094. Doi: 10.3389/fmed.2022.1019094](#)
  18. [Mayo Clinic. \(2025, January\). Medicines that increase fall risk in older adults. Mayo Foundation for Medical Education and Research \(MFMER\). \[Internet\].](#)
  19. [The Mayo Clinic \(2024a, May\). Cuts and scrapes: First aid. Mayo Foundation for Medical Education and Research \(MFMER\). \[Internet\]](#)

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20. [The Mayo Clinic \(2024b, December\). Head trauma: First aid. Mayo Foundation for Medical Education and Research \(MFMER\). \[Internet\]](#)
21. [Moon, S., Chung, H.S., Kim, Y.J., Kim, S.J., Kwon, O., Lee, Y.G., Yu, J.M., & Cho, S.T. \(2021, November\) The impact of urinary incontinence on falls: A systematic review and meta-analysis. PLoS ONE 16\(5\): e0251711.](#)
22. [Phelan, E. A., Mahoney, J. E., Voit, J. C., & Stevens, J. A. \(2015\). Assessment and management of fall risk in primary care settings. The Medical Clinics of North America, 99\(2\), 281–293. doi:10.1016/j.mcna.2014.11.004](#)
23. [Pope, J., Truesdale, M. & Brown, M. \(2020, August\). Risk factors for falls among adults with intellectual disabilities: A narrative review. Journal of Applied Research in Intellectual Disability. 34:274–285.](#)
24. [Renfro, M., Bainbridge, D., Hale, L. & Maring, J. \(2017, November\). Addressing the issue of fall risk for all adults with intellectual developmental disabilities, Part I: A call to physical therapists to improve access to physical therapy. GeriNotes, Academy of Geriatric Physical Therapy, 24\(5\), 8-12.](#)
25. [Salamon, M. \(2024, February\). Why women take the fall: Intriguing reasons explain why women fall more often than men, but there are simple ways to lower your risk. Havard Health Publishing, Havard Medical School \[Internet\]](#)
26. [Virginia Code 12VAC35-105-650. \(2024, July\). Assessment policy. Title 12. Health, Agency 35. Department of Behavioral Health And Developmental Services, Chapter 105. Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services, Part IV. Services and Supports, Article 2. Screening, Admission, Assessment, Service Planning, and Orientation.](#)
27. [Virginia Code 12VAC35-105-665. \(2024, July\). ISP requirements. Title 12. Health, Agency 35. Department of Behavioral Health And Developmental Services, Chapter 105. Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services, Part IV. Services and Supports, Article 2. Screening, Admission, Assessment, Service Planning, and Orientation.](#)

*To the best of the OIHSN Nursing Team's knowledge the information contained within this alert is current and accurate. If the reader discovers any broken or inactive hyperlinks, typographical errors, or out-of-date content please send email to [communitynursing@dbhds.virginia.gov](mailto:communitynursing@dbhds.virginia.gov) to include the title of the Health & Safety alert with specifics details of concern.*