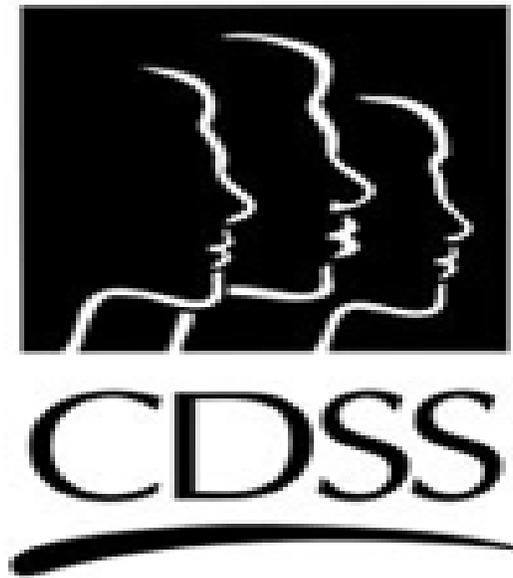


Executive Summary

Hourly Task Guidelines Implementation Analysis



Prepared for the California Department of Social Services

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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 and with the input of the HTGs Workgroup comprised of a broad range of stakeholders. HTGs were designed to promote accurate and consistent assessments by social workers while continuing to ensure that the needs of Consumers are appropriately met.

Twelve tasks were identified as needing new HTGs: Meal Preparation, Meal Cleanup, Feeding, Bowel and Bladder Care, Menstrual Care, Routine Bed Baths, Dressing, Ambulation, Transfer, Bathing and Grooming, Rubbing Skin and Repositioning, and Care and Assistance with Prosthetic Devices.

Other tasks such as Laundry, Domestic, and Shopping/Errands already had time guidelines in place, and other tasks were not suited for time guidelines due to the unique circumstance, infrequency of the task, and/or specialized level of expertise.

While HTGs provide a standardized framework (task definitions, time ranges, factors for consideration of time, and exceptions) to guide the assessment process, the needs of IHSS Consumers vary considerably. Exceptions to the HTGs' time ranges may be made by the social worker in order to address the individualized needs of IHSS Consumers who may require more or less time on certain tasks.

Based upon the requirements of the enabling HTG legislation, CDSS's, and program stakeholders' interest in assessing the impact of HTGs, CDSS entered into a contract with the Institute for Social Research (ISR) at the California State University, Sacramento (CSUS), to conduct an evaluation of the impact of HTGs through June 2008. The findings are being reported quarterly as mandated by the State Budget Acts of 2006 and 2007.

Scope of Complete Analysis

To provide a more complete picture of HTGs implementation, the ISR analyses proposed a multiple perspectives approach including five separate analyses, three of which were undertaken in FY 2006-07:

- 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 exceptions:** 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 (SHD). 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 SHD with data contained in the CMIPS database.

In addition to a continuation of the three studies noted above, two additional studies are being undertaken in FY 2007-08:

4. **Examination of feedback from IHSS consumers about their service authorizations:** Collected through a survey of a randomly selected sample of Consumers statewide; and,
5. **Review 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.

Results are detailed below by objectives for the first three studies. Analysis for the **assessment of average authorized hours** and for the **assessment of exceptions** is based on data through December 2007 (representing five quarters of HTG implementation). Data for the **review of the impact of HTGs on state hearings** is based data for on cases that had filed appeals through the end of August 2007 (through the first full year of HTG implementation).

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 May 2007 was selected for May 2007 data. This means that cases where an assessment occurred in May 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 (1st quarter of year 1 of HTG implementation) to Post 2 (1st quarter of year 2 of HTG implementation)
- **Matched groups of cases:** Individual cases were examined from the pre-HTG implementation period to the 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 9/06-8/07
 - Individuals with a Reassessment between 9/05-8/06 and subsequent Reassessment between 9/06-8/07

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 1 Pre-implementation (9/05-12/05) to Quarter 1 Year 2 Post-Implementation (9/07-12/07)

- Initial Assessments: There was an overall weekly average increase of 3 minutes for the 12 HTG tasks.
- Reassessments: There was an overall weekly average decrease of 15 minutes for the 12 HTG tasks.

Quarter 1 Post-Implementation Year 1 (9/06-12/06) to Quarter 1 Post-Implementation Year 2 (9/07-12/07)

- Initial Assessments: There was an overall weekly average increase of 9 minutes for the 12 HTG tasks between *post 1 and post 2*.
- There was an overall weekly average decrease 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 Cases analysis results suggests 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=21,619):

- 64 percent (n=13,801) 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).
- 20 percent (n=4,224) of the cases showed no change in time from Initial Assessment to Reassessment.
- 7 percent (n=1,455) of the cases had a decrease of less than 1 hour.
- 10 percent (n=2,139) of the cases, had a decrease of more than 1 hour.

Reassessment to Reassessment (n=59,502):

- 55 percent (n=32,606) 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).
- 28 percent (n=16,787) of the cases showed no change in time from Reassessment to Reassessment.
- 7 percent (4,228) of the cases had a decrease of less than 1 hour.
- 10 percent (n=5,881) 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

- 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.
- In the second year, 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.

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

- 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.
- Indications that assessments are being conducted on an individualized basis and that the HTGs are not simply having a blanket effect on authorized time continue to be reflected by variations in increases and decreases in average time within the same rank level in different tasks and across tasks by county.
- The fact that we are not seeing changes within some tasks and ranks may be an indicator that in the second year of HTG implementation the impact of the implementation of the HTGs is becoming more stable as the process becomes more routine.

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

- All 12 tasks had an increase in the percentage of cases that fell within the range for the task post-implementation for Initial Assessments and Reassessments (both between pre-HTG to post-HTG and between post 1 and post 2).
- Movement into the ranges occurred through increases and decreases in minutes authorized for Initial Assessments and Reassessments.
- Eleven 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 Rubbing Skin and Repositioning).
- 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).

- 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 one task, Rubbing Skin and Repositioning.
- There was an increase in the percentage of cases below the range for Initial Assessments and a decrease in the percentage of cases below the range for Reassessments for one task, Ambulation.
- There was an increase in the percentage of cases below the range for Initial Assessments and Reassessments for only one task, Routine Bed Baths.

Analysis of Exceptions from Data Collected by IHSS Monitoring Staff Reviews

Methodology

Cases Included in this Analysis:

ISR was provided with a data set comprised of 2,534 reviews of individual IHSS case files that were conducted by the CDSS IHSS QA Field Monitoring team during the period January 2007 through mid-January of 2008. All personally identifying information was removed 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 counties. Of the 2,534 cases included in the data set, 2,305 cases had been last assessed (or reassessed) on or after September 1, 2006, the implementation date for HTGs. The remaining 229 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.

The sample of cases included in this analysis includes the 1,526 cases that were examined in the pilot study, published in August of 2007, plus 779 additional cases that were reviewed by the CDSS IHSS QA Field Monitoring team during the period extending from mid-September 2007 to mid-January 2008.

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

Key Findings

- The data shows that social workers in the field continue to make exceptions to HTGs during the Initial Assessment and Reassessment processes.
 - Of the 2,305 cases in the current sample, more than four out five (82%) of Consumers received an exception on one or more tasks.
 - The remaining 18% of Consumers were within HTGs on all tasks for which they have authorized hours

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

Key Findings

The average (mean) number of exceptions by Consumers in this sample was slightly more than 2 (2.27).

- The most commonly occurring (modal) number of exceptions for Consumers in this sample was one.
- More than 50% of all Consumers received between one and three exceptions, while slightly less than one in five (18%) were within the guidelines on all tasks for which they had authorized hours.
- It is not uncommon for Consumers to receive greater numbers of exceptions, for example 21% of Consumers received exceptions in between four and six task areas.

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

Key Findings

- Exceptions are being granted at a consistent rate among Consumers who use varying numbers of IHSS services.
 - For example, Consumers who use three IHSS services received exceptions at a rate nearly identical to Consumers who use eight IHSS services.
- Exceptions are being granted fairly consistently across 10 of the 12 HTG tasks. Exceptions are granted for most tasks in 40% to 50% of cases.
 - Exceptions are significantly less likely to be granted for Meal Preparation and Meal Cleanup.
- Results of analysis for exceptions at various functional ranks indicate the level of exceptions varies by functional rank within HTG 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 are made both above and below the HTG ranges.
 - Three tasks, Meal Preparation, Meal Cleanup, and Bed Baths are more likely than other tasks to see exceptions below HTGs, in cases where exceptions are granted.
- Exceptions are being granted at a consistent rate across functional ranks, but Consumers at higher levels of impairment are more likely to receive exceptions above the guidelines, while Consumers at lower levels of impairment are more likely to receive exceptions below the guidelines.
- A preliminary comparison of overall exception rate during Oct-Dec 2006 (pre-implementation) with overall exception rate during Oct-Dec 2007 (post-implementation) showed no significant change.

ALJ Workload Study

Methodology

This analysis uses CDSS SHD data, alone and together with IHSS caseload data from CMIPS, to examine patterns in requests for state hearings over a 24-month study period. The study period consists of 12 months prior to HTG implementation (September 2005 to August 2006) and 12 months following HTG implementation (September 2006 to August 2007). SHD provided the ISR with case data for hearing requests filed between September 2005 and August 2007 that involved the IHSS program. In order to protect claimant confidentiality, the SHD deleted identifying information before providing the data to ISR. 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 portion of the analysis 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 of the analysis focused specifically on those IHSS appeals that were most likely to have been filed because of a needs assessment.

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

Objective 2: If an impact is shown by data analysis, attempt to isolate possible causes of the increases or decreases in ALJ workload (current data will not permit this level of analysis in the Pilot study, additional data is being provided and analysis to be completed in phase II).

Objective 3: Are certain HTG issues responsible for increases or decreases? (Current data will not permit this level of analysis in the Pilot Study, additional data is being provided and analysis to be completed in phase II).

Key Findings

IHSS 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.
- There was a slight, but not statistically significant, increase during the post-HTG period in the percent of appeals resulting in a written decision that were assigned an assessment-related issue code.

- Analysis of the outcome of these appeals showed that increases in granted decisions were driven by non-assessment related issues.
- This suggests that the increases in decisions granted in favor of the claimant were not related to HTG implementation.

When Consumer Claimants are Compared to the General IHSS Population:

- Consumer Claimants who filed an appeal within two months of an Initial Assessment had similar numbers of hours authorized for purchase compared with the general IHSS population, and Consumer Claimants' hours authorized for purchase were not significantly different after HTG implementation. Consumer Claimants who have more hours authorized for purchase do not appear to be filing appeals at higher rates post-HTG.
- Similarly, Consumer Claimants who filed an appeal within two months of an Initial Assessment were not much different from 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 a Reassessment typically had more hours authorized for purchase and more HTG tasks authorized compared to the general IHSS population.
- There was little difference pre- to post-HTG for Consumer Claimants filing after a Reassessment, except for those Consumers with the highest numbers of hours authorized for purchase – they filed an appeal within two months slightly more often post-HTG than pre-HTG.

Consumer Claimants with Cuts in Hours Notices

- Consumer Claimants who received a notice of a cut in hours after a Reassessment:
 - Were authorized for more hours and HTG tasks than the general population, with little difference pre- to post-HTG.
 - Informally resolved their appeals at a 5% higher rate post-HTG than pre-HTG.
 - Conditionally withdrew their appeal 30% more after HTG implementation than before implementation, and the rate of conditional withdrawals (both verbal and signed) increased every quarter since HTG implementation.
 - Had a similar likelihood of their appeal being granted when compared to Consumer Claimants who didn't receive a cut in hours notice, and the likelihood of the appeal being granted did not change pre- to post-HTG.