



Messages | New | Persons Served | Ben Adams | Providers | Users | Case Management | Nursing | Reports | QA | Help

My Ratings

| Last Rating Update | Last Clinical Review | Total Score | Total 4 Ratings | Q Scored? | Healthcare Level |
|--------------------|----------------------|-------------|-----------------|-----------|------------------|
| | | 0 | No | | |

A. Eating

Section last changed -

Score Explanation (click for more information)

0 The person ate independently within the past 12 months.

1 The person required INTERMITTENT physical assistance and/or verbal prompts to complete a meal within the past 12 months.

2 The person required CONSTANT physical assistance or verbal prompts to complete a meal within the past 12 months.

3 The person required CONSTANT physical assistance, CONSTANT verbal prompts or other mealtime intervention to eat SAFELY within the past 12 months. The person had a feeding tube (nasogastric tube [N-G-tube], gastrostomy tube [G-tube], or jejunostomy tube [J-G-tube]) but maintained some level of PERMITTED oral intake within the past 12 months.

4 The person received ALL nutrition/hydration by other than oral routes (nasogastric tube [N-G-tube], gastrostomy tube [G-tube], jejunostomy tube [J-G-tube], or total parenteral nutrition [TPN]) within the past 12 months.

Did the person receive nutrition/hydration by other than oral routes within the past 12 months?

☒ Yes ☐ No ☐ I don't know

Submit

Empowering Better Health:

The Impact of the Health Risk
Screening Tool (HRST) on an
Ohio IDD Population

Introduction

The Ohio Department of Developmental Disabilities (DODD) partnered with IntellectAbility® to study the effectiveness of the Health Risk Screening Tool (HRST) in enhancing care and reducing healthcare costs for people with intellectual and developmental disabilities (IDD). This comprehensive evaluation, conducted from April 2024 to January 2025, involved screening 307 participants in residential, waiver-funded settings throughout Ohio using the HRST.



The Goal: Gain a deeper understanding of the gap between supporter-identified risks and objective risk assessment using the HRST, explore participants' experiences with the HRST and screening process, and assess how the HRST can help reduce costs while improving health outcomes for those screened.

The study centered on three key areas:

- Subjective vs. objective assessment of risk
- User satisfaction and experience
- Cost-saving potential



The results point to one clear takeaway:

The HRST is not just a risk identification tool—it's a catalyst for objective resource allocation, cost savings, and improved health outcomes.

Subjective vs. Objective Assessment of Risk

Historically, funding supports for people with disabilities have relied on various mechanisms to establish acuity-based reimbursement rates. However, a key challenge in accurately assessing support needs is recognizing how a person's risks impact the level of care required.

For example, a person who independently uses a wheelchair for mobility may still require additional support due to the heightened risk of skin breakdown, bowel-related complications, and injuries or falls during transfers. These risks, while significant, are often underestimated by supporters.

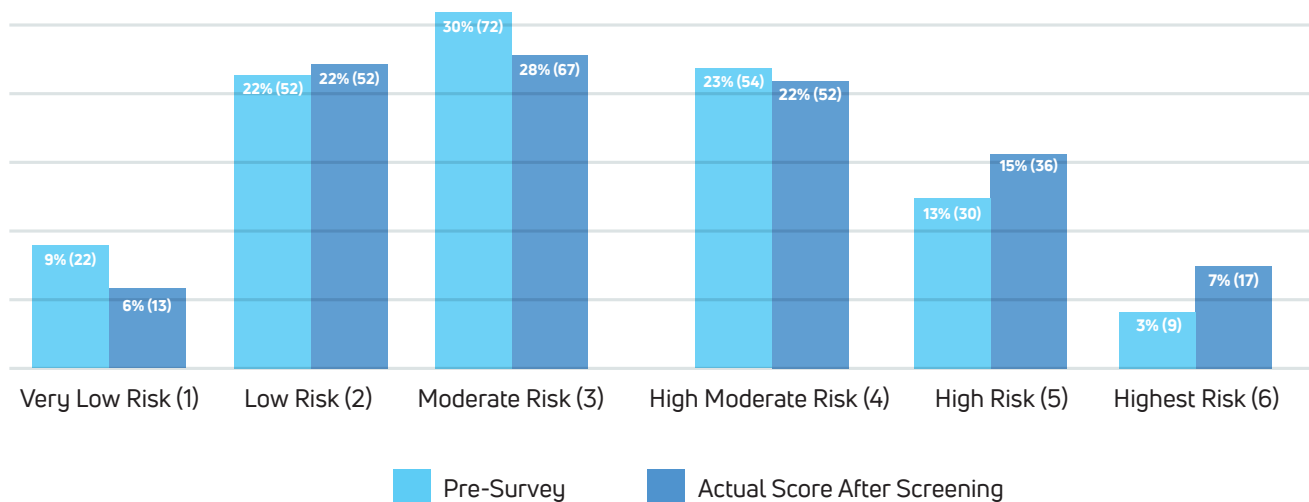
The HRST addresses this gap by providing an objective, data-driven measurement of health risks that may not be fully recognized or quantified by supporters. The Ohio study demonstrated this, with supporters consistently found to incorrectly estimate the degree of health risk among those they supported.

But the HRST goes beyond risk identification—it translates data into actionable, person-centered health support plans. This direct link between objective assessment and informed decision-making is one of the most powerful cost-saving levers in the system. When health plans are built on accurate risk identification, support teams can deliver more targeted interventions, reduce duplicative services, and prevent costly medical emergencies.

Key insights:

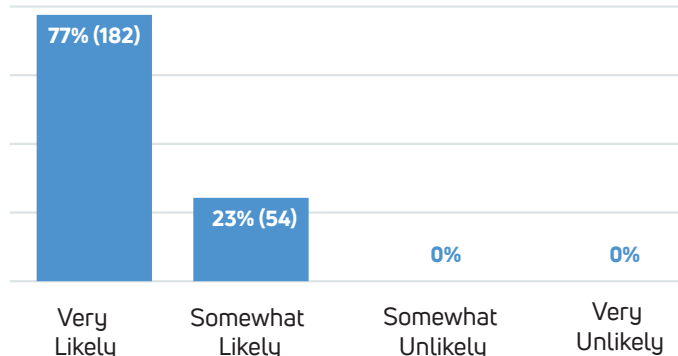
Respondents to these questions were key staff and supporters of the person at the time of screening.

Which of the following best describes the health risk level of the person you support?

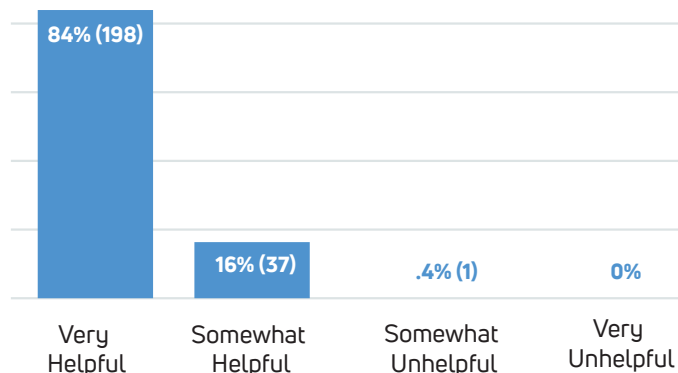


The tool helped correct misjudgments of health risk levels, ensuring more accurate support planning.

How likely are you to apply the knowledge gained from the HRST to address the identified risks?



How helpful will the HRST be in developing a health support plan?



100%

Supporters stated they were “somewhat” or “very likely” to apply HRST knowledge in addressing health risks.

100%

Supporters believed the HRST would be valuable in creating individualized health support plans.

This means teams aren't just reacting to problems—*they're planning ahead, with confidence.*



Team Expectations:

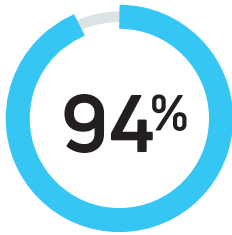
- Fewer missed warning signs
- Fewer ER visits
- And fewer dollars wasted on guesswork

By integrating the HRST into planning workflows, agencies can optimize staff time, prioritize high-risk concerns, and reduce long-term costs tied to preventable complications. It's a smarter way to support people—and a more sustainable model for providers and payers alike.

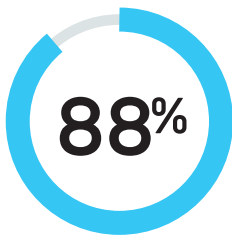


HRST Feedback: User Experience & Satisfaction

Across Ohio, supporters engaging with the HRST shared overwhelmingly positive experiences. Whether they were new to the field or seasoned experts, users described the tool as intuitive, practical, and essential for elevating care.

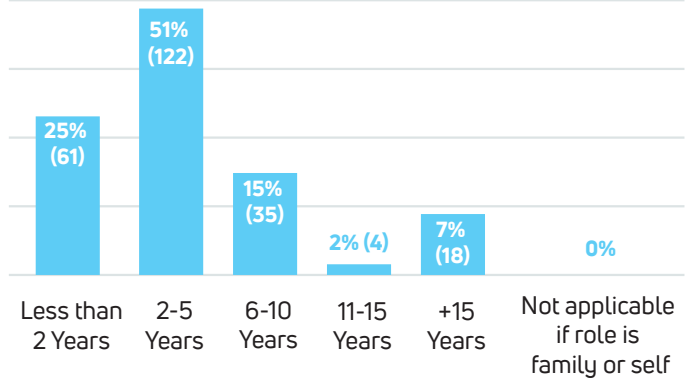


Ease of Use: over 94% of supporters, even those with less than five years of experience, found the screening process “very easy.”

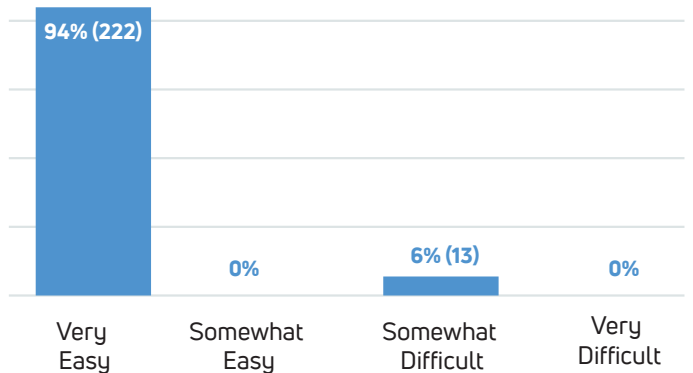


Effectiveness: 88% of supporters viewed the HRST as an effective tool in assessing health risks.

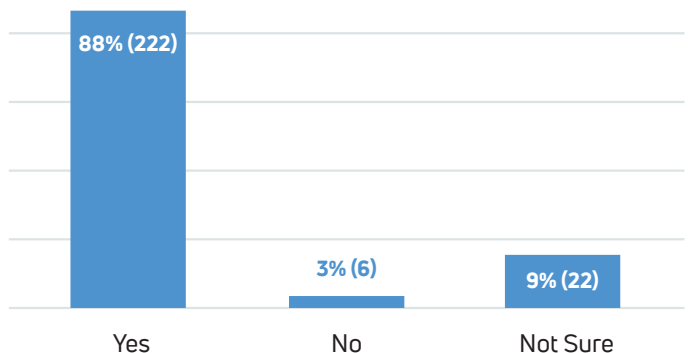
Years in Role of Supporting the Person



Ease of HRST Participation



Was the HRST more or less effective as a screening tool than the currently used tools to capture health risk and health status?





Empowerment:

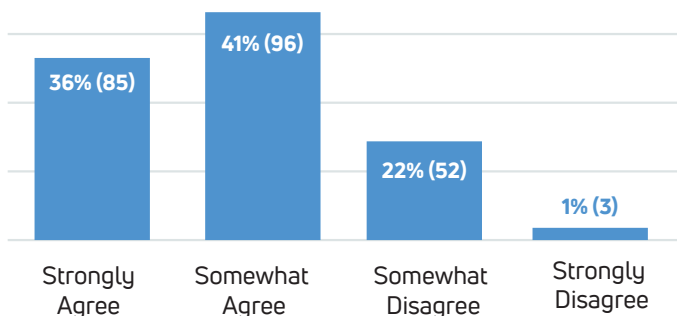
100% of supporters reported feeling empowered by the information provided through the HRST.

"The screening process was eye-opening, especially when those screened had a higher Health Care Level (HCL) than expected."

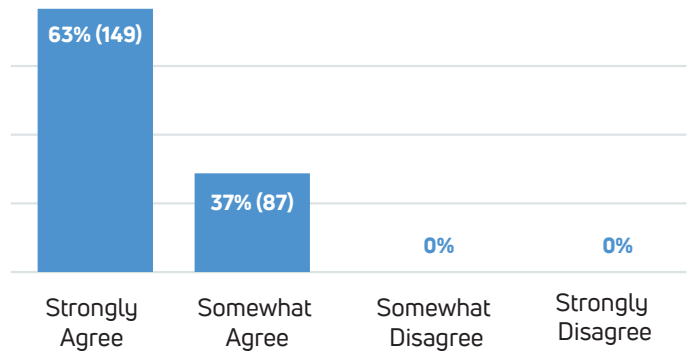
"I really liked the tool. It will help me advocate for the people I support."

The HRST doesn't just guide health assessments—*it strengthens the voice of support staff, enabling proactive, personalized care rooted in data.*

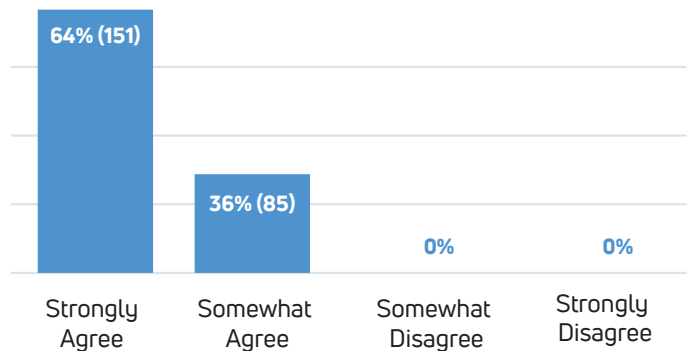
I expect the HRST to reduce healthcare costs for the person with IDD.



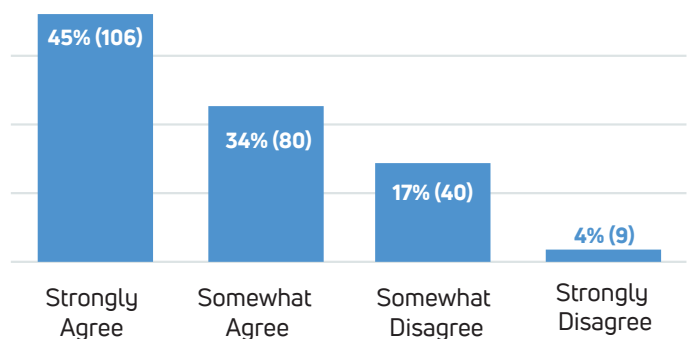
I feel empowered by the information the HRST has revealed.



I feel confident in applying HRST knowledge to benefit the person with IDD.



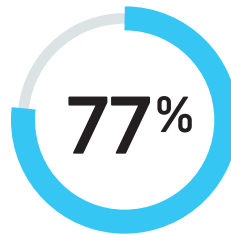
The HRST identified previously unknown risk factors for the person with IDD.



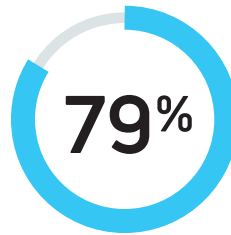
Cost-Saving Capabilities

In today's healthcare climate, reducing unnecessary costs isn't just an ideal—it's a necessity. The HRST equips support teams with the knowledge to identify health risks early, long before they escalate into costly crises. When avoidable hospitalizations, emergency visits, and medication mismanagement are caught early, lives are improved—and resources are preserved.

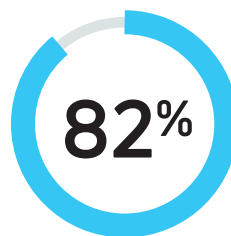
This study confirmed what many in the field already know — ***preventive care saves money.***



Expected the HRST to reduce overall costs

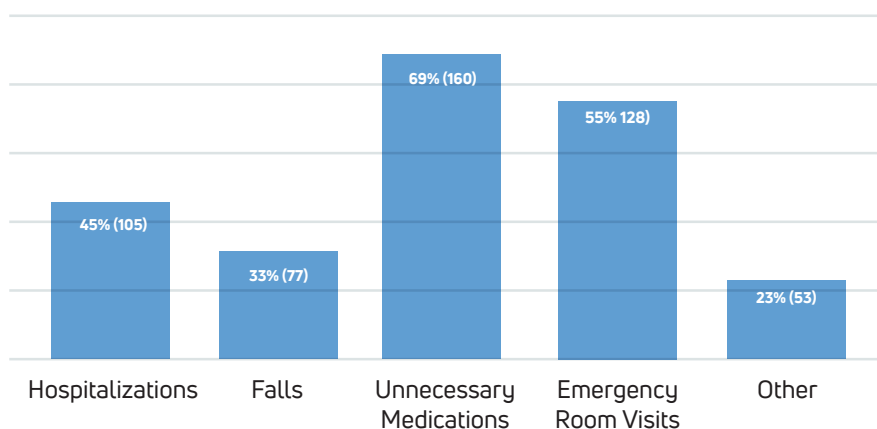


Agreed the HRST identified previously unknown risk factors for people with IDD



Expected the HRST to reduce negative health experiences, such as hospitalizations, falls, unnecessary medication use, and emergency room visits

Which of the following do you expect the HRST to reduce?



Every one of these expected outcomes represents real people avoiding trauma—and systems avoiding unnecessary costs.

Investing in the right tools up front means fewer dollars spent reacting to avoidable harm.

The cost of reactive care adds up quickly. But the HRST shifts the entire equation from late-stage intervention to informed, proactive support. That's not just good care—it's a sustainable strategy.



Conclusion & Next Steps

The data is clear: the Health Risk Screening Tool (HRST) delivers measurable impact. By identifying health risks early, it empowers frontline staff with actionable insights and supports proactive planning. The HRST is a proven solution that improves outcomes and protects resources—especially in today's high-pressure care environments.

For organizations that serve people with intellectual and developmental disabilities, the message is simple: **investing in prevention isn't just the ethical choice—it's the economically sound one.**

By leveraging the HRST, agencies and systems can:

- Proactively identify health risks before they escalate
- Create more accurate, individualized support plans
- Reduce avoidable ER visits, hospitalizations, and medication overuse
- Save money while delivering better, person-centered care



Smarter Path to Person-Centered Support

The HRST isn't just a screening tool—it's a strategic framework. When used consistently, it improves outcomes, boosts confidence among support professionals, and protects precious funding through better decisions and fewer crises.



Ready to Bring the HRST to Your Organization?

Join 2,000+ provider agencies using the HRST to improve care and cut costs.

[View HRST Pricing Plan](#)



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