



IntellectAbility
REPLACING RISK WITH HEALTH AND WELLNESS





We provide tools and training to those who support people with vulnerabilities helping them replace risk with health and wellness.



IntellectAbility

REPLACING RISK WITH HEALTH AND WELLNESS



HRST
HEALTH RISK SCREENING TOOL



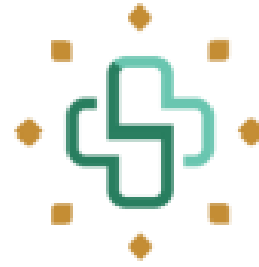
Academy
IDD SUPPORTER EDUCATION



**Person
Centered Services**
A SHIFT IN SUPPORTER PERSPECTIVE



Productions
CUSTOM COURSE DEVELOPMENT



Iowa Medicaid
IOWA HHS

- American Rescue Plan Act (ARPA) HCBS Health Information Technology (IT) and Infrastructure Grant
 - Deadline Nov 30th
 - Covers projects that improve access to care and monitoring of the quality of care for HCBS Medicaid members
- American Rescue Plan Act (ARPA) HCBS Employee Training and Scholarship Grant
 - No announced deadline
 - Purchase of competency-based training content including self-directed trainings that will enhance the quality of direct services provided



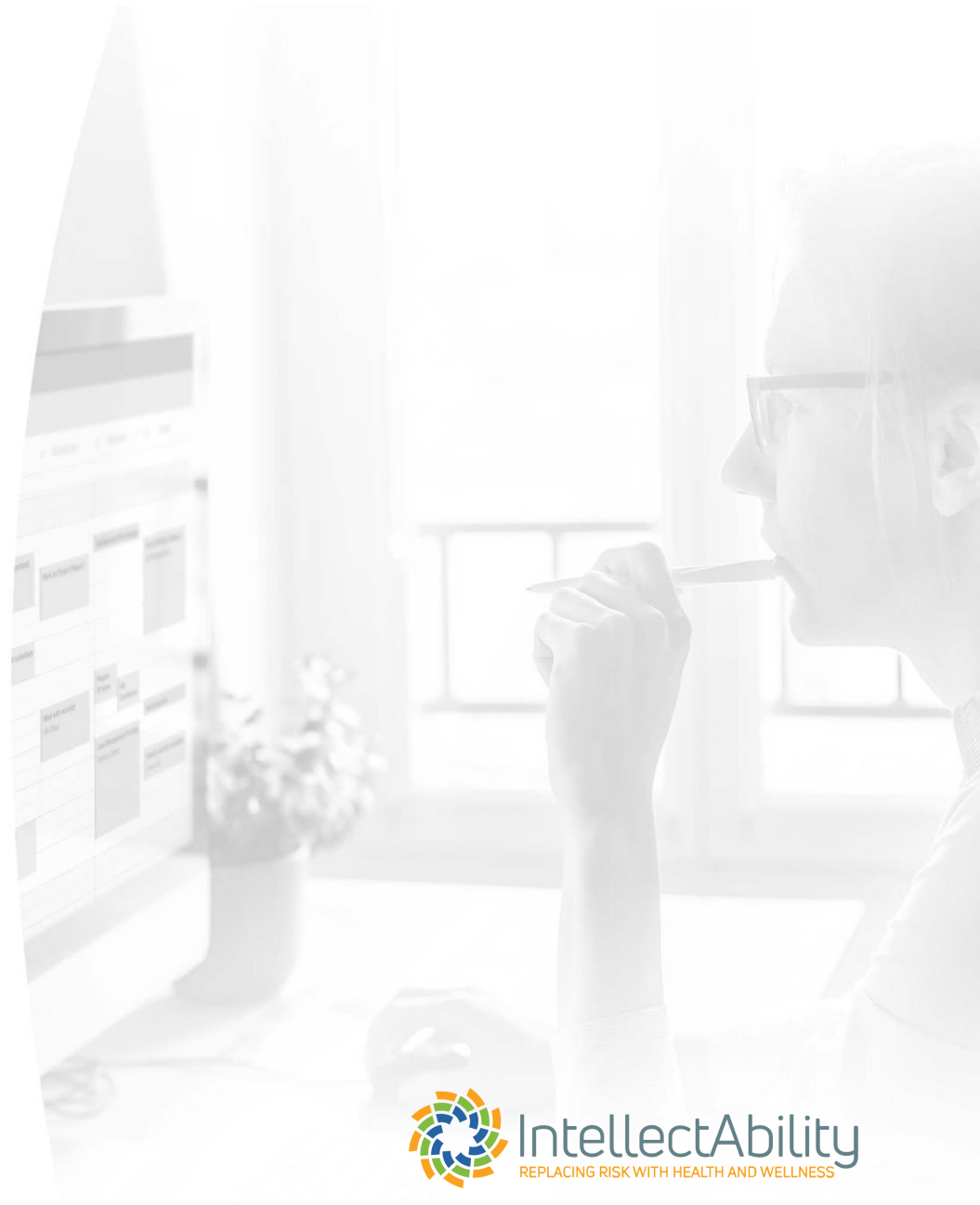
HRST
HEALTH RISK SCREENING TOOL



What Is the HRST?

A web-based instrument developed to screen for health risks associated with:

- Intellectual/Developmental Disabilities
- Physical Disabilities
- Traumatic Brain Injury
- Disabilities Associated with Aging
- Children
- *Any Vulnerable Population*





Scoring Summary Report

Henry Agnew

Henry Agnew

Date of Birth: 04/09/1973
Gender: M
SSN: ***-**-0000

08/24/2011	-	73	9	No	5
Last Update Date	Last Clinical Review	Total Score	Total 4 Ratings	Q Scored?	Healthcare Level

I. Functional Status

Rating Area	Score	Explanation
A. Eating Rating area last updated: 04/13/2015 by Maryellen Moeser	1	The person required INTERMITTENT physical assistance and/or verbal prompts to complete a meal within the past 12 months. May need occasional physical assistance or verbal prompts due to issues with attentiveness. May need occasional physical assistance or verbal prompts to reposition adaptive eating utensils or equipment. May need occasional physical assistance for repositioning due to physical limitations. No issues with safety.

Rating Area Notes

08/24/2011 Maryellen Moeser test

No Clinical Review notes entered

Rating Area	Score	Explanation
B. Ambulation Rating area last updated: 04/13/2015 by Maryellen Moeser	3	The person required mechanical assistance to maintain an upright, seated position in a wheelchair. Needed assistance to change positions or shift weight within the past 12 months. A person qualifying for a score of 3 is ALWAYS unable to walk. Able to be placed in an upright sitting position but cannot maintain a seated posture without outside mechanical support (pillows, specialized positioning equipment, adaptive wheelchair, etc.) or physical assistance. Needs assistance to reposition OR may not recognize the need to reposition on a consistent basis.

Rating Area Notes



The HRST Is a SCREENING Instrument

- Should not be confused with a more in-depth assessment process
- Can be used to determine what types of further assessment or evaluation might be required
- Developed for use by non-licensed staff, such as program supervisors or direct care staff
- Nursing oversight is triggered when necessary






What can it be used for?

- Quantifies health risk based on objective criteria
- Aids in mitigating identified risk
- Enables ongoing monitoring of the person throughout their time in services
- Ensures continuity of care
- Facilitates effective communication with community clinicians



History of the HRST

HEALTH RISK SCREENING TOOL



Developed in
1992 – federal
lawsuit

Known
originally as
“Physical Status
Review” (PSR)

Extensively
field tested on
6000 people

Used in
numerous
states

Web-based
version
released in
2006



Importance of Health Risk Screening in the I/DD Community

- Serving those with I/DD in the community is a new endeavor
- Those who serve the person most directly often have little to no training on identifying the emergence of health-related risk or destabilization
- Early detection and action saves lives!
- Major signs of risk can go unappreciated or masked by I/DD attributes, such as an inability to communicate
- Poly-pharmacy dynamics in the community



How Does It Work?

The **HRST** is a simple 22 item scale designed to find out which people are at most risk of illness and health destabilization

The tool then responds by producing action steps that empower support staff in the form of special attention and prevention



HRST
HEALTH RISK SCREENING TOOL

The HRST Categories and Items

I. Functional Status

- A. Eating
- B. Ambulation
- C. Transfer
- D. Toileting
- E. Clinical Issues
Affecting Daily Life

II. Behaviors

- F. Self-Abuse
- G. Aggression
- H. Behavior Support Physical
- I. Behavior Support Chemical
- J. Psychotropic Medications

III. Physiological

- K. Gastrointestinal
- L. Seizures
- M. Anti-Epileptic Medications
- N. Skin Integrity
- O. Bowel Function
- P. Nutrition
- Q. High-Risk Treatments

IV. Safety

- R. Injuries
- S. Falls

V. Frequency of Services

- T. Professional
Healthcare Visits
- U. Emergency Room Visits
- V. Hospitalizations

☰ My Ratings

Last Updated	Last Clinical Review	Total Score	Total 4 Ratings	Q Scored?	Healthcare Level
			0	No	

I. Functional Status	< Prev	<h2>A. Eating</h2>	Next >
A. Eating		Section last changed -	
B. Ambulation			
C. Transfer			
D. Toileting			
E. Clinical Issues			
II. Behavior			
F. Self Abuse			
G. Aggression			
H. Behavior Support Phy...			
I. Behavior Support Che...			
J. Psychotropic Medications			
III. Physiology			
K. Gastrointestinal			
L. Seizures			
M. Antiepileptic			
N. Skin Integrity			
O. Bowel Function			
P. Nutrition			
Q. High Risk Treatments			
IV. Safety			
R. Injuries			
S. Falls			
V. Frequency of Services			
T. Professional Healthcar...			
U. Emer. Room Visits			
V. Hosp Admissions			

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 (gastrostomy [G-tube] , jejunostomy [J-tube] , orogastric [OG-tube] , or nasogastric tube [NG-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 (gastrostomy [G-tube] , jejunostomy [J-tube] , orogastric [OG-tube] or nasogastric tube [NG-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](#)

[Previous Questions](#)

[Additional Information](#)

☰ My Ratings

07/13/2021	-	-	0	No	-
Last Updated	Last Clinical Review	Total Score	Total 4 Ratings	Q Scored?	Healthcare Level

I. Functional Status ◀ Prev **A. Eating** Next ▶
Section last updated Tue Jul 13 2021

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

Did the person require verbal prompts or physical assistance OR food texture or fluid consistency alteration to eat within the past 12 months?

Yes No I don't know

☰ My Ratings

07/13/2021	-	-	0	No	-
Last Updated	Last Clinical Review	Total Score	Total 4 Ratings	Q Scored?	Healthcare Level

I. Functional Status - < Prev

A. Eating - Next >

B. Ambulation

C. Transfer

D. Toileting

E. Clinical Issues

II. Behavior -

F. Self Abuse

G. Aggression

H. Behavior Support Phy...

I. Behavior Support Che...

J. Psychotropic Medications

III. Physiology -

K. Gastrointestinal

L. Seizures

M. Antiepileptic

N. Skin Integrity

O. Bowel Function

P. Nutrition

Q. High Risk Treatments

IV. Safety -

R. Injuries

S. Falls

V. Frequency of Services -

T. Professional Healthcar...

U. Emer. Room Visits

V. Hosp Admissions

Scoring Alerts

Previous Questions

A. Eating

Section last updated Tue Jul 13 2021

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

Would it have been DANGEROUS or a safety issue to let the person eat without assistance, or food texture or fluid consistency alteration, within the past 12 months?

Yes No I don't know

Submit

Confirm Score

Rating Area A

Item A Eating: This item rates the person's ability to consume an adequate number of calories and fluids to maintain health and well-being.

Score	Expanded Explanation
0	The person ate independently within the past 12 months. May require simple adaptive equipment (hand splint, special eating equipment, etc.) but is able to eat without assistance or supervision. Those needing help only to cut food into regular, bite-sized pieces should score 0. Those who require altered food texture or fluid consistency require a higher score.
1	The person required INTERMITTENT physical assistance and/or verbal prompts to complete a meal within the past 12 months. May need occasional physical assistance or verbal prompts due to issues with attentiveness. May need occasional physical assistance or verbal prompts to reposition adaptive eating utensils or equipment. May need occasional physical assistance for repositioning due to physical limitations. No issues with safety, and the person providing assistance is not required to be present at all times during eating.
2	The person required CONSTANT physical assistance and/or verbal prompts to complete a meal within the past 12 months. Has difficulty attending to task OR may have motor limitations OR attention issues that require constant physical assistance AND/OR verbal prompts. There are NO safety issues. No issues with swallowing or potentially dangerous eating behaviors. A true and accurate score of 2 on this item will be rare. Constant assistance with a meal usually indicates issues with safety, which would cause the score to be 3.
3	The person required CONSTANT physical assistance, CONSTANT verbal prompts or other mealtimes intervention to eat safely within the past 12 months. OR The person had a feeding tube (gastrostomy [G-tube], jejunostomy [J-tube], orogastric [OG-tube] or nasogastric tube [NG-tube]) but maintained some level of PERMITTED oral intake within the past 12 months. May have difficulty coordinating breathing/swallowing while eating OR have dangerous behaviors such as taking food from others or overstuffing the mouth OR other conditions that impair the ability to eat safely. Unable to obtain adequate calories and/or fluids without assistance. Interventions were required (specific positioning support, eating devices, and/or modifications in food texture or fluid consistency). May require hand feeding. May have behavioral OR swallowing issues that require specialized presentation techniques or restricted access to food items. May have an enteral (feeding) tube but is allowed or encouraged to have some level of oral eating. If a feeding tube is in place but is rarely or never used, the score is still 3.
4	The person received ALL nutrition/hydration by other than oral routes (gastrostomy [G-tube], jejunostomy [J-tube], orogastric [OG-tube] or nasogastric tube [NG-tube], or total parenteral nutrition [TPN]) within the past 12 months. Has a prescription for nothing by mouth (NPO). Unable to swallow safely. Has other issues that require alternatives to oral eating. Persons who sneak food, take food from others, or otherwise receive food by mouth against the healthcare provider's prescription still qualify for a score of 4.

Please review the score in light of the information above. Are you sure this score is correct?

Enter Note

A note is required for this rating

Continue

Cancel

The HRST Categories and Items

I. Functional Status

1
0
0
1
2

- A. Eating
- B. Ambulation
- C. Transfer
- D. Toileting
- E. Clinical Issues
Affecting Daily Life

II. Behaviors

- F. Self-Abuse
- G. Aggression
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IV. Safety

- R. Injuries
- S. Falls

V. Frequency of Services

- T. Professional
Healthcare Visits
- U. Emergency Room Visits
- V. Hospitalizations

The HRST Categories and Items

4 I. Functional Status

- 1 A. Eating
- 0 B. Ambulation
- 0 C. Transfer
- 1 D. Toileting
- 2 E. Clinical Issues
Affecting Daily Life

II. Behaviors

- F. Self-Abuse
- G. Aggression
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IV. Safety

- R. Injuries
- S. Falls

V. Frequency of Services

- T. Professional
Healthcare Visits
- U. Emergency Room Visits
- V. Hospitalizations

My Ratings

Rating Areas

Scoring Summary

Service Considerations

Training Considerations

01/22/2019

10/31/2019

44

3

No

4

Last Updated

Last Clinical Review

Total Score

Total 4 Ratings

Q Scored?

Healthcare Level

I. Functional Status 13

A. Eating 4

B. Ambulation 1

C. Transfer 2

D. Toileting 3

E. Clinical Issues 3

II. Behavior 5

F. Self Abuse 1

G. Aggression 0

H. Behavior Support Phy... 0

I. Behavior Support Che... 0

J. Psychotropic Medications 4

III. Physiology 18

K. Gastrointestinal 4

L. Seizures 0

M. Antiepileptic 0

N. Skin Integrity 0

O. Bowel Function 2

P. Nutrition 3

Q. High Risk Treatments 0

IV. Safety 2

R. Injuries 1

S. Falls 1

V. Frequency of Services 6

T. Professional Healthcar... 2

U. Emer. Room Visits 2

V. Hosp Admissions 2

Scoring Alerts

< Prev

A. Eating

Section last changed 12/07/2018 by
Hilary Ruffing

Next >

Score

Explanation (click for more information)

0	The person ate independently within the past 12 months.
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⚡ Eating Score: 4

Previous Questions

Additional Information

Enter New Note

My Ratings

Rating Areas

Scoring Summary

Service Considerations

Training Considerations

01/22/2019

10/31/2019

44

3

No

Last Updated

Last Clinical Review

Total Score

Total 4 Ratings

Q Scored?

4

Healthcare Level

I. Functional Status 13

< Prev

A. Eating 4

B. Ambulation 1

C. Transfer 2

D. Toileting 3

E. Clinical Issues 3

II. Behavior 5

F. Self Abuse 1

G. Aggression 0

H. Behavior Support Phy... 0

I. Behavior Support Che... 0

J. Psychotropic Medications 4

III. Physiology 18

K. Gastrointestinal 4

L. Seizures 0

M. Antiepileptic 0

N. Skin Integrity 0

O. Bowel Function 2

P. Nutrition 3

Q. High Risk Treatments 0

IV. Safety 2

R. Injuries 1

S. Falls 1

V. Frequency of Services 6

T. Professional Healthcar... 2

U. Emer. Room Visits 2

V. Hosp Admissions 2

Scoring Alerts

Previous Questions

A. Eating

Section last changed 12/07/2018 by
Hilary Ruffing

Next >

Score

Explanation (click for more information)

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⚡ Eating Score: 4

Additional Information

Enter New Note



The HRST Health Care Level (HCL)



Level 1
Level 2



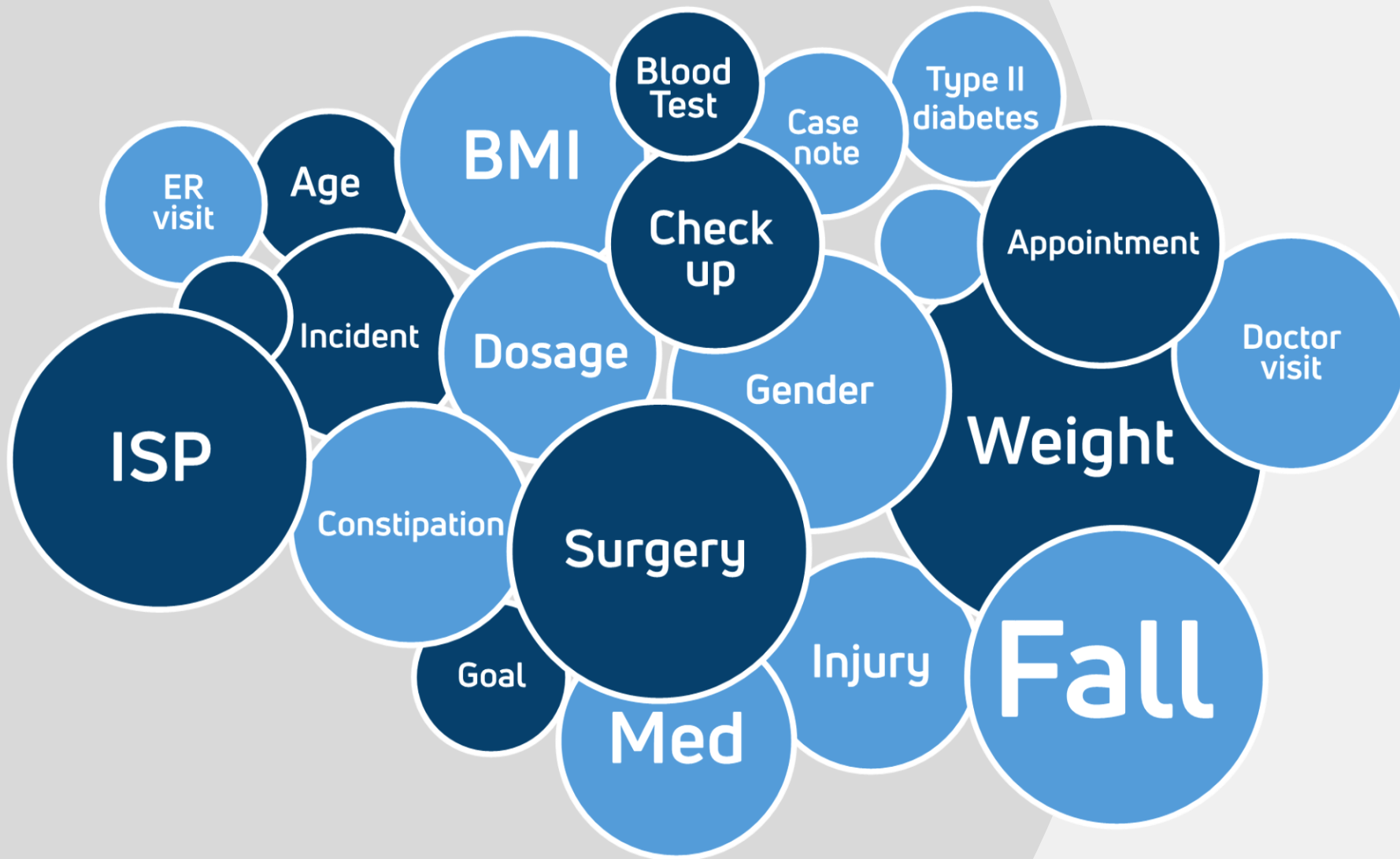
Level 3
Level 4



Level 5
Level 6

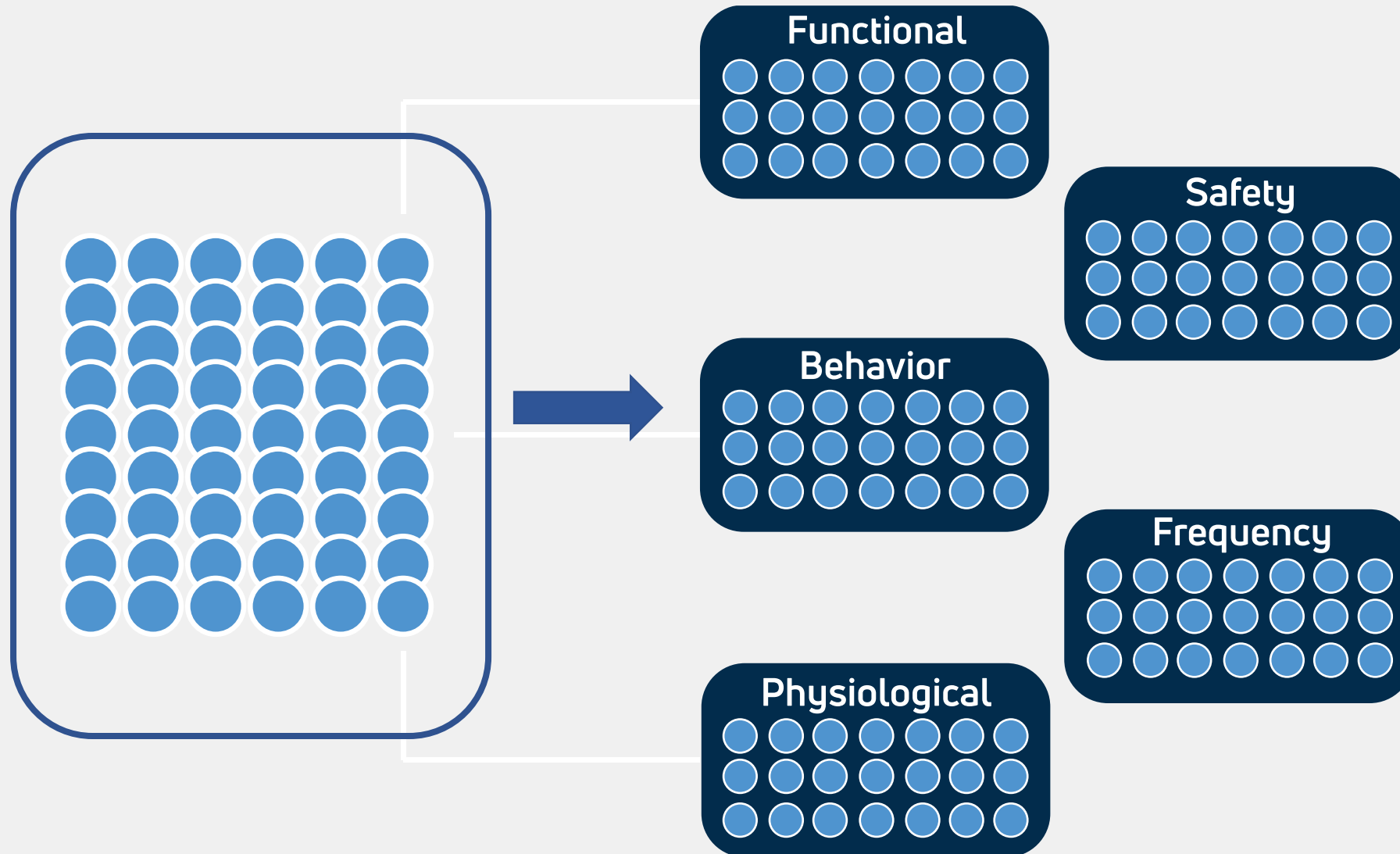


Transforming
Data into Action



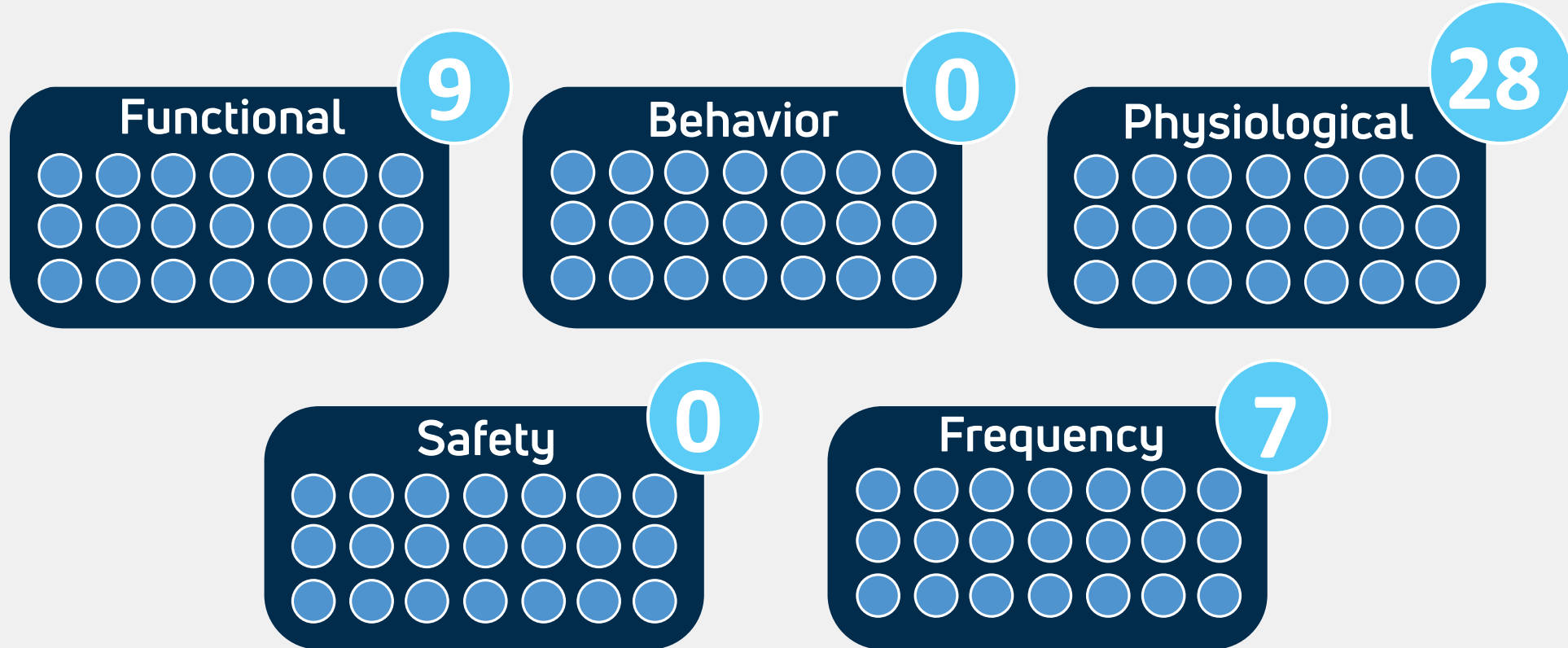
So Much
Data!

Data Aligned Into Categories



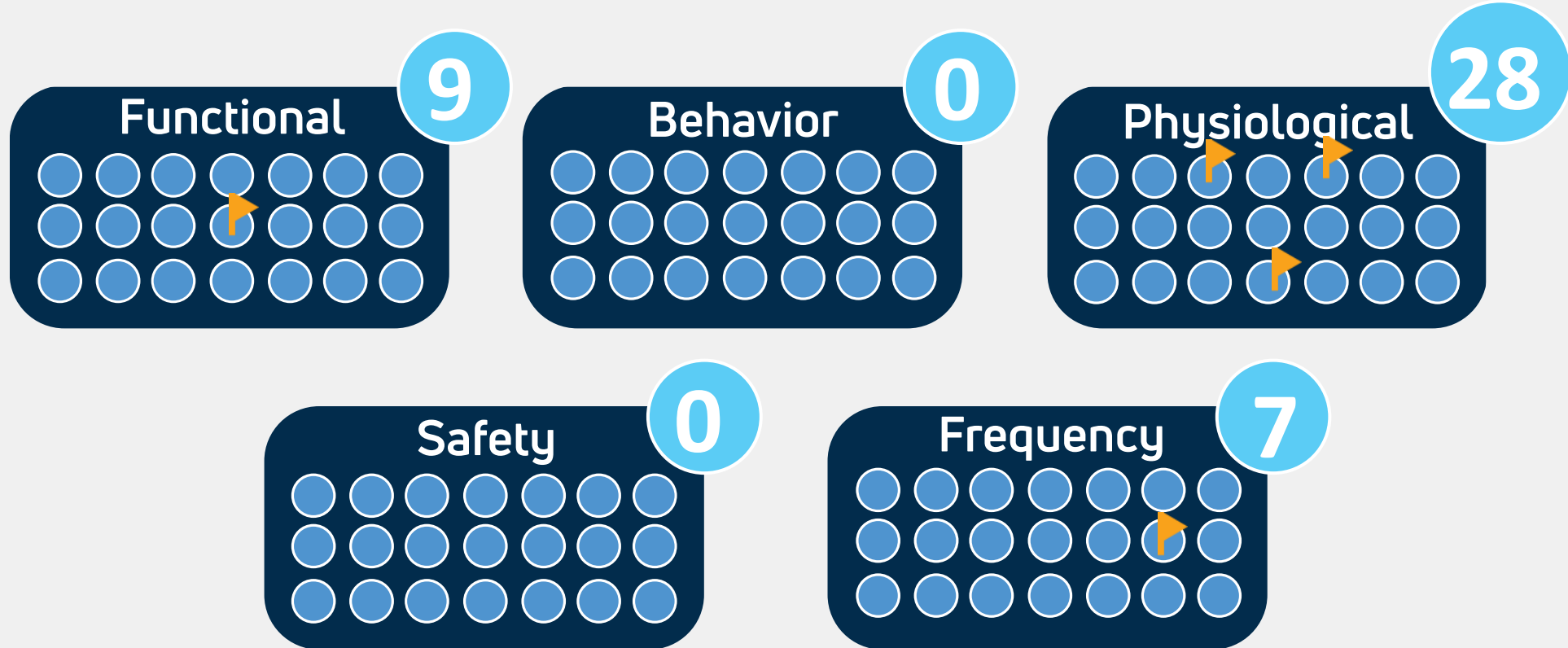


Data Aligned With Category Score



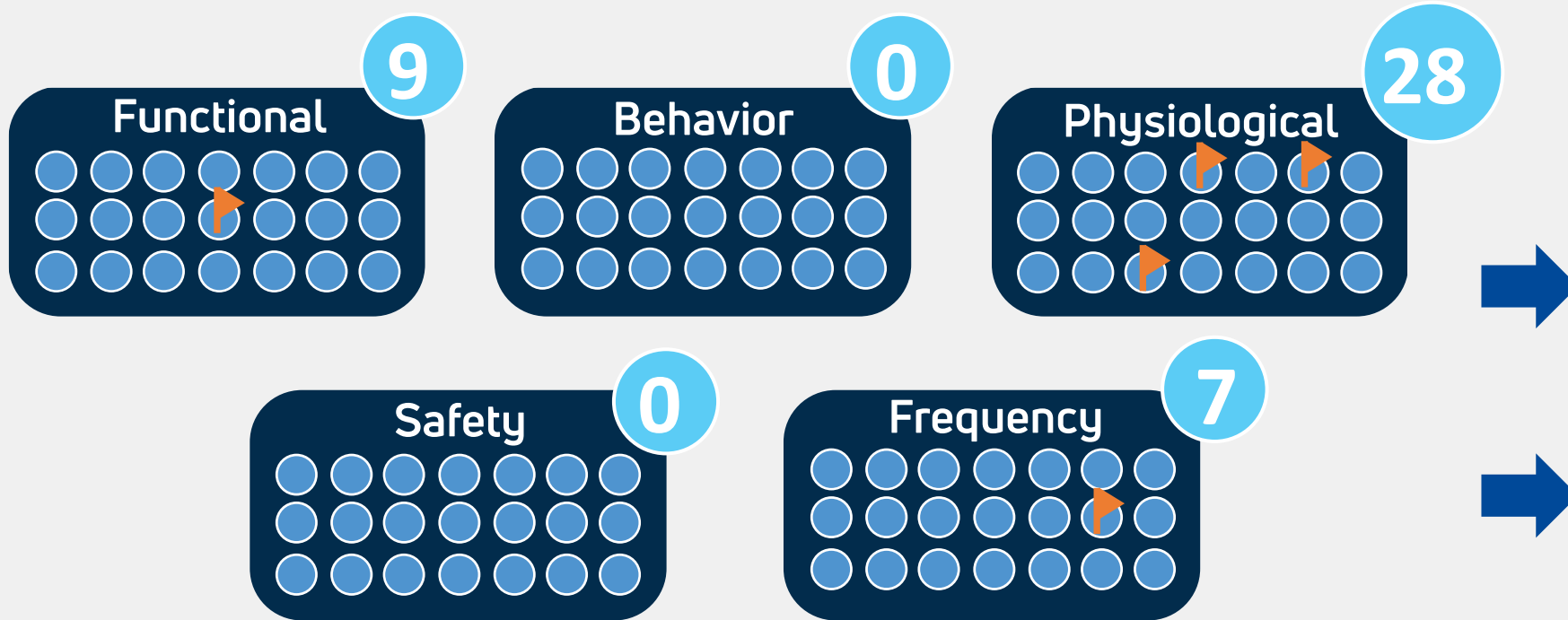


Data Aligned With Category Score





Data Aligned Into Considerations



Service Considerations

Training Considerations



Service Considerations

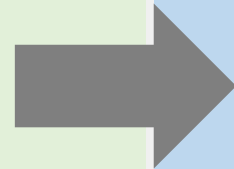
Service Considerations





Service Considerations

Service Considerations





Training Considerations

Training Considerations

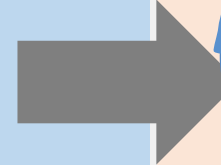
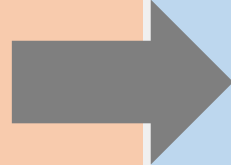
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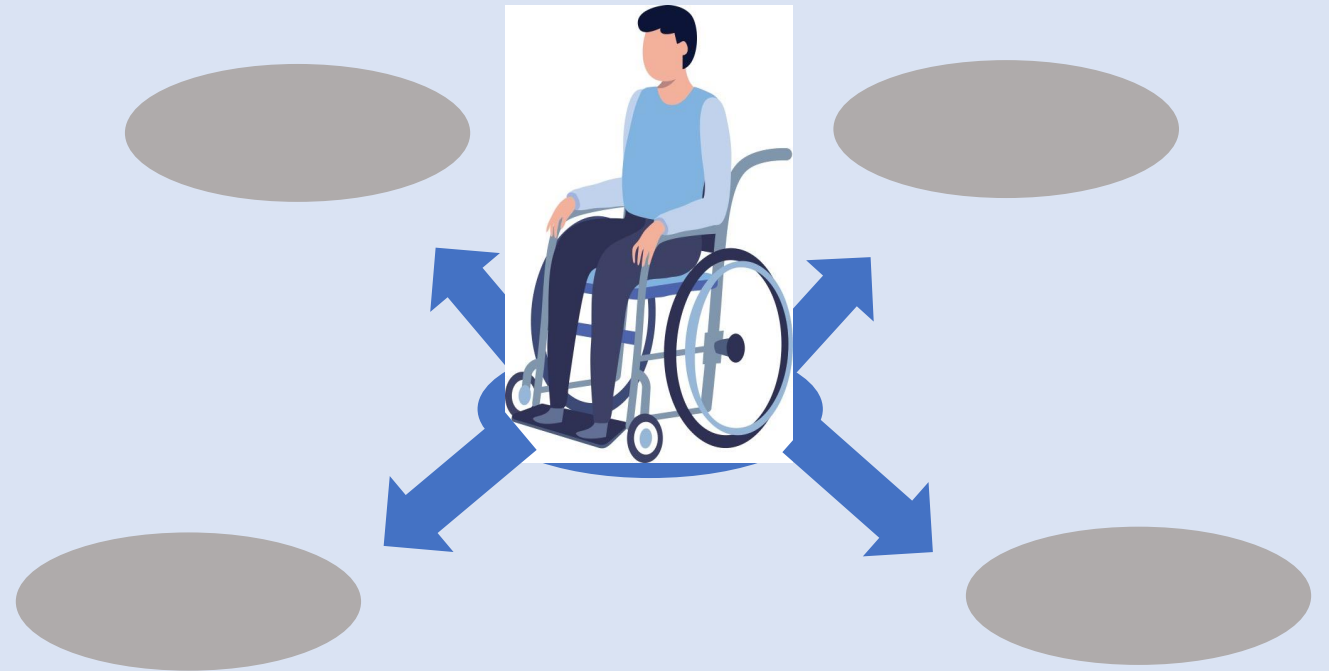
Training Considerations

Training Considerations





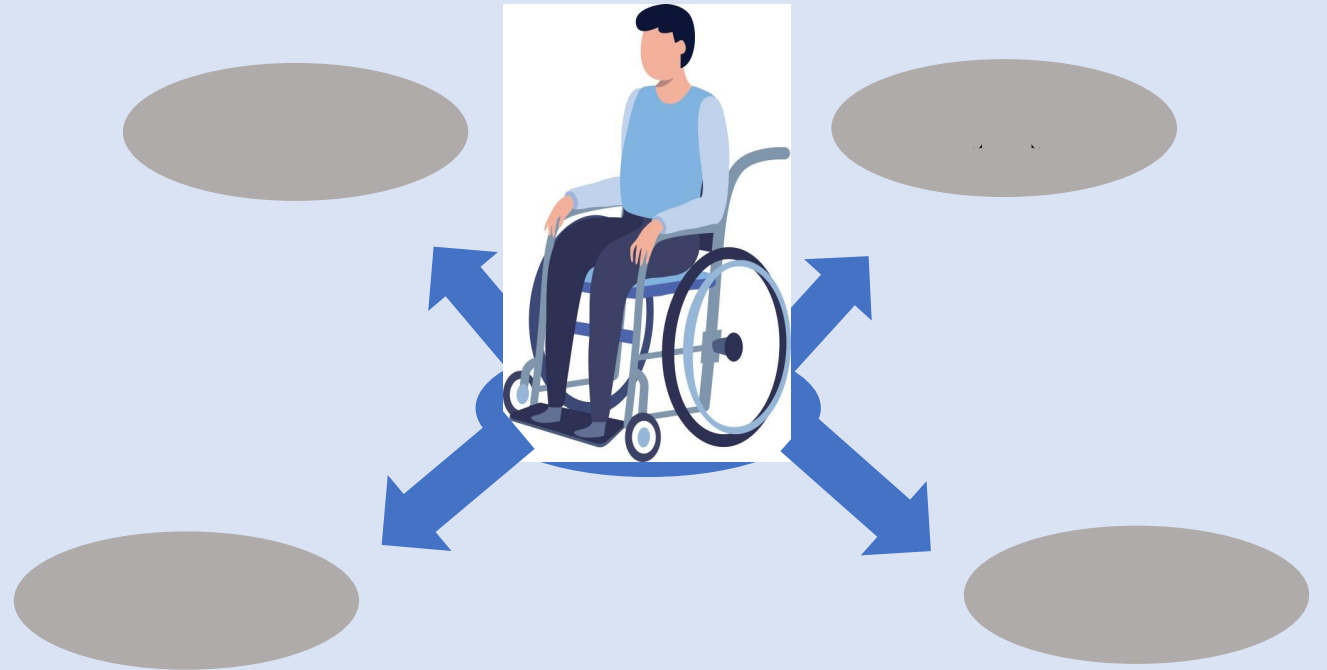
HRST and the Support Team





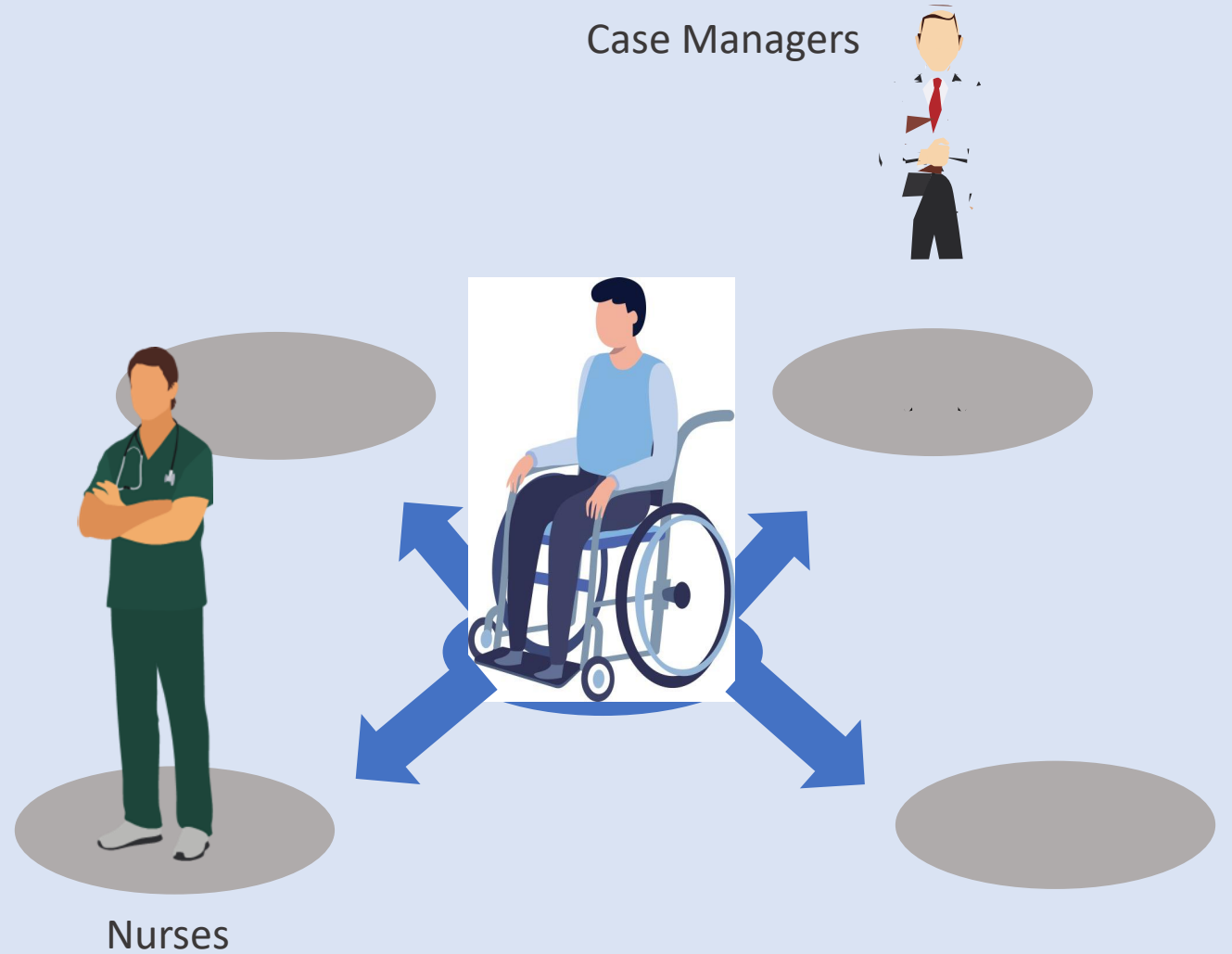
HRST and the Support Team

Case Managers



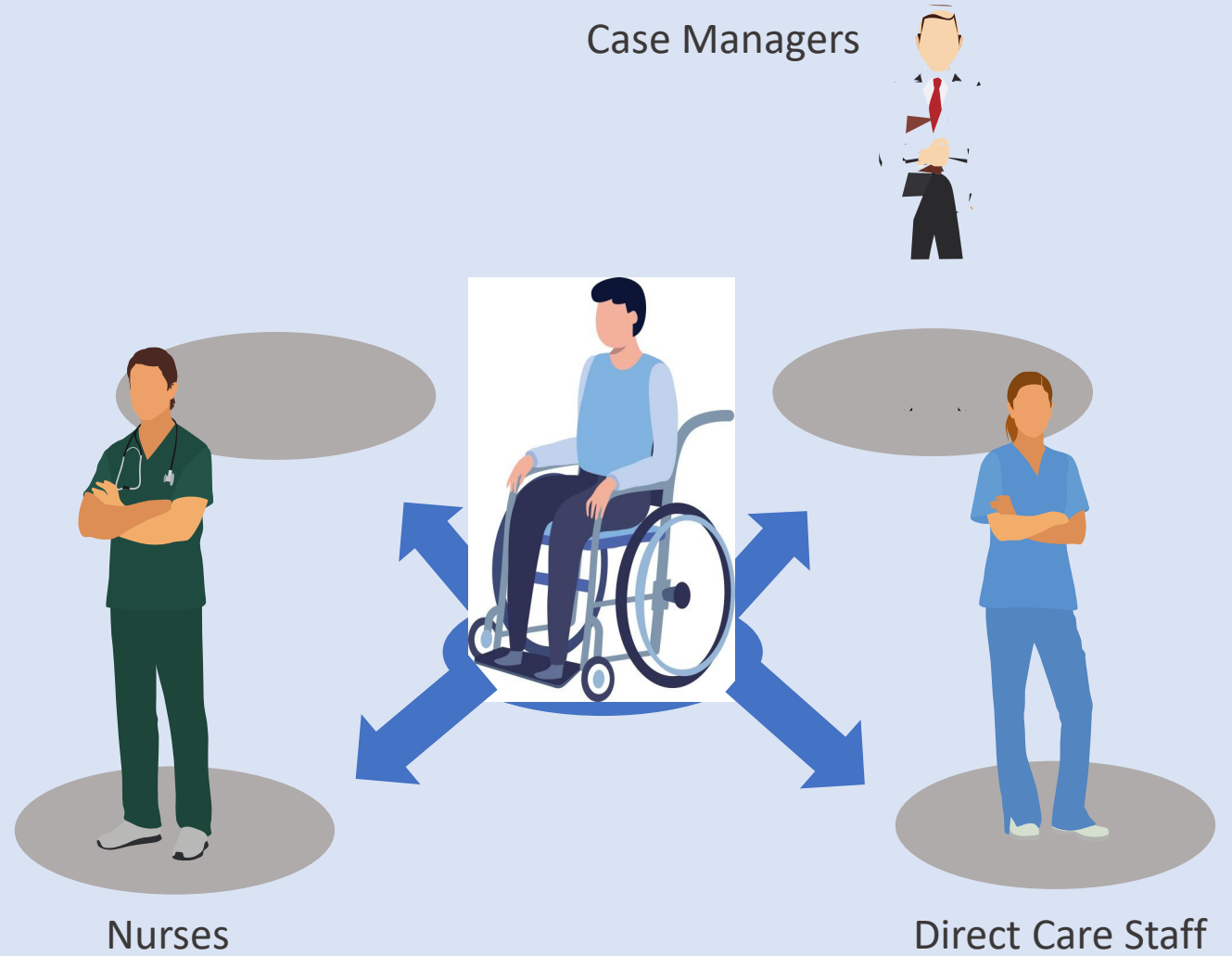


HRST and the Support Team



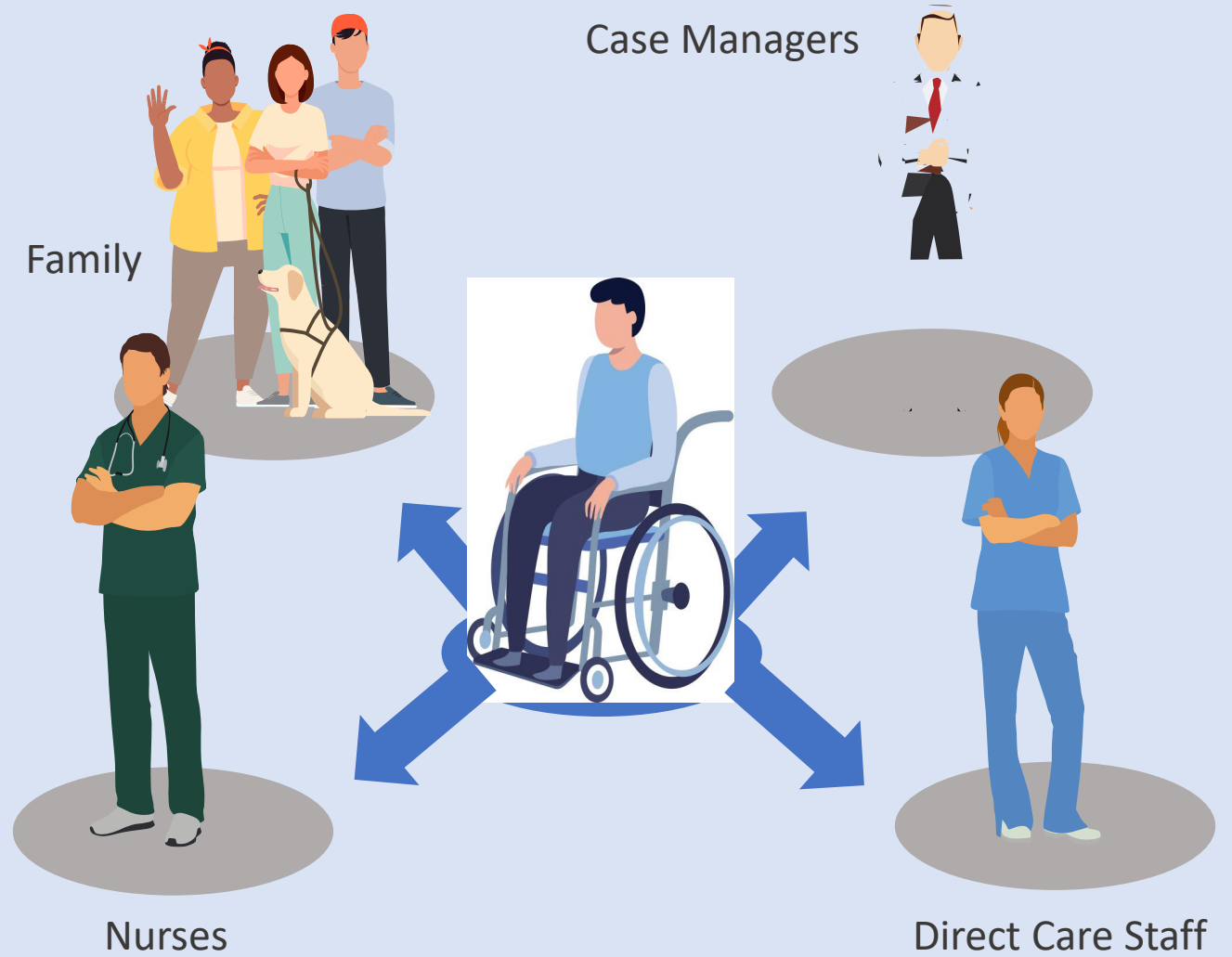


HRST and the Support Team





HRST and the Support Team





Common Questions



How Long Does it Take to Complete an HRST Screening?

- For an initial screening, average time takes approximately 30-60 minutes, depending on the complexity of the person
- Updates often require little time to complete



How Often is the HRST Administered?

- At least annually to ensure the person's health is stable
- Reviewed and updated when the person's health status changes (ER visits, Hospitalizations, new diagnoses or meds, injuries, etc.)





What training is involved?

Required:

- Online Rater Training (4-6 hours)
- Advanced Rater Training (4-6 hours)
- Clinical Review Training (6 hours)

Optional:

- Capturing Change in the HRST
- Using the HRST Considerations to Reduce Risk
- How to Create and Schedule Reports



Reporting Features

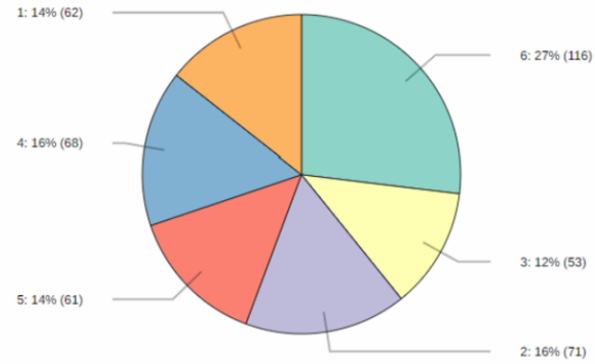
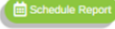
Persons Served List Reports

Health Care Level (HCL) Distribution (Pie Chart)

Shows distribution of Health Care Levels among fully rated individuals in the list.

This report is based on a filtered list. List filters applied are:

- Status : Active



Show entries

Search:

Last	First	DoB	Region	HCL
Aaden	Ashley	01/01/1990	04 - Southwest	6
Aarons	Adam	07/05/1988	04 - Southwest	5
Aarons	Alda	04/09/1973	02 - Northwest	6
Aarons	Allen	04/09/1973	02 - Northwest	3
Aarons	Amy	04/09/1973	04 - Southwest	6
Aarons	Cedrick	04/09/1973	02 - Northwest	4



Reliability

- Designed and applied over the last 21 years
- Tested, revised, and extensively field tested
- Internal Consistency Reliability

Data Set	Alpha
March 2011	.828
Sept. 2011	.833
March 2012	.836

Above 0.9	Excellent
Between 0.8 - 0.9	Good
Between 0.7 - 0.8	Acceptable
Between 0.6 - 0.7	Questionable
Between 0.5 - 0.6	Poor
Below 0.5	Unacceptable



Reliability

- Test-Retest Reliability

Months Apart	Months Compared	Correlation
6 months apart	March 2011 - Sept. 2011	.958
6 months apart	Sept. 2011 - March 2012	.962
12 months apart	Sept. 2011 - March 2012	.921

Validated by
Independent
Research



HRST

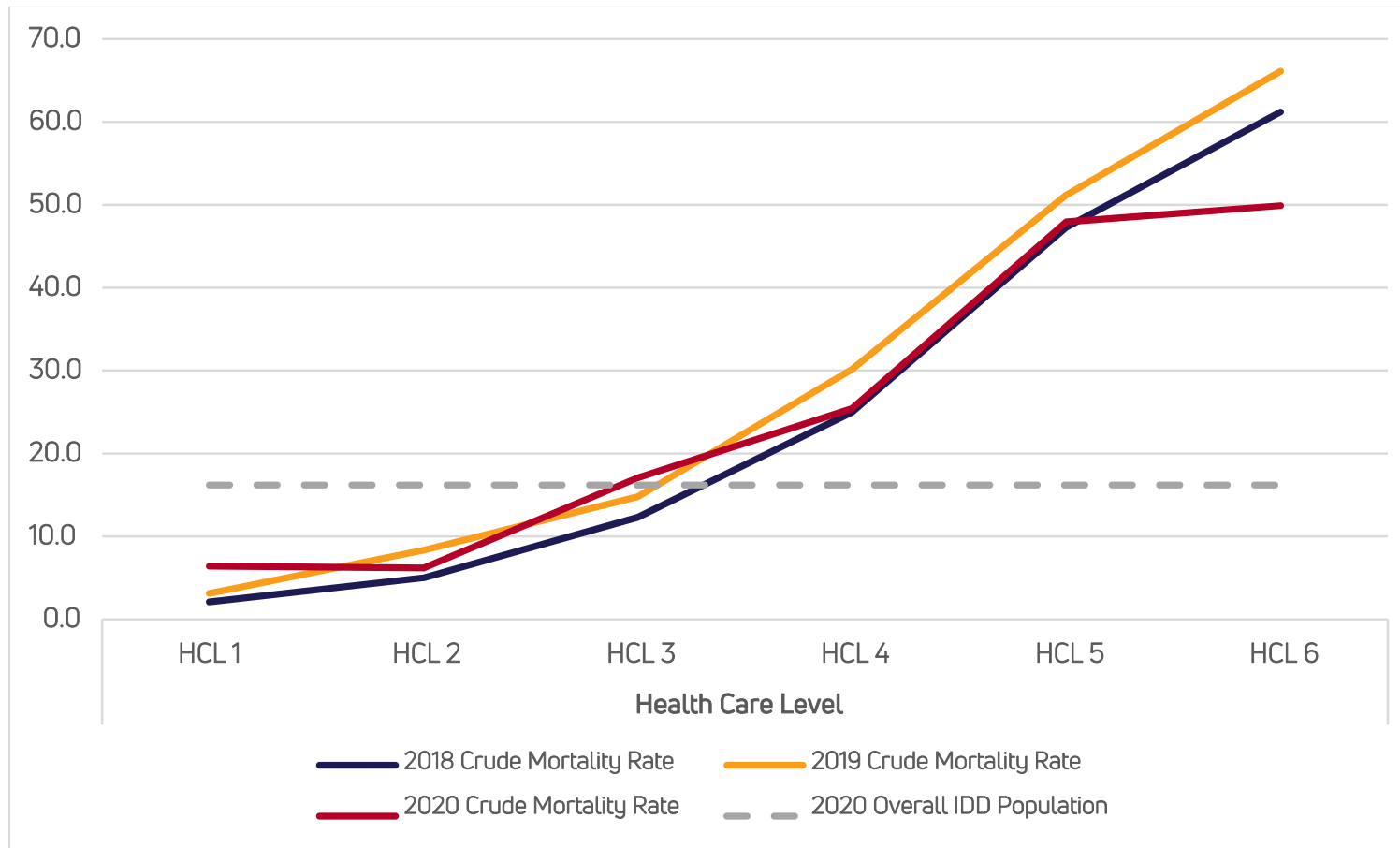
HEALTH RISK SCREENING TOOL



- GA DBHDD
 - J. R. Gravitt – Director, Office of Performance Analysis
- Annual Mortality Reports 2013-2019
 - Focus was on I/DD population, fully screened using the HRST
 - Support correlation between HRST Health Care Level and mortality dynamics

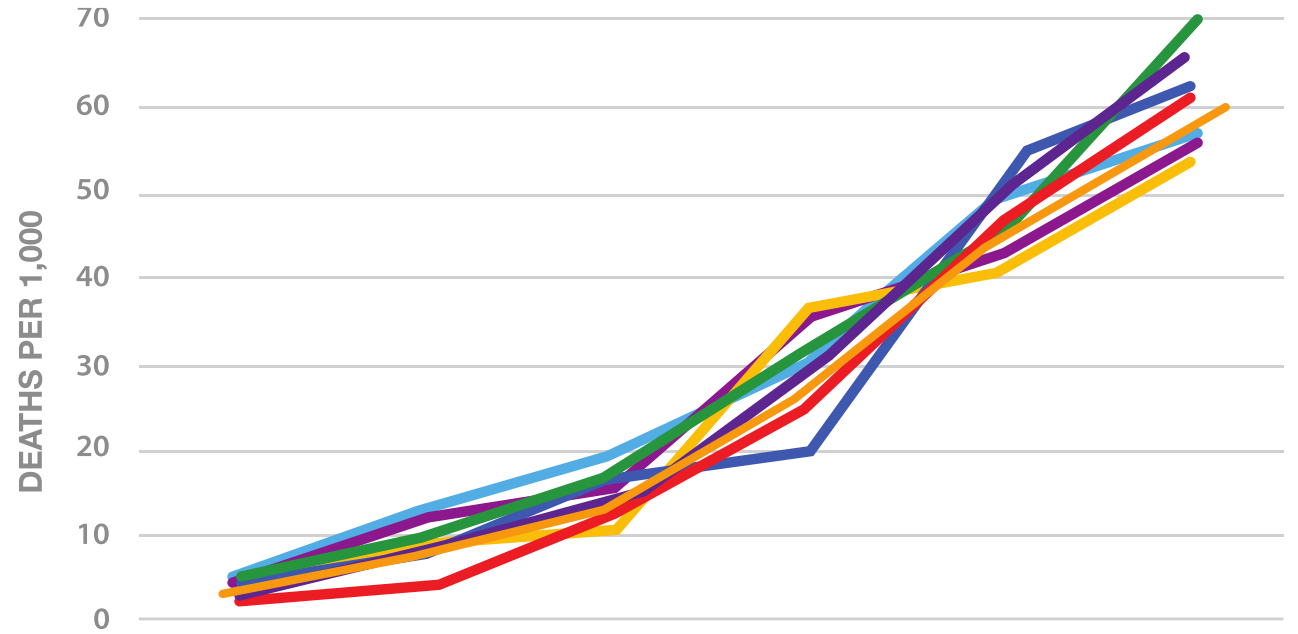


Mortality Rate by HRST HCL 2018-2020





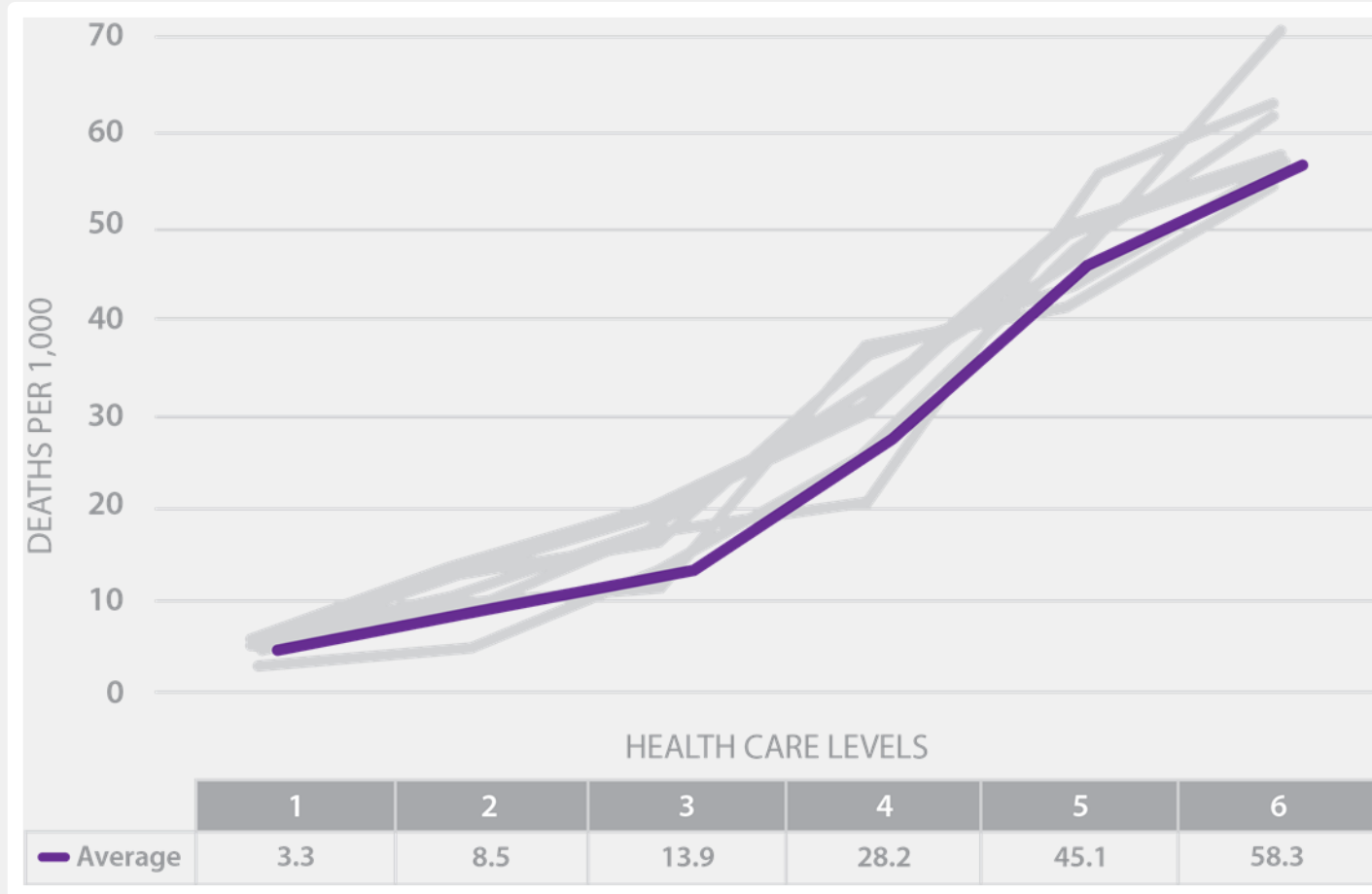
Mortality Rate by HRST HCL 2013-2020



HEALTH CARE LEVELS

	1	2	3	4	5	6
2013	2.4	9.7	15.6	24.8	40.8	47.7
2014	3.4	9.0	12.1	29.2	35.7	46.7
2015	3.1	9.1	10.7	36.2	40.4	53.5
2016	4.0	8.5	15.8	20.4	54.4	62.7
2017	5.1	9.9	15.9	31.9	45.9	70.1
2018	2.1	5.0	12.3	25.0	47.3	61.2
2019	3.1	8.3	14.8	30.2	51.2	66.1
2020	6.4	6.2	17.1	25.4	47.9	49.9

Mortality Rate by HRST HCL





Journal of Nursing Measurement

- A study focused on the HRST was just published in the peer reviewed *Journal of Nursing Measurement*
- "An Examination of the Validity of the Health Risk Screening Tool: Predicting Mortality in People With Intellectual Disabilities"
- Conclusions of the study:
 - **"The HRST can predict mortality. Therefore, it can serve as a basis for establishing healthcare needs and determining nursing care acuity."**



Outcomes

- 10% of persons served saw a decrease in HCL
- 9% decrease in ER/Urgent Care visits
- 20% decrease in preventable healthcare medications
- 25% decrease in Falls
- **\$13,812 saved in ER visits alone**





Questions?

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Academy

Online Training for Person-Centered Health Support



eLearn Courses

- The Fatal Five
 - Fundamentals
 - Advanced
 - Case Management
- How to Manage Choking
- Curriculum in IDD Healthcare



History

Produced in collaboration with the University of Georgia and Georgia Dept of Behavioral Health and Developmental Disabilities (with guidance from the Department of Justice) and/or private agencies in the US

- In broad use since 2016
- Implemented by both states and private providers in numerous states
 - Georgia
 - Maryland
 - Colorado
 - Montana
 - New York
 - Alabama
 - Mississippi
 - New Mexico
 - Delaware



The Fatal Five

🕒 4-6 HR

- 3 different tracks – Fundamentals (DSPs), Advanced (Nurses), and Case Manager
- 7 modules covering the top preventable causes of death in people with I/DD
- Demonstrates how to apply information in whatever role you have
- Illuminates that “behaviors” are often signs of underlying medical conditions
- **Empowers staff to... TAKE ACTION!**

The Fatal Five Fundamentals

Essential Knowledge on the Fatal Five



The Fatal Five Advanced

A Detailed Look at the Fatal Five for Clinicians



The Fatal Five Case Managers

Oversee and Advocate to Prevent the Fatal Five



How to Manage Choking

Mitigate the Risk of Choking

🕒 1HR

- 2 modules
- For Direct Support Professionals and other supporters of people with I/DD
- Teaches:
 - Causes of choking
 - Who is at risk
 - How to mitigate that risk
 - What to do when it happens



Curriculum in IDD Healthcare

IDD Healthcare Fundamentals for Clinicians

🌟 5 CME/6 CEU CREDITS ⌚ 4.5HRS

- By a physician for physicians and other clinicians
- Teaches the fundamentals of IDD Healthcare
- Provides practical, immediately usable information
- 6 Modules
 - IDD Basics: The , Now and Next
 - Healthcare Basics in IDD
 - Common Behavioral Presentations of Medical Conditions
 - Dual Diagnosis
 - Effective Communication
 - Bringing it all together: Case Studies in IDD Healthcare



Needing a Custom Course?

- In-house design and production team
- Subject matter experts
 - Over 300 collective years of experience on staff
 - Collaborate with outside experts



Productions



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Person
Centered Services
A SHIFT IN SUPPORTER PERSPECTIVE

Person-Centered Services

Person-Centered Thinking: A Prerequisite to Person-Centered Planning

Virtual (Or On-Site) Person-Centered Thinking Training

- ▶ Designed for all levels of learners
- ▶ Live, interactive, FUN training experience conducted via Zoom or on-site
- ▶ Virtual: 6 modules, 3 hours each, conducted over the course of 3 (preferably) consecutive days
- ▶ Trainers are credentialed by [The Learning Community for Person-Centered Practices](#)
- ▶ Up to **20** attendees per session trained on:
 - ▶ Fundamental skill sets of PCT that support people's hopes, dreams, and values without neglecting health and safety
 - ▶ Discovery, Everyday Learning, and Management Skills (11 total)





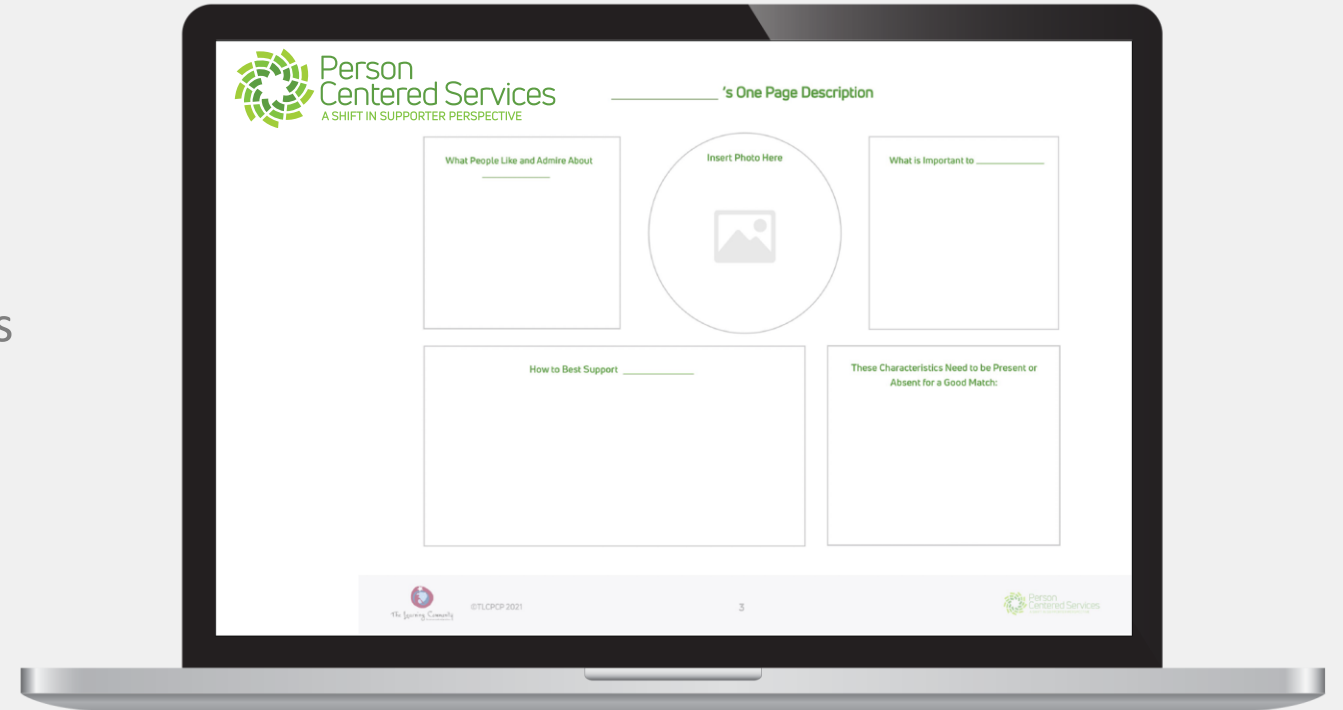
Skills Taught

- 2-Minute Drill
- Communication Chart
- Relationship Map
- Good Day/Bad Day
- Reputations
- Rituals & Routines
- Learning Log
- Working/Not Working
- 4+1 Questions
- Matching
- The Donut





- ▶ Electronic version of the Person-Centered Description utilized in PCT Training
- ▶ Designed to be utilized by those who have completed PCT Training
- ▶ Includes built in tutorials, guides, and videos
- ▶ Easily updated and shared and ensures continuity of care despite staff turnover
- ▶ Feeds into the Annual Plan

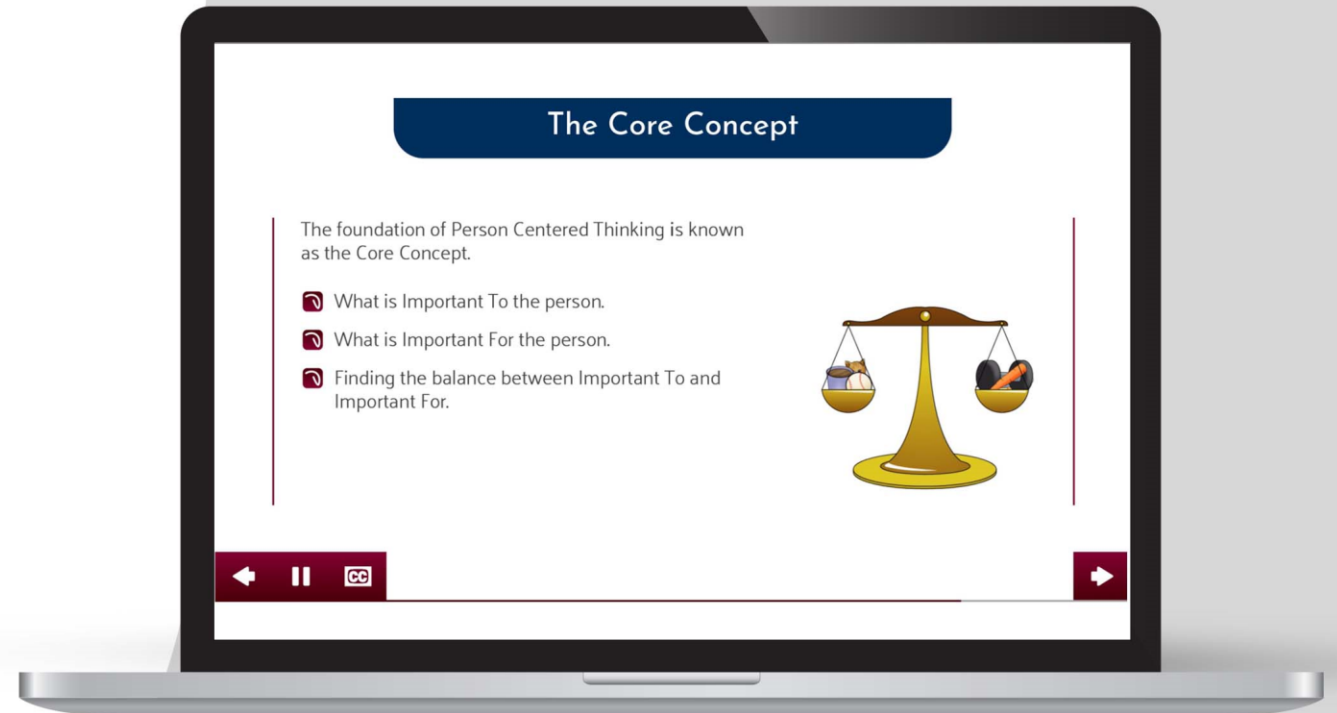




Person-Centered Thinking eLearn

- Designed for frontline staff or to serve as a refresher on certain skills
- Supplements but does not replace the need for the full, live training
- Six (6) self-paced eLearn modules
- 30-minutes each
- Designed to be uploaded in an existing LMS or offered via the IntellectAbility LMS
- Topics Covered:
 - An Introduction and Overview of Person-Centered Thinking
 - Core Concept: Important To & Important For
 - The Learning Log
 - The Donut
 - Working/Not Working
 - Four Plus One Questions

Result: Supporter trained in the overarching and basic concept of PCT





Person-Centered Thinking Coach Training

- Serve as PCT skill experts
- Trained to coach other attendees through the use of skills
- Can provide QA oversight to the ePCD
- Keep momentum going
- 6 months of virtual training = One, 6-hour webinar/month + agency specific consultation



Person-Centered Thinking Trainer Credentialing

- Trained to provide PCT Training to others
- Can be trained to deliver the training on-site, virtually, or both
- Must be credentialed in pairs
- Designed to create an entirely autonomous system; no reliance on vendor to provide ongoing training
- 4 months of virtual training = 90-minute weekly meetings with Mentor (Mondays) followed by two separate on-site or virtual demonstration of training curriculum



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