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What is the HRST?

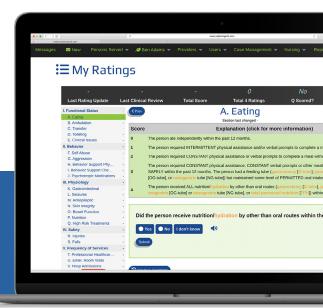
The Health Risk Screening Tool (HRST) is the leading screening tool for intellectual and developmental disability (IDD) risk management and support. It is a HIPAA-compliant, web-based rating instrument developed to detect health destabilization in at-risk populations and ensure that proper care and support are provided at all times to avoid unnecessary suffering and death.

The HRST monitors for health risks associated with various intellectual, developmental, and physical disabilities which affect specific body systems and the person's ability to engage in life. This provides all supporters the information needed to respond appropriately.

The HRST is:

- Field-tested
- Validated
- Reliable
- User-friendly for direct support staff

Accessible online,
 24/7 to provide
 essential healthcare
 information



The HRST Saves Lives by:

- Detecting health destabilization early in at-risk populations
- Identifying health conditions that lead to preventable morbidity and mortality
- Providing specific, actionable Service and Training Considerations that guide the actions of the support team
- Providing web-based, real-time health risk data accessibility
- · Promoting balanced person-centered plans

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"The HRST goes far beyond routine documentation software. It evolves with the person as they travel through life. It is a living, breathing, personcentered health risk tool that provides actionable steps that save lives."

 Craig Escudé, MD, FAAFP, FAADM, FAAIDD, President, IntellectAbility

Use the HRST to Identify and Take Action to Mitigate Health Risks.

Risks can go unrecognized, resulting in delays in care, unnecessary suffering, and death. The HRST helps supporters to identify often missed health risks and provides action steps to mitigate those risks with Clinical Briefs and Service and Training Considerations. These help inform support decisions and educate healthcare providers.

Interoperable & Customizable

With its ability to connect to other electronic information systems, the HRST's robust, personcentered health risk data can provide users with valuable information at a glance. Customize it to fit the organization's needs and integrate it with other systems to import and export data, including demographics, medications, diagnoses, and additional important information.

A great example of this integration is the innovative interface created with StationMD. This dynamic interface allows StationMD clinicians immediate access to the person's HRST screening information during a telemedicine visit, providing concise information to support clinical decision-making and much more.

Determine The Risk



How the HRST Works

- The HRST uses a simple 22-item scale designed to discover who is at the greatest risk of illness and health destabilization. Rating Items encompass 22 specific areas of risk, including risks associated with eating, ambulation, self-abuse, aggression, bowel function, skin integrity, nutrition, falls, and 14 other areas.
- The user answers a series of objective Yes/No questions related to each of the 22 Rating Items, resulting in a score assigned to each.
- Based on the numerical total of the 22 Rating Items, a Health Care Level (HCL) is assigned, Health Care Levels can range from 1-6. The higher the HCL, the higher the risk.
- The HRST then responds by producing action steps that empower support staff in the form of special attention and prevention.

Who Benefits from the HRST?

People with IDD

The HRST also benefits the aging population, people with dementia or traumatic brain injuries, and children. The medical conditions and health risks most likely to contribute to illness and death for people with IDD often go unrecognized and undiagnosed.

Over time, failure to appropriately manage health and health risks results in a downward spiral of adverse outcomes for people with IDD, including reduced quality of life, increased chronic disease burden, decreased function, and increased acute medical and long-term services and supports costs.

IDD Provider Agencies

IDD providers use the HRST to monitor and address health risks on a day-to-day basis. They also use the specific action steps offered by the HRST to respond to these identified risks. This information can effectively inform person-centered plans and planning efforts.

Access to this information is essential in an environment where support staff turnover is rampant. It is also vital information for those who step into vacated positions to know, especially when training and education are often abbreviated and completed "on the job."

value tool for your organization.

Managed Care Organizations

Managed care organizations (MCOs) can use the HRST for risk stratification and improved care coordination to facilitate case manager oversight of health and safety, increase awareness of health risks, prevent unnecessary emergency department visits and hospitalizations, inform resource allocation, and optimize health care expenditures.

State IDD/Medicaid **Administrators**

State IDD/Medicaid Administrators implement the HRST to manage the health of the IDD population and ensure a valid and reliable process for identifying health risks that are often overlooked and can lead to preventable illness, unnecessary emergency department visits, hospitalization, and death.

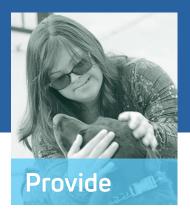
Many states draw down the Medicaid match for HRST-related activities, making it even more affordable by using Medicaid Administrative Claiming (MAC) and/or by billing for the HRST through their 1915(c) waivers.

The HRST offers quick, reliable access to essential data. It supports valid health risk assessments, prioritizes HCBS waiver access, proactively prevents critical incidents, enhances person-centered planning, enables comprehensive performance reporting, and allows real-time response through Admission, Discharge, Transfer (ADT) alerts and integrated data sources.



Adjacent Uses of the HRST

In addition to serving as a 24/7 source of web-based information about a person's health risk, data from the HRST has been leveraged to:



- Provide direct access to health risk information during selected IDD-specific telemedicine encounters
- Provide context for state mortality reporting processes
- Provide data for initial and annual Level of Care (LOC) determinations
- Provide an electronic platform for nursing assessment data, health care plans, and personcentered plans
- Provide information to determine appropriateness for IDD Medical Health Homes



- Inform state Medicaid IDD program individualized budget and rate setting activities
- Inform prioritization for people on IDD HCBS Waiver waiting lists
- Inform state and provider direct support staff training initiatives
- Inform support needs in the person-centered plan
- Inform and assign case management support levels
- Inform and complement state incident management and sentinel event reporting processes
- Inform direct support and nursing staffing needs by measuring healthcare acuity



- Address continuity of care concerns related to direct support, nurse, and case management staffing turnover
- Address CMS Home and Community Based Services (HCBS) Waiver Health and Safety Performance Measures (PMs) and provide data for valid and reliable reporting on PMs
- Ensure compliance by identifying individual health risks, providing actionable strategies to mitigate them, and proactively preventing critical incidents
- Address consistency to prioritize and reduce waitlists, objectively allocate precious funding resources for services, and serve as a valuable tool for performance and quality measurement reporting

Validated & Proven Predictor of Mortality

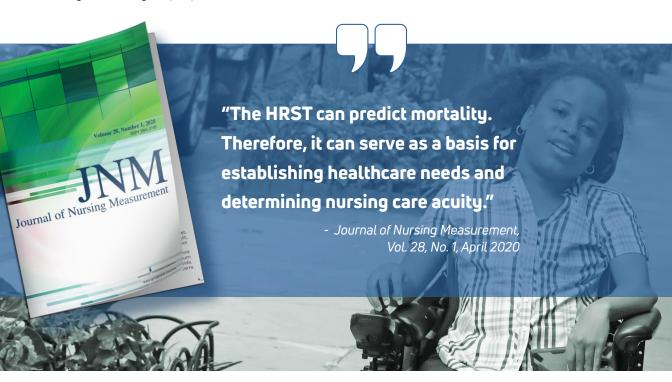
Journal of Nursing Measurement¹

Vol. 28, No. 1, April 2020

This study highlights the efficacy of the HRST in predicting mortality in a sample of 12,582 people with IDD. The researchers concluded that the "HRST's Health Care Levels (HCLs) are predictive of mortality. Therefore, it can serve as a basis for establishing healthcare needs and determining nursing care acuity for people with IDD."

Center for Outcome Analysis²

This study was conducted by the Center for Outcome Analysis on a sample of over 16,000 people with IDD over a nine-year span, focusing on life expectancy trends. The study concluded that the HRST's Health Care Level was prognostic of longevity.



¹ Roszkowski, M., Thomas, M., Conroy, J., Ivy, C., & Gravitt, Jr., G. (2020). An Examination of the Validity of the Health Risk Screening Tool: Predicting Mortality in People With Intellectual Disabilities. *Journal of Nursing Measurement, Volume 28*(1).

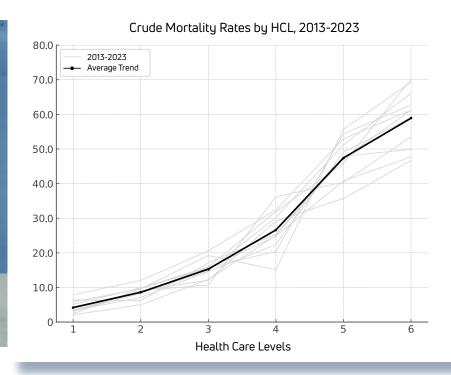
² Roszkowski, M., & Conroy, J. (2016). *Predictive Validity of a Health Risk Screening Tool Designed for People with Developmental Disabilities.*Havertown, PA: Center for Outcome Analysis.

Annual Mortality Report³

In a large state, people with intellectual and developmental disabilities (IDD) have been screened using the Health Risk Screening Tool (HRST) since the late 1990s. Beginning in 2013, an Annual Mortality Report has been published to examine mortality rates, trends, and other health-related data associated with the care received by people supported through the state's two IDD waiver programs.

Results have consistently indicated that a two-point increase in Health Care Level (HCL) is associated with a significant increase in mortality; therefore, attention should be given to a one-point increase in HCL to mitigate the increased risk of mortality associated with a two-point increase in HCL.

This graph, from the Annual Mortality Report mentioned above depicts a statistically significant increase in the crude mortality rate for each HCL, thus demonstrating the strong relationship between the HRST HCL and mortality prediction.







The HRST is Person-Centered.

The HRST identifies true, personcentered health risks specific to each person.

This makes meeting the CMS requirement of having a person-centered healthcare and wellness plan easier.



"The Final Rule includes changes to the requirements regarding person-centered service plans for HCBS waivers under 1915(c) and HCBS state plan benefits under 1915(i). The person-centered service plan must be developed through a person-centered planning process. It includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education, and others."

- CMS⁴



Objectively screen and minimize health risks



Balance health and welfare to support a well-lived life



Amplify the person-centered planning process



Enhance the effectiveness of the person's support plan

The HRST brings information about the person's health risk to the planning process in a methodical manner that is thorough and objective. Combined with person-centered skills and techniques, the HRST helps to balance the "Important To and Important For" in the planning process.



20 States use our Program



120,000+ Currently Being Monitored by the HRST



2,000+
Private Provider
Agencies Using
the HRST

⁴ Centers for Medicare and Medicaid Services (CMS). (2014). Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice (Section 1915(k) of the Act) and Home and Community-Based Services (HCBS) Waivers (Section 1915© of the Act). (CMS 2249-F and CMS 2296-F).

Identifying Health Risks is Only Half of the Battle.

Once risks are identified, the HRST gives you **two important resources** to lessen the risk and improve the health and wellness of the people you support. The Service and Training Considerations are automatically generated by the HRST once a person is screened, making the healthcare and wellness plan easier to create.

- Person-Centered Service Considerations
 direct your attention to services that a
 person may need to lower identified risks.
 These might include physician evaluations,
 pharmacist reviews of medications, PT/OT
 services, and further assessments.
- 2. Person-Centered Training Considerations provide direction for training support staff on specific, person-centered ways they can reduce health risks for the person.

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"Person-Centered Planning had its roots in the 1980s. The concept of Normalization and a rating item from the PASS system called Model Coherency form the basis for Person-Centered Planning, which should always begin by asking the question 'What is the greatest threat for this person if risks aren't addressed?' Person-Centered Planning is exactly what it seems: This planning is about Joe or Sally and only about them." "

- Karen Green McGowan, RN HRST & IntellectAbility Founder



HRST Cost Overview

The cost of licensing the Health Risk Screening Tool (HRST) is based on the number of people supported and a "per person" pricing model. The price includes the HRST web-based application and all related services.



Contact us for a free demonstration and information on the related services included in your monthly HRST subscription.

Up to 99
Persons Served

100-499 Persons Served 500+
Persons Served

\$475

Monthly Flat Fee

\$4.75

Per Person / Mo. (\$57/Year)

\$4.50

Per Person / Mo. (\$54/Year)

The term "person served" refers to someone whose HRST data is entered and stored in the database. There is a one-time start-up fee of \$650.

Rates reflect 2025 pricing.



Sole sourceable

- Medicaid Match eligible
- · Scalable pricing

- Objective, thirdparty screening
- Seamless, turnkey implementation
- Accurate results

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"People are alive today because of the HRST."

- M.W., RN



Contact for Pricing: **727.437.3201**







Contact us today for a free demonstration of the HRST.

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