Pennsylvania
Department of Human Services

Health Risk Screening Tool (HRST) Protocol Update
ODP Announcement 22-116 UPDATED

AUDIENCE:

All interested parties

PURPOSE:

The Office of Developmental Programs (ODP) is releasing updated Health Risk Screening Tool protocols to clarify expectations and timelines, reflect enhancements implemented by IntellectAbility, and provide additional guidance on roles and responsibilities.

DISCUSSION:

In May 2019, ODP released the first Protocol for the Health Risk Screening Tool (HRST) aimed at establishing a statewide implementation plan. The accompanying document is an update to and replaces the previously released protocol for HRST from November 2022. It contains information regarding expectations, timelines, and reflects changes in the process since the initial protocol was distributed. Additionally, it provides guidance regarding roles and responsibilities for those expected to use the tool.

FOR FURTHER INFORMATION

Assistance can also be obtained by contacting HRST support at **pasupport@replacingrisk.com** and **paclinassist@replacingrisk.com**.

ATTACHMENTS:

Health Risk Screening Tool Protocol

Supporting Pennsylvanians with developmental disabilities and their families to achieve greater independence, choice, and opportunity in their lives.

Revised
2026

Office of Developmental Programs

Pennsylvania Health Risk Screening Tool Protocol Update

Pennsylvania
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Overview

This protocol update is being released to provide updated information regarding expectations and timelines, to reflect changes in the functionality of the tool implemented by IntellectAbility since the PA protocol was last updated, and to provide additional guidance regarding roles and responsibilities.

The Health Risk Screening Tool (HRST) is used for the early detection of health risks and destabilization. The HRST is a reliable, normed, and objective tool that does not lend to subjectivity. The HRST assigns scores to 22 health and behavior related rating items (see, Attachment 1). The total points yield a Health Care Level (HCL) that indicates the associated degree of health risk (see Attachment 2). The HCL can range from 1 to 6, with level 1 being the lowest risk and level 6 the highest risk of health concerns. The Health Care Level is recognized as being predictive of longevity and mortality.

Once an individual has been fully screened, the HRST produces suggested action steps in the form of Service and Training Considerations that inform supporters on how to respond to objectively identified risks. It is important to understand that the HRST measures health risk not disability. The HRST is designed and intended to empower supporters with information needed to more effectively oversee the health and well-being of the individual.

Why Screen?

- Early detection of health risks and destabilization prevents unnecessary deaths.
- Early identification and action on health risks reduces and prevents health-related complications.
- Careful monitoring of an individual's health promotes a better quality of life.
- HRST assists providers in identifying additional services for the individual and training for the staff, thus allowing us to serve people more effectively, especially when health risks and needs are less than obvious.
- HRST supports individuals, providers and families to have meaningful conversations with community physicians, clinicians, and other medical professionals to help improve the quality of care.

How does the HRST differ from the completion of a Supports Intensity Scale™ (SIS™)?

The HRST is used to detect health risks and destabilization early within a residential program and to assist support teams in proactively addressing the health risks. The SIS™ is a statewide standardized needs assessment used to measure the intensity of support for an individual to be successful in their home and community. The SIS™ is administered by a statewide independent contractor.

Who will be trained to screen using the HRST (a.k.a "the Rater")?

- Each residential provider will identify staff who will become the trained HRST Rater(s). Recommendations for choosing an HRST Rater are listed below.
- The initial and subsequent HRST screenings must be completed by a trained Rater who has completed the HRST online Rater training. The Rater(s) will be staff within the provider organization designated by that provider agency.
- As providers choose who among their staff should be Raters, the following should be considered:
    - It is suggested that one Rater per twenty-five individuals to be screened (1:25 ratio) be used as a guide to determine the number of Raters needed within a given provider agency.
    - The Rater should ideally know the individual very well and have supported the individual in various environments.
    - The Rater should ideally have access to the individual's records, including health information, charts, tracking, or other people who know the individual well.
    - The Rater should ideally be someone who supports the individual frequently (at least weekly). Having an HRST rater who is frequently interacting and familiar with the individual greatly increases the likelihood that health or behaviorally related changes will be detected and thus captured in the HRST.

What training do raters receive to screen using the HRST?

To screen an individual using the HRST, the Rater must complete (at a minimum) an online training course, Online Rater Training. This is the only training that is **required** of the Rater before screening individuals. This course educates the Rater on vital health and safety information and how to screen the 22 Rating Items found in the HRST. This training also informs the Rater on the basics of using the web-based application. The HRST online training typically takes 3-4 hours to complete. It is a work-at-your-own-pace training. Once completed, the Rater can always revisit the online training for a refresher if needed.

Additional training will be given to some users, such as designated nurses (RNs or LPNs) who will complete the HRST Clinical Review. In addition, training sessions will be offered to enhance the Rater's screening accuracy. These trainings will be offered in various formats, such as live presentations, webinars, and e-learning.

Who and what needs to be a part of the screening process?

The individual being screened is always encouraged to be a part of the screening process and when possible, should be encouraged to attend as this promotes person-centered practices. However, it is not a requirement. The Rater should have access to people, files, charts, and other information that allows them to screen the individual accurately.

Many Raters find it helpful to complete the screening with direct, in-person contribution from other key supporters. This allows the Rater to determine a score in real time based on information from those who know the individual best or interact with the individual in various environments. Such a team approach helps to ensure that all supporters are aware of the risks facing the individual as determined by the HRST.

Screening Types

There are three types of screenings:

- Initial: This is the first screening being completed on the person
- Annual: This is completed within 365 days of the initial screening or previous annual screening
- Episodic: This is completed on an as-needed basis based on changes in the person's health or behaviors

When should an HRST be completed?

UPDATE: When an individual is newly authorized to receive residential habilitation, the provider must complete the HRST **within three months** of the date of authorization.

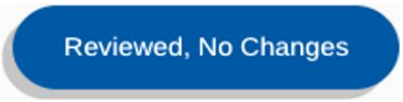
The HRST will be completed *at a minimum* of once a year by having the rating questions for each of the 22 rating items answered; however, the HRST is a dynamic tool and should be kept up to date to capture the person's real-time health status, whether deterioration or improvement. Keeping each of the rating items up to date will help ensure that health risk changes are captured and that the team is accurately informed by the HRST on potential responses to these changes through the Service and Training Considerations.

For Annual Updates:

After the initial HRST is completed, the annual update of the HRST shall be completed for the individual within 90 days prior to the annual ISP planning meeting and not to exceed 365 days from the previous update. This update consists of ensuring the current scores for the 22 rating items and the medication and diagnosis information are accurate.

2026 UPDATE: An Annual Update consists of all the following:

- Diagnoses are reviewed for accuracy. Acute or time limited diagnoses will be resolved as applicable.
- Medications are reviewed for accuracy. Acute or time limited medications will be end-dated as applicable.
- If no changes are required, the Rater will select the Reviewed, No Changes button on each of the Diagnoses and Medications tabs.



- All 22 Rating Items will be re-scored by answering all questions in each Rating Item, beginning with the first question in each question tree.
    - This is accomplished by selecting the previous questions button.

For Episodic Updates Needed Throughout the Year:

Since the HRST is a dynamic tool, it needs to be kept current as individual's experience changes that may affect the scores of the 22 rating items. Although many individuals may not experience these changes throughout the year, others may begin to show signs of heightened risk and destabilization. As these changes occur, it is expected that the HRST will be updated within 14 days of these changes occurring.

Examples include, but are not limited to:

- Hospitalizations
- Emergency room/Urgent care visits
- Behavioral changes or unusual changes in routine
- Communication by an individual of changes in how he or she feels
- Injuries
- A change in condition that may impact any Rating Item (a change in condition is a noticeable change in the person's medical or behavioral health)

Medications and diagnoses can be updated as needed but should be reviewed and updated quarterly to reflect any changes.

What steps must Providers take for an HRST Health Care Level of 3 or higher?

- Individuals with an HRST Health Care Level (HCL) of 3 or higher are considered higher risk for health destabilization.
    - If an individual's HRST HCL reaches a score of 3 or higher, an HRST trained nurse (RN or LPN) who is employed or contracted by the provider responsible for screening the individual MUST complete a Clinical Review within 14 business days of the last rating update.
    - At least quarterly, it is recommended that an HRST trained nurse who is employed or contracted by the provider responsible for screening will conduct a Clinical Review on 10% of those with an HCL of 1 and 2 for quality purposes.

All providers must have access to a Clinical Reviewer

- The Clinical Review service can also be purchased from IntellectAbility, an option for providers who do not currently employ or contract with a nurse. For more information, please contact HRST support by emailing servicesupport@replacingrisk.com
- Clinical Reviewer training continues on a regular basis as part of the HRST service to ensure new nurses are trained due to turnover, new hires, and other factors. Clinical Reviewer trainings are being conducted as live, online sessions.
- As provider nurses are trained, they begin completing needed Clinical Reviews for their agency.
- Provider nurses trained to be Clinical Reviewers, can continue to reach out to HRST for assistance with clinical questions and concerns at HRST Clinical Support: paclinassist@replacingrisk.com
- HRST Clinical Support can be accessed from the "Help" menu, directly within the HRST application.

Who can view an individual's HRST record?

- Providers will determine which of their staff have access to the HRST web-based application, including Raters, nurses (Clinical Reviewers), and administrators.
- Designated provider staff will only have access to individuals served by their provider agency. This will make for ease of sharing HRST information among an individual's support providers. Users cannot see individuals that are not served by their agency.
- Administrative Entities (AE) and Supports Coordination Organizations (SCO) will have View Only (information can be viewed but not changed) access to those individuals served by their agency.
- Only Raters and Clinical Reviewers who have completed the associated training are able to access the HRST and make changes to Diagnosis, Medications, or Rating Items.

What are the HRST Service and Training Considerations?

The Service and Training Considerations (Considerations) are a vital part of the HRST. While scores related to each of the 22 Rating Items convey the degree of risk present, the Considerations inform the user/support teams on possible responses or actions in light of these identified risks. Scores indicate where risk has been detected; Considerations provide guidance on what can be done about the risk.

Service Considerations include consulting with other physicians and specialists for follow-up, as well as identifying any additional assessments or tests that may be necessary. The Training Considerations outline important areas of training for frontline supporters.

Considerations are derived from the 22 Rating Item scores; these will change each time the HRST is updated.

Please note: The HRST will often generate many Considerations. The team is not required or expected to address all Considerations at once. The team can prioritize the Considerations based on where they feel action needs to be taken most immediately in support of the individual. This effort is about quality, not quantity.

How are Reports Created Using the Data Collected in the Screenings?

HRST contains a Report Suite that can generate standard or custom reports. The reports can be utilized by the Providers, SCOs, AEs, and ODP to monitor activity in the HRST system and to analyze data and trends related to risk identification and mitigation. The reports can be generated on an as needed basis or can be scheduled to be generated on a regular basis. IntellectAbility provides educational resources on the use of the Report Suite. Below are links to video tutorials:

- Standard Reports: https://replacingrisk.com/hub/video/index.php?id=349749448
- Scheduled Reports: https://replacingrisk.com/hub/video/index.php?id=350360304
- Custom Reports: https://replacingrisk.com/hub/video/index.php?id=351816104

The Roles and Responsibilities of the Individual's Provider:

- **UPDATE:** When an individual is newly authorized to receive residential habilitation, the provider must complete the HRST within **three** months of the date of authorization.
- Providers are responsible for ensuring that the annual HRST update is completed 90 days prior to the individual's annual ISP meeting and providing the assessment to team members. The annual update must be completed within 365 days of the initial screening or previous annual screening.
- Providers are responsible for ensuring that the HRST screening is updated within 14 days of changes in the individual's health status, either deterioration or improvement.
- Providers are responsible for ensuring completion of Clinical Reviews as described above.
- **UPDATE:** ODP implemented the HRST as a strategy to support health, wellness, and safety. As such, proper use of the HRST will play an integral part in Performance Based

Contracting. Using the Standard Reports available within the tool, changes in the Health Care Level (HCL) for individuals over time are able to be monitored. Given that increases above an HCL of 3 are associated with increased health risks and increased mortality risk, it is important that providers look closely at individuals who are experiencing an increase in HCL. ODP highly recommends the following steps in response to the increase in HCL:

  - Assess for accuracy of responses to the 22 rating items for individuals with significant changes in HCL.
  - Ensure that Clinical Reviews are completed as indicated.
  - Ensure that the new identified health risks for the individual are being appropriately addressed.

- Providers are expected to ensure appropriate communication of HRST results with Primary Care Physicians, other medical professionals and Managed Care Organizations as appropriate and notify the SC that this has been completed as part of risk mitigation efforts.
- Providers are responsible for reporting the need for any deviations to the risk mitigation plan to the SC and other team members as applicable in order to update the ISP.
- The Providers in collaboration with an individual's Primary Care Physicians, other medical professionals, and Managed Care Organizations may decide that a Consideration produced by HRST is not appropriate for the individual's risk mitigation. These decisions should be documented. Example reasons for deeming a Consideration not applicable or low priority:
  - The individual has recently had the Consideration applied
  - The content within the Consideration statement does not apply to the person and did not trigger scoring within that item
  - The team agrees that other Considerations should be applied first

The Roles and Responsibilities of the Individual's Supports Coordinator (SC):

- SCs should review and discuss the most recent HRST during ISP meetings and ongoing individual monitoring to promote and coordinate the health and safety of individuals receiving residential services. The information found in the HRST will assist the SC to have more effective collaboration with the provider.
  - Please note: Annual HRST updates should not delay the completion of the annual ISP process. If an HRST has not been completed, contact should be made to the AE or ODP BSASP.
- The SC will ensure that the risks identified by the team as a result of the most recent HRST are captured in the Health and Safety Focus Area Section of the ISP and that a plan to mitigate the risk is identified. The SC and team are encouraged to use the Considerations when developing risk mitigation plans.
- Any deviation from the plan to mitigate the risk as identified by the Provider and approved by the individual's team shall be documented in a service note by the SC.

- SCs shall request explanation for deviation from the established plan to mitigate risk and shall take appropriate action to notify the individual's team members. The SC will follow through until resolution of the identified deviation in the plan.
- SCs may request the Provider complete an update to the HRST if changes in the individual's physical or behavioral health status are noted and a recent HRST update has not been completed.
    - For the Consolidated, Community Living and Person/Family Directed Support Waivers (known collectively as the ID/A Waivers): If the Provider fails to complete the requested update, SCOs should contact the AE.
    - For AAW and ACAP: if the Provider fails to complete the requested update, SCOs should contact the ODP BSASP regional office.
- SCs can utilize the HRST Report Suite to monitor activity and updates in the HRST system.
- SCs can create monthly custom reports to monitor the completion of HRSTs for individuals they support.
- SCs can utilize the HRST Scoring Summary while completing monitoring visits with the individual. This ensures the SC is aware of the areas of risk and encourages oversight and conversation around these items with the provider.

Educational resources for the Report Suite are listed above in the **"How are Reports Created Using the Data Collected in the Screenings?"** section.

- Assistance can also be obtained by contacting HRST support at pasupport@replacingrisk.com and paclinassist@replacingrisk.com.

The Role and Duties of the Health Care Quality Units (HCQUs):

- HCQUs will contract directly with IntellectAbility to create access for providers to conduct HRST screenings.
- HCQU staff will serve an administrative and quality assurance role.
- Each HCQU will serve as an "HRST gatekeeper" for the residential providers and SCOs in their area. The gatekeeper will:
    - Submit to IntellectAbility support any HRST user accounts that need to be made Inactive
    - Submit to IntellectAbility support new HRST users who need to be added for the provider agencies or SCOs in their area as needed
    - Submit to IntellectAbility support the required information pertaining to the individual served that needs to be added to the database for any given provider. IMPORTANT: Information must be submitted in accordance with IntellectAbility processes that adhere to HIPAA laws regarding PHI. IntellectAbility support will reject information not submitted in accordance with these guidelines. For more information, refer to the *PA HRST Gatekeeper Best Practices* document.

- Provide support and technical assistance to providers and SCOs.
- Share with Administrative Entities and the appropriate ODP Regional Office concerns arising for providers or SCOs following state requirements related to the HRST as outlined in this protocol.
- Each HCQU will have a designated RN(s) to oversee HRST functions in their respective region. These RN(s) primarily:
    - Review the quality of screenings completed in their region (using the HRST QA module)
    - Offer assistance and training to providers and SCs as needed (this can be done largely in collaboration with HRST clinical staff)
- HCQUs will convene quarterly meetings with Administrative Entities within the HCQU region to review HRST data. HCQUs will assist in trend analysis of the data generated by the HRST.

The Role of the Administrative Entity (AE):

- Implement policies and practices with regional HCQUs, Providers and SCOs to ensure the effective application of the HRST process.
    - Including, procedures on addressing concerns identified by HCQUs and SCOs of Providers not adhering to the HRST protocol
- Integrate the HRST into risk and quality management activities within the AE, including the utilization of HRST data and analysis to inform the AE Provider Risk Assessment Process.
- Collaborate with ODP Regional Offices, HCQUs, SCOs and providers to mitigate risk.
- Promote a culture of safety within the service delivery system and assist with team conflict resolution as needed.
- AEs can utilize the HRST database to create monthly custom reports to monitor the completion of HRSTs by providers.
- Educational resources for the Report Suite are listed above.

How will the HRST be managed at the regional and state level?

- The Office of Developmental Programs' Medical Director is the state lead for the HRST. The Medical Director and appropriate ODP staff will:
    - Serve as a guide and resource for the overall use of the HRST
    - Work closely with IntellectAbility and the HCQUs on promoting the proper use and implementation of the HRST
- ODP regularly provides IntellectAbility with a list of current individuals receiving residential services.
- Through Central Office and Regional staff, ODP will monitor all parties in the state for compliance with state HRST policy expectations through the use of the Report Suite and

other methods.

- ODP will serve as the "HRST gatekeeper" for AEs and ODP staff.
- ODP will have oversight for ensuring the accurate implementation of the HRST.
- The Bureau of Supports for Autism and Special Populations (BSASP) will integrate the HRST in risk and quality management activities for individuals in AAW and ACAP.
- ODP will review and analyze data as part of systemic risk and quality management activities.
- ODP will continue to review and update this protocol as needed.

Getting Help and Assistance

- HRST users can contact IntellectAbility for assistance by selecting the "Contact Support" link at the bottom of the HRST.
- Or contact IntellectAbility by the emails below:
  - For technical assistance, email pasupport@ReplacingRisk.com
  - For clinical assistance, email paclinassist@ReplacingRisk.com
  - Not sure which team you need? email servicesupport@ReplacingRisk.com, and you will be directed to the correct team.

Attachment 1: The HRST Categories and Rating Items

These Rating Items are intentionally chosen. These areas are where health risk and destabilization are likely to occur, especially in at-risk populations. Scores for each of these Items indicate a degree of risk and enable others to know exactly where the person is experiencing heightened risk, so they can take targeted action.

Functional Status

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

Behavior

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

Physiological

K. Gastrointestinal (GI) Conditions
L. Seizures

Physiological (cont.)

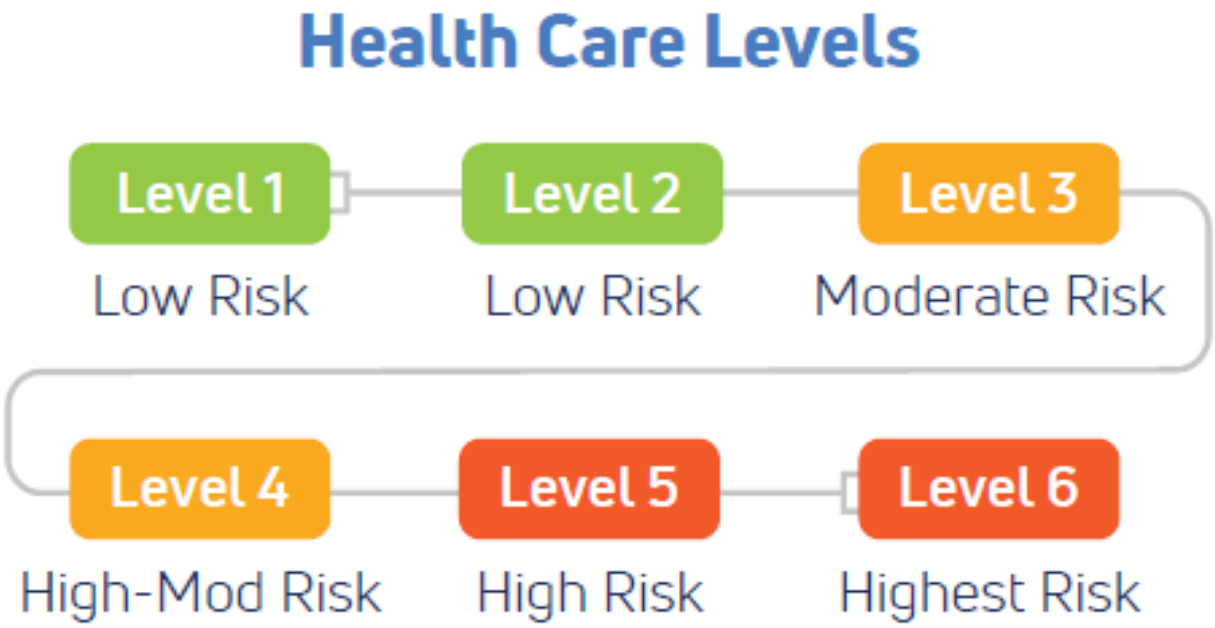
M. Antiepileptic Medication
N. Skin Integrity
O. Bowel Function
P. Nutrition
Q. High-Risk Treatments

Safety

R. Injuries
S. Falls

Frequency of Services

T. Professional Healthcare Services
U. Emergency Room (ER) Visits
V. Hospital Admissions

Attachment 2: Health Care Levels (HCL) Defined

The Health Care Level is assigned once all 22 Rating Items of the HRST have been fully screened. HCLs are extremely important, as they show the overall degree of risk that has been identified. These HCLs are accurate indicators of longevity and mortality. Studies on the HRST have demonstrated that as HCLs increase, so do the odds of dying and thus experiencing a shorter lifespan. HCL 4 has been associated with the highest risk of unanticipated and unexpected deaths. Users of the HRST should ALWAYS act when HCLs increase, even by one level. Increases that cause a skip in HCLs should be of even more significant concern.