



Chapter: Developmental Disabilities Community Services
Subject: Health Risk Screening Tool (HRST)

Applicability:
All Intake & Evaluation staff, Community Developmental Disability Providers, Support Coordinators, and Planning List Administrators

References: None

Attachments:
Appendix I: Graphic Example of a HRST Scoring Summary
Appendix II: Addressing the HRST Training Recommendations in the ISP

The Health Risk Screening Tool is located online at <https://gadd.hrstonline.com>

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POLICY

The Health Risk Screening Tool (HRST) is used to determine an individual's vulnerability in terms of potential health risks and supports early identification of individuals with deteriorating health. This web-based (online) tool screens for health risks associated with a wide variety of disabilities, including developmental disabilities. HRST measures health risk **not** disability. The greatest vulnerability to risk is exhibited or experienced among those individuals whose services are periodic, while less intense for someone who needs daily nursing care.

The completion of the HRST meets health and safety requirements, enabling the monitoring of health needs, allowing early identification of health issues, and supporting the prevention of complications and preventable deaths. The HRST assigns point scores to rating items. The total points result in a health care level with an associated degree of health risk. The health care levels are 1 through 6, with level 1 being the lowest risk for health concerns, and level 6 being the highest risk for poor health.

DEFINITIONS

Intake and Evaluation: A team located in each regional field office that provides screening to determine if individuals with developmental disabilities are eligible for services. Identified Intake and Evaluation (I & E) staff also execute tasks, which support ongoing assessment of individuals currently receiving services (i.e. the completion of the HRST tool).

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PROCEDURES

A. COMPLETION OF THE HRST

The Health Risk Screening Tool (HRST) is an online instrument that is completed by the following HRST trained persons:

1. Intake and Evaluation (I & E) Staff

- Completes the initial HRST for individuals when they are approved for services.
- Completes the initial HRST for individuals who choose to participant direct (self-direct) their services. (Pertaining to Participant Direction, see the NOW Manual (Current Year), Part II, Chapter 1200, Section: Participant Direction).

2. Community Developmental Disabilities Provider - Completes the HRST for individuals receiving provider services. All providers are required to have qualified staff that have completed the required HRST training and have been certified to administer the HRST.

- Residential providers are always the lead provider to complete the HRST when an individual receives services from multiple providers.
- If the person does not receive residential services, the designated provider will be identified in the annual Individual Service Plan (ISP). This will usually be the provider or entity providing the greatest quantity of service.

3. State Operated Hospital Staff - Completes the Initial HRST for each person transitioning from State Operated Hospital services to community services.

B. TRAINING REQUIREMENTS FOR THE COMPLETION OF THE HRST

1. All staff members responsible for the completion of the HRST must complete training prior to using this online screening tool. Completion of the HRST is not allowed without the training.
2. The training for Direct Support Staff is now available online as a HRST Online Rater's Training module (<http://learn.hrsonline.com/gadd>). Providers may also utilize this electronic training process by submitting an emailed request to custserv@hrsonline.com.
3. Nurses and managers are required to complete quarterly online training and attend a two-day training session with the HRST Staff. For additional information access <http://learn.hrsonline.com/gadd>.
4. Provider must attend web based trainings, which are held every four (4) months. DBHDD will disseminate notifications regarding the dates/times of the scheduled webinars

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C. TIME-LINE FOR HRST COMPLETION

The time-line for the completion of the HRST is identified as follows:

1. **Initially** the HRST must be completed for each person approved to receive community developmental disability services.
2. **Annually** the HRST must be updated by the Provider, or designated entity in the person’s Individual Service plan (ISP). **The HRST must be completed or updated at least 90-120 days prior to the ISP expiration date.**
 - **If the HRST is not updated 90 days before the ISP, the Support Coordinator will score the site visit with a “3” rating.** (Refer to the Monitoring Report Guidelines for the Case Management Information System (CIS) at <https://cis.columbusorg.com>)
 - The Support Coordinator must contact the Regional I & E Manager regarding a score of “3” or higher.
 - The I & E Office must contact the provider and require that the HRST be updated within three (3) business days.
3. When a person chooses to “**participant direct**” all of his/her services, an update HRST is completed by the Regional I & E team **annually** for re-certification.
4. **Ongoing updates** of the HRST are completed by the provider or designated entity in the person’s ISP when a person experiences significant changes in health, functional or behavioral status. Examples include but are not limited to:
 - **Any time there is a change in medication. Whenever there is a change, addition or discontinuation of any medication, the HRST must be updated. This includes all types and forms of medication administered to the individual.**
 - All Hospitalizations
 - All Emergency Room Visits
 - Any significant changes in behavior
 - An increased in the frequency of complaints from the person regarding how they are feeling or acting

Note: When providers are updating the HRST and there are significant changes which increase the HRST score to a **level “3” or above**, the Support Coordination agency is to be contacted immediately. **Scores “3” and “4” indicate health and or safety issues, which are to be addressed immediately** (see Appendix 1: Graphic Example of a HRST Scoring Summary).

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D. HRST PROCEDURES

1. The Provider, or designated person identified in the ISP, is to complete the HRST online at <http://www.hrstonline.com>. The web address (URL) for HRST Support is <http://support.hrstonline.com/support/>
2. All providers are to complete a HRST data tracking log that is maintained on site. When the Support Coordinator visits the individual with developmental disabilities, the tracking log is to be reviewed:
 - Providers may use the tracking log presented at the HRST training or develop their own data tracking log.
 - Only those items that are an issue for an individual are tracked.
 - The tracking log is updated monthly.
 - Support Coordinators review the tracking log during visits.
3. Once the HRST is completed online and linked to the ISP by the Support Coordinator, the scores from the HRST will automatically populate in the individual's ISP contained in the DBHDD Division of DD web-based system.
4. Providers are to inform the Support Coordinator of any changes in the HRST level within 24 hours.
5. The Provider and Support Coordinator are to arrive at the ISP meeting prepared to discuss training recommendations. If the provider's nurse cannot be at the ISP meeting, the provider must discuss training recommendations with the nurse before the meeting. The provider is to identify areas of new or ongoing training that will be completed within thirty (30) days of the start of the ISP meeting.
6. The Provider and Support Coordinator review training recommendations at the ISP meeting: The Team determines which training recommendations will be addressed. The information is recorded in the designated section of the Health and Safety pages of ISPs to help mitigate those identified risks.
7. Reports are made available from the HRST website to trend health related issues across the system and by provider.
8. With an individual's consent, his/her HRST information is available for downloading and printing, to be taken to a health care appointment for use in the ongoing review of the individual's health history.
9. **If a person's HRST level results is a score of 3 or higher**, the HRST must be reviewed and signed off on by the Provider's Registered Nurse Reviewer. The nurse is to ensure that the information is accurate.

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10. **Individuals with a HRST level score of 3 or higher** are considered higher risk, thus requiring increased monitoring/supervision by the agency nurse.

E. I & E NURSING RESPONSIBILITIES REGARDING HRST SCORE LEVEL OF THREE (3) OR HIGHER

1. If the person receives a rating of a level “3” or higher before the next annual certification, the provider and/or the support coordinator must complete and forward request to the Regional I & E Nurse for technical assistance.
2. The I & E Nurse must provide technical assistance to the provider, that includes a contact with the Developmental Disabilities (DD) provider, nurse or manager.
3. The I&E Nurse is to determine the next step, which may include a mandate that the provider renders additional staff training and/or seek additional medical support for the individual. **Note:** The provider is to document all services rendered in a report that is uploaded at <http://www.hrsonline.com>.
4. The I&E Nurse must share all information with the Support Coordinator. The I & E Nurse provides follow-up as necessary until all recommendations are implemented, informing the Support Coordinator of all actions and outcomes.

F. SUPPORT COORDINATION RESPONSIBILITIES

1. If the Support Coordinator is visiting an individual and notices issues, he /she must notify the provider that the individual needs to be re-rated.
2. The Support Coordinator is to be kept informed and up-to-date on any changes.
3. Red Flags for the Support Coordinator to be aware of are as follows:
 - Falls and injuries, which are to be noted in monthly reports. Incident reports are to be checked for completion by the Support Coordinator. **Note: There is a very strong correlation between type and frequency of injuries and quality of care. High ratings in this area require an intense review of facility management practices.**
 - Changes in the health level ratings and the correlation of data.
 - Drug use and the increase in administered medications.
 - Hospitalizations and Emergency Room visits.

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G. HRST RECOMMENDATIONS: SUPPORT COORDINATORS AND ISP TEAM FOLLOW-UP RESPONSIBILITIES

The scores of the HRST automatically pre-populate in the ISP template. Training recommendations that will be addressed within the first thirty (30) days of the ISP start date, are listed in the ISP Health and Safety Review Section.

Note: This section is based on the team’s discussion of the HRST recommendations; it is not simply a “copy/paste” of the HRST recommendations.

1. The Support Coordinator and ISP team are to access a copy of the Evaluation and Service Requirement Report that addresses needs for each section of the HRST.
2. The ISP Team reviews the training recommendations and prioritizes the training needs (see Appendix II: Addressing the HRST Training Recommendations in the ISP).
3. The monitoring report, which addresses training needs and the HRST tracking form are to be consistently updated by the Support Coordinator.
4. The Support Coordinator monitors training during the visits to the home setting to ensure that the training is completed.
5. The Support Coordinator monitors and ensures that the training is documented in the individual’s record. If the training is not completed, the Support Coordinator must indicate this on the monitoring report.

(Refer to the *Monitoring Report Guidelines for the Case Management Information System (CIS)* at <https://cis.columbusorg.com>)

H. INTAKE AND EVALUATION: COMPLETION OF THE HRST FOR PARTICIPANT DIRECTION

1. Intake & Evaluation (I & E) Registered Nurse (RN) is required to complete the HRST for any individual receiving **Participant Direction services only**. If a person is receiving another service from a traditional provider along with **Participant Direction**, the traditional provider is responsible for completion.
2. Because the I&E RN is designated to complete “ **The Participant Direction Only**” HRST, she/he completes the following:
 - Prior approved certification to administer the HRST from the HRST web trainings
 - The clinical two-day trainings
3. In preparation for completion of the HRST, the I&E RN is to obtain the Participant Direction’s information 90 days before the person’s date of birth.

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4. Sixty (60) days before the individual’s date of birth, the I&E RN is to complete the HRST and uploaded the document in the HRST online system (<http://www.hrsonline.com>).
5. The I&E RN is required to meet face-to-face with family members, caretaker/legal guardian and Support Coordinator to discuss data collection from the point of the last HRST. The discussion is to utilize one (1) year worth of data.

The Exception to the Rule: If changes are not reported during the RN’s initial conversation with the family and the HRST remains within the levels of “1” or “2”, the RN can use his/her clinical judgment to complete the HRST without having face-to-face encounters. It is important that this option be discussed and explained to the family and Support Coordinator.

Note: When the RN is updating the HRST and there are significant changes, which increase the HRST score to a level “3” or above, the Support Coordination agency is to be contacted immediately. Scores “3” and “4” indicate health and or safety issues: They are to be addressed immediately.

6. The RN is to complete the HRST in the Case Management System (CIS). Refer to the Case Management Information System (CIS) at <https://cis.columbusorg.com> .

I. HRST USER ID AND PASSWORD PROTECTION

Each Provider must have a designated person or persons who are trained to enter data in to the HRST online system.

1. The **User ID and Password** must be protected and used only by the HRST trained individual to whom it has been assigned. Data entry under another person’s User ID, constitutes falsification of data when entered into the HRST online system. A Provider can be held liable in the event of an individual with developmental disabilities being compromised due to falsification of data.
2. Each Provider must have a documentation/technology policy that includes the procedure to ensure protection of staff’s User ID and password information. **This policy must include the following statement: “User IDs and Passwords can only be used by the authorized individuals assigned to those IDs and Passwords.”**

J. QUALITY ASSURANCE

1. Each DBHDD Region is responsible for executing a **monthly review** of at least five percent (5%) of all HRST(s) administered by Providers throughout the region.

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2. Each Provider is responsible for executing a **monthly review** of at least five percent (5%) of all HRST(s) administered by designated staff.

K. MEETING SESSIONS

All Providers are required to be available anytime a HRST related meeting is held; **including online web conference meetings.**

An EXAMPLE of the HRST Web-Based Scoring Summary

Scoring Summary	Service Requirements	Training Requirements	
[Printable Page]			
Scoring Summary		Alice M. Bradley	
last updated: 04/05/07			
Total Score: 42	Total 4 Ratings: 1	"Q" Scored?: No	
Healthcare Level: 4 (RN review required)			
1. Functional Status Category			
Rating Area	Score	Explanation	Notes/Comments
A. Eating	3	<p>Requires constant physical assistance and mealtime intervention to eat safely</p> <p>Unable to obtain adequate calories and fluids without assistance. May have difficulty breathing/swallowing while eating or conditions that impairs ability to eat safely. Interventions are required (specific positioning support, eating devices, presentation techniques, modifications in food/fluid consistency). May have enteral (feeding) tube, but maintains some level of oral eating.</p> <p style="text-align: right;">rated: 04/05/07</p>	<ul style="list-style-type: none"> Staff gives her 1 Tbsp. of food per day with no coughing or respiratory consequences
B. Ambulation	3	<p>Requires assistance to change positions or shift weight in wheelchair</p> <p>Has limited use of limbs. May need assistance to propel wheelchair.</p>	<ul style="list-style-type: none"> Wheelchair has several adaptations which are required for providing mechanical support
C. Transfer	4	<p>Needs lifting equipment/procedures to safely transfer</p> <p>May need range of specially designed positions. May require specialized equipment due to severe spasticity, history of bone fragility, potential for injury due to size, or due to degree of physical deformity.</p> <p style="text-align: right;">rated: 04/05/07</p>	<ul style="list-style-type: none"> Is currently moved using a 2 person transfer, but due to her weight, she should be transferred with lifting equipment to protect the safety of herself and the staff working with her
D. Toileting	3	<p>Incontinent of bowel or bladder</p> <p>Inability to recognize elimination (loss of sensation, physical inability to manage toileting needs). May require scheduled toileting or use of incontinent briefs.</p> <p style="text-align: right;">rated: 04/05/07</p>	<ul style="list-style-type: none"> Wears diapers and is checked every 2 hours
E. Clinical Impact on ADL's	0	<p>None. No clinical restrictions</p> <p style="text-align: right;">rated: 04/05/07</p>	
Category:	13	-	

This is one of the reports that is generated by the HRST, showing the scores, pertinent data, and any notes entered by the rater.

Addressing the HRST Training Recommendations in the ISP

