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Health Risk Screening Tool (HRST) Transition Plan

The Health Risk Screening Tool (HRST) Transition Plan implemented through [Provider Bulletin #32 on February 9, 2024](#) and extended in [Provider Bulletin #32 updated on October 28, 2024](#) is scheduled to be completed by June 30, 2025.

Division representatives and stakeholders formed the HRST Advisory Team in order to discuss changes needed with the implementation of the HRST process. The Team met several times during 2024 and recommended 5 top priorities for the Division to consider.

The recommendations and updates are as follows:

- **Recommendation #1: Focus attention on completing the HRST screen before requiring the Missouri specific components.**

Effective July 1st, 2025: The Division and stakeholders will focus on completing the Health Risk Screening Tool (HRST) on all individuals with a waiver through the Division. Non-Residential waiver individuals will continue to have an option to decline, however support coordinators must continue to give the information about the screen to them in order to make an informed decision.

Residential Providers continuing to use RNs as the HRST rater may continue to use the [DD notification process](#) when there is a Residential Oversight RN vacancy or new hire. This process is an automated notification to Division Health and Wellness Coordinator for a Division designee to complete the Health Risk Screening and applicable Health Risk support plans during the provider vacancy.

- **Recommendation #2: Residential service providers may choose what member of their agency can be the HRST Rater and what member completes the HRSPS.**

New Non-RN Rater Role: Provider Contracts will be updated to allow Residential service providers the option to select a non-RN member of their agency to complete the HRST Rater training and then be able to complete the HRST screen with the individuals they support.

- **Recommendation #3: Have a method to bypass the Health Risk Support Plans (HRSPs) if the individual chooses to complete the HRST but not the HRSPs.**

The draft Comprehensive and Community Support waiver renewal applications definition of the Health Risk Support Plan has been revised as follows: “The Health Risk Support Plan (HRSP) process is a collaborative process between service providers and the state to identify possible unmet health care needs and address them.” This definition allows providers to use the plan within the IntellectAbility system or enter the plan directly into the Healthy Living Section.

- **Recommendation #4: The Division will make the interoperability between electronic systems (Electronic Health Records (E.H.R.), electronic Medication Administration Records (eMARs)) a critical priority.**

The Division is continuing to make interoperability between electronic health systems and electronic medication administration records a priority. IntellectAbility and Impruvon Health have developed in close partnership a Medication and Diagnoses Integration Service that is now complete and available to Missouri provider agencies.

- Impruvon Health and IntellectAbility have developed the medication/diagnoses integration and have finalized user testing with active users in Missouri.
- The Medication/Diagnoses Integration Service is now available to Missouri provider agencies.
- Impruvon Health will be the point of contact and service provider for the Medication/Diagnoses Integration Service.
- Impruvon Health and IntellectAbility would be excited to present the integration to interested provider agencies

- **Recommendation #5: Billing/Units: Residential Oversight RN service billing that includes the HRST Process clarified/billing mechanism identified for non-RN raters in residential settings.**

Residential RN Oversight service billing at a baseline is 60 units plus an additional 38 units added for completing the screen and HRSPs. The Division is evaluating the allotted units at this time and working with the Nursing Services Advisory Team to clarify the process for requesting additional units for other nursing needs for individuals.

The Division will continue to work with Mercer to identify a billing mechanism for non-RN raters in residential settings.

Additionally, from the January 10th, 2025, Addendum: The current HRST training is under review. The Division has been given feedback on the length that it takes to complete the trainings in the system. The Division is reviewing the trainings to eliminate unnecessary or repetitive information and ensure pertinent content.

The Division will continue to provide support for providers during the Transition Plan period. See the [HRST Office Hours](#) and the [HRST website](#) for additional information. Residential providers may request assistance from a Division designee to complete the HRST screening and applicable Health Risk support plans, regardless of nursing vacancy status, during this transition period.