

The Health Risk Screening Tool (HRST) and the Inventory for Client and Agency Planning (ICAP®): Comparison and scoring interpretation



The HRST and the ICAP are both widely-used tools in the field of intellectual and developmental disabilities (IDD). Both tools are used in the day-to-day support of people with IDD, as well as for funding allocations, exceptional rate decisions, level of care (LOC) determination, individualized service planning, and much more.

Purpose

Understanding the similarities, differences, scoring interpretation, and objectives of the HRST and ICAP will help ensure the results are interpreted accurately and applied to the person appropriately. It is also important to note how particular items found in each tool relate to one another both in score assignment and scoring interpretation.

What is the HRST?

The HRST is a reliable and objective web-based instrument developed to screen for health risks associated with a wide variety of populations. These include (but are not limited to) IDD, physical disabilities, disabilities associated with aging, children, and many other conditions experienced by at-risk populations. It was designed primarily to detect health instability EARLY and PREVENT avoidable deaths.

The HRST is a screening tool, not an assessment. It screens the person for present or emerging health risks and offers more in-depth actions to help mitigate those risks. The HRST also helps discover health risks that can be less than obvious. To accomplish this, a trained Rater scores 22 Rating Items that span five categories: Functional Status, Behavior, Physiological, Safety, and Frequency of Services. Each of the 22 Rating Items are assigned a score from 0 to 4. The higher the numeric score, the higher the identified risk or destabilization. Once scoring for each item is complete, the HRST produces a Health Care Level (HCL) that corresponds to the person's overall risk level. The HRST Health Care Level has also been shown to a reliable predictor of mortality.

The HRST also produces a set of Considerations that help the support team in identifying other professional services, specialists, assessments, and training that may be needed for the person. This allows for targeted action to be taken on the objectively identified health risks. The HRST has been shown to reduce morbidity, reduce costs related to service delivery, lead to more accurate supports/services related to the needs of the person, allow for better staff matching, and improve quality of life due to better overall health. The HRST empowers supporters to observe where health risks are present, decide how to respond, and act!

What is the ICAP?

The ICAP is a short, easy-to-use standardized assessment that measures adaptive and maladaptive behavior. Its strong psychometric properties make it a valuable tool for determining eligibility, planning services, evaluation, reporting progress, or for use in funding reports and rate setting. The ICAP consists of three main components: Adaptive Behavior Domains, Maladaptive Behavior Domains, and Service Level Score.

Four components make up the Adaptive Behavior Domain. Within this domain, the ICAP seeks to score the person on how well they presently perform each task completely and without help or supervision. The items within this domain are everyday items, both physical and cognitive, that all adults can reasonably perform in various environments each day. Scores can range from 0 to 3. The lower the score, the more support or help is needed; the higher the score, the less support or help is needed.

Eight components make up the Maladaptive Behavior Domain. The behavior-based items within this domain assess how often and to what degree the person engages in behaviors that fall outside of the general expectations of the population at-large. Scoring is based on both frequency and severity of the behaviors. While the ICAP also captures the level of response or support from others to respond to these behaviors, this response does not factor into the scoring.

Responses to the Adaptive and Maladaptive Behavior domains are weighted 70%/30% to create an overall Service Level Score ranging from 1-90+. The lower the Service Level Score, the more intense the support and intervention.

The HRST and ICAP: How each tool approaches the person

Although there are comparable items in both tools, each tool is attempting to score something different about the person. These differences are important to understand when comparing scores between the HRST and ICAP. Let's begin by looking at the HRST. The HRST's screening process is designed to recognize indicators of present or emerging health risk, regardless of the level of support currently in place. Simply put, is there present or emerging risk? If so, how severe is it? This determination is made by a trained Rater answering specific Yes or No questions about the person spanning 22 health and behavioral Rating Items.

The ICAP seeks to determine the functional level of the person in various environments and the level of support needed to complete those tasks (Adaptive Behavior Domain), as well as determine the support intensity needed to support problem behaviors (Maladaptive Behavior Domain). Risk to the person and others may contribute to the score but will do so in the context of determining support intensity. Even though there may be shared items between the two tools, the concept of how a score is arrived at is quite different.

Let's look at an example. Jean currently has a diagnosis of diabetes, yet she can successfully manage this diagnosis by making good eating choices, staying active, and administering her daily insulin injection with no significant help from others. The HRST will still assign a high-risk score to certain items in the HRST because the lack of needed support does not remove the inherent risks to Jean that accompany having diabetes. Remember, the HRST is all about risk detection.

The ICAP would overall seek to score Jean based on her ability to carry out the tasks required to manage her condition, such as the physical and cognitive skills needed to read medication bottles, move to exercise, purchase food, or report to others something may be wrong. Both tools are addressing the diagnosis of diabetes. The HRST focuses on risk, the ICAP focuses on skill set. Now, let's assume that along with diabetes, Jean has some "problem behaviors". The HRST would seek to determine what risks these behaviors pose to Jean or others. The ICAP would be more interested in determining how often these occur and the degree of severity.

The HRST and ICAP: Scoring

Numeric scoring is used for both tools. All items in the HRST are scored using a numeric spectrum of 0-4. The lower the number, the less risk detected. The higher the number, the more risk detected. In the Adaptive Behavior Domain of the ICAP, a numeric spectrum of 0-3 is used. The lower the number, the more support from others is needed. The higher the number, the less support from others is needed. The Maladaptive Behavior Domain also utilizes a number spectrum, where the higher the number, the more anticipated support is needed by others. One should not look to reconcile numeric scoring between the two tools but rather seek to interpret the scores based on how each tool approaches the person.

A Crosswalk of HRST and ICAP ITEMS:

ICAP	HRST
Adaptive Behavior Domain	
Motor Skills	
5. Pulls self into standing position	C. Transfer R. Injuries S. Falls
7. Stands alone and walks for at least six feet	B. Ambulation R. Injuries S. Falls
11. Walks up and down stairs by alternating feet from step to step	B. Ambulation C. Transfer R. Injuries S. Falls
12. Climbs a six-foot ladder	B. Ambulation C. Transfer R. Injuries S. Falls
Personal Living Skills	
1. Swallows soft foods	A. Eating
2. Picks up and eats foods such as crackers	A. Eating
4. Holds hands under running water to wash them when placed in front of the sink	D. Toileting
5. Eats solid foods with a spoon with little spilling	A. Eating
6. Stays dry for at least three hours	D. Toileting
8. Uses the toilet at regular times when placed on the toilet or when taken to the bathroom	D. Toileting
10. Uses the toilet, including removing and replacing clothing, with no more than one accident per month	D. Toileting
13. Cuts food with a knife instead of trying to eat pieces that are too large	A. Eating
Community Living Skills	
4. Stays in an unfenced yard for ten minutes when expected without wandering away	F. Self-Abuse

Maladaptive Behavior Domain	NOTE: Behaviors are evaluated in terms of risk to the person and others, as well possible attempts to communicate, and therefore, can affect various items throughout the HRST
Problem Behavior	
1. Hurtful to self	F. Self-Abuse Various items in the following HRST categories: Functional Status, Behavior, Physiological, Safety, Frequency of Services
2. Hurtful to others	G. Aggression Various items in the following HRST categories: Functional Status, Behavior, Physiological, Safety, Frequency of Services
3. Destructive to property	G. Aggression Various items in the following HRST categories: Functional Status, Behavior, Physiological, Safety, Frequency of Services
4. Disruptive behavior	F. Self-Abuse G. Aggression Various items in the following HRST categories: Functional Status, Behavior, Physiological, Safety, Frequency of Services
5. Unusual or repetitive habits	Various items in the following HRST categories: Functional Status, Behavior, Physiological, Safety, Frequency of Services
6. Socially offensive behavior	G. Aggression Various items in the following HRST categories: Functional Status, Behavior, Physiological, Safety, Frequency of Services
7. Withdrawal or inattentive behavior	F. Self-Abuse Various items in the following HRST categories: Functional Status, Behavior, Physiological, Safety, Frequency of Services
8. Uncooperative behavior	G. Aggression Various items in the following HRST categories: Functional Status, Behavior, Physiological, Safety, Frequency of Services
Support Services	NOTE: The HRST Service Considerations may suggest these services in response to taking action on identified health risks
General Information and Recommendations	NOTE: Any information from the Diagnosis, Medications, Ratings, and Considerations sections of the HRST