

Hourly Task Guidelines Implementation Analysis



Executive Summary Reporting Period January 2008 through March 2008

Prepared for the California Department of Social Services
Adult Programs Division

By

The Institute For Social Research at
California State University, Sacramento

Ernest L. Cowles, Ph.D., Director and Principal Investigator
Joshua Gartner, M.A., Research Analyst
Britte H. Livingston, M.A., Research Analyst
Valory Logsdon, M.A., Research Analyst
Sandie Sutherland, B.A., Research Specialist



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Introduction and Background

The California Department of Social Services (CDSS) developed Hourly Task Guidelines (HTGs) for the In-Home Supportive Services (IHSS) program in accordance with Welfare and Institutions Code Section 12301.2. HTGs were designed promote accurate and consistent assessments by social workers while continuing to ensure that the needs of Consumers are appropriately met.

While HTGs provide a standardized framework to guide the assessment process, the needs of IHSS Consumers vary considerably. Exceptions to the guidelines may be made by the social worker in order to address the individualized needs of IHSS Consumers who may require more or fewer authorized hours on certain tasks.

Based upon the requirements of the enabling HTG legislation, and CDSS's interest in assessing the impact of HTGs on authorized hours and stakeholders, CDSS entered into a contract with the Institute for Social Research at the California State University, Sacramento in July 2006, to conduct an evaluation of these impacts.

Scope of Complete Analysis

To provide a more complete picture of the HTG implementation the ISR analyses proposed a multiple perspectives approach including five separate analyses. This report contains the results of three of those analyses:

1. Assessment of the average authorized hours for Consumers: Analyses to be conducted using the State's Case Management, Information Payrolling System (CMIPS) service authorization data;
2. Examination of HTG exemptions: Analyses to be performed on data from a sample of cases collected by the IHSS Field Monitoring Unit during State monitoring case reviews;
3. Review of the impact of HTGs on State Hearings: Analyses to be conducted on Data from CDSS' State Hearings Division. An additional analysis was designed to determine the characteristics of Consumers who were involved in the Appeals process using a "crosswalk" of matched data from the State Hearings Divisions with data contained in the CMIPS database.

In addition to a continuation of the three studies noted above, an additional study examining feedback from IHSS Consumers about their service authorizations collected through a survey of a randomly selected sample of Consumers statewide has been completed and is reported in a separate document.

A final fifth study, reviewing of the impact of HTG on the workload of county social workers: Collected through a survey of a randomly selected sample of county social workers, is currently being completed and will be provided in a subsequent report.

Results for the first three studies are detailed below by objective. Analysis for the assessment of average authorized hours and for the assessment of exemptions is based on data through March 2008 (representing six quarters of HTG implementation). Data for the review of the impact of HTGs on state hearings is based on data for cases that had filed appeals through the end of February 2008.

It should be noted the results of these analyses might not be reflective of longer-term impacts as the HTGs become more embedded in the routine Initial Assessment and Reassessment processes.

CMIPS – Assessment of Average Time Authorized

Methodology

Two types of comparisons were conducted for the assessment of average time authorized.

- Pre- to Post-Implementation and Post 1 to Post 2 quarterly comparisons: Cases were selected for analysis based on eligible status and an assessment occurring in the month in which the data was captured. For example, a case with a face-to-face date occurring in December 2007 was selected for December 2007 data. This means that cases where an assessment occurred in December of 2007 but the assessment was not entered into CMIPS until the next month or later are not included in the analysis. Quarterly results compared:
 - Pre-HTG Implementation to Post-HTG Implementation
 - Post 1 (through 2nd quarter of year 1 of HTG implementation) to Post 2 (through 2nd quarter of year 2 of HTG implementation)
- Matched groups of cases: Examines individual cases that had an assessment in the pre-HTG implementation period to the cases with an assessment in post-HTG implementation periods. The two types of comparisons included:
 - Individuals with an Initial Assessment between 9/05-8/06 and a subsequent Reassessment between 9/06-/12-07
 - Individuals with a Reassessment between 9/05-8/06 and subsequent Reassessment between 9/06-12/07

Objective 1: To determine whether the implementation of HTGs has increased or decreased the number of hours authorized in the Initial Assessment.

Objective 2: To determine whether the implementation of HTGs has increased or decreased the number of hours authorized in Reassessments.

Key Findings—Quarterly Comparisons

Quarter 2 Pre-implementation (9/05-3/06) to Quarter 2 Year 2 Post-Implementation (9/07-3/08):

- Initial Assessments: There was an overall weekly average increase of 5 minutes for the 12 HTG tasks.
- Reassessments: There was an overall weekly average decrease of 6 minutes for the 12 HTG tasks.

Quarter 2 Post-Implementation Year 1 (9/06-3/07) to Quarter 2 Post-Implementation Year 2 (9/07-3/08):

- Initial Assessments: There was an overall weekly average increase of 10 minutes for the 12 HTG tasks between Post 1 and Post 2 time periods.
- Reassessments: There was an overall weekly average increase of 2 minutes for the 12 HTG tasks between Post 1 and Post 2.

Key Findings—Matched Group Analysis (year over year individual changes)

- The Matched Group analysis results suggest a majority of cases having either an Initial Assessment or a Reassessment in the pre-HTG period and a Reassessment in the post-HTG period experienced an increase in time between the two years across all HTG tasks.

Initial Assessment to Reassessment (n=24,803):

- 67 percent (n=16,540) of cases who had both an Initial Assessment in the pre-period and a Reassessment in the post-period had an increase in time (over the two assessments).
- 16 percent (n=4,084) of the cases showed no change in time from Initial Assessment to Reassessment.
- 7 percent (n=1,608) of the cases had a decrease of less than 1 hour.
- 10 percent (n=2,571) of the cases, had a decrease of more than 1 hour.

Reassessment to Reassessment (n=65,571):

- 58 percent (n=39,212) of cases who had both a Reassessment in the pre-period and a Reassessment in the post-period had an increase in time (over the two assessments).
- 24 percent (n=16,486) of the cases showed no change in time from Reassessment to Reassessment.
- 7 percent (n=4,826) of the cases had a decrease of less than 1 hour.
- 10 percent (n=7,047) of the cases had a decrease of more than 1 hour.

Objective 3: To determine whether the implementation of HTGs has created greater consensus/consistency in the assignments of hours for various tasks.

Key Findings—Consensus/Consistency

- In line with findings from previous analyses, there continues to be greater consistency in the authorized hours among both ranks and task areas (as measured by standard deviations) under the new HTGs.
- The continued increase in consistency in authorized hours among ranks and tasks suggests that the HTG task definitions and time guide factors have been successful in bringing greater uniformity to the assessment process. This also supported by the findings to date in the Matched Group analysis.

Objective 4: To determine whether the implementation of HTGs has impacted the number of hours assigned to the ranks within the task areas.

Key Findings—Impacts Across Ranks

- The impact of HTGs was variable for most ranks within the various task areas.
- Even within the same rank level in different tasks, the impact on the average authorized hours resulted in increases in time for some cases and decreases for others.
- The analysis continues to show variation in increases and decreases within the same rank level in different tasks, reinforcing the notion that an individualized assessment process is occurring.

Objective 5: To determine whether the implementation of HTGs has impacted the percentage of cases falling within and outside the HTG time ranges.

Key Findings—Movement Into and Out of HTG Ranges

- All of the 12 tasks continued to show an increase in the percentage of cases that fell within the range for the task post-implementation for Initial Assessments and Reassessments.
- Eleven of the 12 tasks had an increase in the percentage of cases that fell within the range for the task for Initial Assessments and Reassessment between the Post 1 and Post 2 period (all except Menstrual Care.)
- Movement into the ranges occurred through both increases and decreases in minutes authorized for Initial Assessments and Reassessments.
 - Movement into the Ranges by Decreases:
 - Ten of the 12 tasks had a decrease in the percentage of cases above the range for both Initial Assessments and Reassessments for the task overall (all except Transfer, Rubbing Skin and Repositioning).

- Movement into the Ranges by Decreases:
 - Ten of the 12 tasks had a decrease in the percentage of cases below the range for both Initial Assessments and Reassessments for the task post-implementation (all except for Routine Bed Baths and Ambulation).
- Split Movement into the Ranges
 - There was an increase in the percentage of cases above the range for Initial Assessments and a decrease in the percentage of cases above the range for Reassessments for two tasks, Transfers and Rubbing Skin and Repositioning.
 - There was a decrease in the percentage of cases below the range for Initial Assessments and an increase in the percentage of cases below the range for Reassessments for one task, Routine Bed Baths.
- Movement out of the Range by Decreases:
 - There was an increase in the percentage of cases below the range for Initial Assessments and Reassessments for only one task, Ambulation.

Key Findings—Impacts of Non-HTG Factors on Services Authorization

- Although trends revealed by continued analyses of the HTGs show stability in a number of areas, the extent to which the HTG alone are impacting the service authorization versus particular changes in an individual’s needs and/or the impact of social worker training and county and State QA monitoring oversight is unknown.

Analysis of Exceptions from Data Collected by In-Home Supportive Services Monitoring Staff Reviews

Methodology

Cases Included in this Analysis

ISR was provided with a data set comprised of 3,211 reviews of individual IHSS case files that were conducted by the CDSS IHSS QA Field Monitoring team during the period January 2007 through March 2008. CDSS removed all personally identifying information prior to providing the data set to ISR. The cases reviewed were selected by CDSS on a random basis and represent cases from 57 California counties¹. Of the 3,211 cases included in the data set, 2,977 cases had been last assessed (or reassessed) on or after September 1, 2006, the implementation date for HTGs. The remaining 234 cases had been last assessed or reassessed prior to the HTG implementation date and were therefore excluded from the analysis that follows. The number of cases in the sample varied by county, with more populous counties generally contributing more cases to the sample.

¹ No data were available for Alpine County.

The sample of cases included in this analysis includes the 2,305 cases that were examined in the previous interim report, published in June 2008, plus 672 additional cases that were reviewed by the CDSS IHSS QA Field Monitoring team during the period extending from mid-January 2008 to March 2008.

Objective 1: To determine if exceptions are being made under HTGs.

Key Findings—Use Of Exceptions

- The data show that social workers in the field continue to make exceptions to HTGs during the Initial Assessment and Reassessment processes.
 - Of the 3,211 cases in the current sample, more than four out of five (81%) Consumers received an exception on one or more tasks.
 - The remaining 19% of Consumers were within HTGs on all tasks for which they have authorized hours.
 - The percentage of exceptions with adequate documentation in the sampled cases varied across tasks. Two tasks, Meal Cleanup and Menstrual Care, had more exceptions that were not documented than were documented. The remainder of the HTG tasks had about 60 to 70 percent of the exceptions documented.

Objective 2: To determine the extent of exceptions under the HTGs.

Key Findings—Number of Exceptions

- The average (mean) number of exceptions per Consumer in this sample was 2.22; however, there was a notable amount of variation across consumers in this regard. The most commonly occurring (modal) number of exceptions for Consumers in this sample was two.
 - Slightly less than 60 percent of all Consumers received between one and three exceptions, while slightly less than one in five (19%) continued to be within the guidelines on all tasks for which they had authorized hours.
 - As per earlier analyses of exceptions, results show it is not uncommon for Consumers to receive greater numbers of exceptions, for example 19 percent of Consumers received exceptions in between four and six task areas.
- A preliminary sub-analysis of cases whose assessment occurred between October and December 2006 (designed as Post 1) and cases whose last assessment took place during that same period in 2007 (designed as Post 2) revealed a statistically significant decrease in the use of exceptions. However, because of the relatively small group sizes available for the analysis during this period, caution is urged in drawing conclusions from this finding.

Objective 3: To determine if the use of exceptions varies by task and rank.

Key Findings—Use of Exceptions by Task and Rank

- While there was a slight indication that Consumers who receive service authorizations for either a small or large number of tasks get exceptions at a rate (total number of exceptions/total number authorized tasks) higher than those with mid-range numbers of authorized tasks, the granting of exceptions seems fairly uniform among Consumers who receive assistance with just a few IHSS tasks and Consumers who receive assistance with many tasks.
- Exceptions are being granted fairly consistently across 10 of the 12 HTG tasks
 - Exceptions are significantly less likely to be granted for Meal Preparation and Meal Cleanup (this may be due to the unusual distribution of hours for these two tasks in the overall IHSS caseload at the time the HTG ranges were designed).
- Results of analysis for exceptions at various functional ranks shows exceptions vary across the functional ranks within the various task areas.
 - The lack of a clear overall trend here suggests that neither those at higher functional ranks nor those at lower functional ranks are disproportionately receiving exceptions across all task areas.

Objective 4: To determine if there is a pattern to the exceptions with regard to exceptions being consistently above or below the Guidelines.

Key Findings—Exceptions Above and Below the Ranges

- Exceptions are made both above and below the HTG ranges.
 - Three tasks, Meal Preparation, Meal Cleanup, and Bed Baths were far more likely than other tasks to see exceptions below HTGs, in cases where exceptions are granted. Two other tasks, menstrual care and ambulation also revealed more cases with exceptions below rather than above the guidelines for the task, but not to the degree of the other three.
 - Exceptions for five tasks, Bowel and Bladder Care, Dressing, Transfer, Bathing and Use and Care of Prosthetics were about equally divided between exceptions above and exceptions below their respective ranges.
 - The two remaining tasks, Feeding and Repositioning, were more likely to have exceptions above their respective ranges.

ALJ Workload Study

Methodology

This analysis uses CDSS State Hearings Division (SHD) data, alone and together with IHSS caseload data from CMIPS, to examine patterns in requests for state hearings over a 30-month study period. SHD provided the ISR with case data for hearing requests filed between September 2005 and February 2008 that involved the IHSS program. In order to protect claimant confidentiality, the SHD deleted identifying information before providing the data to ISR.

The study period consists of 12 months prior to HTG implementation (September 2005 to August 2006—this is referred to as Pre-HTG) and 18 months following HTG implementation (September 2006 to February 2008—broken into two time periods, Post 1 [9/06-8/07] and Post 2 [9/07-2/08]). The analysis began with a general overview of all IHSS appeals and refines its focus to provide increasingly specific information about the context within which IHSS appeals were filed.

Section I: Analysis of SHD Appeal Data. A general overview examined trends in the number of IHSS appeals filed, appeal outcomes, and the issues involved.

Section II: Analysis of Consumer Claimants' IHSS Program Information. This section incorporated claimant IHSS program information obtained from CMIPS in order to gain a better understanding of who requested a hearing and why.

Section III: Analysis of IHSS Appeals Filed Following an Assessment. This section focused specifically on those IHSS appeals that were most likely to have been filed because of a needs assessment.

Objective 1: A primary objective of the analysis is to determine if HTGs impacted IHSS Consumer requests for state hearings.

Key Findings—Appeals Outcomes

- Overall pre- to post-HTG implementation appeals analyses—based on changes in the percent of appeals conditionally withdrawn, appeals that go to a hearing or appeals granted in hearings—do not point to an inappropriate use of the HTGs as a reason for appeals.
- During the post-HTG period, there was a statistically significant increase in assessment-related issues.
- Analysis of appeal outcomes showed that increases in granted decisions were driven by non-assessment related issues, suggesting reasons other than HTG implementation.

Objective 2: If an impact is shown by data analysis, attempt to isolate possible causes of the increases or decreases in ALJ workload

Key Findings—When Consumer Claimants are Compared to the General IHSS Population

- Consumer Claimants filing an appeal within two months of their Initial Assessment had similar numbers of hours authorized for purchase as the general IHSS population. Pre-HTG and Post 1 HTG Consumer Claimants hours were not significantly different. In the Post 2 HTG period, Consumer Claimants have slightly fewer hours authorized for purchase than the general IHSS population. There has been a decrease in appeals filed by Consumer Claimants with higher numbers of hours authorized over the course of the study period.
- Consumer Claimants who filed an appeal within two months of their Initial Assessment were not much different than the general IHSS population with respect to the number of HTG tasks authorized, and there was little difference in Consumer Claimants pre- to post-HTG implementation.
- Consumer Claimants with higher number of HTG tasks authorized do not appear to be filing appeals at higher rates post-HTG.
- Consumer Claimants who filed an appeal within two months of their Reassessment typically had more hours authorized for purchase and just slightly more HTG tasks authorized than the general IHSS population.
- There was little difference pre- to post-HTG for Consumer Claimants filing after a Reassessment. Consumer Claimants with higher numbers of hours authorized for purchase filed slightly more often in the Post 1 HTG period, but the appeal rate returned to pre-HTG levels by the end of the second year post-implementation. There was a slight increase in appeals filed by Consumer Claimants with higher numbers of HTG tasks by the end of the study period.

Objective 3: Determine whether HTG issues were responsible for increases or decreases.

Key Findings—Relationship of Changes in Hours at Assessment and Consumer Appeals

- Less than 50% of claimants who filed within two months of their assessment had received a decrease in hours NOA based on that assessment. Therefore, the majority of appeals filed were most likely filed about issues other than decreases in hours.
- For Consumer Claimants who received a decrease in hours NOA after a reassessment:
 - They were authorized for more hours and HTG tasks than the general population, with little difference pre- to post-HTG.

- There was no statistically significant difference in how their appeals were resolved over the course of the study period (heard versus informal resolution).
- They conditionally withdrew their appeals at the same rate by the end of Post 2 HTG as Pre-HTG. This holds true for unconditional withdrawals as well.
- Their appeals were more likely to be granted only during the first year after HTG implementation. There was no difference in the likelihood their appeal would be granted before HTG implementation or during the second post-HTG phase, compared to claimants without the decrease in hours notice, and the rates were similar pre- and Post 2 HTG.