

August 2025

Discover practical, data-driven strategies for states and provider agencies to sustain quality care for people with IDD while navigating financial constraints.

Optimizing HCBS & Healthcare Spending

for People with IDD During Medicaid Cuts



All photos 2025 Rick Guidotti, Positive Exposure. All rights reserved.



Executive Summary

As Medicaid funding faces increasing pressure, states and provider agencies must act decisively to maintain quality care and reduce unnecessary spending for people with intellectual and developmental disabilities (IDD).

This white paper outlines strategic, evidence-informed approaches to optimize Home and Community-Based Services (HCBS) and broader healthcare expenditures. Focusing on prevention, data integration, workforce efficiency, and value-based models, these strategies safeguard health outcomes while maximizing cost-effectiveness.



10 General Strategies to Optimize Spending & Improve Outcomes

1. Focus on Prevention

Preventing health issues reduces the need for emergency care.

- Employ methods to identify people at higher risk of health destabilization.
- Promote health screenings, vaccinations, and chronic condition management.
- Train supporters to identify early signs of health decline or behavior changes.

2. Use Data and Predictive Tools

Combining health and claims data helps target resources.

- Cross-reference health risk screening data and Medicaid claims data to identify those who are at highest risk for costly outcomes.
- Use predictive analytics to forecast needs and deploy timely interventions.
- Develop data dashboards for real-time monitoring and decision-making.

3. Improve Care Coordination

Disconnected care leads to poor outcomes.

- Assign care coordinators with IDD expertise, training them to specifically work with people with IDD.
- Develop interdisciplinary teams that integrate medical, behavioral, and support staff.

- Facilitate communication across providers using shared care plans and electronic health records.

4. Use Technology Wisely

Smart tech reduces costs and boosts effective care.

- Implement IDD-experienced telehealth for behavioral services, follow-up appointments, and consultations.
- Employ remote patient monitoring tools for people with complex medical needs.
- Automate data entry (e.g., medication and diagnosis imports) to reduce duplicative charting and administrative burden and improve accuracy.

5. Shift to Value-Based Payment (VBP)

Paying for results instead of volume improves quality of services.

- Adopt payment models that reward prevention, health stabilization, and quality of life improvements.
- Monitor outcomes tied to hospitalizations, emergency department (ED) use, and community inclusion.
- Include IDD-specific quality measures in contracts and funding models. (See “IDD-Specific Quality Measures for Value-Based Payment” section below.)

6. Strengthen and Retain the Workforce

Better-trained, supported workers deliver better care.

- Invest in IDD-specific training, certification, and mentorship for Direct Support Professionals (DSPs) and nurses.
- Use scheduling platforms to reduce overtime and burnout.
- Develop career ladders and recognition programs to improve retention.

7. Reduce Use of High-Cost Settings

Community care is often cheaper and better.

- Expand crisis stabilization services in community settings.
- Reduce reliance on institutional care through targeted transition planning.
- Train providers on alternatives to emergency and inpatient care.

8. Address Social Determinants of Health (SDOH)

Basic needs like housing and food affect health.

- Fund non-clinical supports such as housing, food, and transportation using Medicaid flexibilities.
- Partner with community-based organizations to close service gaps.
- Include SDOH screening in care planning and risk assessments.

9. Cut Inefficiencies

Regular review prevents waste.

- Conduct utilization reviews to eliminate duplicative or unnecessary services.
- Realign provider payment rates to actual service delivery needs.
- Implement clinical decision tools to guide resource allocation.

10. Involve People and Families

Person-centered care is more effective.

- Use tools and practices that support person-centered thinking.
- Empower people and families to participate in goal setting and service design.
- Align services with individual preferences, strengths, and life goals.



Role of IntellectAbility in Achieving These Strategies

IntellectAbility's suite of tools and training, including the Health Risk Screening Tool (HRST®), Person-Centered Thinking (PCT) training, and health and safety training, align directly with many of the strategies outlined above. Here's how they contribute to optimizing care and reducing costs:



Preventive Interventions: The HRST identifies people at greatest risk for adverse outcomes, enabling early action that reduces expensive emergency interventions.



Predictive Analytics: When combined with claims data, the HRST enables predictive modeling to flag people likely to require high-cost care, guiding proactive supports.



Care Coordination: HRST risk profiles and health considerations improve care team communication and prioritization. Risk-based plans support integrated, person-focused service delivery.



Technology Integration: The HRST's data automation capabilities (e.g., medication and diagnosis imports) streamline documentation, improve screening accuracy, and reduce administrative time.



Reporting Capabilities: The HRST's full reporting suite allows for oversight at a state agency or provider level to identify areas of higher risk and target interventions where they are most needed.



Value-Based Payments: HRST Health Care Levels and Rating Item scores can serve as quality indicators for IDD-focused value-based models, while PCT skills improve outcomes that matter most to people. (See "IDD-Specific Quality Measures for Value-Based Payment" section below.)



Workforce Efficiency: IntellectAbility offers practical, competency-based, credentialed training for DSPs, nurses, and case managers that improves clinical oversight, reduces errors, and promotes staff retention.



Avoiding High-Cost Settings: Early warning insights from the HRST can help prevent unnecessary hospitalizations or admissions to more restrictive settings.



SDOH and Person-Centered Care: Both the HRST platform and PCT skills identify and address social and environmental factors affecting health and quality of life.



IDD-Specific Quality Measures for Value-Based Payment (VBP)

Value-Based Payment (VBP) is an essential strategy for improving healthcare quality, outcomes, and equity for people with intellectual and developmental disabilities (IDD). Traditional fee-for-service models often reward volume over value, leading to fragmented, reactive care that overlooks the unique and complex needs of people with IDD.

VBP shifts the focus toward proactive, person-centered care by linking funding to measurable outcomes, such as reduced hospitalizations, improved access to preventive services, enhanced quality of life, and better coordination of care. By aligning

financial incentives with health outcomes, VBP models promote accountability, encourage early intervention, and foster support systems that deliver the right care at the right time, ultimately improving the lives of people with IDD while making more efficient use of healthcare resources.

The following IDD-focused quality measures support outcomes-based funding and contracting models. Each measure is paired with how IntellectAbility's Health Risk Screening Tool (HRST) and training (clinical and person-centered) help meet or exceed performance targets.

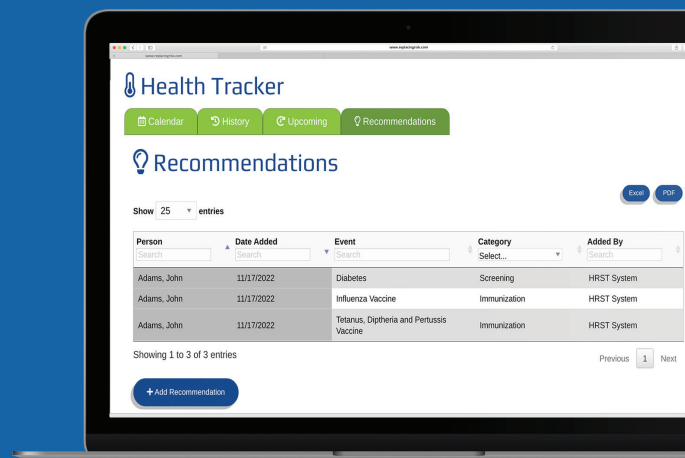
5 Categories of IDD-Specific Measures & How IntellectAbility Can Help

I. Health & Wellness Measures

- 1 Preventable Hospitalizations per 1,000 Members**
Unplanned admissions for ambulatory care-sensitive conditions (e.g., seizures, constipation, dehydration, aspiration pneumonia)
- 2 Emergency Department Utilization for Non-Emergent Issues**
Rate of avoidable emergency department visits, stratified by risk level
- 3 Medication Safety**
Percentage of people on psychotropic medications with documented informed consent and annual prescriber review. Percentage of people on 3 or more psychotropic medications with behavior support plans in place
- 4 Annual Comprehensive Health Assessment Completion Rate**
Including physical, behavioral, dental, and sensory evaluations
- 5 Immunization Rates**
Percentage of eligible people receiving flu, COVID-19, and pneumonia vaccines

How IntellectAbility helps:

- The HRST stratifies risk and triggers alerts for high-risk conditions, guiding preventive action to reduce events such as avoidable hospitalizations and ED visits.
- Clinical trainings address high-impact conditions (e.g., aspiration, constipation, polypharmacy) to reduce preventable events.
- The HRST documents psychotropic use and integrates with other electronic systems.
- The HRST can be customized to track annual health assessments and vaccine status, supporting 100% documentation and follow-up.



II. Access & Coordination of Care Measures

6 Timely Access to Preventive Services

Percentage of people receiving age- and gender-appropriate screenings (e.g., mammograms, Pap smears, colonoscopies)

7 Care Coordination Plan Timeliness

Percentage of care/support plans reviewed and updated within required timeframes

8 Primary Care Follow-Up After Hospital Discharge

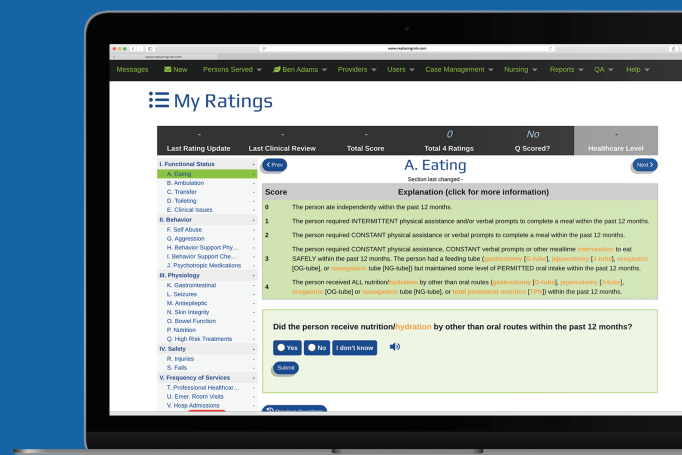
Percentage of people with follow-up visits within 7 or 14 days post-discharge

9 HRST Completion and Level-to-Care Alignment

Percentage of people with current HRST Health Care Levels and alignment between risk level and supports

How IntellectAbility helps:

- The HRST facilitates updated risk profiles, prompting timely preventive screenings and coordination updates.
- Automated data imports reduce delays in documentation, increasing plan timeliness and compliance.
- Training reinforces care coordination best practices, improving timely follow-up care after a hospitalization.
- Analytics dashboards track HRST completion rates, supporting person-centered service alignment.



III. Person-Centered Measures

- 10 Person-Centered Plan Implementation Rate**
Percentage of goals in support plans actively pursued and reviewed quarterly
- 11 Self-Reported Quality of Life Indicators**
Percentage of people reporting choice in routines, relationships, and where they live/work
- 12 Supported Decision-Making Usage Rate**
Percentage of people with supported decision-making in place instead of full guardianship when appropriate

How IntellectAbility helps:

- Person-Centered Thinking (PCT) training builds skills to write and implement meaningful goals and regularly review them.
- PCT promotes choice, autonomy, and self-direction, driving higher satisfaction and quality-of-life scores.
- Training and coaching support teams in replacing unnecessary guardianship with supported decision-making, driving percent of adoption upward.
- HRST risk alerts inform the planning team, improving responsiveness to the person's unique health and functional risks.

IV. Safety & Rights Measures

- 13 Incidence of Preventable Sentinel Events**
e.g., choking, falls with injury, medication errors, restraint use
- 14 Use of Restrictive Interventions**
Percentage of people experiencing restraints or seclusion (goal: reduce over time)
- 15 Critical Incident Response Time**
Average time from incident report to investigation closure

How IntellectAbility helps:

- The HRST flags high-risk areas like choking, falls, and seizure activity, enabling early intervention.
- Training equips direct support and clinical staff to recognize and respond to risks, reducing adverse events and reliance on restrictive measures.
- The HRST provides structured, trackable data to help agencies respond quickly and can be customized to document incidents accurately, improving response time metrics.

V. System Efficiency & Outcome Measures

- 16 Avoidable Higher, More Restrictive Settings**
Percentage of people moving from the community to higher levels of care without clinical need
- 17 Community Participation Rate**
Percentage of people engaged in day programs, work, or volunteering
- 18 Service Utilization Variance**
Identifies under-/over-utilization of services (e.g., nursing, therapies) compared to clinical risk

How IntellectAbility helps:

- The HRST supports community living by identifying and addressing health needs that could otherwise force more restrictive care settings.
- PCT training empowers person-driven supports, promoting participation in work, social, and volunteer activities.
- Aggregated HRST data reveals mismatches between support needs and service delivery, improving right-sized planning.
- Dashboards track critical data, making meeting and documenting percentage targets easy.

Integrating with VBP Models

How IntellectAbility Tools Support Contracting Models:

- Performance Tiers – Meet thresholds (e.g., 80% annual screenings, 90% HRST completion) through proactive screening and training.
- Shared Savings – Reduce costly ED visits and hospitalizations using HRST risk alerts and clinician education.
- Outcome-Based Bonuses – Improve person-centered metrics like goal attainment, self-reported quality of life, and service utilization through PCT training and HRST-informed planning.





As Medicaid budgets shrink, delivering smarter, more effective support and healthcare for people with intellectual and developmental disabilities (IDD) is essential. Traditional models that focus on crisis response are costly and often miss the mark. The strategies in this paper—prevention, data-driven care, workforce support, and value-based models—offer a clear path to better outcomes and more efficient resource use.

Optimizing HCBS and healthcare spending isn't just about saving money—it's about using resources where they have the greatest impact. Preventing hospitalizations, avoiding unnecessary emergency department visits, and supporting people to live meaningful, healthier lives in their communities all lead to improved outcomes and reduced long-term costs.

IntellectAbility is a key partner in achieving these goals. Tools, like the validated, low-cost, high-value Health Risk Screening Tool (HRST), Person-Centered Thinking (PCT) training, and health and safety training, help identify risks early, guide support and healthcare decisions, strengthen the workforce, and ensure services align with what matters most to each person.

In a time of limited funding, the choice is clear: continue reactive, fragmented care or adopt proactive, person-centered, value-focused strategies. The latter protects public resources and improves lives. The tools exist. The need is urgent. The time to act is now.

For More Information

ReplacingRisk.com

727-437-3201

Inquiries@ReplacingRisk.com