

California Department of Social Services (CDSS)  
In-Home Supportive Services (IHSS)  
Quality Assurance (QA) Initiative  
Stakeholders Meeting  
February 1, 2008

Organizer: CDSS Adult Programs Division, Quality Assurance Bureau  
Location: DTS Training and Event Center, 9323 Tech Center Drive, Sacramento, CA  
Date: February 1, 2008  
Time: 1:30 p.m. to 3:30 p.m.

**ATTENDEES**

Louis Arredondo, DTS	Eva L. Lopez, CDSS/APD
Jadean Medley, ULTCW	Eileen Carroll, CDSS/APB
Roderick Hayes, DHSS/IHSS	Wayman Hindsman, CDSS/OTAU
Loretta Stevens, SEIU	Janine Johnson, CDSS/QAB
Kathleen Schwartz, Sac. County IHSS QA	Julie Lopes, CDSS/QAB
Jenny Allen, DHHS/IHSS	Rick Carroll, CDSS/QAB
Guy Howard Klopp, Sac. County IHSS	Linda Williams, CDSS/QAB
Sumbo Chea, Stanislaus County IHSS	Bea Sanchez, CDSS/QAB
Helen Lopez, San Bernardino County IHSS PA	Penny Baltikauski, CDSS/QAB
Julia Stratton, Sac. DHHS	Gladine Pittman, CDSS/QAB
Herb Myers, IHSS PA Marin County	Ron Cruz, CDSS/Budget Bureau
Alyssa Grayson, Stanislaus County	Ernest Cowles, CSUS/ISR
Jon Evpak, CDOF	Valory Logsdon, CSUS/ISR

**TELEPHONE PARTICIPANTS**

Eileen Cubanski, Senate Budget Committee	Marti Huff, Humboldt County
Diana Boyer, CWDA	Cindy Calderon, Humboldt County
Kimberly Williams, BztDek, Legal Services	Clint Chelsea, Contra Costa County
Deborah Doctor, Protection and Advocacy Inc.	Sandy Varga, Los Angeles County
Laura Williams, California Disability Rights	Victoria Brauder, Los Angeles County
Randi Hicks, California Disability Rights	Linda Mock, Orange County
Bob Vincent, CDCAN	Rae Bell, Riverside County
Karen Keeslar, United Domestic Workers	Joan Andrade, Riverside County
Katherine Right, Local SEIU	Jan Pollard, Santa Barbara County
Cathy Kaysinger, LTC Union Local 6434	Laura Martinez, CDSS Budget Bureau
April Flores, San Bernardino County Local SEIU	
Teddy-Joy Remheild, Los Angeles County PA	

## **Introduction/Meeting Purpose**

Welcome and introductions were made by Eva Lopez, Deputy Director of the Adult Programs Division. The Stakeholders meeting was attended by various advocacy groups, union officials, social workers, state and county staff, legislative staff, and other interested stakeholders, in person and via teleconference.

Ms. Lopez stated that the last stakeholders meeting (July 2007) was held to discuss the Hourly Task Guidelines (HTGs) quarterly post-implementation analysis, that the HTGs were implemented in September 2006, and reminded everyone that the post-implementation analysis will be posted quarterly on the In-Home Supportive Services (IHSS) website.

Ms. Lopez then introduced Janine Johnson, Chief of the Quality Assurance Bureau (QAB). Ms. Johnson welcomed everyone and stated the purpose of the meeting which was to:

- Provide an overview of the scope of the post-implementation analysis;
- Present and explain findings and answer questions; and
- Explain the next steps.

Ms. Johnson then introduced Julie Lopes, Manager of the QA Operations Support Unit.

## **Recap**

Ms. Lopes gave a brief description of how HTGs and the exception processes were developed and implemented and how it was designed to 1) provide social workers with a tool to promote accurate and consistent assessments and 2) ensure that assessments and service authorizations are conducted in a uniform manner. Ms. Lopes identified the twelve task categories (meal prep, meal cleanup, feeding, bathing and grooming, bed baths, bowel and bladder, dressing, ambulation, transfer, menstrual care, rubbing skin, and care assistances with prosthetic devices) and stated that HTGs are not to replace the individualized assessment process.

In 2006, CDSS was required to do a post-implementation analysis by gathering and analyzing various data and providing quarterly updates. CDSS contracted with CSUS/ISR to analyze the data listed below:

- State Case Management, Information Payrolling System (CMIPS) service authorization data
- State monitoring case review data
- Input from IHSS consumers about their services authorizations
- Input from county social workers about their workload
- Data from CDSS' State Hearings regarding the impact of HTGs on State Hearings

Ms. Lopes turned the meeting over to Dr. Ernest Cowles, Ph.D., CSUS/ISR, to provide an overview of the post-implementation analysis and present and explain the (attached) February 2008, *Hourly Task Guidelines Post-Implementation Findings*.

## **Summary of Key Findings**

Dr. Cowles explained that the July 2007 update compared CMIPS services authorization data for each of the first seven months of the post-implementation year (September 2006 to March 2007) with the same seven months (September 2005 to March 2006) in the prior year for both Initial Assessment and Reassessment cases. Dr. Cowles further explained that the October 2007 update provided an analysis of CMIPS service authorizations for the pre- and post-implementation period through June of the pre-and post-implementation year (a 10-month period for each).

Dr. Cowles proceeded to discuss the February 2008 update which provides an analysis of CMIPS service authorizations for the pre- and post-implementation period through August of the pre-and post-implementation year (a 12-month period for each) and that this update also includes an additional analysis of matched group cases which provided a closer examination of individual cases. The analysis identified cases that had: 1) an initial assessment or reassessment in the pre-implementation period; and 2) a reassessment in the post-implementation period. The following are some key findings:

- Initial Assessments - There was an overall weekly average decrease of 1 minute for the 12 HTG tasks.
- Reassessments - There was an overall weekly average decrease of 7 minutes for the 12 HTG tasks.
- The cumulative effect indicated for the 12-month pre- to post-implementation reveals an overall weekly average decrease:
  - The rate of decrease in average overall weekly minutes for HTG tasks appears to be leveling off for initial assessments
  - The rate of decrease in average overall weekly minutes for HTG tasks for reassessments has moderated from the first quarter post-implementation (13 minutes) to about half that for quarters two, three, and the last two months of the 12-month period (8, 5, and 7 minutes respectively).

As stated in previous presentations, the HTG analysis simply reports pre- to post-implementation changes, and cannot address causality. For example, the extent to which the HTG's alone are impacting the service authorizations versus particular changes in an individual's needs and/or the impact of social worker training and county/State QA monitoring oversight is unknown.

## **Concluding Thoughts**

Consensus/consistency in authorized hours among ranks and tasks suggest HTG task definitions and time guides have been successful during the first year in creating greater uniformity. Increases/decreases within the same ranks in different tasks are a positive indicator of individualized assessment process. The extent to which the HTGs alone are impacting the service authorizations versus other factors, e.g., changes in an individual's needs, the impact of social worker training and county/State QA monitoring oversight, is unknown.

While the overall cumulative effect for the 12-month pre- to post-implementation period indicated an overall weekly average decrease for both initial and reassessments, the rate of decrease in average overall minutes for HTG tasks appears to be leveling off for the initial assessments. This suggests that initial effects created by the implementation of a new policy are becoming more integrated into the assessment process.

### **Next Steps/Meeting Closure**

The audience was informed that the next steps of the post-implementation analysis would include evaluating State Hearings data, a consumer survey which will be available in seven languages as well as a social worker survey.

The next HTG update is anticipated to be posted in April 2008. The next Stakeholders meeting is anticipated to be held in September 2008. Ms. Johnson thanked all in attendance and reminded attendees that all information relating to this meeting, including meeting notices, agendas, summaries, and handouts will be available on CDSS' IHSS/QA website at <http://www.cdss.ca.gov/agedblinddisabled/PG1213.htm>

Attachment



## QUESTIONS AND ANSWERS

**Q. What information will CDSS/ISR be looking for in the State Hearings data?**

**A.** CDSS/ISR is looking at the Administrative Law Judges' analysis of IHSS cases to get an idea of what is happening to cases being appealed. Cases will be selected at random across the State.

**Q: What happens to consumers who file appeals?**

**A:** Many cases are negotiated and settled before their hearing date. The actual number of hearing cases is small. We now have the ability to match CMIPS data to appeals and look at dispositions along with post-and pre-HTG's data.

**Q: When will the consumer survey be released?**

**A:** The consumer survey is scheduled to be released by the end of March 2008.

**Q: What is the impact on the Social Worker workload?**

**A:** We do not know what the impact is at this time. The QAB will be distributing a social worker survey and will address specific workload issues as they relate to HTGs. The survey is anticipated to be released sometime in May of 2008.

**Q: When will State Hearings data be available?**

**A:** The State Hearings data is currently being analyzed. The preliminary data will be in the next report. The subsequent report January 2008 to March 2008 will include a more in-depth analysis of the data.

**Q: With regard to the State Hearings data, will the State obtain the data from each county?**

**A:** For this portion of the analysis we are relying on the State Hearings Division to provide the data, which contains county information pertinent to the appeal process.

**Q: If we have any further questions, how do we contact you?**

**A:** You can email your questions to [IHSS-QA@dss.ca.gov](mailto:IHSS-QA@dss.ca.gov).

**HOURLY TASK GUIDELINES  
IMPLEMENTATION ANALYSIS:  
First Year of Implementation**

**Authorization Analysis  
September 2006 – August 2007**

# Meeting Purpose

- To provide overview of scope of post-implementation analysis
- To present and explain findings and answer questions
- To explain next steps

# Background

- CDSS developed Hourly Task Guidelines (HTGs) with exceptions in accordance with Welfare and Institutions Code Section 12301.2 to:
  - Provide social workers a tool to promote accurate and consistent assessments.
  - Ensure uniformity in conducting assessments and service authorizations .
- HTG Workgroup was established February 2005 to gain input from Stakeholders in establishing the HTGs. HTGs were implemented September 2006.

# HTG Policy

- Twelve tasks were identified as needing HTGs:
  - Meal Prep
  - Meal Cleanup
  - Feeding
  - Bed Baths
  - Bowel/Bladder
  - Dressing
  - Ambulation
  - Transfer
  - Bathing
  - Menstrual
  - Rubbing Skin
  - Prosthetics
- HTGs provide clear task definitions for tasks.
- HTGs identify factors to consider for authorizing more or less time.
- HTGs provide time guides based on consumers' level of functional capacity.
- HTGs provide for exceptions to grant time outside the time guide if needs warrant granting time outside.
- HTGs do not replace the individualized assessment process.

# Required Activities

- CDSS contracted with California State University, Sacramento/Institute for Social Research to gather and analyze data required.
- CDSS will provide quarterly updates of IHSS utilization data by county, task, and client level.



# Scope of Complete Post-Implementation Analysis

- Analysis utilizes a multiple perspective approach which includes:
  - State's Case Management, Information Payrolling System (CMIPS) service authorization data
  - State monitoring case review data
  - Input from IHSS consumers about their service authorizations
  - Input from county social workers about their workload
  - Data from CDSS' State Hearings regarding the impact of HTGs on State Hearings

# Phase 1 Objectives

- Analysis utilizes CMIPS data to determine if HTGs:
  - Increased or decreased the number of hours authorized in the Initial Assessment
  - Increased or decreased the number of hours authorized in Reassessments
  - Created greater consensus in the assignments of hours for various tasks
  - Impacted the number of hours assigned to the ranks within the task areas
  - Impacted the percentage of cases falling within and outside the HTG ranges



# Where Are We Regarding Data Analysis

## Previous Updates

- First update (July 2007): Compared CMIPS service authorization data for each of the first 7 months of the post-implementation year (9/06 – 3/07) with the same 7 months (9/05 – 3/06) in the prior year for both Initial Assessment and Reassessment cases.
- Second update (October 2007): Provided an analysis of CMIPS service authorizations for the pre- and post-implementation period through June of the pre- and post-implementation year (a 10-month period for each).

# Where Are We Regarding Data Analysis

## Current Update

- This third update (February 2008) provides an analysis of CMIPS service authorizations for the pre- and post-implementation period through August of the pre- and post-implementation year (a 12-month period for each).
- This update also includes an additional analysis, *Matched Group Cases*, to provide a closer examination of individual cases. Matched groups identify cases in our dataset that had:
  - An Initial Assessment or Reassessment in the pre-implementation period; and
  - A Reassessment in the post-implementation period (more about this later).

# Summary of Findings

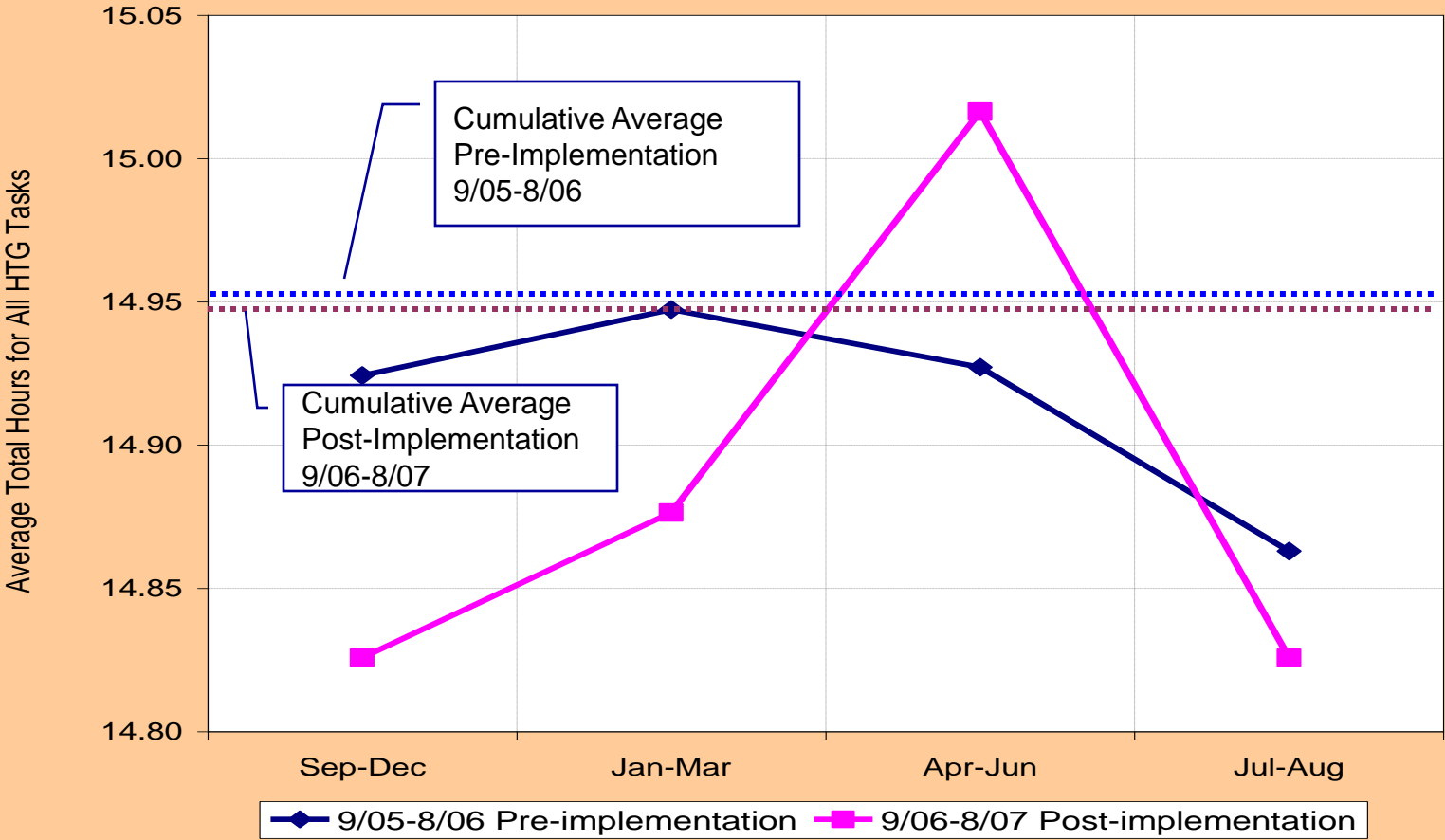
## General

- **Initial Assessments**—There was an overall weekly average decrease of 1 minutes for the 12 HTG tasks.
- **Reassessments**—There was an overall weekly average decrease of 7 minutes for the 12 HTG tasks.
- The cumulative effect indicated for the 12-month pre- to post-implementation reveals an overall weekly average decrease:
  - The rate of decrease in average overall minutes for HTG tasks appears to be leveling off for Initial Assessments.
  - The rate of decrease in average overall weekly minutes for HTG tasks for Reassessments has moderated from the first quarter post-implementation (13 minutes) to about half that for quarters two, three, and the last two months of the 12-month period (8, 5, and 7 minutes respectively).

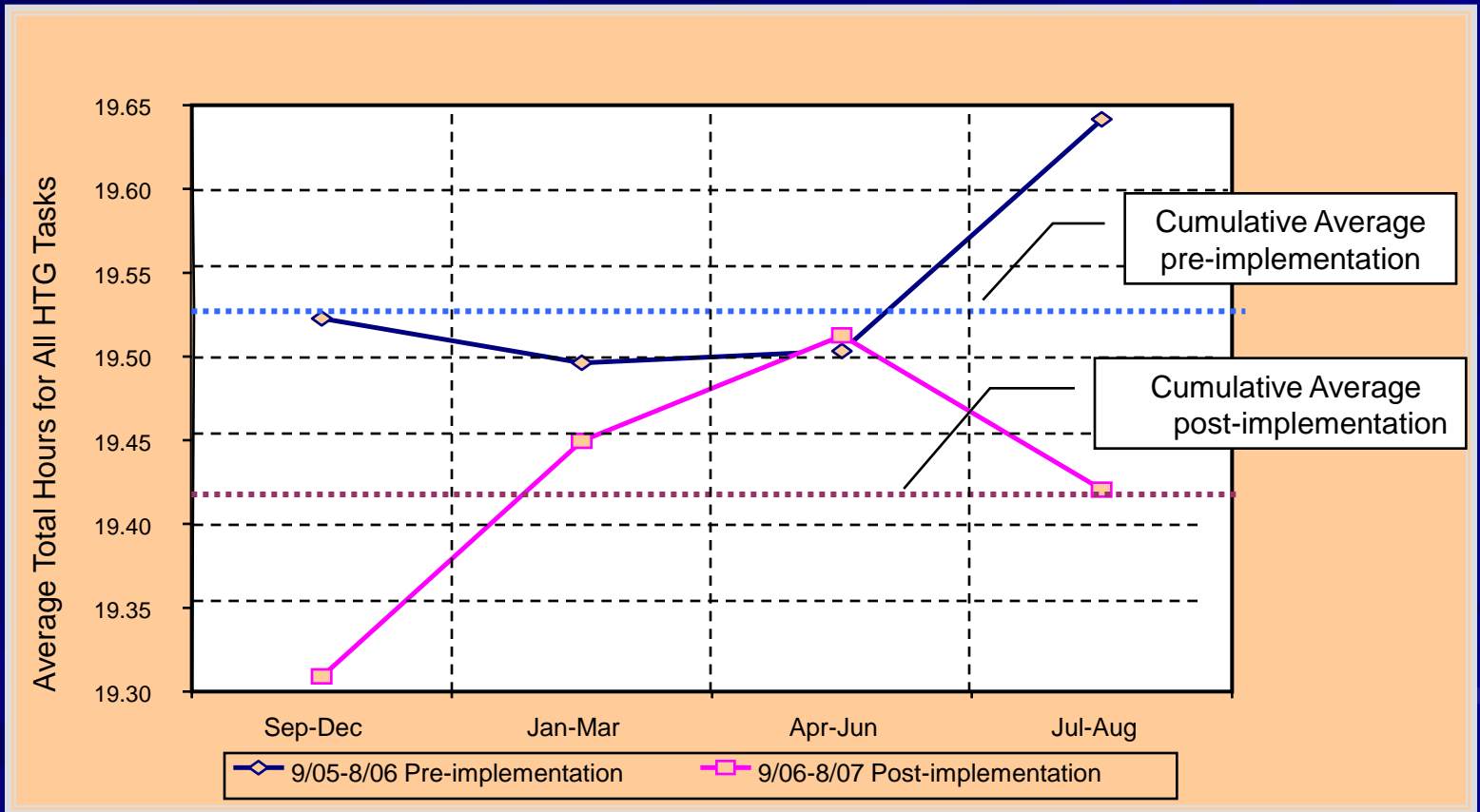
# First Year of Implementation Impact Increases and Decreases in Overall Average Time Initial Assessments

Initial Assessments	Average Weekly Hours (Mean)		Number of Cases		Difference in Minutes
	Pre	Post	Pre	Post	
Qtr. 1 (4 months) Sept. – Dec.	14.92	14.83	17,808	17,806	-6
Qtr. 1 - 2 Sept. – March	14.93	14.85	32,659	33,100	-5
Qtr. 1 - 3 Sept. – June	14.93	14.90	46,557	48,782	-2
Qtr. 1 - 4 Sept. – Aug.	14.92	14.91	56,257	60,038	-1
Reassessments					
Qtr. 1 (4 months) Sept. – Dec.	19.52	19.31	40,493	39,547	-13
Qtr. 1 - 2 Sept. – March	19.51	19.38	76,594	76,152	-8
Qtr. 1 - 3 Sept. – June	19.51	19.42	108,950	111,772	-5

Figure 1: Average Total Weekly Hours for Initial Assessments for All HTG Tasks First Post-Implementation Year

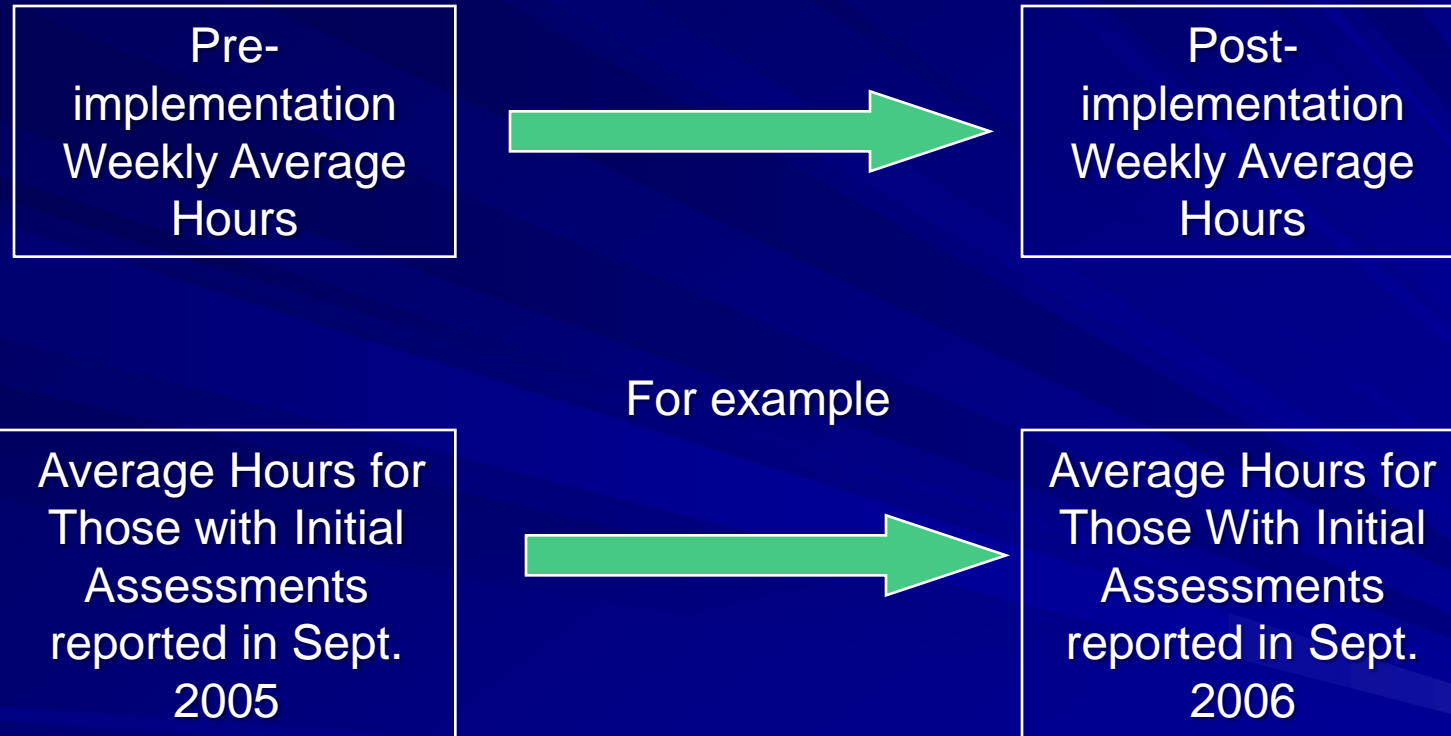


# Figure 2: Average Total Weekly Hours for Reassessments for All HTG Tasks First Post-Implementation Year





# CMIPS Comparisons Reported to Date



# New Matched Group CMIPS Comparisons

Weekly Average  
Hours for an  
Individual Having  
an Initial  
Assessment in  
Pre-  
Implementation  
Year



Weekly Average  
Hours for an  
Individual Having  
a Reassessment  
in Post-  
Implementation  
Year

or

Weekly Average  
Hours for an  
Individual Having  
a Reassessment  
in Pre-  
Implementation  
Year



Weekly Average  
Hours for an  
Individual Having  
a Reassessment  
in Post-  
Implementation  
Year



# New Matched Group CMIPS Comparisons

John had an Initial Assessment in Pre-Implementation Year



John had a Reassessment in Post-Implementation Year

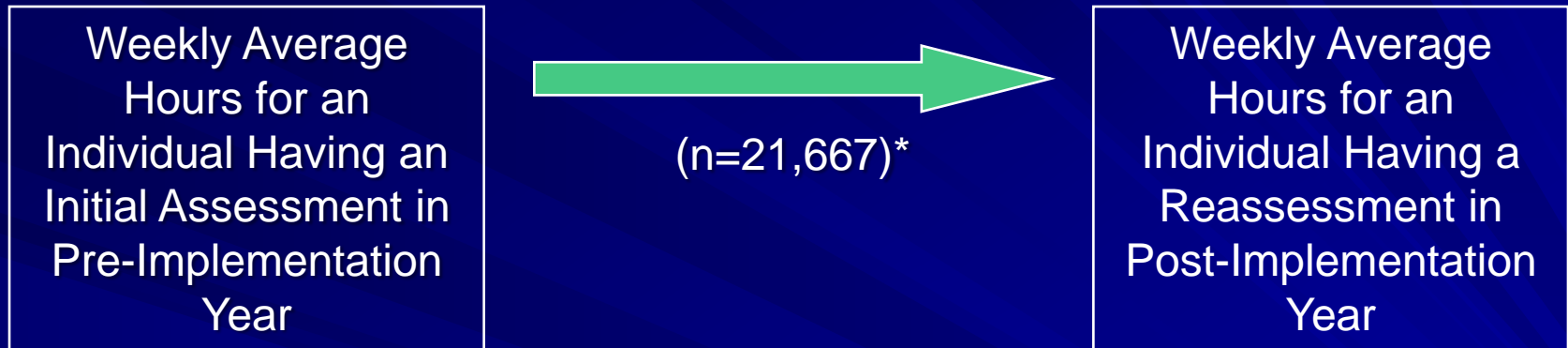
Matched Groups Examples

Maria had a Reassessment in Pre-Implementation Year



Maria had a Reassessment in Post-Implementation Year

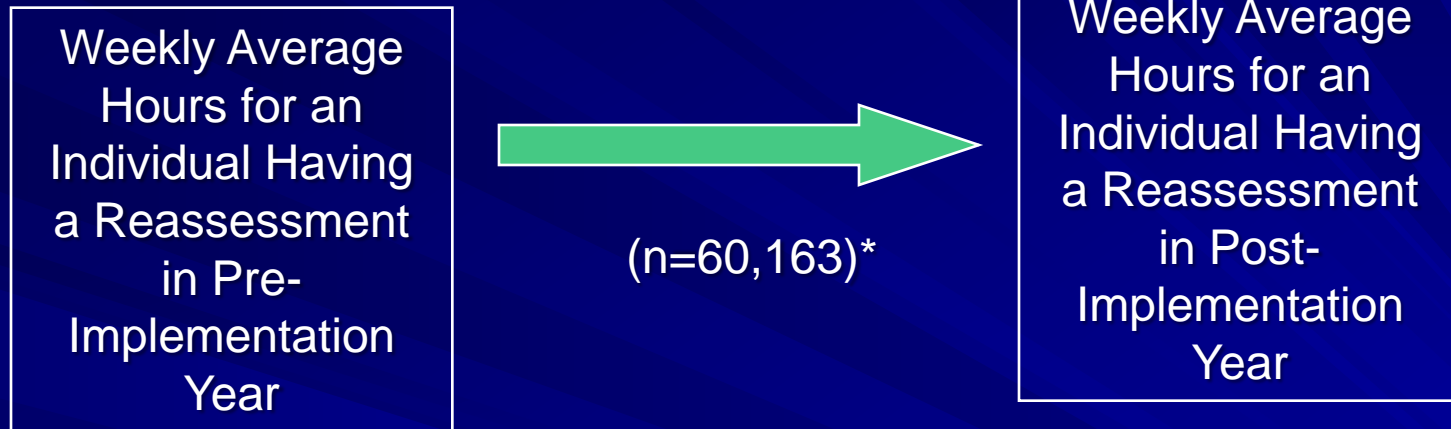
# New Matched Group CMIPS Comparisons



- 60 % (n=13,082) of cases in our dataset 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).
- 21 % (n=4,489) of the cases in our dataset showed no change in time from Initial Assessment to Reassessment.
- 12 % (n=2,644) of the cases in our dataset had a decrease of more than 1 hour.
- 7 % (n=1,452) of the cases in our dataset had a decrease of less than 1 hour.

\* Note: This represents the cases in our dataset, the ones used in our pre to post assessment, not all cases.

# New Matched Group CMIPS Comparisons



- 52 % (n=31,221) of cases in our dataset 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 % (n=16,846) of the cases in our dataset showed no change in time from Reassessment to Reassessment.
- 13 % (n=7,727) of the cases in our dataset had a decrease of more than 1 hour.
- 7 % (4,369) of the cases in our dataset had a decrease of less than 1 hour.

\* Note: This represents the cases in our dataset, the ones used in our pre to post assessment, not all cases.

# How Do Weekly Summary Averages Findings Compare to the Matched Group Comparisons?

- The additional *Matched Group Cases* analysis confirms the previous findings in terms of the individuality of the assessment process.
- This is seen by changes within various tasks areas and by the movement between ranks, which we are detecting for some cases over the two assessments.

# How Do Weekly Summary Averages Findings Compare to the Matched Group Comparisons?

- The Matched Group analysis suggests a majority of cases going from the pre- to the post-period experienced an increase in authorized hours after the implementation of the HTGs:
  - Initial Assessment to Reassessment
  - Reassessment to Reassessment
- Previous preliminary analysis suggest HTGs do appear to have achieved the desired impact of bringing greater consistency to the assessment process without having sacrificed the individuality needed during that process:
  - Weekly summary hours analysis indicated reduced variance in authorized hours and
  - Variations in increases and decreases in average time within the same rank level in different tasks and across tasks by counties.
- This is also supported by the preliminary findings in the Matched Group analysis.



As stated in previous presentations . . .

Our HTG analysis simply reports pre- to post-implementation changes, and cannot address causality.

For example, the extent to which the HTGs alone are impacting the service authorizations versus particular changes in an individual's needs and/or the impact of social worker training and county/State QA monitoring oversight is unknown.

# Drilling Down to Tasks, Ranks and Counties

- First, we'll review some of the most recent findings about changes in Average Authorized Hour differences among HTG tasks.
- Second, we'll discuss changes in Average Authorized Hours difference across the various ranks of HTG tasks.
- Finally, we'll examine the picture for Average Authorized Hours across California Counties.

# First Year of Implementation Impact by Task Increases and Decreases in Overall Average Time: Initial Assessments

There was an overall weekly average decrease of 1 minute for the 12 HTG tasks between the pre- and the post-implementation periods.

- Six of the 12 tasks had an overall average increase in time:
  - Meal Cleanup, Feeding, Dressing, Transfer, Bathing and Grooming, and Rubbing Skin and Repositioning
- Six of the 12 tasks had an overall average decrease in time:
  - Meal Preparation, Bowel and Bladder Care, Routine Bed Baths, Ambulation, Menstrual Care, and Care and Assistance with Prosthetic Devices



# First Year of Implementation Impact by Task Increases and Decreases in Overall Average Time: Reassessments

There was an overall weekly average decrease of 7 minutes for the 12 HTG tasks between the pre- and post-implementation periods.

- Eight of the 12 tasks had an overall average decrease in time:
  - Meal Preparation, Meal Cleanup, Bowel and Bladder Care, Routine Bed Baths, Ambulation, Menstrual Care, Rubbing Skin and Repositioning, and Care and Assistance with Prosthetic Devices
- Three of the 12 tasks—Feeding, Dressing, and Transfer—had an overall average increase in time.
- One of the 12 tasks, Bathing and Grooming, had no change overall in average time.

## Pre-Implementation to Post-Implementation Changes in Average Weekly Minutes for Tasks -- Initial and Reassessments

	Initial Assessment	Change in Ave Minutes	Reassessment	Change in Ave Minutes
<b>Meal Preparation</b>	↓	-3	↓	-4
<b>Meal Cleanup</b>	↑	1	↓	-1
<b>Feeding</b>	↑	7	↑	7
<b>Bowel and Bladder Care</b>	↓	-4	↓	-7
<b>Routine Bed Baths</b>	↓	-8	↓	-8
<b>Dressing</b>	↑	1	↑	1
<b>Ambulation</b>	↓	-2	↓	-3
<b>Transfer</b>	↑	8	↑	5
<b>Bathing and Grooming</b>	↑	2	--	0
<b>Menstrual Care</b>	↓	-2	↓	-1
<b>Rubbing Skin and Repositioning</b>	↑	7	↓	-3
<b>Care and Assistance with Prosthetic Devices</b>	↓	-1	↓	-2

# Impact by Task Movement into Ranges in Time Initial and Reassessments

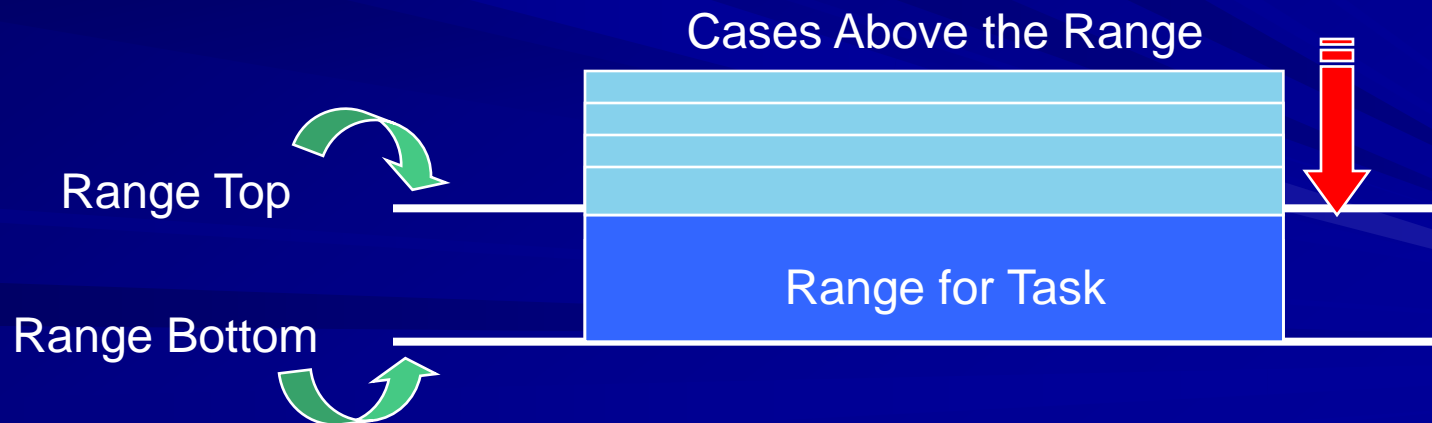
- All 12 tasks had an increase in the percentage of cases that fell within the range for the task post-implementation for Initial Assessments and Reassessments:
  - Movement into the ranges occurred through increases and decreases in minutes authorized for Initial and Reassessed cases.



# Impact by Task Movement into Ranges

## Decreases in Time Initial and Reassessments

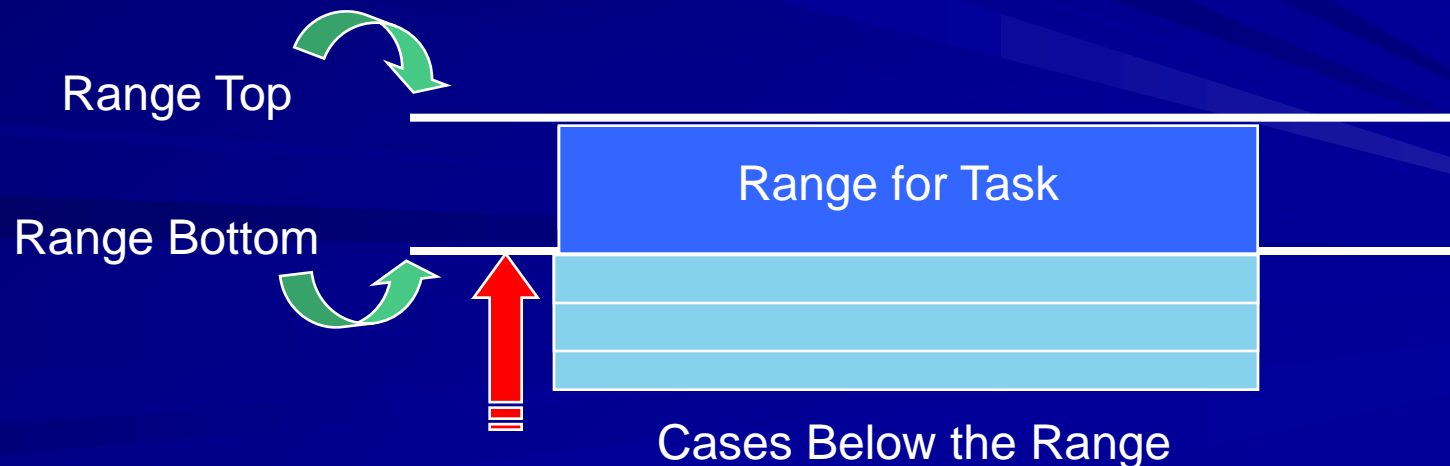
- 10 of the 12 tasks had a decrease in the percentage of cases above the range for all ranks for both Initial Assessments and Reassessments:
  - All except Transfer and Rubbing Skin & Repositioning.



# Impact by Task Movement into Ranges

## Increases in Time Initial and Reassessments

- 11 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.



# Impact by Task

## Split Increases/Decreases Movement into Range

- 2 of the 12 tasks (Transfer and Rubbing Skin & Repositioning) showed:
  - An increase in the percentage of cases *above* the range for Initial Assessments.
  - A decrease in the percentage of cases *above* the range for Reassessments.



# Impact by Rank

## General

- The impact of the HTGs was variable across different ranks in the various task areas.
- There were increases and decreases within the same rank level in different tasks.
- The consensus/consistency in the authorized hours among both ranks and task areas (as measured by standard deviations) improved sizably under the new HTGs.

# Increases for the Percentage of Cases Falling Within the Ranges by Rank

- Eight of the 12 tasks had an increase in the percentage of cases that fell within the range for all ranks for Initial Assessments and Reassessments:
  - Meal Cleanup, Feeding, Bowel and Bladder Care, Dressing, Bathing and Grooming, Menstrual Care, Rubbing Skin and Repositioning, and Care and Assistance with Prosthetic Devices
- As was seen in previous assessments, movement into the ranges occurred through increases and decreases in minutes authorized for Initial and Reassessed cases.



# Impact by Rank Decreases in Time

- 6 of the 12 tasks had a decrease in the percentage of cases above the range for all ranks for both Initial Assessments and Reassessments:
  - Meal Preparation, Meal Cleanup, Feeding, Bowel and Bladder Care, Menstrual Care, and Care and Assistance with Prosthetic Devices

# Impact by Rank Increases in Time

- 7 of the 12 tasks had a decrease in the percentage of cases below the range for all ranks for Initial Assessments and Reassessments:
  - Feeding, Bowel and Bladder Care, Dressing, Bathing and Grooming, Menstrual Care, Rubbing Skin and Repositioning, and Care and Assistance with Prosthetic Devices

# Before Reviewing County Findings

## Keep the Following in Mind . . .

- Counties differ considerably in the number of assessments:
  - Over a 12-month period, small counties with relatively small number of assessments will be impacted more by fewer cases that change substantially than large counties with hundreds of assessments.
- Results in counties with less than 50 cases in either the pre-HTG period or post-HTG period should be viewed cautiously.

# Things to Remember When Thinking About County Findings

- “Differential” refers to the difference in minutes between the pre-HTG period and the post-HTG period.

Example:

47 minutes (authorized after HTG) minus  
45 minutes (authorized before HTGs) =  
+2 minute differential

In the example above, the average number of minutes increased by 2 minutes from the period before HTG to the period after HTG.

# Overall Findings by County

- As with findings from previous quarters, there were no obvious trends across tasks by county, suggesting that counties are not making blanket changes across all tasks reflecting an individualized assessment process.
- Fewer counties had an overall average decrease in time for Reassessments, than Initial Assessments.
- Of the 18 counties that had an overall average increase for Initial Assessments, 11 also had an overall average increase for Reassessments.
- Of the 39 counties that had an overall average decrease for Initial Assessments, 26 also had an overall average decrease for Reassessments.



# Impact by County

## Initial Assessments

- There was an overall average increase in time in 18 of the 58 counties, representing 10 percent (n=38,912) of the statewide caseload:
  - One of the 18 counties had a sample size of less than 50 for either the pre- or post-implementation time period.
  - Another very small county did not have any cases in the post-implementation time period.
- There was an overall average decrease in time in 39 of the 58 counties, representing 6 percent (n=21,126) of the statewide caseload:
  - 9 of the 39 counties had a sample size of less than 50 for either the pre- or post-implementation time period.



# Impact by County Reassessments

- There was an overall average increase in time in 23 of the 58 counties, representing 26 percent (n=99,120) of the statewide caseload:
  - 4 of the 23 counties had a sample size of less than 50 for either the pre- or post-implementation time period.
  - One county (Sierra) did not have any cases in either the pre-or post-implementation time period.
- There was an overall average decrease in time in 34 of the 58 counties, representing 10 percent (n=38,029) of the statewide caseload:
  - 34 counties with an average decrease, two counties had a sample size of less than 50 for either the pre- or post-implementation time period.

# Concluding Thoughts

- Consensus/consistency in authorized hours among ranks and tasks suggest HTG task definitions and time guides have been successful during the 1<sup>st</sup> year in creating greater uniformity.
- Increases/decreases within same ranks in different tasks is a positive indicator of individualized assessment process.
- The extent to which the HTGs alone are impacting the service authorizations versus other factors, e.g., changes in an individual's needs, the impact of social worker training and county/State QA monitoring oversight, is unknown.

# Concluding Thoughts

- While the overall cumulative effect for the 12-month pre- to post-implementation period indicated an overall weekly average decrease:
  - The rate of decrease in average overall minutes for HTG tasks appears to be leveling off for Initial Assessments.
- This suggests that initial effects created by the implementation of a new policy are becoming more integrated into the assessment process.

# Next Steps

## Next Steps

- More detailed analysis of CMIPS data
- Consumer Surveys
- State Hearing Data
- Analysis of Exceptions from Field Monitoring
- Social Workers' Input

# Wrap-Up

- This is currently being posted on the IHSS QA website,  
<http://www.dss.cahwnet.gov/dapd/> .
- The next update is anticipated to be posted by April 2008.
- The next Stakeholders Meeting is anticipated to be held in September 2008 after the Fiscal-Year ending report results have been completed.

# Hourly Task Guidelines Implementation Analysis: First Year of Implementation



Prepared for the California Department of Social Services

**By**

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**January 2008**



**Contents:**

<b>Section I</b>	<b>Introduction and Background</b>	<b>Page 1</b>
<b>Section II</b>	<b>Examination of Authorized Hours for In-Home Supportive Services (IHSS) Consumers Collected from Case Management, Information and Payrolling System Data (CMIPS)</b>	<b>Page 5</b>
<b>Section III</b>	<b>Examination of Changes in Time for Matched Groups of Cases</b>	<b>Page 20</b>
<b>Section IV</b>	<b>Summary and Conclusion</b>	<b>Page 25</b>
<b>Appendix</b>	<b>CMIPS Data (County, Task, Rank)</b>	

## SECTION I

### 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.
- The HTGs were designed to promote accurate and consistent assessments by providing social workers with a clearly defined scope of tasks with time guide ranges linked to IHSS consumers' functional impairment rankings and factors for consideration when authorizing time both within and outside (exceptions) the ranges.
- While HTGs provide a standardized framework to guide the assessment process, the needs of IHSS consumers vary considerably. Exceptions to the HTGs' time guides 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.
- Twelve tasks were identified by the Workgroup 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.
- Some tasks (Laundry, Domestic, and Shopping/Errands) already had time guidelines in place, and other tasks were not suited for time guidelines due to the infrequency of the task, too many variable circumstances, and/or the specialized level of expertise required to perform the task.
- The implementation of HTGs required the development of new regulations which became effective September 1, 2006. Based upon the requirements of the enabling legislation of the Quality Assurance Initiative (QA), social workers received specific training through the IHSS Training Academy on the application of HTGs.
- As a result of CDSS' 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.
- It should be noted that findings reported in the impact analysis pertaining to service authorization increases and decreases could be related to other factors not measured in the analysis, such as:
  - Changes in an IHSS consumer's need or function;
  - The creation of new definitions that became effective with the HTGs (i.e.; changes in definitions may have caused an increase in one task and a decrease in another); and/or

- Changes in service authorizations based on the impact of the IHSS Training Academy and QA monitoring oversight.

### **SCOPE OF COMPLETE POST-IMPLEMENTATION ANALYSES**

To provide a more complete picture of the implementation of HTGs, the ISR will utilize a multiple perspectives approach including five separate analyses:

- 1. Assessment of the average authorized hours for consumers:** Analysis conducted using the State's Case Management, Information and Payrolling System (CMIPS) service authorization data
  - 2. Examination of exceptions:** Analysis conducted on data from a sample of cases collected by the State Quality Assurance Field Monitoring Units during their State monitoring case reviews
  - 3. Examination of feedback from IHSS consumers about their service authorizations:** Analysis conducted on data collected through a survey of a randomly selected sample of consumers statewide
  - 4. Review of the impact of HTGs on State Hearings:** Analysis conducted on data collected from CDSS' State Hearings Division
  - 5. Review of the impact of HTGs on the workload of county social workers:** Analysis conducted on data collected through a survey of a randomly selected sample of county social workers
- These analyses are being completed in phases over the course of the contract period. By using a phased approach to the impact assessment, the ISR seeks to provide the following information:
    - Provide interested parties current information as the implementation progresses; and
    - Capture the more permanent impacts as the implementation moves from initial "roll-out" to full implementation as cases are added under Initial Assessments and as cases undergo Reassessments.

### **Previous Updates**

- The first update, provided July 2007, reflected only an analysis of CMIPS service authorization data by comparing the first seven months of the post-implementation (September 2006 through March 2007) with the same seven months (September 2005 through March 2006) in the prior year for both Initial Assessment and Reassessment cases.
- The second update, provided October 2007, provided an analysis of CMIPS service authorizations for the pre- and post-implementation period through June of the pre- and post-implementation year (a 10-month period for each); while adding another data perspective, State QA Field Monitoring case data, to provide an analysis of State QA Monitoring data collected January through June of 2007 to examine the utilization of exceptions.

## Current Update

- This update provides an analysis of CMIPS service authorizations for the pre- and post-implementation period through August of the pre- and post-implementation year (a 12-month period for each). The update also includes an additional analysis to provide a closer examination of individual case changes (See *Matched Cases* in the **Methodology Section** and **Changes in the Matched Groups of Cases** in the Findings Section).
- The update does not provide any additional State QA Field Monitoring case data as the last update did because the State began reviews for the current State Fiscal Year (FY) September 2007 and only a few weeks of data was available for this report quarter.
- It is important to note that findings in this update are *preliminary* and may not reflect longer-term impacts of the HTGs.

## Future Updates

- The remaining post-implementation analyses, continuing through FY of 2007/2008, will include a cumulative evaluation of data from CMIPS, State QA Field Monitoring, State Hearings, and consumer and social worker surveys:

### CMIPS Data

- The CMIPS service authorizations will continue to be reported cumulatively in each subsequent update.

### State Field Monitoring Data

- State Field Monitoring data will be reported cumulatively to include the reviews from the current FY. New data should be available for the next update.

### State Hearings Data

- The ISR performed some exploratory analysis of data provided by the State Hearings Division (SHD), but because the way in which the data was reported, the findings provided little insight into the impact of HTGs on State Hearings and thus was not included in this update.
- A more powerful and informative examination using SHD appeals data matched with case numbers provided in CMIPS has been developed. It is expected that the recently requested corrected information will be available to complete analysis for the next quarterly update.

### Consumer Surveys Data

- The ISR has completed the pilot for the Consumer Survey. While the pilot survey indicated that the survey instrument itself was valid, a very low response rate (43 of 1,000 surveys distributed) yielded little concrete information. It did, however,

suggest a different survey methodology was needed to ensure a significant representative sample of consumers (5,000 surveys to be distributed) for the statewide (full) survey.

- With the assistance of the HTG Sub-Committee, a better survey dissemination procedure was created and minor adjustments to the survey instrument were made.
- The statewide Consumer Survey is expected to be completed in the next two quarters and findings will be released as part of the update covering the period through the end of the current FY (June 30, 2008).

### **Social Worker Survey Data**

- The Social Worker Survey has been constructed and is undergoing review. Two focus groups with social workers will review the instrument for clarity, content, and dissemination approach. Data collection is expected to begin in late February or March 2008.

## SECTION II

### EXAMINATION OF AUTHORIZED HOURS FOR IN-HOME SUPPORTIVE SERVICES CONSUMERS COLLECTED FROM CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (CMIPS) DATA

#### A Pre-Implementation to Post-Implementation Comparison

##### Key Findings

- **Initial Assessments (n=60,038):** There was an overall weekly average decrease of 1 minute for the 12 HTG tasks<sup>1</sup>.
- **Reassessments (n=137,199):** There was an overall weekly average decrease of 7 minutes for the 12 HTG tasks<sup>1</sup>.
- The cumulative effect indicated for the 12-month pre- to post-implementation period reveals an overall weekly average decrease:
  - The rate of decrease in average overall minutes for HTG tasks appears to be leveling off for Initial Assessments.
  - The rate of decrease in average overall weekly minutes for HTG tasks has moderated from the first quarter<sup>2</sup> post-implementation (13 minutes) to about half that for quarters two, three and the last two months of 12-month period (8, 5, and 7 minutes).
- **Matched Groups of Cases:** In the comparison of weekly hours for consumers in the two years (pre- to the post-implementation year), the majority of matched cases in two groups having assessments in both the pre- and post-implementation periods showed an increase in time over all HTG tasks:
  - **Initial Assessment to Reassessment (n=21,667):**
    - 60 percent (n=13,082) 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).
    - 21 percent (n=4,489) of the cases showed no change in time from Initial Assessment to Reassessment.
    - 12 percent (n=2,644) of the cases had a decrease of more than 1 hour.
    - 7 percent (n=1,452) of the cases had a decrease of less than 1 hour.
  - **Reassessment to Reassessment (n=60,163):**
    - 52 percent (n=31,221) 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=16,846) of the cases showed no change in time from Reassessment to Reassessment.

<sup>1</sup> Because the HTGs are based on weekly hours, results are reported in changes in the average hours per week. Total monthly population impacts maybe calculated by multiplying the average changes for those tasks with hours assigned weekly by 4.33, summed across tasks and multiplied by the number of consumers affected.

<sup>2</sup> The first complete quarter's findings included the period of September 2006 with the October through December 2006 quarter.



- 13 percent (n=7,727) of the cases had a decrease of more than 1 hour.
  - 7 percent (4,369) of the cases had a decrease of less than 1 hour.
- Overall, there continues to be greater consistency in authorized hours among ranks and tasks. This is indicated by a reduction in standard deviations and an increase in the percentage of cases falling within the range.
  - The increase in consistency suggests that the HTGs' task definitions and time guide factors continue to be successful in bringing greater uniformity to the assessment process.
  - 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 counties.

**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

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

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

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

## **METHODOLOGY**

- 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.
- Cases were then identified as either having an Initial Assessment or Reassessment by comparing the application date with the face-to-face date:
  - Cases with an application date less than a year before the face-to-face date were coded as Initial Assessments.
  - Cases with an application date more than a year before the face-to-face date were coded as Reassessments.
  - Cases were grouped based on the month in which this assessment occurred.
- Each quarterly update comparison focuses on post-implementation cases and compares them to cases in the same months in the previous year (e.g., comparing September 2005 with September 2006).

- The analysis examines changes in the average number of hours and changes in the percentage of cases within and outside the range set by the guidelines for Initial and Reassessed cases.<sup>3</sup>
- The analysis examines statewide changes for the 12 HTG tasks, by task, rank (client functional impairment level<sup>4</sup>), and county.
- The analysis uses the total need assessed for each of the tasks, as this most accurately reflects hours assessed before adjustments are made.
- This report includes an additional type of analysis, not presented in previous reports, on *Matched Groups of Cases* to examine changes in time by individual cases.
  - *Matched Groups of Cases* identify cases that had an assessment in the pre-implementation year (9/05-8/06) and a subsequent assessment in post-implementation year (9/06-8/07).
  - For cases in the matched groups where more than one assessment occurred in the either the pre- or post-implementation year, the most recent assessment within that year was used for the analysis.
  - The matched group is divided based on the whether the assessment in the pre-implementation period was the Initial Assessment or a Reassessment.

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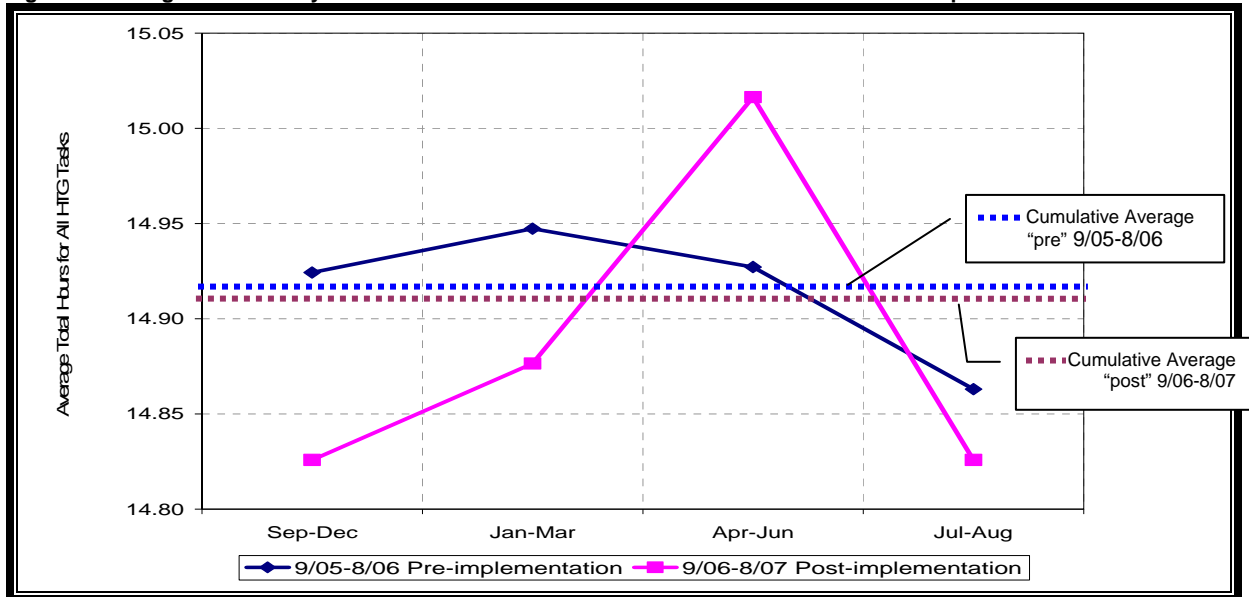
<sup>3</sup> Because the HTGs are based on weekly hours, results are reported in changes in the average hours per week. Total monthly population impacts may be calculated by multiplying the average changes for those tasks with hours assigned weekly by 4.33, summed across tasks and multiplied by the number of consumers affected.

<sup>4</sup> Rank 6 was excluded since it indicates a need for paramedical services.

## TRENDS (TABLE 1, FIGURE 1 AND 2)

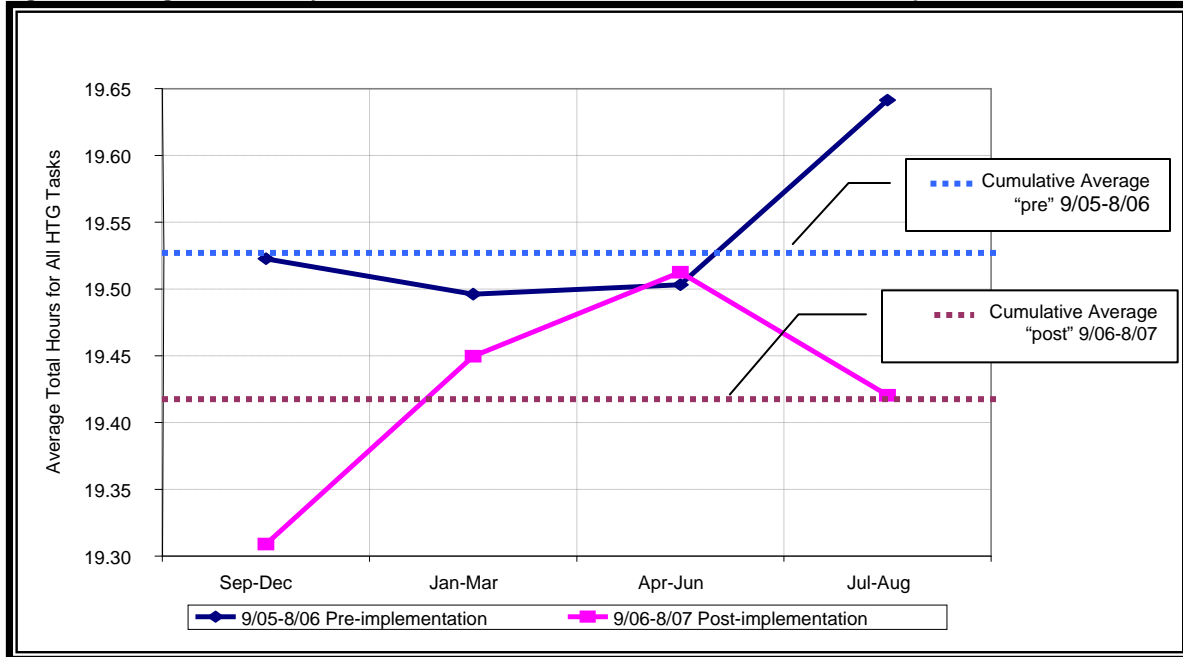
- As displayed in Figure 1, the post-implementation period of September through December 2006 saw a marked decrease in the average number of minutes on Initial Assessments for all HTG tasks from the same period a year earlier (pre-implementation).
- In the subsequent six months, the average number of minutes in the post-implementation period increased substantially.
- By the final quarter of the FY (April through June 2007), the average number of minutes for all HTG tasks at Initial Assessment was greater than it was for the matching pre-implementation period for that quarter.
- Then in the last two months of the first year of implementation (July through August of 2007), the average number minutes for all HTG tasks at Initial Assessment started to decline again.

Figure 1: Average Total Weekly Hours for Initial Assessments for All HTG Tasks First Post-Implementation Year



- The trend for Reassessments post-implementation (Figure 2) paralleled that for Initial Assessments.
- The difference in average minutes between the pre- and post-period seen during September through December 2006 had virtually disappeared by the last quarter of the FY.
- As with Initial Assessments, the average minutes for all HTG tasks Reassessed in the post-implementation period actually exceeded those seen in the pre-period.
- Then in the last two months of the first year of implementation (July through August of 2007), the average number minutes for all HTG tasks at Reassessment started to decline again.

**Figure 2: Average Total Weekly Hours for Reassessments for All HTG Tasks First Post-Implementation Year**



- For Initial Assessments, the cumulative effect over the 12-month pre- and post-implementation comparison period is an overall average decrease in minutes in the post-implementation period that is getting smaller (see Table 1).
- For Reassessments, the cumulative overall average decrease in minutes is about half the size it was in the first quarter of implementation (see Table 1).

**Table 1: Cumulative Change in Average Total Weekly Hours for All HTG Tasks First Post-Implementation Year**

		Average Weekly Hours (Mean)		Number of Cases		Standard Deviation		Difference in Minutes
		Pre	Post	Pre	Post	Pre	Post	
Initial Assessment	9/05-12/05 vs. 9/06-12/06	14.92	14.83	17,808	17,806	8.56	8.30	-6
	9/05-3/06 vs. 9/06-3/07	14.93	14.85	32,659	33,100	8.43	8.25	-5
	9/05-6/06 vs. 9/06-6/07	14.93	14.90	46,557	48,782	8.42	8.30	-2
	9/05-8/06 vs. 9/06-8/07	14.92	14.91	56,257	60,038	8.39	8.29	-1
Reassessments	9/05-12/05 vs. 9/06-12/06	19.52	19.31	40,493	39,547	10.52	10.18	-13
	9/05-3/06 vs. 9/06-3/07	19.51	19.38	76,594	76,152	10.36	10.08	-8
	9/05-6/06 vs. 9/06-6/07	19.51	19.42	108,950	111,772	10.41	10.06	-5
	9/05-8/06 vs. 9/06-8/07	19.53	19.42	130,698	137,199	10.40	10.07	-7

## **FINDINGS AT THE END OF THE FIRST POST-IMPLEMENTATION YEAR**

### **All HTG Tasks—Initial Assessments, 16 percent (n=60,038) of the Statewide Caseload (Table 2)**

- There was an overall weekly average decrease of 1 minute for the 12 HTG tasks between the pre- and the post-implementation periods.
- Six of the 12 tasks had an overall average decrease in time:
  - Meal Preparation, Bowel and Bladder Care, Routine Bed Baths, Ambulation, Menstrual Care, and Care and Assistance with Prosthetic Devices
- Six of the 12 tasks had an overall average increase in time:
  - Meal Cleanup, Feeding, Dressing, Transfer, Bathing and Grooming, and Rubbing Skin and Repositioning
- Ten of the 12 tasks had an overall decrease in the percentage of cases above the range for the task (All except Transfer and Rubbing Skin and Repositioning).
- All 12 tasks showed an overall increase in the percentage of cases that fell within the range for the task.
- Eleven of the 12 tasks showed an overall decrease in the percentage of cases below the range for the task (All except Routine Bed Baths).

### **All HTG Tasks—Reassessments, 36 percent (n=137,199) of the Statewide Caseload (Table 2)**

- There was an overall weekly average decrease of 7 minutes for the 12 HTG tasks between the pre- and post-implementation periods.
- Eight of the 12 tasks had an overall average decrease in time:
  - Meal Preparation, Meal Cleanup, Bowel and Bladder Care, Routine Bed Baths, Ambulation, Menstrual Care, Rubbing Skin and Repositioning, and Care and Assistance with Prosthetic Devices
- Three of the 12 tasks—Feeding, Dressing, and Transfer—had an overall average increase in time.
- One of the 12 tasks, Bathing and Grooming, had no change overall in average time.
- All 12 tasks had an overall average decrease in the percentage of cases above the range for the task.
- All 12 tasks had an overall average increase in the percentage of cases that fell within the range for the task.

- Eleven of the 12 tasks had an overall average decrease in the percentage of cases below the range for the task (All except Routine Bed Baths).

### **Impact by Task—Initial Assessments and Reassessments**

#### **Tasks with Overall Decreases in Average time for Initial Assessments and Reassessments (Table 2)**

- Six of the 12 tasks had an overall average decrease in time for both Initial Assessments and Reassessments:
  - Meal Preparation, Bowel and Bladder Care, Routine Bed Baths, Ambulation, Menstrual Care, and Care and Assistance with Prosthetic Devices

#### **Tasks with Overall Increases in Average Time for Initial Assessments and Reassessments**

- Three of the 12 tasks—Feeding, Bathing and Grooming, and Transfers—had an overall average increase in time for both Initial Assessments and Reassessments.

#### **Tasks with Split Overall Increases, Decreases or No Change in Average Time for Initial Assessments and Reassessments**

- Two of the 12 tasks, Meal Cleanup and Rubbing Skin and Repositioning, had an increase in overall average time for Initial Assessments and a decrease in overall average time for Reassessments.
- One of the 12 tasks, Bathing and Grooming, had an increase in overall average time for Initial Assessments and no change in overall average time for Reassessments.



**Table 2: Average Total Weekly Hours for All HTG Tasks by Task**

		Average Weekly Hours (Mean)		Number of Cases		Standard Deviation		Difference in Minutes
		9/05-8/06	9/06-8/07	9/05-8/06	9/06-8/07	9/05-8/06	9/06-8/07	
Initial Assessments	All HTG	14.92	14.91	56,257	60,038	8.39	8.29	-1
	Meal Preparation	6.20	6.14	53,308	56,529	1.61	1.53	-3
	Meal Cleanup	2.50	2.52	53,571	56,778	0.92	0.86	1
	Feeding	3.33	3.45	7,630	7,525	2.75	2.90	7
	Bowel and Bladder Care	2.83	2.76	22,303	23,667	2.42	2.30	-4
	Routine Bed Baths	2.24	2.12	3,273	3,842	1.53	1.43	-8
	Dressing	1.45	1.48	38,258	41,362	0.92	0.90	1
	Ambulation	1.68	1.64	21,996	27,458	1.14	1.22	-2
	Transfer	1.10	1.23	21,633	25,293	0.91	1.03	8
	Bathing and Grooming	2.19	2.22	46,699	49,039	1.34	1.33	2
	Menstrual Care	0.54	0.51	1,098	1,147	0.52	0.45	-2
	Rubbing Skin and Repositioning	1.65	1.77	22,277	18,266	1.93	1.84	7
	Care and Assistance with Prosthetic Devices	0.73	0.72	31,665	36,535	0.64	0.65	-1
Reassessments	All HTG	19.53	19.42	130,698	137,199	10.40	10.07	-7
	Meal Preparation	6.58	6.52	126,707	132,453	1.49	1.29	-4
	Meal Cleanup	2.70	2.68	127,459	133,259	0.94	0.83	-1
	Feeding	3.83	3.95	27,465	27,494	3.07	3.02	7
	Bowel and Bladder Care	3.42	3.31	70,505	73,989	2.66	2.53	-7
	Routine Bed Baths	2.52	2.40	9,043	9,920	1.68	1.59	-8
	Dressing	1.82	1.83	105,057	112,198	1.07	1.09	1
	Ambulation	2.01	1.96	68,501	79,008	1.49	1.32	-3
	Transfer	1.38	1.47	67,849	76,041	1.11	1.15	5
	Bathing and Grooming	2.95	2.96	118,597	125,046	1.57	1.53	0
	Menstrual Care	0.60	0.59	5,229	5,195	0.53	0.51	-1
	Rubbing Skin and Repositioning	2.19	2.13	72,533	68,732	2.25	2.08	-3
	Care and Assistance with Prosthetic Devices	0.88	0.85	80,485	89,993	0.76	0.89	-2

### **Cases Above, Within, and Below the Range Set by the HTG Guidelines for Initial Assessments and Reassessments (Table 3)**

- 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.
- Movement into the ranges occurred through increases and decreases in minutes authorized for Initial Assessments and Reassessments.

#### **Movement into the Range 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 and Rubbing Skin and Repositioning).

#### **Movement into the Range by Increases**

- Eleven 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).

#### **Split Movement into the Range**

- 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, Transfer and Rubbing Skin and Repositioning.

#### **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, Routine Bed Baths.

**Table 3: Percentage of Cases within Guidelines for All Tasks**

		Initial Assessments					Reassessments				
		Number of Cases 9/05-6/06	Number of Cases 9/06-6/07	Percent of Cases 9/05-6/06	Percent of Cases 9/06-6/07	Change in Percent of Cases	Number of Cases 9/05-6/06	Number of Cases 9/06-6/07	Percent of Cases 9/05-6/06	Percent of Cases 9/06-6/07	Change in Percent of Cases
Meal Preparation	Below range	9,043	8,804	17.0	15.6	-1.4	15,259	14,671	12.0	11.1	-1.0
	Within range	41,911	46,180	78.6	81.7	3.1	102,511	112,370	80.9	84.8	3.9
	Above range	2,354	1,545	4.4	2.7	-1.7	8,937	5,412	7.1	4.1	-3.0
	Total	53,308	56,529	100.0	100.0	0.0	126,707	132,453	100.0	100.0	0.0
Meal Cleanup	Below range	9,579	8,279	17.9	14.6	-3.3	17,890	15,653	14.0	11.7	-2.3
	Within range	41,551	47,415	77.6	83.5	5.9	101,891	114,147	79.9	85.7	5.7
	Above range	2,441	1,084	4.6	1.9	-2.6	7,678	3,459	6.0	2.6	-3.4
	Total	53,571	56,778	100.0	100.0	0.0	127,459	133,259	100.0	100.0	0.0
Feeding	Below range	1,950	1,404	25.6	18.7	-6.9	5,705	4,131	20.8	15.0	-5.7
	Within range	4,456	5,287	58.4	70.3	11.9	16,626	19,385	60.5	70.5	10.0
	Above range	1,224	834	16.0	11.1	-5.0	5,134	3,978	18.7	14.5	-4.2
	Total	7,630	7,525	100.0	100.0	0.0	27,465	27,494	100.0	100.0	0.0
Bowel and Bladder Care	Below range	7,232	6,137	32.4	25.9	-6.5	16,743	14,517	23.7	19.6	-4.1
	Within range	11,157	15,075	50.0	63.7	13.7	36,847	48,075	52.3	65.0	12.7
	Above range	3,914	2,455	17.5	10.4	-7.2	16,915	11,397	24.0	15.4	-8.6
	Total	22,303	23,667	100.0	100.0	0.0	70,505	73,989	100.0	100.0	0.0
Routine Bed Baths	Below range	860	1,066	26.3	27.7	1.5	2,100	2,493	23.2	25.1	1.9
	Within range	1,995	2,349	61.0	61.1	0.2	5,230	5,901	57.8	59.5	1.7
	Above range	418	427	12.8	11.1	-1.7	1,713	1,526	18.9	15.4	-3.6
	Total	3,273	3,842	100.0	100.0	0.0	9,043	9,920	100.0	100.0	0.0
Dressing	Below range	12,905	10,059	33.7	24.3	-9.4	23,382	19,024	22.3	17.0	-5.3
	Within range	18,966	26,653	49.6	64.4	14.9	52,833	71,740	50.3	63.9	13.7
	Above range	6,387	4,650	16.7	11.2	-5.5	28,842	21,434	27.5	19.1	-8.3
	Total	38,258	41,362	100.0	100.0	0.0	105,057	112,198	100.0	100.0	0.0
Ambulation	Below range	6,656	7,840	30.3	28.6	-1.7	14,248	15,477	20.8	19.6	-1.2
	Within range	11,948	16,362	54.3	59.6	5.3	39,281	50,341	57.3	63.7	6.4
	Above range	3,392	3,256	15.4	11.9	-3.6	14,972	13,190	21.9	16.7	-5.2
	Total	21,996	27,458	100.0	100.0	0.0	68,501	79,008	100.0	100.0	0.0
Transfer	Below range	7,084	6,245	32.7	24.7	-8.1	15,392	13,297	22.7	17.5	-5.2
	Within range	11,155	14,937	51.6	59.1	7.5	36,131	46,048	53.3	60.6	7.3
	Above range	3,394	4,111	15.7	16.3	0.6	16,326	16,696	24.1	22.0	-2.1
	Total	21,633	25,293	100.0	100.0	0.0	67,849	76,041	100.0	100.0	0.0
Bathing and Grooming	Below range	16,731	13,614	35.8	27.8	-8.1	24,666	21,344	20.8	17.1	-3.7
	Within range	23,064	30,699	49.4	62.6	13.2	59,930	77,586	50.5	62.0	11.5
	Above range	6,904	4,726	14.8	9.6	-5.1	34,001	26,116	28.7	20.9	-7.8
	Total	46,699	49,039	100.0	100.0	0.0	118,597	125,046	100.0	100.0	0.0
Menstrual Care	Below range	361	317	32.9	27.6	-5.2	1,383	1,211	26.4	23.3	-3.1
	Within range	514	665	46.8	58.0	11.2	2,647	2,927	50.6	56.3	5.7
	Above range	223	165	20.3	14.4	-5.9	1,199	1,057	22.9	20.3	-2.6
	Total	1,098	1,147	100.0	100.0	0.0	5,229	5,195	100.0	100.0	0.0
Rubbing Skin and Repositioning	Below range	8,438	5,328	37.9	29.2	-8.7	17,796	14,538	24.5	21.2	-3.4
	Within range	10,267	9,814	46.1	53.7	7.6	36,542	38,025	50.4	55.3	4.9
	Above range	3,572	3,123	16.0	17.1	1.1	18,195	16,169	25.1	23.5	-1.6
	Total	22,277	18,265	100.0	100.0	0.0	72,533	68,732	100.0	100.0	0.0
Care and Assistance with Prosthetic Devices	Below range	9,423	10,597	29.8	29.0	-0.8	17,862	18,769	22.2	20.9	-1.3
	Within range	16,889	20,869	53.3	57.1	3.8	42,494	52,197	52.8	58.0	5.2
	Above range	5,353	5,069	16.9	13.9	-3.0	20,129	19,027	25.0	21.1	-3.9
	Total	31,665	36,535	100.0	100.0	0.0	80,485	89,993	100.0	100.0	0.0

### **Impact by Rank—Initial Assessments and Reassessments (Appendix)**

- The consensus/consistency in the authorized hours among both ranks and task areas (as measured by standard deviations) improved sizably under the new HTGs.
- The changes in authorized hours were variable across 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.

### **Cases Above, Within, and Below the Range Set by the HTG Guidelines for Initial Assessments and Reassessments**

- Eight of the 12 tasks had an increase in the percentage of cases that fell within the range for all ranks for Initial Assessments and Reassessments:
  - Meal Cleanup, Feeding, Bowel and Bladder Care, Dressing, Bathing and Grooming, Menstrual Care, Rubbing Skin and Repositioning, and Care and Assistance with Prosthetic Devices
- Movement into the ranges occurred through increases and decreases in minutes authorized for Initial and Reassessed cases.

### **Movement into the Range by Decreases**

- Six of the 12 tasks had a decrease in the percentage of cases above the range for all ranks for both Initial Assessments and Reassessments:
  - Meal Preparation, Meal Cleanup, Feeding, Bowel and Bladder Care, Menstrual Care, and Care and Assistance with Prosthetic Devices

### **Movement into the Range by Increases**

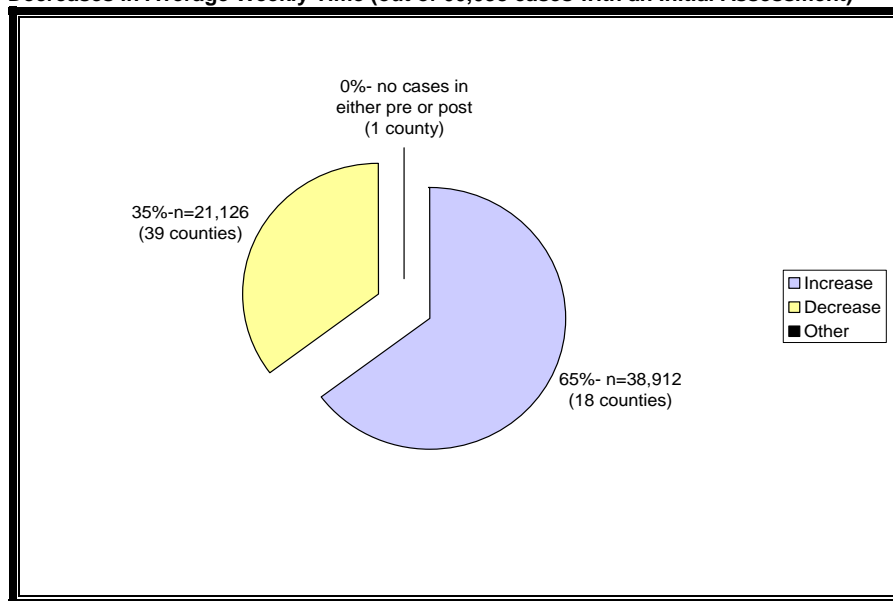
- Seven of the 12 tasks had a decrease in the percentage of cases below the range for all ranks for Initial Assessments and Reassessments:
  - Feeding, Bowel and Bladder Care, Dressing, Bathing and Grooming, Menstrual Care, Rubbing Skin and Repositioning, and Care and Assistance with Prosthetic Devices

## Impact by County (Figure 3 and 4, Table 4, Appendix)

### Overall Initial Assessments/ Reassessments

- There were no obvious trends across tasks by county, which indicates that counties are not making blanket changes across all tasks and they are still using an individualized assessment process.
- Fewer counties had an overall average decrease in time for Reassessments than Initial Assessments.
- Of the 18 counties that had an overall average increase for Initial Assessments, 11 also had an overall average increase for Reassessments.
- Of the 39 counties that had an overall average decrease for Initial Assessments, 26 also had an overall average decrease for Reassessments.

**Figure 3: Initial Assessment—Counties with Overall Increases and Overall Decreases in Average Weekly Time (out of 60,038 cases with an Initial Assessment)**

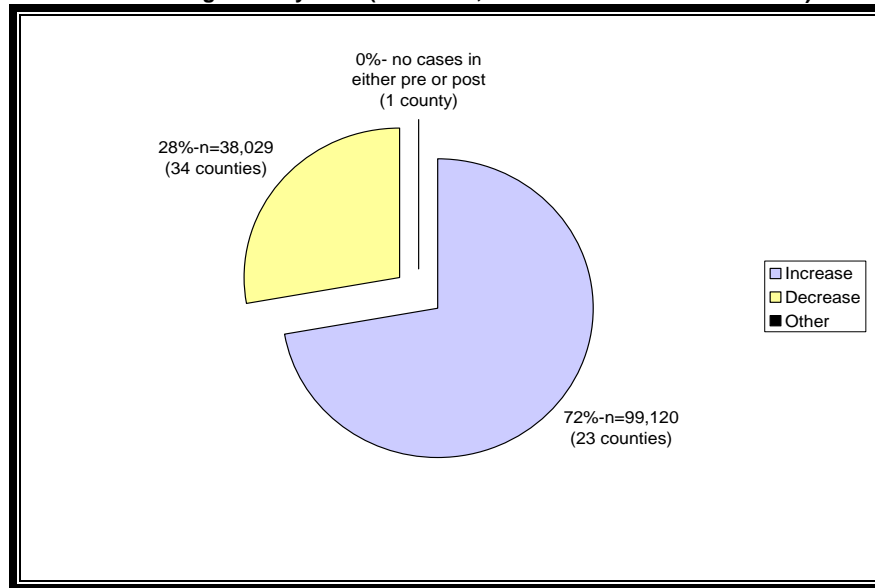


### Initial Assessments

- There was an overall average increase in time in 18 of the 58 counties, representing 10 percent (n=38,912) of the statewide caseload.
- Of the 18 counties with an average increase, one county had a sample size of less than 50 for either the pre- or post-implementation time period. (Note: For the counties with a sample size of less than 50, the changes observed may be due to random effects.)

- One very small county (Alpine) did not have any cases in the post-implementation time period.
- There was an overall average decrease in time in 39 of the 58 counties, representing 6 percent (n=21,126) of the statewide caseload.
- Of the 39 counties with an average decrease, 9 counties had a sample size of less than 50 for either the pre- or post-implementation time period.

**Figure 4: Reassessment—Counties with Overall Increases and Overall Decreases in Average Weekly Time (out of 137,199 cases with a Reassessment)**



## Reassessments

- There was an overall average increase in time in 23 of the 58 counties, representing 26 percent (n=99,120) of the statewide caseload.
- Of the 23 counties with an average increase, 4 counties had a sample size of less than 50 for either the pre- or post-implementation time period. (Note: For the counties with a sample size of less than 50, the changes observed may be due to random effects.)
- One county (Sierra) did not have any cases in either the pre-or post-implementation time period.
- There was an overall average decrease in time in 34 of the 58 counties, representing 10 percent (n=38,029) of the statewide caseload.
- Of the 34 counties with an average decrease, two counties had a sample size of less than 50 for either the pre- or post-implementation time period.

*When viewing the overall county average increases or decreases, be mindful that small counties with just a few assessments are more impacted by a few cases that change substantially than large counties with hundreds of cases assessed.*

**Table 4: Average Total Weekly Hours for All HTG Tasks by County**

	Initial Assessments							Reassessments						
	9/05-8/06			9/06-8/07			Diff. (Min.)	9/05-8/06			9/06-8/07			Diff. (Min.)
	Ave. Hours (Mean)	Number of Cases	SD	Ave. Hours (Mean)	Number of Cases	SD		Ave. Hours (Mean)	Number of Cases	SD	Ave. Hours (Mean)	Number of Cases	SD	
Alameda	15.27	963	10.01	16.81	995	10.46	93	21.83	2,851	13.06	21.03	2,963	12.27	-48
Alpine	7.00	1						4.75	1		19.63	2	17.85	893
Amador	11.57	57	12.96	10.73	59	9.65	-50	15.91	110	12.72	14.70	117	11.24	-73
Butte	14.38	381	9.26	12.62	331	9.33	-105	20.03	660	13.29	18.25	683	11.21	-106
Calaveras	16.93	62	10.85	15.56	43	9.03	-82	21.19	49	10.08	22.11	71	13.64	55
Colusa	20.47	39	10.17	11.49	20	9.10	-539	23.47	60	12.91	14.41	44	8.78	-544
Contra Costa	14.79	537	9.33	14.65	690	9.28	-8	19.07	1,634	10.72	18.27	1,967	10.66	-48
Del Norte	17.46	62	10.52	13.87	80	7.48	-215	21.96	77	15.81	20.10	71	12.53	-112
El Dorado	16.60	76	10.94	15.25	54	9.16	-81	21.33	62	14.14	19.24	83	14.09	-125
Fresno	18.90	1,657	9.17	18.05	1,979	8.98	-51	22.61	6,925	10.75	22.02	6,353	10.10	-35
Glenn	17.63	68	8.86	18.16	98	11.57	32	20.90	230	12.21	18.65	181	9.26	-135
Humboldt	14.14	147	12.67	10.49	139	9.04	-219	15.71	450	11.81	15.38	554	11.96	-20
Imperial	13.64	516	8.02	12.23	275	7.09	-85	17.33	667	10.38	15.13	1,084	9.05	-132
Inyo	20.35	24	14.18	15.41	53	12.92	-297	18.02	34	11.04	19.60	62	13.35	95
Kern	15.72	678	8.21	15.23	379	7.86	-29	20.10	1,674	10.80	19.49	1,178	10.37	-37
Kings	15.18	170	8.45	13.19	329	8.30	-119	22.10	589	11.97	19.27	658	11.24	-170
Lake	17.62	242	9.90	18.15	255	9.32	31	24.55	591	13.53	25.98	741	13.45	86
Lassen	17.86	76	17.02	15.99	93	13.48	-113	15.14	93	12.12	21.55	148	19.22	385
Los Angeles	14.45	24,468	6.66	14.75	25,887	6.78	18	19.77	52,141	8.69	19.93	58,981	8.52	9
Madera	13.58	299	9.49	14.36	279	9.69	47	18.23	909	11.49	17.87	934	11.33	-22
Marin	19.43	115	12.64	16.10	192	12.43	-200	18.21	333	12.68	18.26	510	12.67	3
Mariposa	15.46	55	10.85	10.62	60	7.23	-290	19.85	70	10.96	19.15	92	10.10	-42
Mendocino	16.06	261	11.91	15.46	240	12.75	-36	20.90	419	16.46	19.25	389	14.33	-99
Merced	13.91	663	8.14	12.96	722	6.41	-57	16.84	1,498	9.50	16.01	1,516	8.91	-50
Modoc	15.38	34	12.83	18.23	36	13.54	171	16.80	31	10.43	17.41	44	12.07	36
Mono	10.15	7	7.92	9.10	6	4.79	-63	11.15	4	3.50	21.00	12	14.84	591
Monterey	17.19	300	9.52	16.73	359	10.59	-27	22.63	953	13.37	21.09	828	12.35	-93
Napa	17.52	48	13.05	14.57	100	8.89	-177	18.62	125	12.55	18.31	197	12.11	-19
Nevada	11.73	78	10.54	14.65	75	12.46	175	21.75	100	18.66	20.34	285	17.41	-84
Orange	12.80	1,729	7.82	12.37	1,543	6.85	-26	15.48	3,887	8.58	15.65	2,837	8.43	10
Placer	16.73	433	11.17	17.11	493	11.43	23	22.03	505	13.51	22.47	536	14.03	26
Plumas	8.78	36	6.80	7.92	30	4.34	-52	13.85	99	9.24	11.80	77	10.71	-123
Riverside	16.91	3,079	9.58	16.27	3,780	9.15	-38	21.38	6,629	11.70	21.07	6,234	11.44	-18
Sacramento	18.06	1,905	11.30	17.90	1,495	10.70	-9	22.24	6,233	12.71	22.59	4,611	12.51	22
San Benito	22.30	16	11.86	18.20	55	9.19	-246	26.65	55	10.53	22.35	45	10.84	-258
San Bernardino	15.06	3,636	7.69	15.60	3,636	7.88	32	18.75	7,098	9.59	18.84	6,042	9.42	6
San Diego	12.76	3,130	7.83	12.95	3,758	8.18	11	16.77	8,310	10.25	16.79	9,287	10.07	1
San Francisco	14.11	2,076	7.29	13.77	2,815	7.06	-20	18.28	7,746	8.93	18.78	8,869	8.92	30
San Joaquin	16.09	904	9.59	15.92	1,090	9.59	-10	18.25	2,375	10.71	18.41	2,582	10.76	10
San Luis Obispo	13.92	233	12.69	14.66	377	12.29	44	17.21	482	14.90	18.76	649	15.31	93



**Table 4: Average Total Weekly Hours for All HTG Tasks by County**

	Initial Assessments							Reassessments						
	9/05-8/06			9/06-8/07			Diff. (Min.)	9/05-8/06			9/06-8/07			Diff. (Min.)
	Ave. Hours (Mean)	Number of Cases	SD	Ave. Hours (Mean)	Number of Cases	SD		Ave. Hours (Mean)	Number of Cases	SD	Ave. Hours (Mean)	Number of Cases	SD	
San Mateo	21.19	480	11.72	20.45	504	10.85	-44	23.22	881	13.60	24.44	958	13.72	73
Santa Barbara	11.99	675	10.18	12.13	495	9.42	8	16.57	902	12.81	16.60	847	13.56	2
Santa Clara	17.57	1,143	9.75	15.96	1,195	8.89	-97	19.89	2,627	11.29	18.94	3,519	10.75	-57
Santa Cruz	11.88	135	11.26	13.08	224	11.01	72	14.89	430	11.54	14.91	554	10.70	1
Shasta	13.41	436	11.04	12.35	286	11.11	-64	18.57	796	12.25	16.85	631	12.25	-103
Sierra	10.68	7	6.35	9.14	4	2.31	-93	8.48	8	5.52		0		
Siskiyou	11.12	161	8.33	11.07	168	6.68	-3	13.44	268	10.17	15.39	303	11.73	117
Solano	20.50	399	10.87	23.06	331	17.02	153	24.30	797	13.36	24.21	619	14.38	-5
Sonoma	14.92	330	12.47	16.07	244	11.22	69	20.25	1,139	14.97	18.65	1,043	13.21	-96
Stanislaus	13.68	1,229	8.56	13.69	1,457	8.51	1	18.06	2,369	10.92	17.39	2,328	10.16	-41
Sutter	16.11	244	11.22	15.69	278	10.17	-25	21.66	330	14.14	20.63	352	12.94	-62
Tehama	10.84	206	9.74	10.46	256	9.58	-23	15.71	348	13.56	13.02	370	12.72	-161
Trinity	14.32	59	9.63	13.41	42	9.29	-55	17.43	78	10.89	15.61	68	10.40	-109
Tulare	12.42	427	7.62	11.35	577	7.31	-64	13.72	892	8.90	13.69	876	9.10	-2
Tuolumne	7.47	57	8.07	7.56	70	6.05	6	9.45	66	11.47	11.45	88	13.27	120
Ventura	15.22	527	8.88	14.74	394	8.51	-29	17.79	919	11.42	17.50	866	11.02	-17
Yolo	16.83	294	9.80	15.74	411	9.10	-65	18.73	678	10.89	18.65	824	10.33	-5
Yuba	12.29	187	7.33	14.06	202	7.94	106	15.35	411	10.29	16.90	436	10.57	93

## SECTION III

### EXAMINATION OF CHANGES IN TIME FOR MATCHED GROUPS OF CASES

An additional type of analysis (displayed in Table 5) was undertaken in this update not included in previous updates. This analysis looks at a subset of the total cases:

- Cases that had an assessment in the pre-implementation year (9/05-8/06) and a subsequent assessment in post-implementation year (9/06-8/07) were identified and placed into one of two *matched groups*.
  - One matched group consisted of cases that had an Initial Assessment in the pre-implementation year and a Reassessment in the post-implementation year.
  - The second matched group consisted of cases that had a Reassessment in the pre-implementation year and a Reassessment in the post-implementation year.
  - In situations where a case had more than one assessment in a given year, the hours for the most recent assessment was used.

Figure 3: Types of Comparisons for Matched Groups of Cases

Comparisons
9/05-8/06 Initial Assessments to 9/06-8/07 Reassessments by Individual
9/05-8/06 Reassessments to 9/06-8/07 Reassessments by Individual

- The analysis consisted of seeing whether the hours for consumers increased or decreased between the pre-implementation and post-implementation years for consumers in the two matched groups' post-implementation year.
- The majority of matched cases in both groups had an increase in time over all HTG tasks. However, the percentage of cases with increases in time indicates increases are not occurring across all tasks for each case (e.g.; the overall increases represent cases with increases in some tasks, but not all tasks):
  - Initial Assessment to Reassessment (n=21,667):
    - 60 percent (n=13,082) 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).
    - 21 percent (n=4,489) of the cases showed no change in time from Initial Assessment to Reassessment.
    - 12 percent (n=2,644) of the cases, had a decrease of more than 1 hour.
    - 7 percent (n=1,452) of the cases had a decrease of less than 1 hour.

- Reassessment to Reassessment (n=60,163):
  - 52 percent (n=31,221) 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=16,846) of the cases showed no change in time from Reassessment to Reassessment.
  - 13 percent (n=7,727) of the cases had a decrease of more than 1 hour.
  - 7 percent (4,369) of the cases had a decrease of less than 1 hour.
- It is important to note that increases and decreases in time may reflect changes in need and/or living circumstances and not be the sole result of the new HTG guidelines.

**Table 5: Matched Groups- Changes in Weekly Time 9/05-8/06 vs. 9/06-8/07**

		Initial Assessments to Reassessments		Reassessments to Reassessments	
		Number of Cases	Percent of Cases	Number of Cases	Percent of Cases
All HTG Tasks	More than 1 hour increase	9,736	44.9%	20,606	34.3%
	Up to 1 hour increase	3,346	15.4%	10,615	17.6%
	No change in time	4,489	20.7%	16,846	28.0%
	Up to 1 hour decrease	1,452	6.7%	4,369	7.3%
	More than 1 hour decrease	2,644	12.2%	7,727	12.8%
	Total	21,667	100.0%	60,163	100.0%
Meal Prep	More than 1 hour increase	3,029	14.5%	4,484	7.6%
	Up to 1 hour increase	849	4.1%	1,969	3.3%
	No change in time	14,986	71.8%	46,845	79.6%
	Up to 1 hour decrease	455	2.2%	1,189	2.0%
	More than 1 hour decrease	1,565	7.5%	4,327	7.4%
	Total	20,884	100.0%	58,814	100.0%
Meal Cleanup	More than 1 hour increase	1,810	8.6%	2,644	4.5%
	Up to 1 hour increase	2,183	10.4%	4,148	7.0%
	No change in time	14,987	71.3%	47,022	79.6%
	Up to 1 hour decrease	1,143	5.4%	2,958	5.0%
	More than 1 hour decrease	890	4.2%	2,337	4.0%
	Total	21,013	100.0%	59,109	100.0%
Feeding	More than 1 hour increase	1,090	30.8%	3,087	22.4%
	Up to 1 hour increase	342	9.7%	1,133	8.2%
	No change in time	1,349	38.1%	7,236	52.4%
	Up to 1 hour decrease	288	8.1%	923	6.7%
	More than 1 hour decrease	471	13.3%	1,422	10.3%
	Total	3,540	100.0%	13,801	100.0%
Bowel and Bladder Care	More than 1 hour increase	2,660	26.5%	6,294	18.1%
	Up to 1 hour increase	1,954	19.5%	5,411	15.6%
	No change in time	3,487	34.7%	17,233	49.6%
	Up to 1 hour decrease	931	9.3%	2,646	7.6%
	More than 1 hour decrease	1,011	10.1%	3,180	9.1%
	Total	10,043	100.0%	34,764	100.0%
Routine Bed Baths	More than 1 hour increase	507	34.3%	1,398	28.2%
	Up to 1 hour increase	242	16.4%	730	14.7%
	No change in time	397	26.9%	1,908	38.4%
	Up to 1 hour decrease	141	9.5%	409	8.2%
	More than 1 hour decrease	191	12.9%	519	10.5%
	Total	1,478	100.0%	4,964	100.0%
Dressing	More than 1 hour increase	2,478	15.0%	4,380	8.7%
	Up to 1 hour increase	4,119	25.0%	9,195	18.2%
	No change in time	8,068	49.0%	32,375	64.0%
	Up to 1 hour decrease	1,207	7.3%	2,920	5.8%
	More than 1 hour decrease	600	3.6%	1,708	3.4%
	Total	16,472	100.0%	50,578	100.0%
Ambulation	More than 1 hour increase	2,609	23.1%	5,977	16.3%
	Up to 1 hour increase	3,447	30.6%	9,306	25.4%
	No change in time	3,645	32.3%	16,836	46.0%
	Up to 1 hour decrease	942	8.3%	2,400	6.6%
	More than 1 hour decrease	640	5.7%	2,095	5.7%
	Total	11,283	100.0%	36,614	100.0%

**Table 5: Matched Groups- Changes in Weekly Time 9/05-8/06 vs. 9/06-8/07**

		Initial Assessments to Reassessments		Reassessments to Reassessments	
		Number of Cases	Percent of Cases	Number of Cases	Percent of Cases
Transfer	More than 1 hour increase	1,846	17.6%	5,069	14.3%
	Up to 1 hour increase	3,744	35.7%	9,634	27.3%
	No change in time	3,474	33.1%	16,662	47.2%
	Up to 1 hour decrease	1,049	10.0%	2,762	7.8%
	More than 1 hour decrease	384	3.7%	1,204	3.4%
	Total	10,497	100.0%	35,331	100.0%
Bathing	More than 1 hour increase	3,661	19.1%	5,693	10.2%
	Up to 1 hour increase	5,158	26.9%	12,025	21.5%
	No change in time	7,371	38.4%	30,075	53.7%
	Up to 1 hour decrease	1,901	9.9%	5,019	9.0%
	More than 1 hour decrease	1,105	5.8%	3,182	5.7%
	Total	19,196	100.0%	55,994	100.0%
Menstrual Care	More than 1 hour increase	12	2.3%	33	1.2%
	Up to 1 hour increase	161	31.1%	450	16.7%
	No change in time	249	48.2%	1,722	63.8%
	Up to 1 hour decrease	83	16.1%	445	16.5%
	More than 1 hour decrease	12	2.3%	49	1.8%
	Total	517	100.0%	2,699	100.0%
Rubbing Skin and Repositioning	More than 1 hour increase	1,904	18.5%	4,190	11.7%
	Up to 1 hour increase	2,096	20.4%	5,542	15.4%
	No change in time	3,151	30.6%	16,027	44.6%
	Up to 1 hour decrease	2,078	20.2%	5,826	16.2%
	More than 1 hour decrease	1,068	10.4%	4,314	12.0%
	Total	10,297	100.0%	35,899	100.0%
Care and Assistance with Prosthetic Devices	More than 1 hour increase	290	2.6%	736	2.1%
	Up to 1 hour increase	2,862	26.1%	7,037	20.4%
	No change in time	6,115	55.7%	21,590	62.7%
	Up to 1 hour decrease	1,516	13.8%	4,353	12.6%
	More than 1 hour decrease	195	1.8%	728	2.1%
	Total	10,978	100.0%	34,444	100.0%

**Table 6: Matched Groups, Change in Weekly Time for All HTG Tasks by Total Monthly Hours Authorized for Purchase (9/05-8/06 vs. 9/06-8/07)**

	Initial Assessment to Reassessment						Reassessment to Reassessment						
	More than 1 hr increase	Up to 1 hr increase	No change in time	Up to 1 hr decrease	More than 1 hr decrease	Total	More than 1 hr increase	Up to 1 hr increase	No change in time	Up to 1 hr decrease	More than 1 hr decrease	Total	
Number of Cases	50 hours or less	4,812	1,581	2,137	686	959	10,175	4,464	2,489	3,818	1,028	1,499	13,298
	50.01-100.00 hours	4,005	1,492	1,821	604	1,165	9,087	10,436	5,306	7,477	1,997	3,199	28,415
	100.01-150.00 hours	695	208	313	112	343	1,671	3,923	1,930	3,007	818	1,673	11,351
	150.01-200.00 hours	145	39	112	30	95	421	1,070	472	1,049	252	680	3,523
	200.01-250.00 hours	52	9	46	8	39	154	353	185	597	98	277	1,510
	250.01-283.00 hours	27	17	60	12	43	159	360	233	898	176	399	2,066
	Total	9,736	3,346	4,489	1,452	2,644	21,667	20,606	10,615	16,846	4,369	7,727	60,163
Percent of Cases	50 hours or less	49.4%	47.3%	47.6%	47.2%	36.3%	47.0%	21.7%	23.4%	22.7%	23.5%	19.4%	22.1%
	50.01-100.00 hours	41.1%	44.6%	40.6%	41.6%	44.1%	41.9%	50.6%	50.0%	44.4%	45.7%	41.4%	47.2%
	100.01-150.00 hours	7.1%	6.2%	7.0%	7.7%	13.0%	7.7%	19.0%	18.2%	17.8%	18.7%	21.7%	18.9%
	150.01-200.00 hours	1.5%	1.2%	2.5%	2.1%	3.6%	1.9%	5.2%	4.4%	6.2%	5.8%	8.8%	5.9%
	200.01-250.00 hours	0.5%	0.3%	1.0%	0.6%	1.5%	0.7%	1.7%	1.7%	3.5%	2.2%	3.6%	2.5%
	250.01-283.00 hours	0.3%	0.5%	1.3%	0.8%	1.6%	0.7%	1.7%	2.2%	5.3%	4.0%	5.2%	3.4%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

## SECTION IV

### SUMMARY AND CONCLUSION

- As with any new change in policy in a program involving such a large population, there is likely to be an adjustment period for incorporating policy into program operations.
- The cumulative effect indicated for the 12-month pre- to post-implementation period reveals an overall average decrease consistent with trends reported in the previous update:
  - The rate of decrease in average overall minutes for HTG tasks appears to be leveling off for Initial Assessments.
  - The rate of decrease in average overall weekly minutes for HTG tasks has moderated from the first quarter post-implementation (13 minutes) to about half that for quarters two, three, and the last two months of the 12-month period (8, 5, and 7 minutes).
- Within the first 12 months of HTG implementation, the consistency in authorized hours among ranks and tasks suggests that the HTG task definitions and time guide factors have been initially successful in bringing greater uniformity to the assessment processes.
- The variations in increases and decreases within the same rank level in different tasks and across tasks by counties are indications that assessments are being conducted on an individualized basis and that the HTGs are not simply having a blanket effect on authorized times.
- The fact that we are not seeing changes within some tasks and ranks may be an indicator that at the end of one year of HTG implementation the impact of the implementation of the HTGs are becoming more stable as the processes become more routine.
- The additional *Matched Groups of Cases* analysis, looking at cases having assessments in both the pre- and post-implementation periods, confirms the previous findings in terms of the individuality of the assessment process. This is evidenced by variability in the changes within various tasks areas and by the movement between ranks, which we are detecting for some cases over the two assessments.
- The Matched Group analysis also suggests a majority of cases going from Initial Assessment to Reassessment, as well as cases going from Reassessment to Reassessment, experienced an increase in authorized hours after the implementation of the HTGs.



- Finally, the HTGs do appear to have achieved the desired impact of bringing greater consistency to the assessment process without having sacrificed the individuality needed during that process. This is evidenced by the reduced variance in authorized hours and variations in increases and decreases in average time within the same rank level in different tasks and across tasks by counties. This is also supported by the preliminary findings in the Matched Group analysis.
- However, the extent to which the HTGs alone are impacting the service authorizations 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.