

Hourly Task Guidelines Implementation Analysis



CDSS

Prepared for the California Department of Social Services

By

Ernest L. Cowles, Ph.D., Director and Principal Investigator

Joshua Gartner, M.A., Research Analyst

Britte H. Livingston, M.A., Research Analyst

Valory Logsdon, M.A., Research Analyst

Sandie Sutherland, B.A., Research Specialist



Institute for Social Research

California State University, Sacramento

6000 J Street, Sacramento, CA 95819-6101

June 2008

Table of Contents

Chapter I	Examination of Authorized Hours for In-Home Supportive Services Consumers from Case Management, Information and Payrolling Systems (CMIPS) Data	1
Section I	A Pre-Implementation to Post-Implementation Comparison (through 12/07)	4
Section II	Changes in Time for Matched Groups of Cases	17
Section III	Summary and Conclusion	22
Chapter II	Analysis of Exceptions from Data Collected by In-Home Supportive Services (IHSS) Field Monitors	23
Chapter III	Review of the Impact of HTGs on the State Appeals Process, September 2005 to August 2007	43
Section I	Analysis of SHD Data on Requests for a Fair Hearing	45
Section II	Analysis of IHSS Program Information for Claimants Filing IHSS Appeals ...	54
Section III	Analysis of IHSS Appeals Filed Following an Assessment	58

Table of Figures

Figure 1.1: Average Total Weekly Hours for Initial Assessments for All HTG Tasks.....	4
Figure 1.2: Average Total Weekly Hours for Reassessments for All HTG Tasks.....	5
Figure 1.3: Initial Assessment—Overall Increases and Overall Decreases in Average Weekly Time for Counties (out of 19,912 cases with an Initial Assessment).....	13
Figure 1.4: Reassessment—Overall Increases and Overall Decreases in Average Weekly Time for Counties (out of 45,786 cases with a Reassessment).....	14
Figure 1.5: Types of Comparisons for Matched Groups of Cases.....	17
Figure 2.1: Cases with No Exceptions And Cases With One or More Exceptions.....	26
Figure 2.2: Percent of Cases with a Given Number of Exceptions.....	27
Figure 2.3: Average (Mean) Count of Exceptions by Number of Tasks With Authorized Hours.....	28
Figure 2.4: Rate of Exceptions by Number of Tasks With Authorized Hours.....	29
Figure 2.5: Rate of Exceptions by Task.....	30
Figure 2.6: Percent of Exceptions Below and Above HTGs by Task.....	31
Figure 2.7: Percent of Exceptions Below and Above HTGs by Task and Rank.....	34
Figure 2.8: Percent of Exceptions Documented by Task.....	36
Figure 2.9: Number of Cases in Sample by Month of Last Assessment.....	39
Figure 2.10: Rate of Exceptions, Oct-Dec 2006 Over Oct-Dec 2007.....	41
Figure 2.11: Average (Mean) Number of Exceptions by Assessment Type.....	42
Figure 3.1: Number of IHSS Appeals Filed by Month.....	45
Figure 3.2: Distribution of Closed IHSS Appeal Outcomes by Appeal Filing Quarter.....	47
Figure 3.3: Average Number of Monthly IHSS Appeals and Hearings by Appeal Filing Quarter.....	48
Figure 3.4: Distribution of Dispositions for IHSS Appeals with Written Decisions by Appeal Filing Quarter.....	50
Figure 3.5: Outcome of Attempt to Identify IHSS Case Numbers for IHSS Appeals Filed 9/05-8/07.....	54
Figure 3.6: Claimant IHSS Eligibility Status during Month IHSS Appeal Was Filed.....	55
Figure 3.7: Percent of Appeals Filed within Two Months of the Last Assessment.....	59
Figure 3.8: Distribution of Hours Authorized for Purchase, Following an Initial Assessment.....	60
Figure 3.9: Distribution of Hours Authorized for Purchase, as Recorded in CMIPS the Month before a Reassessment.....	61
Figure 3.10: Distribution of Combined Number of HTG Tasks after an Initial Assessment.....	62
Figure 3.11: Distribution of Combined Number of HTG Tasks, as Recorded in CMIPS the Month before a Reassessment.....	63
Figure 3.12: Comparison of Claimants to the General IHSS Population in Receiving a Cut in Hours Notice.....	64
Figure 3.13: Comparison of Claimants to the General IHSS Population in Receiving an Increase in Hours Notice.....	65
Figure 3.14: Comparison of Claimants to the General IHSS Population in Receiving a No Change in Hours Notice.....	66
Figure 3.15: Distribution of Types of Hours Notices Received by Claimants.....	67
Figure 3.16: Distribution of Hours Authorized for Purchase, for Claimants with a Cut in Hours Notice.....	68
Figure 3.17: Distribution of HTG Tasks, for Claimants with a Cut in Hours Notice.....	69
Figure 3.18: Distribution of Closed Cases for Claimants with a Cut in Hours Notice.....	71
Figure 3.19: Distribution of Withdrawal Types for Claimants with a Cut in Hours Notice.....	72
Figure 3.20: Distribution of Written Decisions for Claimants with a Cut in Hours Notice.....	73

Table of Tables

Table 1.1:	Average Total Weekly Hours for All HTG Tasks by Task	7
Table 1.2:	Percentage of Cases within Guidelines for All HTG Tasks	9
Table 1.3:	Average Total Weekly Hours for All HTG Tasks by County	15
Table 1.4:	Matched Groups—Summarized Changes in Weekly Time Authorized for Purchase 9/05-8/06 vs. 9/06-8/07	18
Table 1.5:	Matched Groups, Initial Assessment to Reassessment, Full Range of Change in Weekly Hours Authorized for Purchase by Task 9/05-8/06 vs. 9/06-8/07	19
Table 1.6:	Matched Groups, Reassessment to Reassessment, Full Range of Change in Weekly Hours Authorized for Purchase by Task(9/05-8/06 vs. 9/06-8/07).....	20
Table 1.7:	Matched Groups, Change in Weekly Time Authorized for Purchase for All HTG Tasks by Total Monthly Hours Authorized for Purchase (9/05-8/06 vs. 9/06-8/07)	21
Table 2.1:	Number of Cases by County	25
Table 2.2:	Cases With a Given Number of Exceptions	27
Table 2.3:	Average (Mean) Count of Exceptions by Number of Tasks With Authorized Hours.....	28
Table 2.4:	Rate of Exceptions by Number of Tasks With Authorized Hours.....	29
Table 2.5:	Rate of Exceptions by Task.....	30
Table 2.6:	Percent of Exceptions Below and Above HTGs by Task	32
Table 2.7:	Rate of Exceptions by Task and Rank	33
Table 2.8:	Percent of Exceptions Below and Above HTGs by Task and Rank.....	35
Table 2.9:	Percent of Exceptions Documented by Task	37
Table 2.10:	Field Monitors' Description of Case File Documentation by Task.....	38
Table 2.11:	Number of Cases in Sample by Month of Last Assessment	40
Table 3.1:	Number of IHSS Appeals Filed by Month, Quarter and Study Period.....	46
Table 3.2:	Number of IHSS Appeals Filed per 100 IHSS Consumers by Study Period.....	46
Table 3.3:	Distribution of IHSS Appeal Outcomes by Study Period.....	47
Table 3.4:	Percent of IHSS Appeals Closed and Heard by Filing Month, Quarter and Study Period.....	49
Table 3.5:	Distribution of IHSS Issue Codes for IHSS Appeals with Written Decisions by Study Period	52
Table 3.6:	Distribution of Assessment-Related Issue Codes for IHSS Appeals with Written Decisions by Study Period	52
Table 3.7:	Distribution of IHSS Appeal Written Decision Dispositions by Issue Code Category and Study Period	53
Table 3.8:	Outcome of Attempt to Identify IHSS Case Numbers for IHSS Appeals Filed 9/05-8/07	54
Table 3.9:	Estimated Number of Annual IHSS Appeals per 100 Eligible IHSS Consumers by Study Period	56
Table 3.10:	Distribution of Authorized Hours for IHSS-Eligible Claimants by IHSS Appeal Filing Quarter and Study Period	57
Table 3.11:	Authorized Hour Distribution for All Eligible IHSS Consumers and IHSS-Eligible Claimants	57
Table 3.12:	Length of Time between Assessment and Filing Date for IHSS Appeals Filed 9/05-8/07	58
Table 3.13:	Disposition of Cases for Claimants with a Cut in Hours Notice.....	70

CHAPTER I

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

Key Findings

- 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.
- Matched Groups of Cases: In the comparison of weekly hours for consumers in the two time periods (pre- to the post-implementation period), 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=20,619):
 - 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.
- 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 pre- to post-implementation and between the two post-implementation periods.
- The increase in consistency suggests that the HTGs' task definitions and time guide factors continue to be successful in bringing greater overall 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. 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.
- 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 pre-implementation year (e.g., comparing September 2007 with September 2005). This is referred to as a pre to post comparison in the report.
- Additionally, with the second year of implementation, the analysis compares post-implementation cases from the first year of implementation with the second year of implementation. This is referred to as a post 1 to post 2 comparison in the report.
- 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.¹
- The analysis examines statewide changes for the 12 HTG tasks, by task, rank (client functional impairment level²), and county.

¹ 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.

² Rank 6 was excluded since it indicates a need for paramedical services.

- 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 in-depth analysis 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 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 whether the assessment in the pre-implementation period was the Initial Assessment or a Reassessment.
 - The analysis on matched groups uses hours authorized for purchase for each of the tasks, as this most accurately reflects the net change in time.
 - Data used for analysis is a snapshot of the caseload on the same day each month. Changes may be made to cases at any point in time and may not be reflected in the snapshot. Eligible cases are extracted from the snapshot of the entire caseload based on an assessment occurring within the month being captured in the snapshot. (For example, a case with a Face-to-Face date in May 2007 is contained in the snapshot of May 2007 data). Cases for individuals showing more than a 5 hour weekly decrease on any individual task were examined to determine if the decrease was accurate and if accurate, why the decrease occurred.
 - Cases were removed from the analysis if it was determined that the case had been terminated, or if was determined that the decrease was not an accurate reflection of the consumer's current assessment.

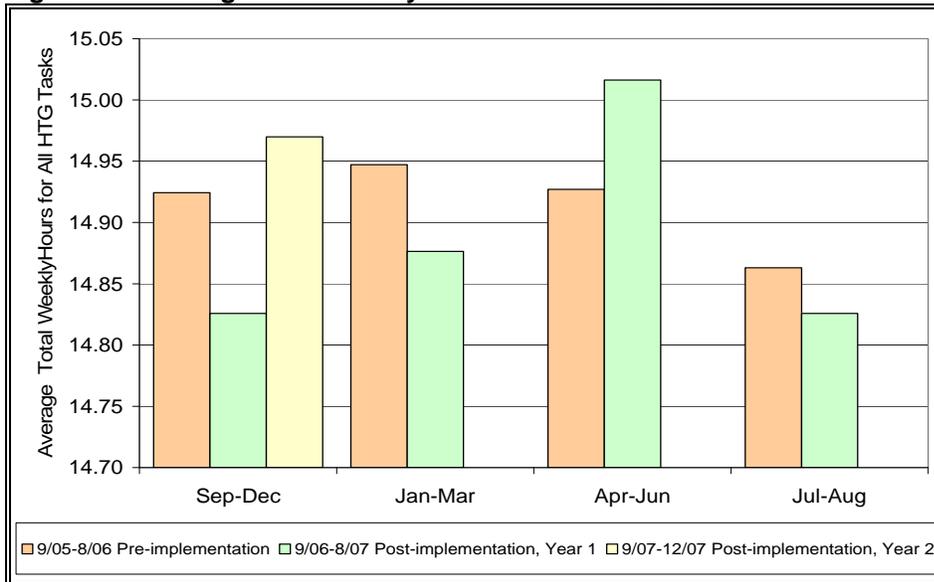
Section I

A Pre-Implementation to Post-Implementation Comparison (through 12/07)

TRENDS (FIGURES 1.1 AND 1.2)

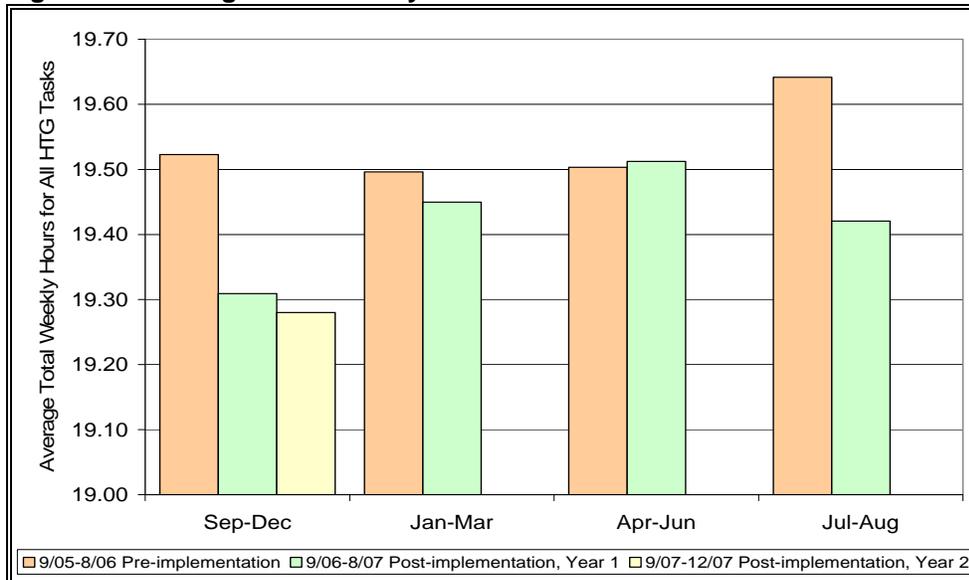
- As displayed in Figure 1.1, the second year of post-implementation for the first quarter of September through December 2007 showed an increase in the average number of minutes on Initial Assessments for all HTG tasks from the same period a year earlier and prior to implementation (post 1 to post 2 and pre to post).

Figure 1.1: Average Total Weekly Hours for Initial Assessments for All HTG Tasks



- In contrast to Initial Assessments, the trend for Reassessments (Figure 1.2) continues to show a decrease in the second year of post-implementation for the first quarter of September through December 2007 in comparison to the same period a year earlier and prior to implementation (post 1 to post 2 and pre to post).

Figure 1.2: Average Total Weekly Hours for Reassessments for All HTG Tasks



FINDINGS IN THE FIRST QUARTER OF THE SECOND YEAR PRE- TO POST COMPARISON

All HTG Tasks—Initial Assessments, 5 percent (n=19,912) of the Statewide Caseload

- There was an overall weekly average increase of 3 minutes for the 12 HTG tasks between the pre- and the post-implementation periods. (Table 1.1)
- 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 (Table 1.1)
- 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 (Table 1.1)
- There was an overall weekly average increase of 9 minutes for the 12 HTG tasks between *post 1 and post 2*. (Table 1.1)
- Eleven of the 12 tasks had an overall decrease in the percentage of cases above the range for the task (All except Rubbing Skin and Repositioning). (Table 1.2)
- All 12 tasks showed an overall increase in the percentage of cases that fell within the range for the task. (Table 1.2)
- Ten of the 12 tasks showed an overall decrease in the percentage of cases below the range for the task (All except Routine Bed Baths and Ambulation). (Table 1.2)

All HTG Tasks—Reassessments, 12 percent (n=45,786) of the Statewide Caseload

- There was an overall weekly average decrease of 15 minutes for the 12 HTG tasks between the pre- and post-implementation periods. (Table 1.1)

- Eight of the 12 tasks had an overall average decrease in time:
 - Meal Preparation, Bowel and Bladder Care, Routine Bed Baths, Ambulation, Bathing and Grooming, Menstrual Care, Rubbing Skin and Repositioning, and Care and Assistance with Prosthetic Devices (Table 1.1)
- Two of the 12 tasks—Feeding and Transfer—had an overall average increase in time. (Table 1.1)
- Two of the 12 tasks, Meal Cleanup and Dressing, had no change overall in average time. (Table 1.1)
- There was an overall weekly average decrease of 2 minutes for the 12 HTG tasks between post 1 and post 2. (Table 1.1)
- All 12 tasks had an overall average decrease in the percentage of cases above the range for the task. (Table 1.2)
- All 12 tasks had an overall average increase in the percentage of cases that fell within the range for the task. (Table 1.2)
- 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). (Table 1.2)

IMPACT BY TASK—INITIAL ASSESSMENTS AND REASSESSMENTS

Tasks with Overall Decreases in Average Time for Initial Assessments and Reassessments (Table 1.1)

- 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 (Table 1.1)

- Two of the 12 tasks—Feeding 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 (Table 1.1)

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

Table 1.1: Average Total Weekly Hours for All HTG Tasks by Task

		Average Weekly Hours (Mean)			Number of Cases			Standard Deviation			Difference in Minutes	
		Pre	Post 1	Post 2	Pre	Post 1	Post 2	Pre	Post 1	Post 2	Pre-Post 2	Post 1-Post 2
		9/05-12/05	9/06-12/06	9/07-12/07	9/05-12/05	9/06-12/06	9/07-12/07	9/05-12/05	9/06-12/06	9/07-12/07	9/05-12/05 vs. 9/07-12/07	9/06-12/06 vs. 9/07-12/07
Initial Assessments	All HTG	14.92	14.83	14.97	17,808	17,806	19,912	8.56	8.30	8.11	3	9
	Meal Preparation	6.21	6.14	6.19	16,889	16,758	18,653	1.65	1.55	1.44	-1	3
	Meal Cleanup	2.50	2.51	2.59	16,991	16,838	18,736	0.93	0.90	0.82	6	5
	Feeding	3.40	3.46	3.49	2,469	2,254	2,423	2.97	2.96	2.74	5	2
	Bowel and Bladder Care	2.87	2.73	2.79	6,949	7,028	7,707	2.48	2.30	2.28	-5	3
	Routine Bed Baths	2.28	2.13	2.11	1,042	1,122	1,313	1.57	1.41	1.46	-10	-1
	Dressing	1.46	1.47	1.50	12,022	12,219	13,655	0.92	0.93	0.88	3	2
	Ambulation	1.71	1.66	1.63	6,778	7,809	9,434	1.16	1.22	1.24	-5	-2
	Transfer	1.13	1.16	1.30	6,673	7,319	8,500	0.91	0.97	1.03	10	8
	Bathing and Grooming	2.17	2.18	2.22	14,800	14,641	15,979	1.34	1.35	1.30	3	2
	Menstrual Care	0.54	0.53	0.53	379	357	341	0.55	0.45	0.45	-1	0
	Rubbing Skin and Repositioning	1.67	1.74	1.81	6,914	5,891	5,612	1.97	1.88	1.73	8	4
Care and Assistance with Prosthetics	0.74	0.72	0.70	9,849	10,561	12,212	0.64	0.61	0.53	-2	-1	
Reassessments	All HTG	19.52	19.31	19.28	40,493	39,547	45,786	10.52	10.18	9.88	-15	-2
	Meal Preparation	6.61	6.50	6.49	39,313	38,267	44,178	1.52	1.37	1.26	-7	-1
	Meal Cleanup	2.72	2.69	2.71	39,543	38,497	44,369	0.94	0.87	0.81	0	1
	Feeding	3.82	3.86	3.93	8,370	7,960	8,891	3.14	3.02	2.95	6	4
	Bowel and Bladder Care	3.49	3.32	3.26	21,407	20,934	24,426	2.69	2.55	2.51	-14	-3
	Routine Bed Baths	2.56	2.44	2.33	2,818	2,771	3,358	1.67	1.58	1.53	-14	-6
	Dressing	1.82	1.82	1.82	32,286	32,058	37,420	1.07	1.05	1.04	0	0
	Ambulation	2.04	1.97	1.91	20,786	21,948	26,918	1.37	1.34	1.30	-8	-4
	Transfer	1.41	1.44	1.51	20,669	21,231	25,794	1.13	1.17	1.16	6	4
	Bathing and Grooming	2.95	2.94	2.92	36,501	35,910	41,477	1.57	1.54	1.49	-2	-1
	Menstrual Care	0.61	0.61	0.58	1,626	1,468	1,647	0.56	0.53	0.45	-2	-2
	Rubbing Skin and Repositioning	2.20	2.15	2.08	22,221	20,376	22,015	2.23	2.10	1.96	-8	-5
Care and Assistance with Prosthetics	0.90	0.86	0.84	23,973	25,081	31,480	0.79	1.27	0.68	-3	-1	

CASES ABOVE, WITHIN, AND BELOW THE RANGE SET BY THE HTG GUIDELINES FOR INITIAL ASSESSMENTS AND REASSESSMENTS (TABLE 1.2)

- 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.
- All 12 tasks had an increase in the percentage of cases that fell within the range for the task for Initial Assessments and Reassessments between post 1 and post 2.
- Movement into the ranges occurred through increases and decreases in minutes authorized for Initial Assessments and Reassessments.

Movement into the Range by Decreases

- 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).

Movement into the Range by Increases

- Ten of the 12 tasks had a decrease in the percentage of cases below the range for both Initial Assessments and Reassessments for the task post-implementation (all except for Routine Bed Baths and Ambulation).

Split Movement into the 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 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.

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 1.2: Percentage of Cases within Guidelines for All HTG Tasks

		Initial Assessments							Change in Percent of Cases	
		Number of Cases			Percent of Cases					
		9/05-12/05	9/06-12/06	9/07-12/07	9/05-12/05	9/06-12/06	9/07-12/07	9/05-12/05 vs. 9/07-12/07		
Meal Preparation	Below range	2,891	2,776	2,718	17.1%	16.6%	14.6%	-2.5%	-2.0%	
	Within range	13,138	13,498	15,524	77.8%	80.5%	83.2%	5.4%	2.7%	
	Above range	860	484	411	5.1%	2.9%	2.2%	-2.9%	-0.7%	
	Total	16,889	16,758	18,653	100.0%	100.0%	100.0%	0.0%	0.0%	
Meal Cleanup	Below range	3,109	2,757	2,147	18.3%	16.4%	11.5%	-6.8%	-4.9%	
	Within range	13,040	13,558	16,342	76.7%	80.5%	87.2%	10.5%	6.7%	
	Above range	842	523	247	5.0%	3.1%	1.3%	-3.6%	-1.8%	
	Total	16,991	16,838	18,736	100.0%	100.0%	100.0%	0.0%	0.0%	
Feeding	Below range	600	502	381	24.3%	22.3%	15.7%	-8.6%	-6.5%	
	Within range	1,455	1,440	1,825	58.9%	63.9%	75.3%	16.4%	11.4%	
	Above range	414	312	217	16.8%	13.8%	9.0%	-7.8%	-4.9%	
	Total	2,469	2,254	2,423	100.0%	100.0%	100.0%	0.0%	0.0%	
Bowel and Bladder Care	Below range	2,188	2,133	1,780	31.5%	30.4%	23.1%	-8.4%	-7.3%	
	Within range	3,510	3,956	5,345	50.5%	56.3%	69.4%	18.8%	13.1%	
	Above range	1,251	939	582	18.0%	13.4%	7.6%	-10.5%	-5.8%	
	Total	6,949	7,028	7,707	100.0%	100.0%	100.0%	0.0%	0.0%	
Routine Bed Baths	Below range	269	308	343	25.8%	27.5%	26.1%	0.3%	-1.3%	
	Within range	636	687	827	61.0%	61.2%	63.0%	1.9%	1.8%	
	Above range	137	127	143	13.1%	11.3%	10.9%	-2.3%	-0.4%	
	Total	1,042	1,122	1,313	100.0%	100.0%	100.0%	0.0%	0.0%	
Dressing	Below range	3,997	3,625	2,950	33.2%	29.7%	21.6%	-11.6%	-8.1%	
	Within range	6,031	6,822	9,555	50.2%	55.8%	70.0%	19.8%	14.1%	
	Above range	1,994	1,772	1,150	16.6%	14.5%	8.4%	-8.2%	-6.1%	
	Total	12,022	12,219	13,655	100.0%	100.0%	100.0%	0.0%	0.0%	
Ambulation	Below range	1,921	2,479	2,719	28.3%	31.7%	28.8%	0.5%	-2.9%	
	Within range	3,780	4,191	5,836	55.8%	53.7%	61.9%	6.1%	8.2%	
	Above range	1,077	1,139	879	15.9%	14.6%	9.3%	-6.6%	-5.3%	
	Total	6,778	7,809	9,434	100.0%	100.0%	100.0%	0.0%	0.0%	
Transfer	Below range	2,085	2,218	1,672	31.2%	30.3%	19.7%	-11.6%	-10.6%	
	Within range	3,457	3,917	5,425	51.8%	53.5%	63.8%	12.0%	10.3%	
	Above range	1,131	1,184	1,403	16.9%	16.2%	16.5%	-0.4%	0.3%	
	Total	6,673	7,319	8,500	100.0%	100.0%	100.0%	0.0%	0.0%	
Bathing and Grooming	Below range	5,337	4,871	4,103	36.1%	33.3%	25.7%	-10.4%	-7.6%	
	Within range	7,305	8,026	10,727	49.4%	54.8%	67.1%	17.8%	12.3%	
	Above range	2,158	1,744	1,149	14.6%	11.9%	7.2%	-7.4%	-4.7%	
	Total	14,800	14,641	15,979	100.0%	100.0%	100.0%	0.0%	0.0%	
Menstrual Care	Below range	130	96	85	34.3%	26.9%	24.9%	-9.4%	-2.0%	
	Within range	166	202	196	43.8%	56.6%	57.5%	13.7%	0.9%	
	Above range	83	59	60	21.9%	16.5%	17.6%	-4.3%	1.1%	
	Total	379	357	341	100.0%	100.0%	100.0%	0.0%	0.0%	
Rubbing Skin and Repositioning	Below range	2,604	1,945	1,358	37.7%	33.0%	24.2%	-13.5%	-8.8%	
	Within range	3,199	2,914	3,273	46.3%	49.5%	58.3%	12.1%	8.9%	
	Above range	1,111	1,032	981	16.1%	17.5%	17.5%	1.4%	0.0%	
	Total	6,914	5,891	5,612	100.0%	100.0%	100.0%	0.0%	0.0%	
Care and Assistance with Prosthetic Devices	Below range	2,928	3,306	3,345	29.7%	31.3%	27.4%	-2.3%	-3.9%	
	Within range	5,234	5,638	7,466	53.1%	53.4%	61.1%	8.0%	7.8%	
	Above range	1,687	1,617	1,401	17.1%	15.3%	11.5%	-5.7%	-3.8%	
	Total	9,849	10,561	12,212	100.0%	100.0%	100.0%	0.0%	0.0%	

*Percentages may not sum to 100 percent due to rounding.

Table 1.2: Percentage of Cases within Guidelines for All HTG Tasks

		Reassessments						Change in Percent of Cases	
		Number of Cases			Percent of Cases			9/05-12/05 vs. 9/07-12/07	9/06-12/06 vs. 9/07-12/07
		9/05-12/05	9/06-12/06	9/07-12/07	9/05-12/05	9/06-12/06	9/07-12/07		
Meal Preparation	Below range	4,729	4,621	4,739	12.0%	12.1%	10.7%	-1.3%	-1.3%
	Within range	31,438	31,902	37,914	80.0%	83.4%	85.8%	5.9%	2.5%
	Above range	3,146	1,744	1,525	8.0%	4.6%	3.5%	-4.6%	-1.1%
	Total	39,313	38,267	44,178	100.0%	100.0%	100.0%	0.0%	0.0%
Meal Cleanup	Below range	5,667	5,047	4,506	14.3%	13.1%	10.2%	-4.2%	-3.0%
	Within range	31,130	31,865	39,019	78.7%	82.8%	87.9%	9.2%	5.2%
	Above range	2,746	1,585	844	6.9%	4.1%	1.9%	-5.0%	-2.2%
	Total	39,543	38,497	44,369	100.0%	100.0%	100.0%	0.0%	0.0%
Feeding	Below range	1,790	1,485	1,125	21.4%	18.7%	12.7%	-8.7%	-6.0%
	Within range	5,037	5,219	6,613	60.2%	65.6%	74.4%	14.2%	8.8%
	Above range	1,543	1,256	1,153	18.4%	15.8%	13.0%	-5.5%	-2.8%
	Total	8,370	7,960	8,891	100.0%	100.0%	100.0%	0.0%	0.0%
Bowel and Bladder Care	Below range	4,928	4,796	4,491	23.0%	22.9%	18.4%	-4.6%	-4.5%
	Within range	11,164	12,146	16,990	52.2%	58.0%	69.6%	17.4%	11.5%
	Above range	5,315	3,992	2,945	24.8%	19.1%	12.1%	-12.8%	-7.0%
	Total	21,407	20,934	24,426	100.0%	100.0%	100.0%	0.0%	0.0%
Routine Bed Baths	Below range	641	699	897	22.7%	25.2%	26.7%	4.0%	1.5%
	Within range	1638	1619	1975	58.1%	58.4%	58.8%	0.7%	0.4%
	Above range	539	453	486	19.1%	16.3%	14.5%	-4.7%	-1.9%
	Total	2818	2771	3358	100.0%	100.0%	100.0%	0.0%	0.0%
Dressing	Below range	7,080	6,505	5,738	21.9%	20.3%	15.3%	-6.6%	-5.0%
	Within range	16,339	17,823	25,945	50.6%	55.6%	69.3%	18.7%	13.7%
	Above range	8,867	7,730	5,737	27.5%	24.1%	15.3%	-12.1%	-8.8%
	Total	32,286	32,058	37,420	100.0%	100.0%	100.0%	0.0%	0.0%
Ambulation	Below range	4,305	4,762	5,440	20.7%	21.7%	20.2%	-0.5%	-1.5%
	Within range	11,833	12,830	17,787	56.9%	58.5%	66.1%	9.2%	7.6%
	Above range	4,648	4,356	3,691	22.4%	19.8%	13.7%	-8.6%	-6.1%
	Total	20,786	21,948	26,918	100.0%	100.0%	100.0%	0.0%	0.0%
Transfer	Below range	4,528	4,489	3,805	21.9%	21.1%	14.8%	-7.2%	-6.4%
	Within range	10,921	11,677	16,530	52.8%	55.0%	64.1%	11.2%	9.1%
	Above range	5,220	5,065	5,459	25.3%	23.9%	21.2%	-4.1%	-2.7%
	Total	20,669	21,231	25,794	100.0%	100.0%	100.0%	0.0%	0.0%
Bathing and Grooming	Below range	7,608	6,988	6,624	20.8%	19.5%	16.0%	-4.9%	-3.5%
	Within range	18,483	19,985	27,895	50.6%	55.7%	67.3%	16.6%	11.6%
	Above range	10,410	8,937	6,958	28.5%	24.9%	16.8%	-11.7%	-8.1%
	Total	36,501	35,910	41,477	100.0%	100.0%	100.0%	0.0%	0.0%
Menstrual Care	Below range	449	361	384	27.6%	24.6%	23.3%	-4.3%	-1.3%
	Within range	797	772	940	49.0%	52.6%	57.1%	8.1%	4.5%
	Above range	380	335	323	23.4%	22.8%	19.6%	-3.8%	-3.2%
	Total	1,626	1,468	1,647	100.0%	100.0%	100.0%	0.0%	0.0%
Rubbing Skin and Repositioning	Below range	5,390	4,652	4,260	24.3%	22.8%	19.4%	-4.9%	-3.5%
	Within range	11,150	10,774	12,824	50.2%	52.9%	58.3%	8.1%	5.4%
	Above range	5,681	4,950	4,931	25.6%	24.3%	22.4%	-3.2%	-1.9%
	Total	22,221	20,376	22,015	100.0%	100.0%	100.0%	0.0%	0.0%
Care and Assistance with Prosthetic Devices	Below range	5,148	5,578	6,173	21.5%	22.2%	19.6%	-1.9%	-2.6%
	Within range	12,584	13,621	19,151	52.5%	54.3%	60.8%	8.3%	6.5%
	Above range	6,241	5,882	6,156	26.0%	23.5%	19.6%	-6.5%	-3.9%
	Total	23,973	25,081	31,480	100.0%	100.0%	100.0%	0.0%	0.0%

*Percentages may not sum to 100 percent due to rounding.

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) has continued to improve 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 1.3 AND 1.4, TABLE 1.3, APPENDIX)

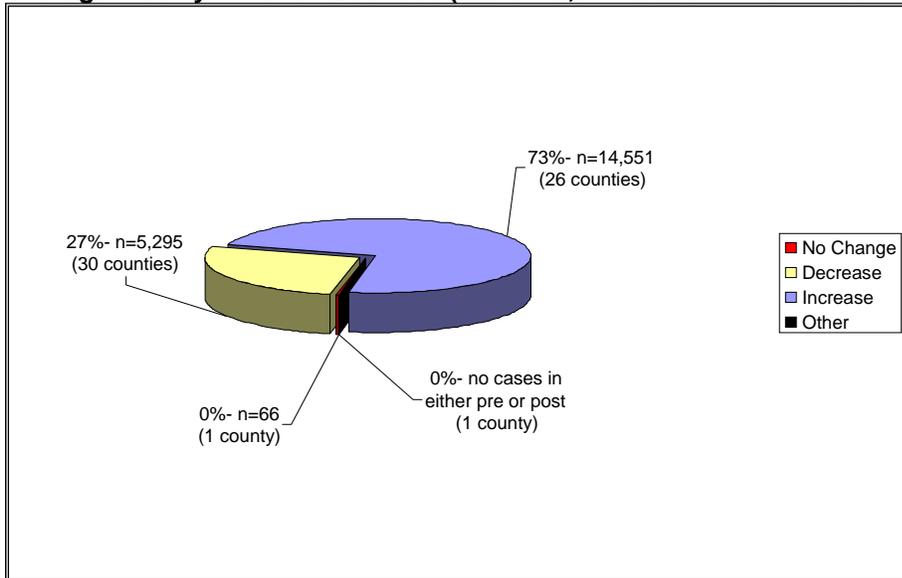
Overall Initial Assessments/Reassessments

- 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 Initial Assessments than Reassessments.
- Of the 26 counties that had an overall average increase for Initial Assessments, 13 also had an overall average increase for Reassessments.
- Of the 30 counties that had an overall average decrease for Initial Assessments, 22 also had an overall average decrease for Reassessments.

Initial Assessments

- There was an overall average increase in time in 26 of the 58 counties, or 73 percent of the cases in the post 2 subset with an Initial Assessment. (These cases represent 4 percent (n=14,551) of the statewide caseload.)
- Of the 26 counties with an average increase, ten 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 very small county (Alpine) did not have any cases in the pre-implementation time period.
- One county had no change in overall average time (Lake).
- There was an overall average decrease in time in 30 of the 58 counties, or 27 percent of the cases in the post 2 subset with an Initial Assessment. (These cases represent less than one percent (n=5,295) of the statewide caseload.)
- Of the 30 counties with an average decrease, 12 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.)
- Of the 26 counties that had an overall average increase pre to post, 22 had an increase *post1 to post2*.
- Of the 30 counties that had an overall average decrease pre to post, 19 had a decrease *post1 to post2*.

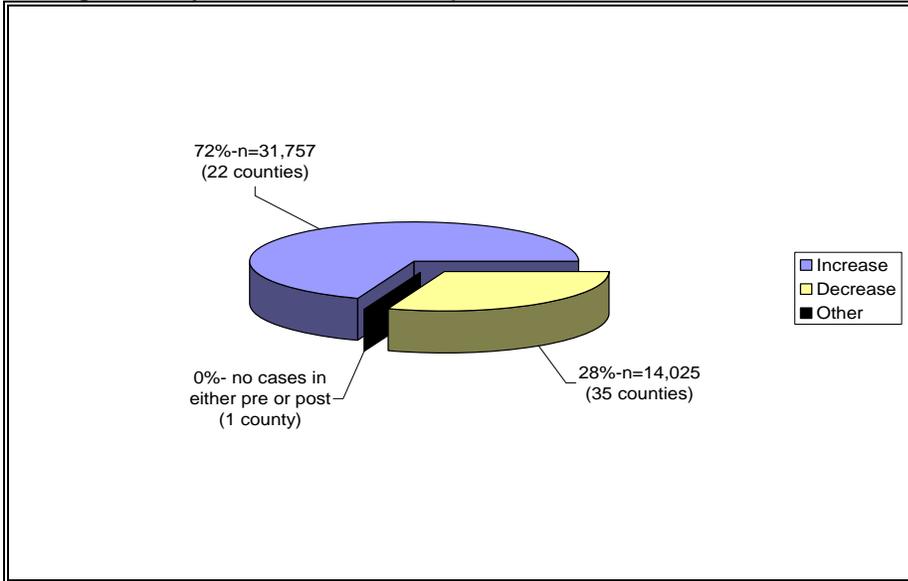
Figure 1.3: Initial Assessment—Overall Increases and Overall Decreases in Average Weekly Time for Counties (out of 19,912 cases with an Initial Assessment)



Reassessments

- There was an overall average increase in time in 22 of the 58 counties, or 72 percent of the post 2 subset of cases with a Reassessment). (These cases represent 8 percent (n=31,757) of the statewide caseload.
- Of the 22 counties with an overall average increase, 6 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 (Alpine) 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, or 28 percent of the post 2 subset of cases with a Reassessment. (These cases represent 4 percent (n=14,025) of the statewide caseload.)
- Of the 34 counties with an average decrease, 11 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.)
- Of the 22 counties with an overall average increase pre to post, 19 had an increase *post1 to post2*.
- Of the 34 counties with an overall average decrease pre to post, 24 had a decrease *post1 to post2*.

Figure 1.4: Reassessment—Overall Increases and Overall Decreases in Average Weekly Time for Counties (out of 45,786 cases with a Reassessment)



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 1.3: Average Total Weekly Hours for All HTG Tasks by County

	Initial Assessments											Reassessments										
	Pre			Post 1			Post 2			Difference in Minutes		Pre			Post 1			Post 2			Difference in Minutes	
	9/05-12/05			9/06-12/06			9/07-12/07			Pre-Post 2	Post 1-Post 2	9/05-12/05			9/06-12/06			9/07-12/07			Pre-Post 2	Post 1-Post 2
	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	9/05-12/05 vs. 9/07-12/07	9/06-12/06 vs. 9/07-12/07	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	9/05-12/05 vs. 9/07-12/07	9/06-12/06 vs. 9/07-12/07
Alameda	14.90	327	9.94	16.39	310	11.34	18.81	249	10.07	234	145	21.55	1,122	13.05	20.58	1,062	12.06	21.36	638	11.38	-11	46
Alpine							14.06	4	7.26									12.50	4	13.37		
Amador	20.86	14	18.42	12.59	14	11.44	12.25	20	10.79	-517	-20	17.04	33	14.14	16.58	40	12.67	15.55	40	12.86	-89	-62
Butte	15.36	120	9.96	13.30	107	8.96	14.40	138	9.48	-58	66	20.62	225	14.16	18.27	198	13.10	18.62	208	12.53	-120	21
Calaveras	17.61	28	12.27	15.49	9	8.85	17.36	19	8.61	-15	112	20.08	8	10.06	24.44	13	17.81	27.74	19	15.53	460	198
Colusa	23.07	10	11.16	11.66	8	11.82	11.86	5	10.21	-672	12	24.23	19	11.17	15.12	15	8.72	14.96	26	14.32	-556	-9
Contra Costa	15.31	180	8.94	15.27	245	9.63	15.97	372	9.17	39	42	20.17	556	11.64	18.39	599	11.02	17.99	714	10.17	-131	-24
Del Norte	16.75	19	10.28	13.44	21	5.06	17.39	25	8.26	38	237	20.21	25	13.14	17.75	10	8.11	18.99	46	11.67	-73	74
El Dorado	18.11	32	10.48	15.65	16	8.18	18.86	24	16.06	44	192	21.15	25	15.29	19.15	14	12.41	20.64	31	14.86	-31	89
Fresno	18.37	546	9.23	18.94	610	9.26	17.15	625	8.40	-73	-107	22.62	2,120	11.15	22.03	2,079	10.39	21.30	1,860	9.76	-79	-44
Glenn	19.24	22	8.84	17.52	27	10.41	19.80	28	11.87	34	137	21.52	67	12.39	19.32	63	9.45	24.57	75	12.23	183	315
Humboldt	17.14	44	16.04	10.96	42	7.70	13.09	53	12.76	-243	128	15.11	135	11.80	14.33	152	10.58	16.38	401	12.08	76	123
Imperial	15.01	149	8.50	13.96	42	8.93	13.08	161	7.56	-116	-53	19.88	220	11.23	14.15	164	8.99	15.75	621	10.29	-248	96
Inyo	20.70	13	15.77	19.70	13	13.73	15.56	13	8.37	-308	-248	14.01	7	6.26	19.60	23	11.15	13.60	28	11.20	-25	-360
Kern	16.27	225	9.47	15.03	138	9.41	14.89	93	7.57	-83	-9	20.02	533	10.90	20.45	308	11.46	16.87	319	8.91	-189	-214
Kings	15.40	58	6.86	13.69	80	8.64	13.63	147	9.23	-106	-4	21.65	175	12.30	19.60	195	12.46	18.43	264	11.94	-193	-70
Lake	17.89	69	9.01	16.55	67	7.00	17.89	66	11.71	0	80	23.83	196	14.57	25.17	183	13.78	27.05	189	13.74	193	113
Lassen	18.75	25	17.72	16.96	21	18.71	14.65	23	11.95	-246	-138	14.22	29	10.98	15.57	22	10.71	24.65	24	17.07	626	545
Los Angeles	14.11	7,487	6.53	14.61	7,727	6.78	14.79	8,402	6.59	41	11	19.59	15,683	8.69	19.77	16,249	8.59	19.92	18,982	8.39	20	9
Madera	14.21	93	9.28	15.63	72	11.04	15.34	98	8.97	68	-18	18.83	277	11.77	18.38	289	10.84	19.21	297	10.81	23	50
Marin	19.54	29	11.10	17.84	37	14.16	16.39	53	12.25	-189	-87	19.07	126	13.60	18.06	144	11.26	17.80	143	10.29	-76	-16
Mariposa	18.35	17	11.89	9.98	16	7.12	23.69	10	13.76	321	823	23.15	15	17.59	19.11	19	11.95	22.11	32	14.73	-62	180
Mendocino	17.45	77	12.06	15.66	51	11.03	16.01	84	12.48	-86	21	18.82	102	16.01	18.81	98	14.17	19.82	143	13.50	60	60
Merced	14.44	212	8.40	11.74	211	5.75	12.60	278	6.15	-110	52	16.79	466	9.32	15.45	501	8.24	15.42	460	8.18	-82	-2
Modoc	11.62	9	8.46	14.67	14	7.82	15.55	8	15.45	236	53	22.04	9	16.83	18.36	12	10.84	15.77	19	10.62	-376	-155
Mono	8.46	2	0.42	4.42	2	1.29	2.56	1	.	-354	-111	12.93	2	4.84	14.71	3	16.85	10.49	2	5.73	-146	-253
Monterey	16.91	90	8.87	17.10	84	10.59	15.31	122	10.03	-96	-107	21.94	348	12.66	20.55	207	12.01	21.09	263	12.76	-51	32
Napa	18.41	11	14.54	12.62	25	7.81	19.38	36	10.60	58	406	17.73	41	11.81	16.35	45	12.83	17.95	77	11.22	13	96
Nevada	10.12	12	11.14	15.67	25	13.72	17.66	31	11.14	452	120	20.51	29	16.54	19.55	51	20.05	20.98	114	16.72	28	85
Orange	12.72	601	8.52	12.93	530	7.61	13.09	452	7.30	22	10	16.13	916	9.06	16.22	1,140	8.86	14.08	794	7.61	-122	-128
Placer	15.75	176	10.88	16.10	153	9.93	17.48	166	13.07	103	83	21.69	165	15.36	22.07	167	14.34	20.99	168	13.08	-42	-65
Plumas	8.73	13	6.41	7.30	7	6.23	10.01	20	6.16	76	162	12.20	38	6.80	12.16	37	9.36	11.25	33	10.28	-57	-54
Riverside	17.42	914	10.43	16.40	1,143	9.30	15.75	1,279	8.78	-100	-39	21.50	2,335	11.91	21.22	2,106	11.59	20.72	2,271	11.29	-47	-30
Sacramento	18.25	566	12.09	17.35	431	10.86	18.28	511	10.33	2	56	22.16	1,784	12.70	22.22	1,292	12.32	22.42	1,439	12.48	15	12
San Benito	25.40	12	11.53	20.57	7	9.06	14.95	35	8.91	-627	-337	30.01	21	9.83	22.45	19	9.46	17.04	15	9.54	-778	-325

Table 1.3: Average Total Weekly Hours for All HTG Tasks by County

	Initial Assessments											Reassessments										
	Pre			Post 1			Post 2			Difference in Minutes		Pre			Post 1			Post 2			Difference in Minutes	
	9/05-12/05			9/06-12/06			9/07-12/07			Pre-Post 2	Post 1-Post 2	9/05-12/05			9/06-12/06			9/07-12/07			Pre-Post 2	Post 1-Post 2
	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	9/05-12/05 vs. 9/07-12/07	9/06-12/06 vs. 9/07-12/07	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	9/05-12/05 vs. 9/07-12/07	9/06-12/06 vs. 9/07-12/07
San Bernardino	15.35	1,173	8.02	15.13	1,063	7.66	15.57	1,082	7.92	13	26	18.51	2,214	9.37	18.71	1,538	9.18	19.34	1,933	9.43	50	38
San Diego	12.98	955	7.65	12.96	1,018	8.56	13.05	1,176	8.05	4	6	16.78	2,393	10.35	16.73	2,628	10.07	16.82	3,122	10.01	3	6
San Francisco	13.51	670	6.58	13.73	846	7.20	14.43	1,062	6.96	55	41	18.34	2,360	8.90	18.23	2,597	8.60	18.97	3,552	9.01	38	44
San Joaquin	15.71	295	9.54	14.91	341	8.51	16.37	347	9.55	39	88	18.70	752	11.18	18.23	815	10.44	18.34	845	9.67	-21	7
San Luis Obispo	13.69	69	11.38	16.36	89	12.58	15.82	118	13.99	128	-33	17.59	140	15.61	20.76	172	16.95	18.26	225	14.48	40	-150
San Mateo	21.28	166	10.96	19.74	149	10.61	21.11	155	11.33	-10	82	23.46	273	13.67	24.02	291	13.52	26.49	362	13.83	182	148
Santa Barbara	12.12	241	9.75	12.21	151	9.88	12.86	110	9.73	45	39	16.59	275	11.96	17.06	273	14.07	16.00	166	12.27	-35	-64
Santa Clara	18.57	436	9.87	15.39	362	8.58	15.13	602	8.68	-206	-16	20.22	1,110	11.44	19.89	868	12.37	18.12	1,791	9.86	-126	-106
Santa Cruz	11.75	46	11.44	14.98	54	12.06	11.67	63	10.89	-5	-199	15.07	149	11.82	15.16	105	11.44	15.97	196	11.15	54	49
Shasta	13.00	121	10.24	13.53	101	12.28	11.96	122	10.10	-62	-94	18.81	271	13.29	16.12	175	10.65	15.55	212	11.08	-195	-34
Sierra	9.83	3	6.79	8.31	1		16.63	3	8.27	408	499	9.64	4	7.56				9.67	3	8.81	2	
Siskiyou	11.91	63	9.72	11.20	50	6.54	10.92	46	8.01	-60	-17	12.98	90	9.21	13.18	91	10.33	13.12	104	10.03	8	-4
Solano	21.11	156	11.91	20.11	121	13.67	20.50	114	12.18	-37	23	25.22	226	13.55	25.01	212	15.21	23.55	266	13.69	-100	-88
Sonoma	14.39	138	11.44	19.46	69	14.57	15.51	61	11.89	68	-237	19.53	376	14.89	18.97	358	13.79	19.25	209	13.99	-17	17
Stanislaus	14.24	353	9.20	12.86	441	8.35	13.00	463	8.15	-74	8	17.85	700	10.35	17.24	765	10.11	17.33	756	9.83	-32	6
Sutter	17.69	84	12.26	17.03	76	9.32	16.27	89	8.79	-85	-45	21.14	89	13.26	21.16	119	11.98	21.11	110	10.78	-1	-3
Tehama	9.54	73	9.47	10.19	76	10.10	10.70	72	8.27	70	30	14.22	110	12.47	13.55	129	12.97	13.47	108	12.23	-44	-4
Trinity	14.64	25	11.31	13.43	11	7.04	17.64	7	9.17	180	253	15.75	25	7.71	13.13	21	9.43	15.96	24	8.45	12	170
Tulare	12.08	130	7.45	12.38	142	8.09	11.22	229	6.42	-51	-70	13.65	415	8.52	13.67	257	9.45	13.86	328	9.06	13	11
Tuolumne	7.40	20	9.46	7.45	10	4.87	4.65	18	6.82	-165	-168	7.54	21	5.28	12.54	12	12.42	7.46	36	8.95	-4	-305
Ventura	15.81	224	9.04	13.78	125	8.27	14.94	123	8.92	-52	69	17.82	334	10.88	17.35	238	11.55	16.79	285	10.56	-62	-34
Yolo	17.05	88	9.55	15.07	127	8.37	16.05	122	8.14	-60	59	19.14	188	11.29	17.17	241	9.21	18.96	246	9.57	-11	108
Yuba	12.88	77	8.64	12.13	78	7.51	13.56	77	7.10	41	86	15.17	126	10.98	15.50	123	10.77	17.78	148	11.19	157	136

Section II

Changes in Time for Matched Groups of Cases

- The analysis of matched groups looks at a subset of the total cases (Table 1.4):
 - Cases that had an assessment in the pre-implementation period (9/05-8/06) and a subsequent assessment in post-implementation period (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 period and a Reassessment in the post-implementation period.
 - The second matched group consisted of cases that had a Reassessment in the pre-implementation period and a Reassessment in the post-implementation period.
 - In situations where a case had more than one assessment in the post-implementation period, the hours for the most recent assessment was used.

Figure 1.5: 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 authorized for purchase for consumers increased or decreased between the pre-implementation and post-implementation periods for consumers in the two matched groups' post-implementation period.
- The majority of matched cases in both groups had an increase in time overall 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=21,619):
 - 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.

- 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 1.4: Matched Groups—Summarized Changes in Weekly Time Authorized for Purchase 9/05-8/06 vs. 9/06-8/07

		All Tasks	Meal Prep	Meal Cleanup	Feeding	Bowel & Bladder	Routine Bed Baths	Dressing	Ambulation	Transfer	Bathing & Grooming	Menstrual Care	Rubbing Skin	Prosthetics	
Initial Assessment to Reassessment	Number of Cases	More than 1 hour increase	10,190	4,107	1,751	1,079	2,657	503	2,476	2,610	1,837	3,677	12	1,887	755
		Up to 1 hour increase	3,611	1,956	4,068	363	1,975	244	4,153	3,436	3,757	5,154	166	2,113	4,972
		No change in time	4,224	12,316	12,367	1,292	3,436	395	8,002	3,637	3,454	7,343	242	3,157	6,102
		Up to 1 hour decrease	1,455	983	2,101	331	960	150	1,241	962	1,066	1,912	85	2,082	2,097
		More than 1 hour decrease	2,139	1,493	725	473	1,007	183	600	636	383	1,109	12	1,055	309
		Total	21,619	20,855	21,012	3,538	10,035	1,475	16,472	11,281	10,497	19,195	517	10,294	14,235
	Percent of Cases	More than 1 hour increase	47.1%	19.7%	8.3%	30.5%	26.5%	34.1%	15.0%	23.1%	17.5%	19.2%	2.3%	18.3%	5.3%
		Up to 1 hour increase	16.7%	9.4%	19.4%	10.3%	19.7%	16.5%	25.2%	30.5%	35.8%	26.9%	32.1%	20.5%	34.9%
		No change in time	19.5%	59.1%	58.9%	36.5%	34.2%	26.8%	48.6%	32.2%	32.9%	38.3%	46.8%	30.7%	42.9%
		Up to 1 hour decrease	6.7%	4.7%	10.0%	9.4%	9.6%	10.2%	7.5%	8.5%	10.2%	10.0%	16.4%	20.2%	14.7%
More than 1 hour decrease		9.9%	7.2%	3.5%	13.4%	10.0%	12.4%	3.6%	5.6%	3.6%	5.8%	2.3%	10.2%	2.2%	
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%	100.0%	
Reassessment to Reassessment	Number of Cases	More than 1 hour increase	21,404	6,441	2,752	3,105	6,297	1,387	4,406	5,966	5,049	5,739	33	4,167	1,698
		Up to 1 hour increase	11,202	3,882	7,764	1,247	5,535	759	9,347	9,339	9,720	12,097	461	5,615	11,237
		No change in time	16,787	42,139	41,700	6,980	17,020	1,865	32,083	16,749	16,549	29,893	1,701	15,934	21,496
		Up to 1 hour decrease	4,228	2,457	5,065	1,051	2,738	436	3,021	2,476	2,819	5,076	453	5,879	5,423
		More than 1 hour decrease	5,881	3,676	1,825	1,326	3,030	501	1,714	2,041	1,185	3,146	50	4,173	961
		Total	59,502	58,595	59,106	13,709	34,620	4,948	50,571	36,571	35,322	55,951	2,698	35,768	40,815
	Percent of Cases	More than 1 hour increase	36.0%	11.0%	4.7%	22.6%	18.2%	28.0%	8.7%	16.3%	14.3%	10.3%	1.2%	11.7%	4.2%
		Up to 1 hour increase	18.8%	6.6%	13.1%	9.1%	16.0%	15.3%	18.5%	25.5%	27.5%	21.6%	17.1%	15.7%	27.5%
		No change in time	28.2%	71.9%	70.6%	50.9%	49.2%	37.7%	63.4%	45.8%	46.9%	53.4%	63.0%	44.5%	52.7%
		Up to 1 hour decrease	7.1%	4.2%	8.6%	7.7%	7.9%	8.8%	6.0%	6.8%	8.0%	9.1%	16.8%	16.4%	13.3%
More than 1 hour decrease		9.9%	6.3%	3.1%	9.7%	8.8%	10.1%	3.4%	5.6%	3.4%	5.6%	1.9%	11.7%	2.4%	
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%	100.0%	

*Percentages may not sum to 100 percent due to rounding.

Table 1.5: Matched Group Cases, Initial Assessment to Reassessment, Full Range of Change in Weekly Hours Authorized for Purchase by Task 9/05-8/06 vs. 9/06-8/07

Change in Weekly Hours Authorized for Purchase	Number of Cases											
	Meal Prep	Meal Cleanup	Feeding	Bowel & Bladder	Routine Bed Baths	Dressing	Ambulation	Transfer	Bathing & Grooming	Menstrual Care	Rubbing Skin	Prosthetics
19.01 to 20.00			1									
14.01 to 15.00											2	
13.01 to 14.00				2							1	
12.01 to 13.00			1	4							1	
11.01 to 12.00			1	2							1	
10.01 to 11.00			7	6	1	1	2				6	
9.01 to 10.00			14	8			1	2			4	1
8.01 to 9.00			12	11			2	3			6	1
7.01 to 8.00	5		6	17	1		5		6		2	2
6.01 to 7.00	133		48	64	8	2	11	5	8		35	1
5.01 to 6.00	282		84	95	13	7	23	14	29		31	2
4.01 to 5.00	307	5	52	168	12	22	43	28	76		54	8
3.01 to 4.00	907	52	194	292	82	71	165	84	304		145	20
2.01 to 3.00	691	262	160	619	115	379	497	306	856	2	392	60
1.01 to 2.00	1,782	1,432	499	1,369	271	1,994	1,861	1,395	2,398	8	1,206	660
0.01 to 1.00	1,956	4,068	363	1,975	244	4,153	3,436	3,757	5,154	166	2,113	4,972
0.00	12,316	12,367	1,292	3,436	395	8,002	3,637	3,454	7,343	242	3,157	6,102
-0.01 to -1.00	983	2,101	331	960	150	1,241	962	1,066	1,912	85	2,082	2,097
-1.01 to -2.00	646	580	292	583	92	484	475	306	729	7	687	252
-2.01 to -3.00	309	112	62	197	47	87	103	51	237	4	206	33
-3.01 to -4.00	297	30	65	109	31	19	30	18	109	1	89	10
-4.01 to -5.00	103	3	16	59	5	8	14	4	23		27	6
-5.01 to -6.00	73		17	21	2	1	8	3	6		21	5
-6.01 to -7.00	62		11	18	4	1	4		5		16	
-7.01 to -8.00	1		3	3							2	2
-8.01 to -9.00			2	5				1			1	
-9.01 to -10.00			1	5							2	
-10.01 to -11.00	2		2	3	1		2				3	
-11.01 to -12.00				3								
-13.01 to -14.00			1		1							1
-20.01 to -21.00			1								1	
Total	20,855	21,012	3,538	10,034	1,475	16,472	11,281	10,497	19,195	515	10,293	14,235

Table 1.6: Matched Group Cases, Reassessment to Reassessment, Full Range of Change in Weekly Hours Authorized for Purchase by Task 9/05-8/06 vs. 9/06-8/07

Change in Weekly Hours Authorized for Purchase	Number of Cases											
	Meal Prep	Meal Cleanup	Feeding	Bowel & Bladder	Routine Bed Baths	Dressing	Ambulation	Transfer	Bathing & Grooming	Menstrual Care	Rubbing Skin	Prosthetics
20.01 to 21.00				1								
19.01 to 20.00				1								
17.01 to 18.00			2									1
16.01 to 17.00				1							1	
15.01 to 16.00							1					
14.01 to 15.00				2								
13.01 to 14.00			5				3				4	
12.01 to 13.00			2	1							1	
11.01 to 12.00			2	8				1			2	
10.01 to 11.00			21	10	1	1	1	2			8	
9.01 to 10.00			14	12		1	3	5			7	
8.01 to 9.00	6	1	21	31			3	7	3		8	2
7.01 to 8.00	4		18	39	4		6	7	4		13	1
6.01 to 7.00	152	1	111	110	23	5	24	24	14		54	2
5.01 to 6.00	317	3	209	175	37	9	34	29	40		69	9
4.01 to 5.00	380	5	143	332	39	40	102	56	99		95	16
3.01 to 4.00	1,340	64	491	659	246	128	407	232	373	1	312	47
2.01 to 3.00	1,065	353	514	1,382	350	565	1,080	941	1,092	5	769	159
1.01 to 2.00	3,177	2,325	1,552	3,533	687	3,657	4,302	3,745	4,114	27	2,824	1,461
0.01 to 1.00	3,882	7,764	1,247	5,535	759	9,347	9,339	9,720	12,097	461	5,615	11,237
0.00	42,139	41,700	6,980	17,020	1,865	32,083	16,749	16,549	29,893	1,701	15,934	21,496
-0.01 to -1.00	2,457	5,065	1,051	2,738	436	3,021	2,476	2,819	5,076	453	5,879	5,423
-1.01 to -2.00	1,788	1,461	850	1,677	272	1,375	1,408	918	1,966	37	2,707	750
-2.01 to -3.00	617	288	201	738	131	260	349	187	755	11	885	143
-3.01 to -4.00	873	66	206	383	82	60	224	64	320	1	375	48
-4.01 to -5.00	255	8	40	162	13	16	39	13	89	1	156	13
-5.01 to -6.00	74	2	12	27	1	2	10		12		21	3
-6.01 to -7.00	53		14	21	2	1	8	3	3		14	2
-7.01 to -8.00	7			6			1		1		5	1
-8.01 to -9.00	7		1	7							2	
-9.01 to -10.00	1		1	2							2	
-10.01 to -11.00	1		1	3			2				2	
-11.01 to -12.00				2							1	
-12.01 to -13.00											1	
-13.01 to -14.00				2							1	
-15.01 to -16.00											1	
-16.01 to -17.00												1
Total	58,595	59,106	13,709	34,620	4,948	50,571	36,571	35,322	55,951	2,698	35,768	40,815

Table 1.7: Matched Groups—Change in Weekly Time Authorized for Purchase for All HTG Tasks by Total Monthly Hours Authorized for Purchase (9/05-8/06 vs. 9/06-8/07)

	Number of Cases						Percent of Cases*						
	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	
Initial Assessment to Reassessment	50 hours or less	5,173	1,808	1,956	664	574	10,175	47.0%	47.0%	47.0%	47.0%	47.0%	47.0%
	50.01-100.00 hours	4,087	1,506	1,756	620	1,118	9,087	41.9%	41.9%	41.9%	41.9%	41.9%	41.9%
	100.01-150.00 hours	688	226	316	108	333	1,671	7.7%	7.7%	7.7%	7.7%	7.7%	7.7%
	150.01-200.00 hours	162	38	101	30	90	421	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%
	200.01-250.00 hours	51	13	41	13	36	154	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%
	250.01-283.00 hours	29	20	54	20	36	159	0.7%	0.7%	0.7%	0.7%	0.7%	0.7%
	Total	10,190	3,611	4,224	1,455	2,187	21,667	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Reassessment to Reassessment	50 hours or less	4,787	2,866	3,664	1,100	876	13,293	22.4%	25.6%	21.8%	26.0%	14.9%	22.3%
	50.01-100.00 hours	10,798	5,570	7,437	1,876	2,563	28,244	50.4%	49.7%	44.3%	44.4%	43.6%	47.5%
	100.01-150.00 hours	4,001	1,862	3,108	747	1,463	11,181	18.7%	16.6%	18.5%	17.7%	24.9%	18.8%
	150.01-200.00 hours	1,076	473	1,075	238	531	3,393	5.0%	4.2%	6.4%	5.6%	9.0%	5.7%
	200.01-250.00 hours	378	202	596	87	179	1,442	1.8%	1.8%	3.6%	2.1%	3.0%	2.4%
	250.01-283.00 hours	364	229	907	180	269	1,949	1.7%	2.0%	5.4%	4.3%	4.6%	3.3%
	Total	21,404	11,202	16,787	4,228	5,881	59,502	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

*Percentages may not sum to 100 percent due to rounding.

Section III

Summary and Conclusion

- The first quarter of the second year post-implementation reveals a shift in direction for Initial Assessments, with this new quarter showing an increase over its corresponding pre-implementation quarter and also between the post 1 and post 2 quarters.
- For Reassessments, the first quarter of the second year shows a large decrease of 15 minutes over the corresponding pre-implementation quarter and a small decrease between the post 1 and post 2 quarters. This may be a consistent pattern with the first quarter of each showing a large decrease which then levels off in the remaining quarters. However, it is too soon to tell whether this is a longer-term trend.
- 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.
- The analysis continues to show variations in increases and decreases within the same rank level in different tasks and across tasks by counties. These 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 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.
- The additional Matched Group 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 Cases 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 Cases 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.

CHAPTER II

ANALYSIS OF EXCEPTIONS FROM DATA COLLECTED BY CDSS IN-HOME SUPPORTIVE SERVICES (IHSS) QA FIELD MONITORS

Key Findings

- Exceptions to Hourly Task Guidelines continue to be made by social workers in the field.
 - More than four out of five (82%) Consumers in the sample received an exception on at least one HTG task.
- Exceptions are being granted at a fairly 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.
- 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 fairly 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.
- Consumers receiving an initial assessment were less likely to receive exceptions than Consumers receiving a reassessment, though the difference is quite small.

OBJECTIVES

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

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

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

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

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. CDSS scrubbed all case reviews of all personally identifying information prior to providing the data set to ISR. The cases reviewed were selected by CDSS on a random basis and represent cases from 57 California counties³. Of the 2,534 cases included in the data set, 2,305 cases had been last assessed (or reassessed) on or after September 1st of 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 (see Table 2.1).

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.

³ No data were available for Alpine County.

Table 2.1: Number of Cases by County

County	Total	County	Total	County	Total
Alameda	60	Mariposa	24	Santa Barbara	29
Amador	26	Mendocino	33	Santa Clara	68
Butte	33	Merced	38	Santa Cruz	29
Calaveras	24	Modoc	20	Shasta	38
Colusa	20	Mono	12	Sierra	13
Contra Costa	35	Monterey	35	Siskiyou	22
Del Norte	23	Napa	23	Solano	35
El Dorado	20	Nevada	24	Sonoma	38
Fresno	26	Orange	67	Stanislaus	39
Glenn	23	Placer	41	Sutter	23
Humboldt	34	Plumas	19	Tehama	32
Imperial	45	Riverside	65	Trinity	16
Inyo	21	Sacramento	45	Tulare	34
Kern	45	San Benito	21	Tuolumne	23
Kings	33	San Bernardino	126	Ventura	38
Lake	29	San Diego	56	Yolo	38
Lassen	22	San Francisco	59	Yuba	30
Los Angeles	342	San Joaquin	50	Subtotal	2305
Madera	36	San Luis Obispo	38	Excluded Cases	229
Marin	39	San Mateo	28	Grand Total	2534

Analysis

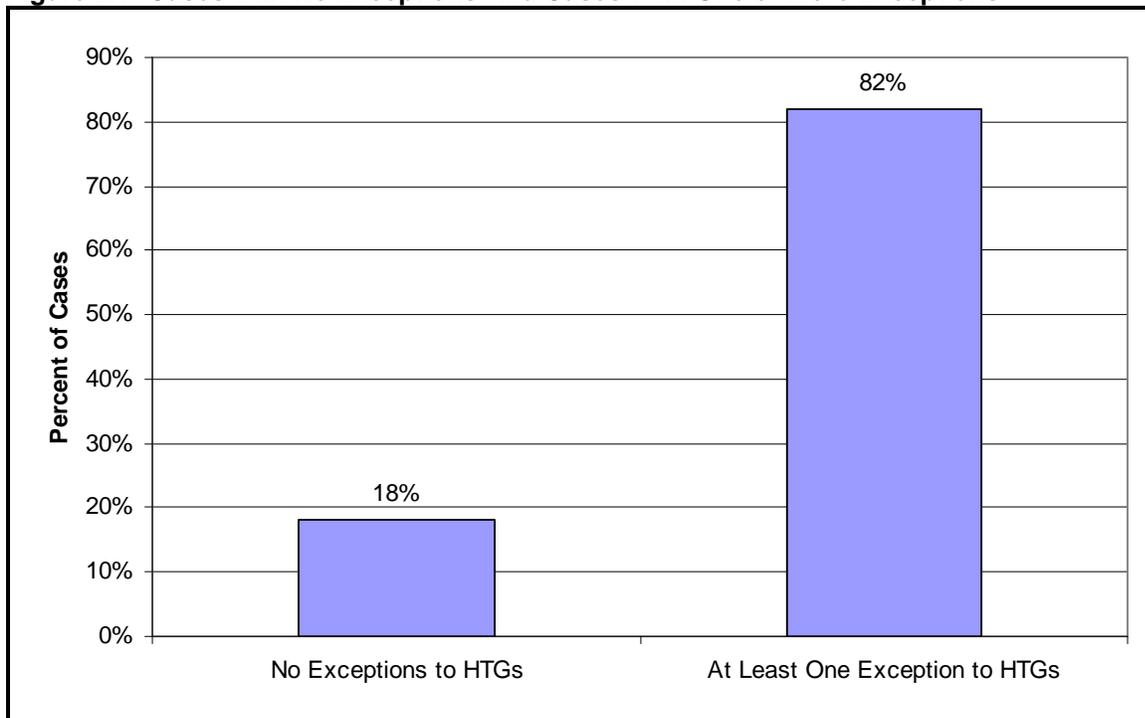
ISR received the data set from CDSS in Microsoft Excel file format. A procedure was designed to extract the data into a format suitable for analysis using the Statistical Package for the Social Sciences (SPSS). The data set was then migrated into SPSS for analysis.

FINDINGS

Are Exceptions Being Made?

- 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, 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 (see Figure 2.1).

Figure 2.1: Cases with No Exceptions And Cases With One or More Exceptions



How Many Exceptions Are Consumers Receiving?

- The average (mean) number of exceptions by Consumers in this sample was 2.27 with a standard deviation of 1.84.
 - The most commonly occurring (modal) number of exceptions in this sample was one, and the number of exceptions in the middle (median) of the distribution was two. Figure 2.2 depicts the frequency distribution of exceptions received by Consumers in this sample.
- Over 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. Though there may be a trend for smaller percentages of Consumers falling into each category as the count of exceptions increases, it is important to remember that there are also fewer Consumers with hours authorized for large numbers of tasks. The “trend” here is simply reflecting the distribution of all Consumers in the IHSS population, not demonstrating differential use of exceptions by the social workers. In fact, there is evidence that the granting of exceptions is fairly uniform among Consumers who receive assistance with just a few IHSS tasks and Consumers who receive assistance with many tasks.

Figure 2.2: Percent of Cases with a Given Number of Exceptions

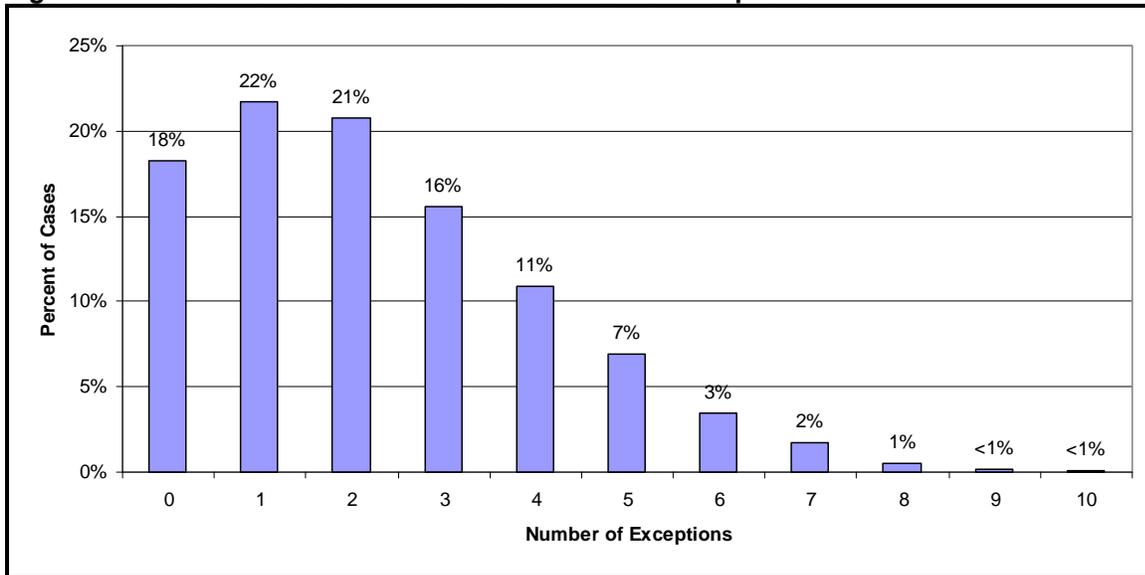


Table 2.2: Cases With a Given Number of Exceptions

Number of Exceptions	Percent of Cases	Number of Cases
0	18%	420
1	22%	501
2	21%	479
3	16%	358
4	11%	251
5	7%	160
6	3%	80
7	2%	39
8	1%	12
9	0%	4
10	0%	1
Total	100%	2305

Figure 2.3 demonstrates the rather unsurprising fact that the number of exceptions granted to Consumers tends to increase as the number of authorized tasks for the Consumer increases. In other words, Consumers who receive hours for, say, six tasks are more likely to receive multiple exceptions than Consumers who receive hours for only, say, two tasks. This raises the question: Are exceptions being granted at a consistent rate among Consumers who receive hours for one or just a few tasks and Consumers who receive hours for many tasks?

To answer the question, we created a statistic that captures the rate of exceptions per authorized task. This rate was then plotted against the number of tasks with authorized hours (as in Figure 2.3). Basically, we counted the number of exceptions for a given Consumer, then divided by the total number of HTG tasks that Consumer has. For example, if a certain Consumer receives authorized hours for six tasks, and that Consumer is granted exceptions on three of those six tasks, we would divide three by six and arrive at a ratio with a value of 0.50. This ratio tells us this particular Consumer

received 0.50 exceptions (or half an exception) per authorized task. We repeated the calculation for each Consumer in the sample, and then averaged the ratios to arrive at a general rate of exceptions per authorized task for all twelve of the HTG task areas.

Figure 2.3: Average (Mean) Count of Exceptions by Number of Tasks With Authorized Hours

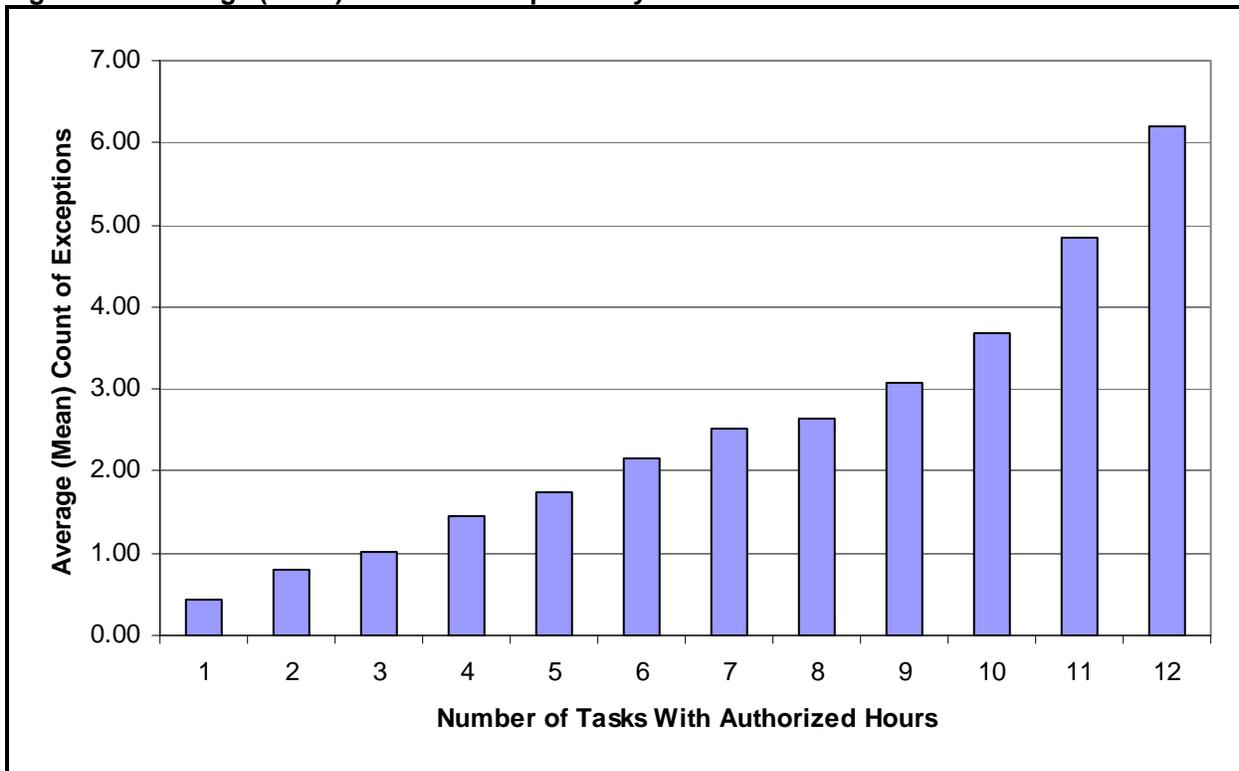


Table 2.3: Average (Mean) Count of Exceptions by Number of Tasks With Authorized Hours

Count of Tasks With Authorized Hours	Average (Mean) Count of Exceptions	Number of Cases
1	0.44	34
2	0.81	129
3	1.01	170
4	1.46	233
5	1.74	268
6	2.15	272
7	2.51	295
8	2.63	299
9	3.07	297
10	3.69	195
11	4.84	75
12	6.20	5

Figure 2.4 shows the average rate of exceptions (expressed as the ratio of exceptions to number of tasks with authorized hours) for all Consumers in the sample, grouped by the number of tasks with authorized hours. As an example, we can say that Consumers who received authorized hours for three tasks were granted exceptions at a rate of 0.34 exceptions per task.

- The rate of exceptions is fairly consistent across the range of Consumers, from those who use few tasks to those who use many.
- There does not appear to be differential use of exceptions among Consumers who receive help with few tasks as compared to Consumers who receive help with many tasks.

Figure 2.4: Rate of Exceptions by Number of Tasks With Authorized Hours

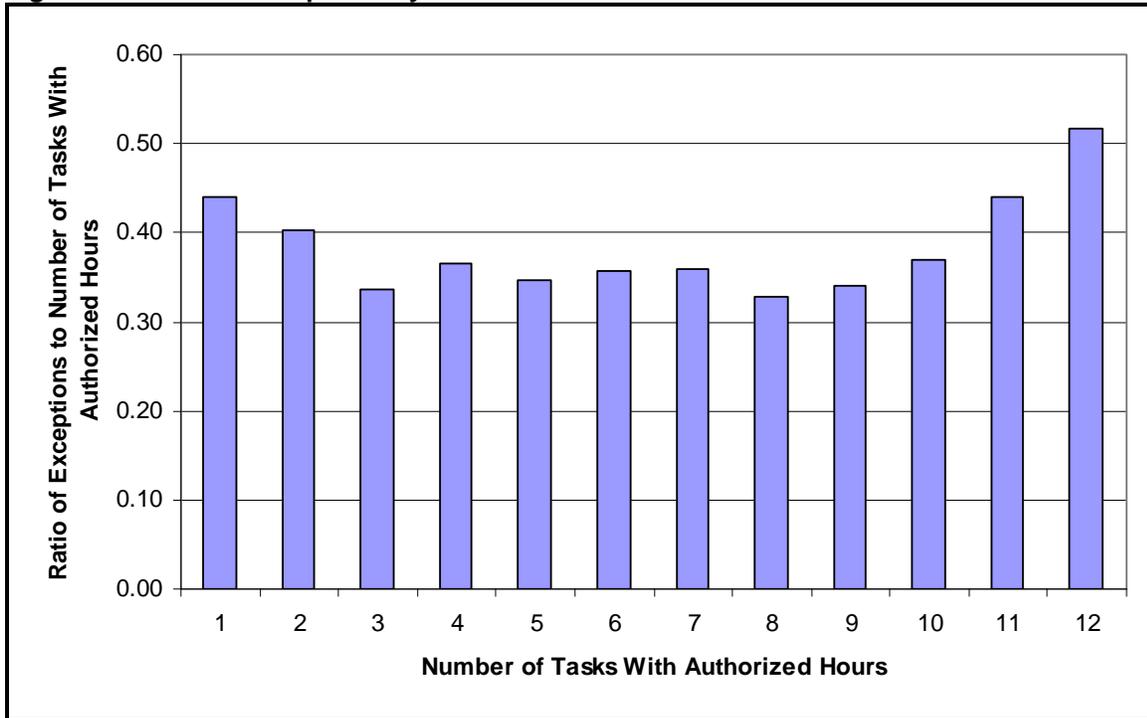


Table 2.4: Rate of Exceptions by Number of Tasks With Authorized Hours

Count of Tasks With Authorized Hours	Rate of Exceptions	Number of Cases
1	0.44	129
2	0.40	170
3	0.34	233
4	0.37	268
5	0.35	272
6	0.36	295
7	0.36	299
8	0.33	297
9	0.34	195
10	0.37	75
11	0.44	5
12	0.52	34

Do Exceptions Occur More or Less Frequently for Certain HTG Tasks?

As displayed in Figure 2.5 and Table 2.5, it is clear that exceptions are common among ten of the twelve tasks and exceptions are made in all twelve tasks.

- Two tasks, Meal Preparation and Meal Cleanup are less likely to receive exceptions than other tasks.
 - Due to the unusual distribution of hours for these two tasks in the overall IHSS caseload at the time the HTG ranges were designed, Meal Preparation and Meal Cleanup do not follow the same pattern as the other 10 HTG tasks.
- For the remaining ten tasks, the rate of exceptions varies within a fairly narrow band and does not show significant differences among tasks.

Figure 2.5: Rate of Exceptions by Task

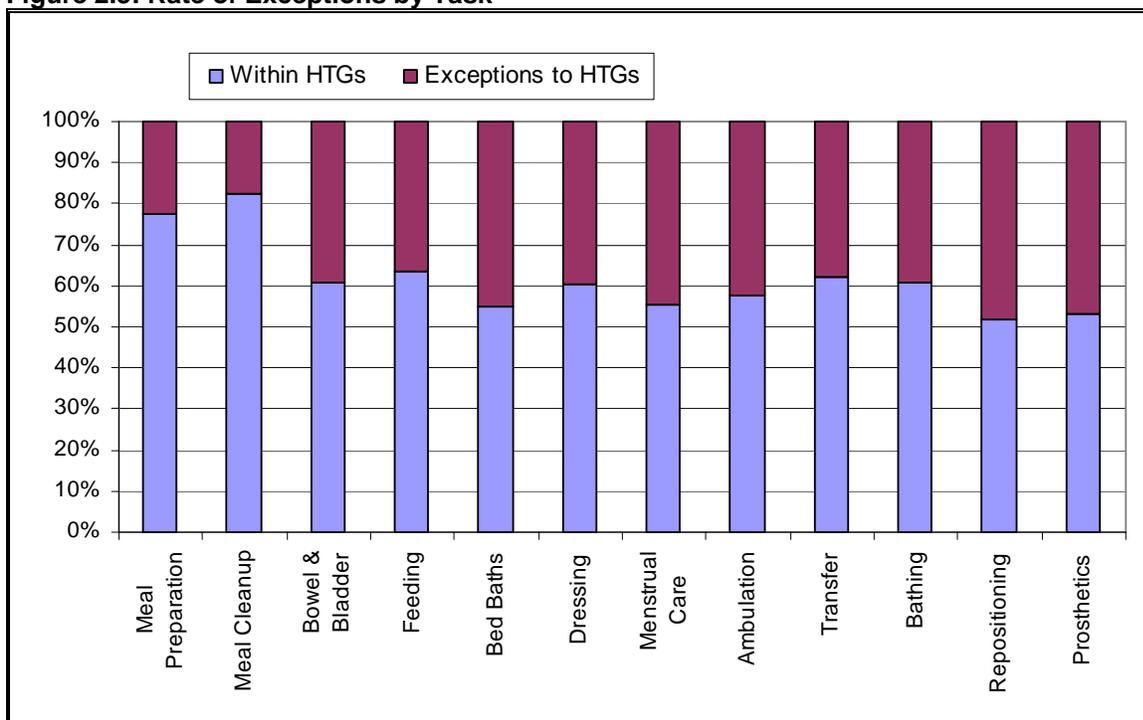


Table 2.5: Rate of Exceptions by Task

Task Area	Percent of Cases			Number of Cases		
	Within HTGs	Outside HTGs	Total	Within HTGs	Outside HTGs	Total
Meal Preparation	77%	23%	100%	1533	451	1984
Meal Cleanup	82%	18%	100%	1637	353	1990
Bowel & Bladder	61%	39%	100%	769	498	1267
Feeding	63%	37%	100%	368	213	581
Bed Baths	55%	45%	100%	124	102	226
Dressing	60%	40%	100%	1065	697	1762
Menstrual Care	55%	45%	100%	57	46	103
Ambulation	57%	43%	100%	691	511	1202
Transfer	62%	38%	100%	698	424	1122
Bathing	61%	39%	100%	1195	769	1964
Repositioning	52%	48%	100%	516	478	994
Prosthetics	53%	47%	100%	786	690	1476

Are Exceptions Being Made Both Above and Below the Guidelines?

It is clear that exceptions are being made both below and above the guidelines, and this appears to be true across all twelve tasks (shown in Figure 2.6 and detailed in Table 2.6).

- Three tasks, Meal Preparation, Meal Cleanup, and Bed Baths may be more likely than other tasks to receive an exception below the guidelines in cases where an exception is made.
- As above, the discrepancies observed in Meal Preparation and Mean Cleanup can likely be attributed—at least in part—to differences in the shapes of their distributions at the time the HTG ranges were developed.
- While there is no immediate explanation for the differences observed in Bed Baths, the small number of cases available in that task area makes drawing conclusions impractical at this point.

Figure 2.6: Percent of Exceptions Below and Above HTGs by Task

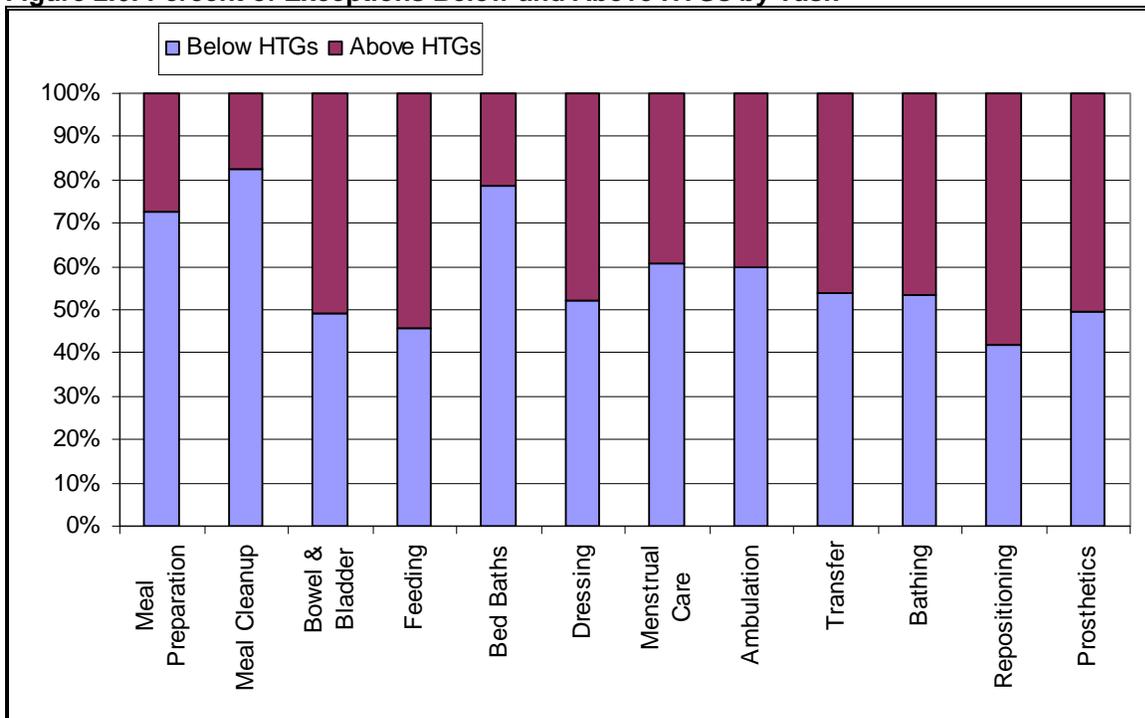


Table 2.6: Percent of Exceptions Below and Above HTGs by Task

Task Name	Percent of Cases			Number of Cases		
	Below HTGs	Above HTGs	Total	Below HTGs	Above HTGs	Total
Meal Preparation	73%	27%	100%	327	124	451
Meal Cleanup	82%	18%	100%	291	62	353
Bowel & Bladder	49%	51%	100%	245	253	498
Feeding	46%	54%	100%	97	116	213
Bed Baths	78%	22%	100%	80	22	102
Dressing	52%	48%	100%	364	333	697
Menstrual Care	61%	39%	100%	28	18	46
Ambulation	60%	40%	100%	306	205	511
Transfer	54%	46%	100%	229	195	424
Bathing	53%	47%	100%	410	358	768
Repositioning	42%	58%	100%	200	278	478
Prosthetics	50%	50%	100%	343	347	690

Are Exceptions Related to Functional Rank?

Results of analysis for exceptions at various functional ranks indicate the level of exceptions varies by functional rank within HTG task areas (see Table 2.7). Some task areas reveal greater percentages of exceptions at higher levels of need, for example Bowel & Bladder and Bathing, while others such as Transfer show a reduction in the percentage of exceptions as the need level increases. Still others such as Feeding and Ambulation show no clear trend across ranks. The lack of a clear overall trend here suggests that neither those at higher functional ranks nor those at lower functional ranks are disproportionately receiving exceptions across all task areas.

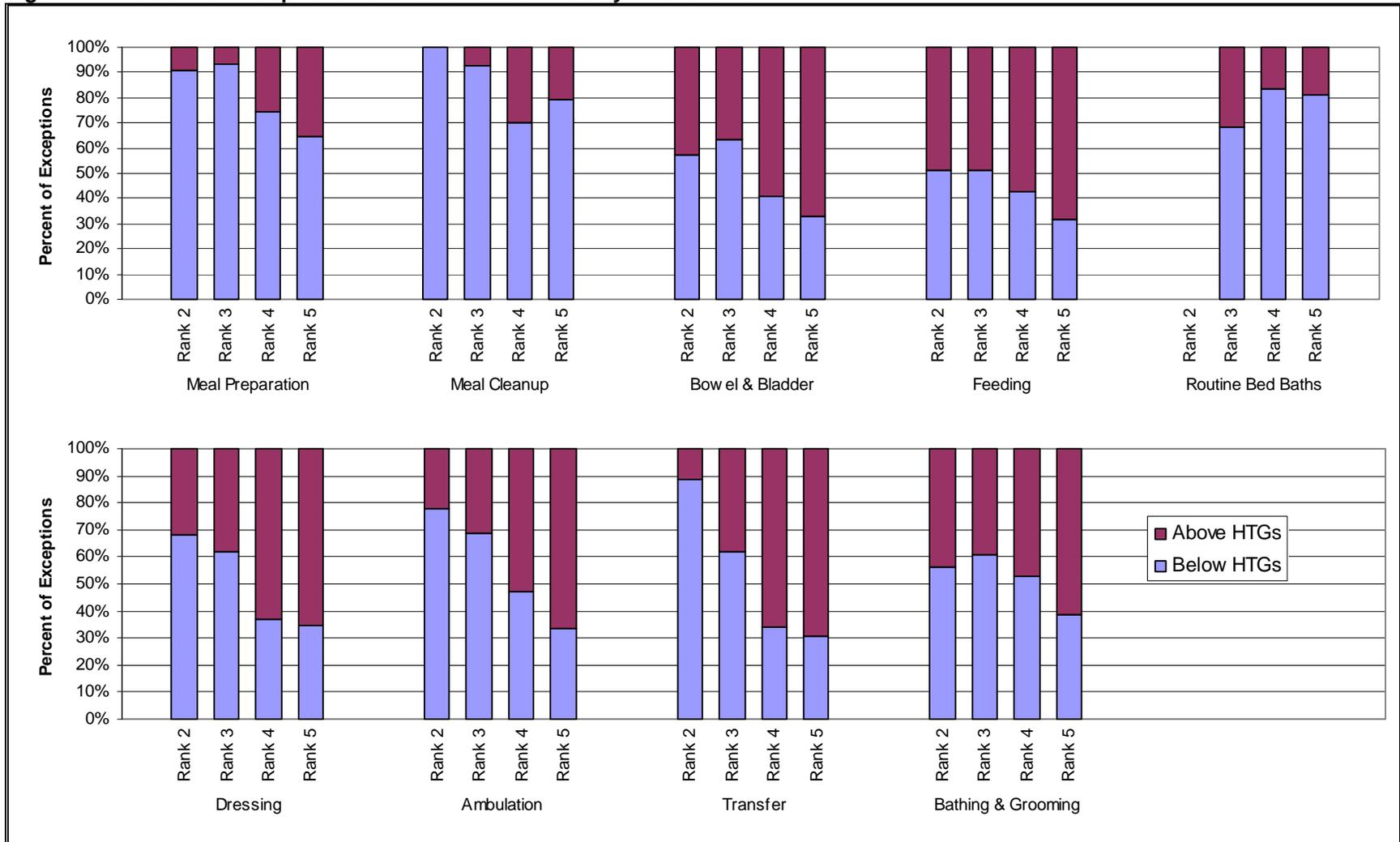
Table 2.7: Rate of Exceptions by Task and Rank

		Percent of Cases				Number of Cases			
		Rank 2	Rank 3	Rank 4	Rank 5	Rank 2	Rank 3	Rank 4	Rank 5
Meal Preparation	Outside HTG	41%	20%	20%	25%	11	78	116	245
	Within HTG	59%	80%	80%	75%	16	303	462	738
	Total	100%	100%	100%	100%	27	381	578	983
Meal Cleanup	Outside HTG	27%	25%	7%	21%	7	97	40	209
	Within HTG	73%	75%	93%	79%	19	294	537	775
	Total	100%	100%	100%	100%	26	391	577	984
Bowel & Bladder	Outside HTG	30%	40%	37%	45%	28	212	125	133
	Within HTG	70%	60%	63%	55%	64	322	213	163
	Total	100%	100%	100%	100%	92	534	338	296
Feeding	Outside HTG	49%	39%	26%	39%	49	80	40	44
	Within HTG	51%	61%	74%	61%	50	123	114	69
	Total	100%	100%	100%	100%	99	203	154	113
Bed Baths	Outside HTG		50%	38%	48%	0	25	30	47
	Within HTG		50%	62%	52%	0	25	48	51
	Total		100%	100%	100%	0	50	78	98
Dressing	Outside HTG	36%	43%	36%	40%	53	371	154	119
	Within HTG	64%	57%	64%	60%	96	498	277	182
	Total	100%	100%	100%	100%	149	869	431	301
Ambulation	Outside HTG	40%	50%	29%	47%	45	291	91	84
	Within HTG	60%	50%	71%	53%	68	293	220	96
	Total	100%	100%	100%	100%	113	584	311	180
Transfer	Outside HTG	48%	42%	32%	32%	43	227	82	72
	Within HTG	52%	58%	68%	68%	46	314	176	150
	Total	100%	100%	100%	100%	89	541	258	222
Bathing	Outside HTG	35%	40%	39%	42%	50	333	224	162
	Within HTG	65%	60%	61%	58%	93	507	347	223
	Total	100%	100%	100%	100%	143	840	571	385

^a Note: tasks for which functional rank is not assessed (Menstrual care, Repositioning and Prosthetics) are not included in this figure.

Do The Percentages Of Exceptions Above And Below The HTG Ranges Vary Among Tasks And Ranks?

Figure 2.7: Percent of Exceptions Below and Above HTGs by Task and Rank



Note: tasks for which functional rank is not assessed (Menstrual care, Repositioning and Prosthetics) are not included in this figure.

Table 2.8: Percent of Exceptions Below and Above HTGs by Task and Rank

		Percent of Cases				Number of Cases			
		Rank 2	Rank 3	Rank 4	Rank 5	Rank 2	Rank 3	Rank 4	Rank 5
Meal Preparation	Below HTG	91%	94%	74%	64%	10	73	86	158
	Above HTG	9%	6%	26%	36%	1	5	30	87
	Total	100%	100%	100%	100%	11	78	116	245
Meal Cleanup	Below HTG	100%	93%	70%	79%	7	90	28	166
	Above HTG	0%	7%	30%	21%	0	7	12	43
	Total	100%	100%	100%	100%	7	97	40	209
Bowel & Bladder	Below HTG	57%	63%	41%	33%	16	134	51	44
	Above HTG	43%	37%	59%	67%	12	78	74	89
	Total	100%	100%	100%	100%	28	212	125	133
Feeding	Below HTG	51%	51%	43%	32%	25	41	17	14
	Above HTG	49%	49%	58%	68%	24	39	23	30
	Total	100%	100%	100%	100%	49	80	40	44
Bed Baths	Below HTG		68%	83%	81%	0	17	25	38
	Above HTG		32%	17%	19%	0	8	5	9
	Total		100%	100%	100%	0	25	30	47
Dressing	Below HTG	68%	62%	37%	34%	36	230	57	41
	Above HTG	32%	38%	63%	66%	17	141	97	78
	Total	100%	100%	100%	100%	53	371	154	119
Ambulation	Below HTG	78%	69%	47%	33%	35	200	43	28
	Above HTG	22%	31%	53%	67%	10	91	48	56
	Total	100%	100%	100%	100%	45	291	91	84
Transfer	Below HTG	88%	62%	34%	31%	38	141	28	22
	Above HTG	12%	38%	66%	69%	5	86	54	50
	Total	100%	100%	100%	100%	43	227	82	72
Bathing	Below HTG	56%	61%	53%	39%	28	202	118	62
	Above HTG	44%	39%	47%	61%	22	131	106	99
	Total	100%	100%	100%	100%	50	333	224	161

^a Note: tasks for which functional rank is not assessed (Menstrual care, Repositioning and Prosthetics) are not included in this figure.

When the percent of exceptions above and below the guidelines were plotted by task and rank, a pattern emerged.

- Consumers at higher levels of impairment (higher functional rank scores) tended to receive a larger proportion of exceptions above, rather than below the guidelines in cases where exceptions were made (see Figure 2.7 and Table 2.8).
 - This trend was observed in all tasks except Bed Baths.
- The overall trend for fewer exceptions above the guidelines for Meal Preparation, Meal Cleanup, and Bed Baths discussed previously is observed again here.

Are exceptions being documented by the social worker?

When a case review is conducted, the CDSS IHSS QA Field Monitor is asked to record whether or not the social worker who conducted the last assessment included adequate documentation in the case file to justify any exceptions that were granted.

- The percentage of exceptions with adequate documentation in the sampled cases varied across tasks (see Figure 2.8 and Table 2.9). Two tasks, Meal Cleanup and Menstrual Care, had more exceptions that were not documented than were documented.
- In the remainder of the HTG tasks, about 60 to 70 percent of the exceptions were documented and 20 to 30 percent were not.

Figure 2.8: Percent of Exceptions Documented by Task

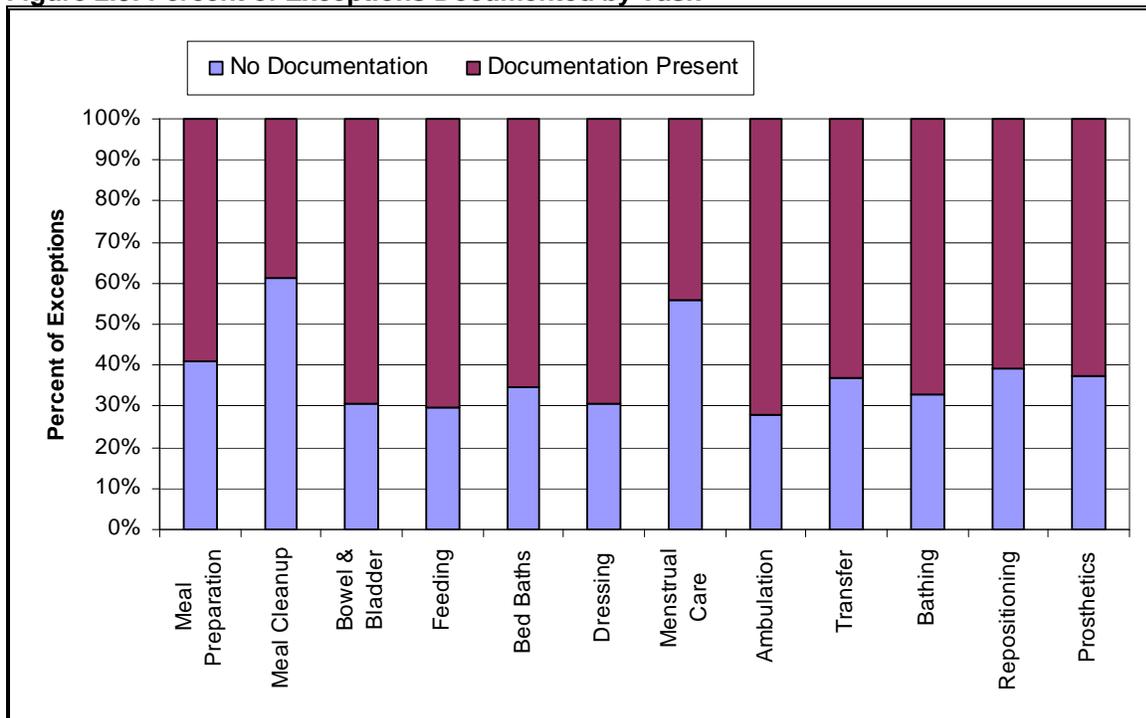


Table 2.9: Percent of Exceptions Documented by Task

	Percent of Cases			Number of Cases		
	No Documentation	Documentation Present	Total	No Documentation	Documentation Present	Total
Meal Preparation	41%	59%	100%	177	255	432
Meal Cleanup	61%	39%	100%	203	128	331
Bowel & Bladder	31%	69%	100%	150	337	487
Feeding	30%	70%	100%	62	147	209
Bed Baths	35%	65%	100%	33	62	95
Dressing	30%	70%	100%	208	475	683
Menstrual Care	56%	44%	100%	24	19	43
Ambulation	28%	72%	100%	139	356	495
Transfer	37%	63%	100%	148	252	400
Bathing	33%	67%	100%	241	494	735
Repositioning	39%	61%	100%	181	283	464
Prosthetics	38%	63%	100%	246	410	656

What Reasons Are Being Given for Exceptions?

When a case review is conducted by a CDSS IHSS QA Field Monitor, a notation is made on the case review checklist that summarizes the rationale given by the social worker in the case file for each exception to HTGs. The ISR research team compiled and categorized these reasons (summarized below in Table 2.10).

The coding categories were designed as follows:

- Family Help: denotes that the exception was granted to address in consideration of the Consumer’s family situation
- Logistical Problem: denotes that a physical constraint such as lack of facilities in the home/community, or physical distance from resources constitute the rationale for the exception
- Health & Abilities: denotes that a Consumer’s health or abilities are the reason the exception was granted
- Compliance: denotes that the CDSS IHSS QA Field Monitor used the comment space to raise a concern about the social worker’s compliance with regulations with respect to the number of hours that were authorized or other issues
- Incontinence: this code was separated out from Health & Abilities because it constitutes on its own a substantial driver of exceptions across several task areas
- Alternative Resources: denotes that a non-IHSS resource, such as Meals On Wheels, is cited by the CDSS IHSS QA Field Monitor as the driver for the noted exception

Table 2.10: Field Monitors' Description of Case File Documentation by Task

	Family Help	Logistical Problem	Health & Abilities	Compliance	Incontinence	Alternative Resources	Other Reason
Meal Preparation	15	12	220	30		9	14
Meal Cleanup	15	15	90	29	1	3	15
Bowel & Bladder	2		127	14	201	4	22
Feeding	1		145	14	1	1	11
Bed Baths		1	31	4	6		30
Dressing	2		410	12	61		25
Menstrual Care	1		16	1	2		2
Ambulation	2	2	350	16	6	1	3
Transfer	2	4	247	12	2		10
Bathing	2		477	33	12	2	19
Repositioning	2	6	261	15	1		20
Prosthetics	1	1	409	19		1	13
Totals	45	41	2783	199	293	21	184

Since the Health & Abilities category comprises such a large proportion of the whole, an attempt to further break that category down into its principal components was made. Some of the more substantial subcategories defined within Health & Abilities break down as follows (in descending order of frequency):

- Increased ability to take care of him/herself
- Poor mobility and/or motor skills
- Calculations only: indicates that the social worker included calculations of need based on how much time was required for the Consumer to accomplish a given task.
- Consumer has bad days (days on which need for services is substantially increased)
- Consumer requires monitoring/oversight
- Consumer is wheelchair-bound and/or paraplegic
- Consumer requires reminders and/or encouragement with specific tasks
- Medication complications
- Mental health issues, such as alertness and orientation
- Consumer is combative and/or difficult to manage
- Consumer requires fewer meals than previously
- Assistance with infection and skin care
- Maintenance and preparation of assistive medical/mobility devices

Has the use of exceptions by social workers in the field changed during the period that HTGs have been in effect?

One way to approach this question with data in this sample is to compare matched quarters on a year-over-year basis. The analysis that follows is a preliminary look at exception data from this perspective. However, it is important to note (see Figure 2.9) that there are relatively few case reviews available in the current sample whose last assessment dates occurred in the last quarter of 2007. Because the number of cases in the group of recent assessments is small, as compared to the same quarter in 2006, we do not have a great deal of data to analyze at this point.

The results presented below should be considered tentative, and caution is urged in drawing conclusions from them.

Figure 2.9: Number of Cases in Sample by Month of Last Assessment

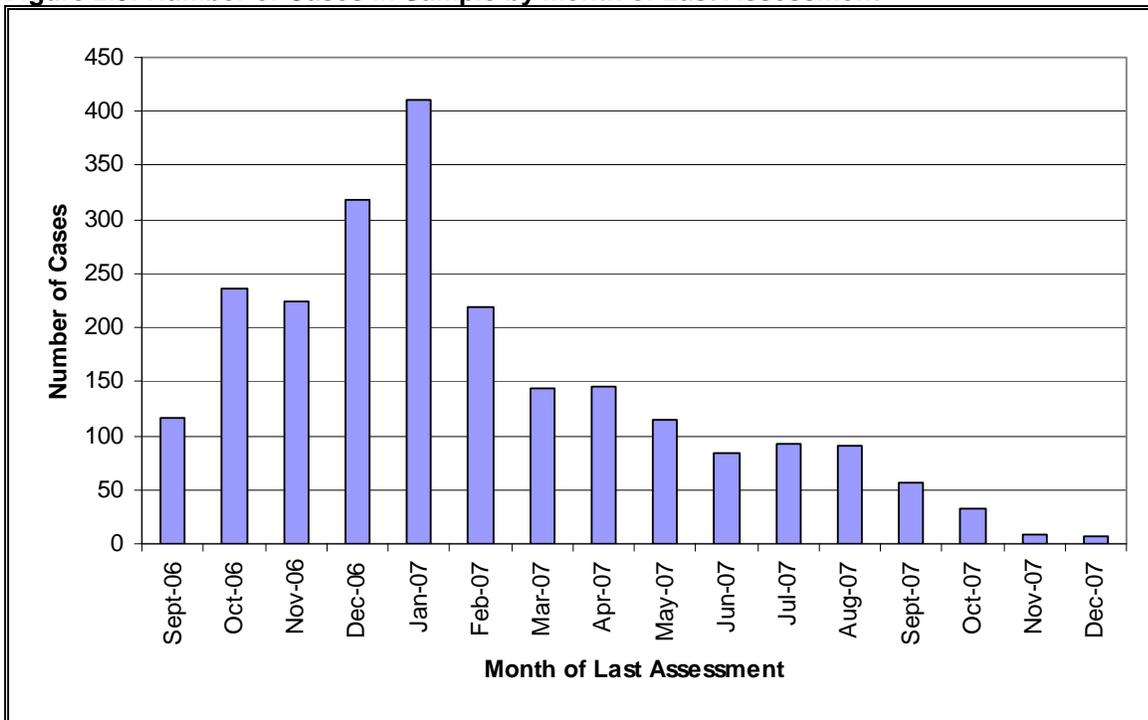


Table 2.11: Number of Cases in Sample by Month of Last Assessment

Month of Last Assessment	Number of Cases	Percent of Total
Sept-06	116	5%
Oct-06	236	10%
Nov-06	225	10%
Dec-06	319	14%
Jan-07	411	18%
Feb-07	219	10%
Mar-07	144	6%
Apr-07	145	6%
May-07	115	5%
Jun-07	84	4%
Jul-07	92	4%
Aug-07	90	4%
Sept-07	56	2%
Oct-07	33	1%
Nov-07	9	<1%
Dec-07	7	<1%

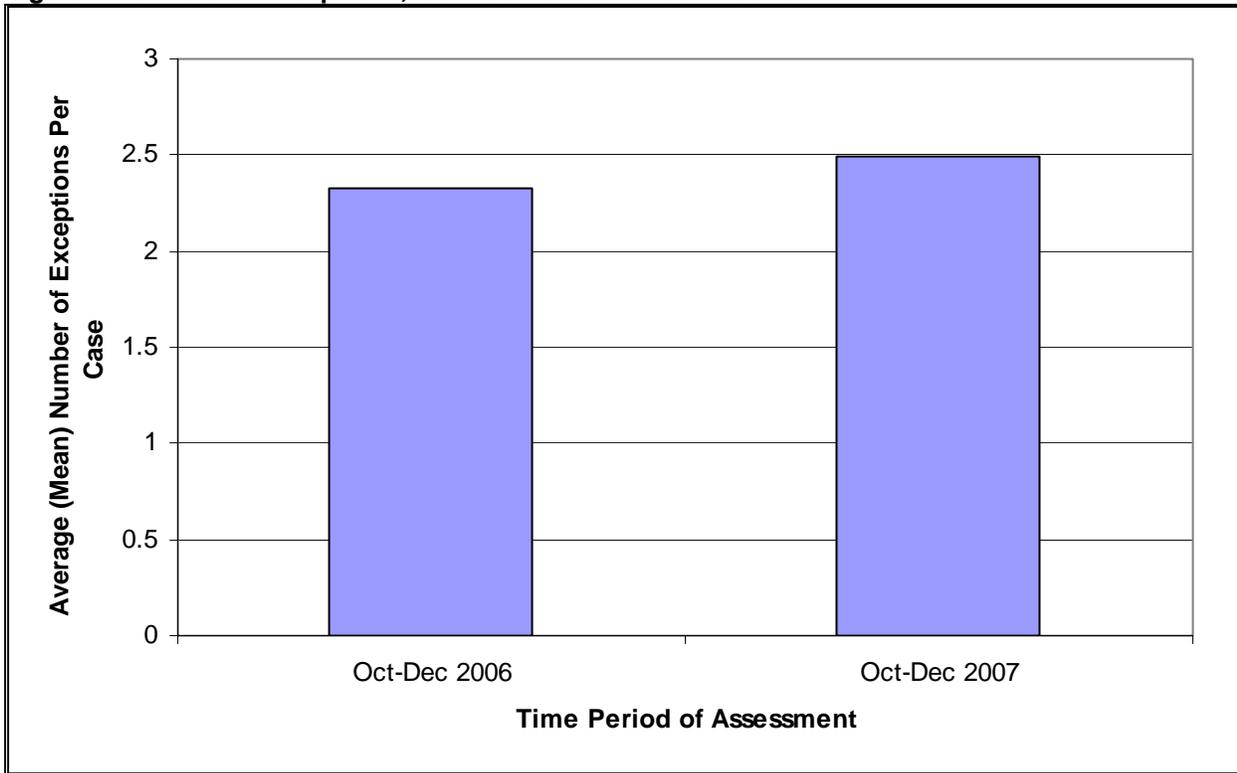
In order to gain some insight into changes (if any) in the frequency of exceptions during the first year of HTG implementation, the subset of cases whose last assessment took place during the period October through December 2006 (designed as post 1) and the subset of cases whose last assessment took place during that same period in 2007 (designed as post 2) were compared. The average (mean) number of exceptions per case was computed for each group.

- No statistically significant difference was found between the October-December 2006 group and the October-December 2007 group¹.
 - This finding suggests that the rate at which social workers granted exceptions did not change from the post 1 quarter as compared to the later post 2 quarter².

¹ The group mean for the Oct-Dec 2006 (post 1) group was 2.33 with a standard deviation of 1.76; the group mean for the Oct-Dec 2007 (post 2) group was 2.49 with a standard deviation of 2.03. Between groups differences were assessed with an independent samples t-test: $t(827) = -0.61, p = 0.54$.

² Due to small numbers of case reviews available for the Oct-Dec 2007 group, this finding should be considered tentative until more cases become available to augment the analysis. Furthermore, since this analysis only covers one quarter, it cannot be assumed to be representative of the use of exceptions during the first full year of HTG implementation.

Figure 2.10: Rate of Exceptions, Oct-Dec 2006 Over Oct-Dec 2007



Are Exceptions Granted Equally Among Initial Assessment and Reassessment Cases?

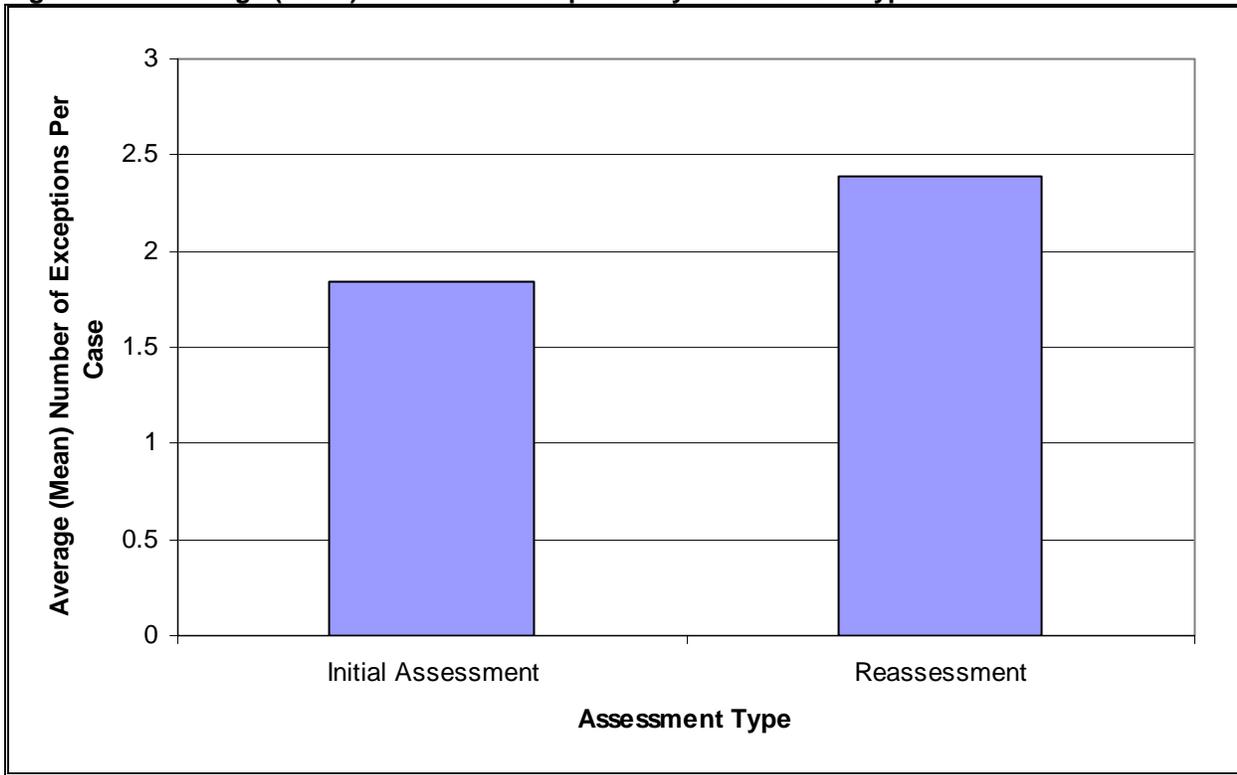
It appears there is a significant difference in the frequency of exceptions between initial and reassessment cases. An independent samples t-test was conducted to compare the mean number of exceptions per case for initial assessments and reassessments (see Figure 2.11).

- A significant difference was measured between initial assessments and reassessments, with reassessment cases receiving more exceptions than initial assessment cases.¹
- It is very important to note, however, that although the difference observed here is unlikely to be due to chance, it is a very small difference.²

¹ The group mean for initial assessments was 1.84 with a standard deviation of 1.66; the group mean for reassessment cases was 2.39 with a standard deviation of 1.87. Between groups differences were assessed with an independent samples t-test: $t(931) = -6.49, p < 0.001$.

² It is estimated that less than 1/10th of 1% of the variation in the number of exceptions can be accounted for by systematic differences between the two assessment types (Eta squared = 0.0007).

Figure 2.11: Average (Mean) Number of Exceptions by Assessment Type



DISCUSSION AND GENERAL COMMENTS

Results of this analysis demonstrate that the use of exceptions is widespread under the HTG framework, with about four out of five cases sampled having at least one exception to the guideline ranges.

This analysis supports the idea that the IHSS assessment process under HTGs has retained some flexibility and that social workers are using exceptions when needed.

As more case reviews from recent months become available, more comparisons will be possible between earlier and later periods within the overall HTG implementation timeframe.

CHAPTER III

REVIEW OF THE IMPACT OF HTGS ON THE STATE APPEALS PROCESS, SEPTEMBER 2005 TO AUGUST 2007

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 Claimants are Compared to the General IHSS Population

- 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 claimants' hours authorized for purchase were not significantly different after HTG implementation. Claimants who have more hours authorized for purchase do not appear to be filing appeals at higher rates post-HTG.
- Similarly, claimants who filed an appeal within two months of an Initial Assessment were not much different than the general IHSS population with respect to the number of HTG tasks authorized, and there was little difference in claimants pre- to post-HTG implementation. Claimants with higher number of HTG tasks authorized do not appear to be filing appeals at higher rates post-HTG.
- 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 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.

Claimants with Cuts in Hours Notices

- Claimants who received 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 claimants who didn't receive a notice of a cut in hours and the likelihood of the appeal being granted did not change pre- to post-HTG.

OBJECTIVE

The objective of this component of the project is to examine the impact of HTGs on IHSS Consumer requests for state hearings.

BACKGROUND

Persons who have applied for, have received, or are currently receiving benefits or services from over 20 different assistance programs may request a state hearing if they feel they have not been treated fairly. The State Hearings Division (SHD) is responsible for the processing of these requests.

Requests for hearings that involve the IHSS program may be filed for a number of reasons, including an array of factors related to program eligibility as well as the level and provision of specific services. Some appeals have nothing to do with the results of a needs assessment, and are unrelated to HTG implementation. Other requests for a hearing are filed because IHSS Consumers disagree with the results of their needs assessments. The needs assessment process is complex and involves many different factors. So while this analysis may be able to determine whether more claimants are requesting appeals because they feel that their needs have not been appropriately assessed, it is difficult to precisely identify and separate the effects of the HTGs from other aspects of needs assessments.

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 begins 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. This general overview examines trends in the number of IHSS appeals filed, appeal outcomes, and the issues involved.
- Section II: Analysis of Claimants' IHSS Program Information. This section incorporates 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 focuses specifically on those IHSS appeals that were most likely to have been filed as a result of a needs assessment.

Section I

Analysis of SHD Data on Requests for a Fair Hearing

Was there a Change in the Number of Requests for Hearing?

The number of IHSS appeals filed showed substantial month to month fluctuation (Figure 3.1). During the 12 months before HTG implementation, a total of 4,198 IHSS appeals were filed, for an average of 350 appeals per month (see Table 3.1). During the 12 months following HTG implementation, a total of 5,189 IHSS appeals were filed, for an average of 432 appeals per month. Relative to the “pre-HTG” period, there was a 23.6% increase in the number of appeals filed during the “post-HTG” period.

Figure 3.1: Number of IHSS Appeals Filed by Month

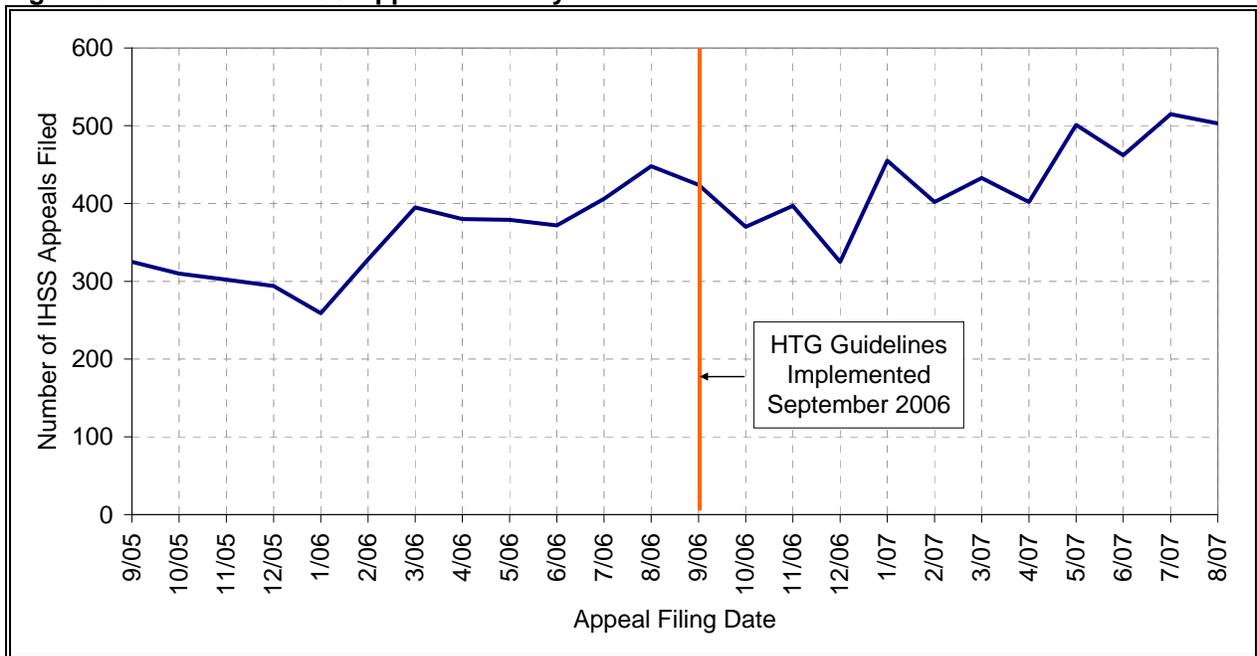


Table 3.1: Number of IHSS Appeals Filed by Month, Quarter and Study Period

12-Month Period	Quarter ¹	Month	Number of Appeals Filed per Month	Monthly Average for:		Total Number of Appeals Filed During 12-Month Period		
				Quarter	12-Month Period			
Pre-HTG Implementation	9/05-12/05	9/05	325	308	350	4,198		
		10/05	310					
		11/05	302					
		12/05	294					
	1/06-3/06	1/06	259	327				
		2/06	328					
		3/06	395					
	4/06-6/06	4/06	380	377				
		5/06	379					
		6/06	372					
	7/06-8/06	7/06	406	427				
		8/06	448					
Post-HTG Implementation		9/06-12/06	9/06		424	379	432	5,189
			10/06		370			
	11/06		397					
	12/06		325					
	1/07-3/07	1/07	455	430				
		2/07	402					
		3/07	433					
	4/07-6/07	4/07	402	455				
5/07		501						
6/07		462						
7/07-8/07	7/07	515	509					
	8/07	503						

Did Appeals Increase Faster than the IHSS Caseload?

- The average monthly number of eligible Consumers increased 5.5% from the pre-HTG implementation year (358,181) to the post-HTG implementation year (378,052); however, the number of appeals filed by eligible Consumers increased 23.6% (4,198 to 5,189)—more than four times the growth rate of the eligible population.
- The rate of appeal filings (estimated as the number of all appeals filed per 100 eligible Consumers) increased 17.2% from the pre-HTG implementation year (1.17/100) to the post-HTG implementation year (1.37/100) (Table 3.2).

Table 3.2: Number of IHSS Appeals Filed per 100 IHSS Consumers by Study Period

	Total Number of IHSS Appeals Filed	Average Monthly IHSS Caseload ^a	Number of IHSS Appeals per 100 IHSS Consumers
Pre-HTG Implementation (9/05-8/06)	4,198	358,181	1.17
Post-HTG Implementation (9/06-8/07)	5,189	378,052	1.37

^a From CMIPS monthly extracts, based on average number of eligible cases

¹ To align with the implementation cycle of the HTGs and other HTG analyses, the September through December “quarter” includes four months, while the July through August “quarter” includes two months.

Appeal Outcomes: Were there Changes in the Way Appeals Were Resolved?

- In general, about 70% of IHSS appeals were resolved without a hearing. This pattern remained fairly consistent both before and after HTG implementation (Figure 3.2).

Figure 3.2: Distribution of Closed IHSS Appeal Outcomes by Appeal Filing Quarter

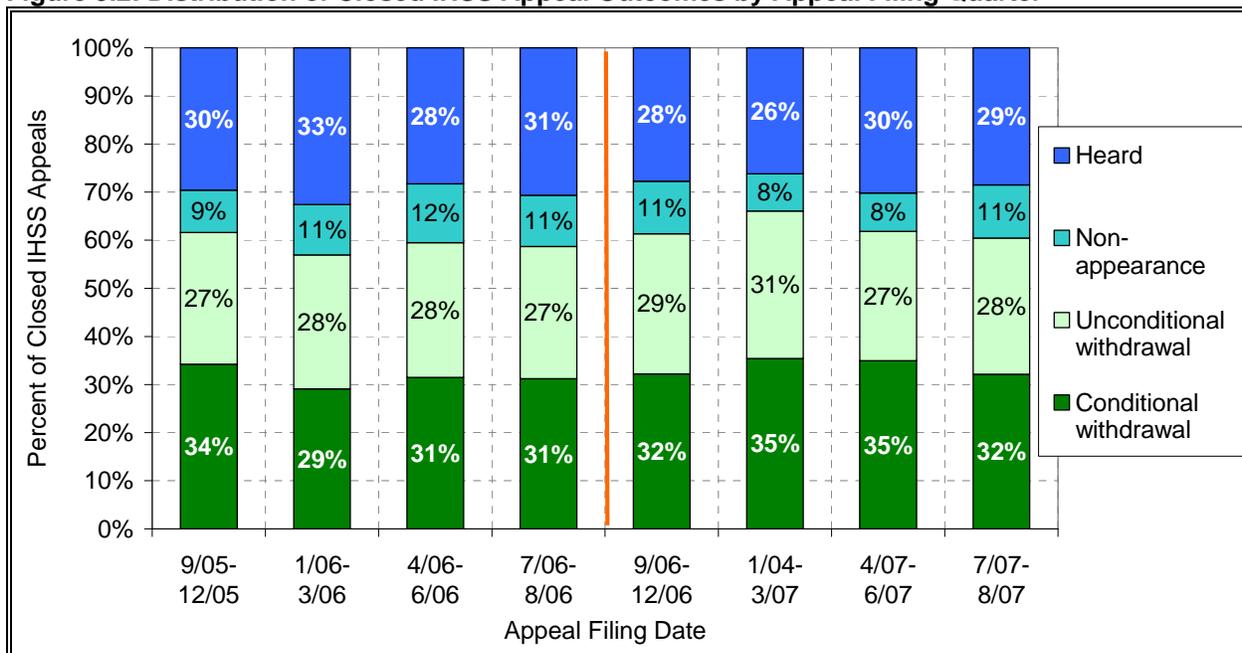


Table 3.3: Distribution of IHSS Appeal Outcomes by Study Period

Appeal Outcome ^a	Appeals Filed Pre-HTG (9/05-8/06)		Appeals Filed Post-HTG (9/06-8/07)		Total		
	Percent	Number	Percent	Number	Percent	Number	
Withdrawn	Unconditional withdrawal	28%	1,160	28%	1,433	28%	2,593
	Conditional withdrawal	32%	1,327	32%	1,681	32%	3,008
Non-appearance		10%	440	9%	464	10%	904
Heard	Granted	20%	842	17%	889	18%	1,731
	Denied	8%	334	5%	258	6%	592
	Dismissed	2%	82	2%	90	2%	172
	Heard but no decision yet	0%	5	3%	164	2%	169
Other	Administratively dismissed	0%	7	0%	9	0%	16
	Still in scheduling*	0%	1	4%	201	2%	202
Total		100%	4,198	100%	5,189	100%	9,387

^a This table shows that a number of appeals filed in the post-HTG period had not yet been closed when the SHD data extract was created. This is not related to the impact of the HTGs, but it should be taken into consideration in examining case outcomes for the 12 post-HTG months. For this reason, Figure 3.2 only describes closed appeals (those not still in scheduling).

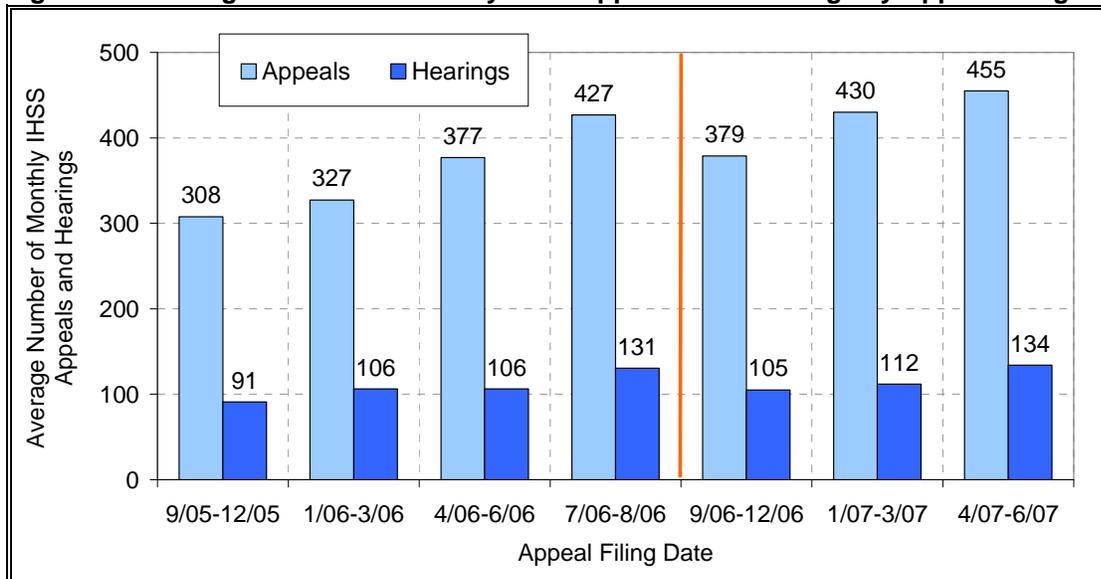
Were More Appeals Conditionally Withdrawn?¹

The overall percent of closed appeals that were conditionally withdrawn was generally a little above 30% (Figure 3.2). During the 12 pre-HTG months, on average 32% of closed appeals were conditionally withdrawn. During the 12 post-HTG months, on average 34% of closed appeals were conditionally withdrawn. While this difference is statistically significant, the relatively small percentage change does not point to a clear increase in conditional withdrawals.

Did More Appeals Result in Hearings?

- Compared with IHSS appeals filed during the 12 months prior to HTG implementation, there was an 11% increase in the number of IHSS hearings held for appeals filed during the 10 months following HTG implementation (see Figure 3.3 and Figure 3.4).
 - On average, 105 appeals went to hearing during each of the pre-HTG months. During the post-HTG months, an average of 116 appeals went to hearing per month.
 - While this is an increase, the increase is actually lower than the increase in the numbers of appeals filed.
 - Further, there has not been an increase in the percentage of appeals that go to hearing. Appeals filed post-HTG were no more likely to go to hearing than those filed pre-HTG.

Figure 3.3: Average Number of Monthly IHSS Appeals and Hearings by Appeal Filing Quarter^a



^a Because more than ten percent of appeals filed during July and August 2007 were not closed when the SHD data extract was created, these months were not included in this portion of the analysis (see Table 3.4).

¹ One way that appeals can be resolved without a hearing is through a conditional withdrawal. During the hearing, the county representative has an opportunity to explain why the action that brought about the appeal was taken. It is up to the county to prove that its action is correct. In reviewing a case in preparation for a hearing, if a county determines that the action it took was not correct, the county may contact the claimant and propose a conditional withdrawal. A conditional withdrawal is made by the consumer on the condition that the consumer and county agree on a specific remedy.

Table 3.4: Percent of IHSS Appeals Closed and Heard by Filing Month, Quarter and Study Period

Appeal Filing Date			Number of Appeals Filed	Number of Appeals Closed ^a	Percent of Appeals Closed	Number of Appeals Going to Hearing ^b	Monthly Average Number of Appeals Going to Hearing		Percent of Appeals Going to Hearing		
Study Period	Quarter	Month					Quarter	Study Period	Month	Quarter	Study Period
Pre-HTG	9/05-12/05	9/05	325	325	100%	91	91	105	28%	30%	30%
		10/05	310	310	100%	88			28%		
		11/05	302	302	100%	86			28%		
		12/05	294	294	100%	99			34%		
	1/06-3/06	1/06	259	259	100%	90	106		35%		
		2/06	328	328	100%	105			32%		
		3/06	395	395	100%	124			31%		
	4/06-6/06	4/06	380	380	100%	108	106		28%		
		5/06	379	379	100%	118			31%		
		6/06	372	372	100%	93			25%		
	7/06-8/06	7/06	406	406	100%	125	131		31%		
		8/06	448	447	100%	136			30%		
Post-HTG ^c	9/06-12/06	9/06	424	424	100%	117	105	116	28%	28%	28%
		10/06	370	370	100%	115			31%		
		11/06	397	397	100%	98			25%		
		12/06	325	325	100%	90			28%		
	1/07-3/07	1/07	455	453	100%	107	112		24%		
		2/07	402	399	99%	94			23%		
		3/07	433	432	100%	135			31%		
	4/07-6/07	4/07	402	396	99%	118	134		29%		
		5/07	501	489	98%	141			28%		
		6/07	462	448	97%	143			31%		
	7/07-8/07	7/07	515	456	89%	--	--		--		
		8/07	503	399	79%	--			--		

^a Closed status was defined according to the priority code assigned to the case at the time SHD data was extracted. Cases that were not closed when the extract was created either were scheduled for a hearing date in the future or were not calendared for a variety of reasons. The lower closure rates for 7/07 and 8/07 indicate that it may be misleading to analyze hearing rates for appeals filed after 6/07, since a larger proportion of these cases were still in the scheduling/calendaring stage when the data extract was created. Updated information will be obtained for these cases for the next quarterly analysis (5/15/08).

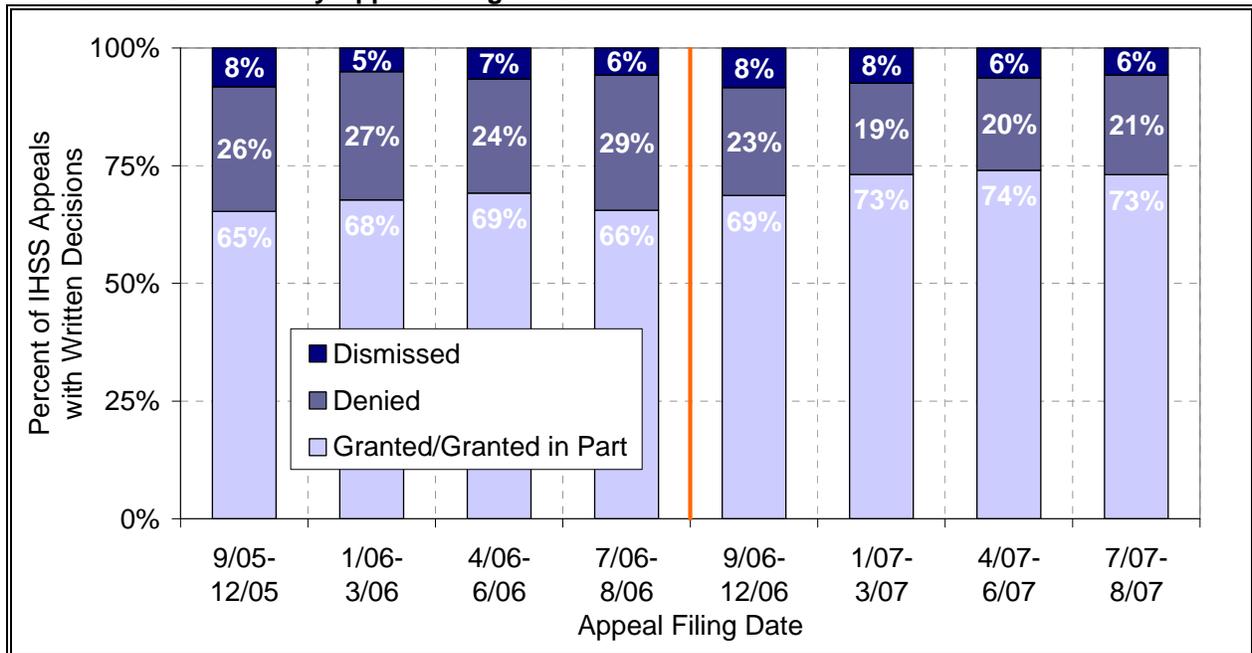
^b Describes the number of appeals filed during a given month that ultimately resulted in a hearing, regardless of when the hearing was held. This category does not include non-appearances.

^c Post-HTG hearing summary statistics are based on 10-month rather than a 12-month average because of the low closure rates for 7/07-8/07.

Were More Appeals Granted?

- The findings show a statistically significant increase in the number of granted decisions post-HTG. Appeals filed post-HTG were more likely to be granted in favor of the claimant than those filed pre-HTG (Figure 3.4).
 - During the pre-HTG months, 67% of appeals resulting in a written decision were granted in favor of the claimant.
 - During the post-HTG months, 72% of appeals resulting in a written decision were granted in favor of the claimant.

Figure 3.4: Distribution of Dispositions for IHSS Appeals with Written Decisions by Appeal Filing Quarter



Did More Appeals Involve Assessment-Related Issues?¹

The codes of greatest interest for this analysis are the three (identified as 620, 566 and 568) that describe issues related to needs assessments.

- The code for appeals involving need evaluation issues (620) was the most frequently assigned IHSS issue code (Table 3.5). Over the 24 month study period, 53% of appeals resulting in a written decision were assigned this code.
 - Compared with the pre-HTG months, there was a small decrease in the frequency of this code—from 55% to 51%.
- The next most frequently assigned code was the code for appeals involving service evaluations (566). Over the 24 month study period, 20% of appeals resulting in a written decision were assigned this code.
 - There was a small decrease (from 23% to 18%) in the frequency of this code during the post-HTG period.
- In the Fall of 2006, a new issue code was added to describe issues related to Quality Assurance Needs Assessments (568). Twelve percent of post-HTG appeals resulting in a written decision were assigned this code.

¹ When an ALJ writes the decision for an appeal, the case is categorized in terms of up to four primary issues involved. The SHD system includes these issue codes as part of the case record. There are hundreds of issues codes describing the assistance program involved and the nature of the case. There are 28 issue codes for the IHSS program (Table 3.5). Most of the IHSS issue codes describe various aspects of program eligibility. Other codes describe issues related to specific aspects of the program, including protective supervision, share of cost, providers, and living arrangements.

Table 3.5: Distribution of IHSS Issue Codes for IHSS Appeals with Written Decisions by Study Period

Issue Code Value and Description		Appeals Filed Pre-HTG (9/05-8/06)		Appeals Filed Post-HTG (9/06-8/07)		Total	
		%	N	%	N	%	N
Codes Related to IHSS Needs Assessments	620 Need Evaluation	54.8%	690	50.8%	628	52.8%	1,318
	566 Service Evaluations	22.6%	284	17.5%	216	20.0%	500
	568 QA Needs Assessments	.0%	0	12.0%	148	5.9%	148
Other Issue Codes for Appeals	560 Personal Care Services Program	7.8%	98	5.3%	65	6.5%	163
	561 Eligibility	4.8%	61	4.5%	56	4.7%	117
	562 Provider issues	.7%	9	.6%	8	.7%	17
	563 PCSP Coverage/Limits	2.9%	37	3.4%	42	3.2%	79
	564 Relation to IHSS/Non-PCSP	.7%	9	1.5%	18	1.1%	27
	565 Overpayments/Underpayments/Medi-Cal recovery	.2%	2	.2%	2	.2%	4
	567 IHSS Plus Waiver	4.6%	58	3.6%	45	4.1%	103
	569 Unknown	.0%	0	.2%	2	.1%	2
	610 IHSS / Non-PCSP	.8%	10	1.0%	12	.9%	22
	611 Eligibility	8.8%	111	7.2%	89	8.0%	200
	612 Severely/Non-severely impaired (Maximum allowance)	1.2%	15	.3%	4	.8%	19
	613 Living in own home/Shared living arrangements	1.1%	14	.8%	10	1.0%	24
	614 Availability of spouse/Parent as provider	1.8%	23	1.5%	18	1.6%	41
	616 Provider issues (Rude/Unavailable)	.7%	9	.5%	6	.6%	15
	617 Service delivery methods	.5%	6	.2%	2	.3%	8
	618 Advance payment	.2%	3	.1%	1	.2%	4
	619 Overpayments/Underpayments	.2%	3	1.1%	14	.7%	17
	621 Miller v. Woods	.2%	2	.4%	5	.3%	7
	622 Income/Budget computations	4.1%	52	4.4%	55	4.3%	107
	624 Care supplements	.4%	5	.6%	7	.5%	12
	625 Relation to PCSP	.4%	5	.0%	0	.2%	5
	626 Protective supervision	11.5%	145	13.6%	168	12.5%	313
	628 Share of Cost	.0%	0	.5%	6	.2%	6
Total		n/a	1,258	n/a	1,237	n/a	2,495

Since one appeal may be assigned up to four different issue codes, a variable was computed to reflect whether or not a decision was assigned any of the three assessment-related issue codes (distribution shown in Table 3.6).

- During the 12 pre-HTG months, 57% of appeals resulting in a written decision were assigned an assessment-related issue code.
- During the 12 post-HTG months, 58% of appeals resulting in a written decision were assigned an assessment related issue code.
- Although this is a slight increase, the difference is not statistically significant.

Table 3.6: Distribution of Assessment-Related Issue Codes for IHSS Appeals with Written Decisions by Study Period

Issue code category	Appeals Filed Pre-HTG (8/05-8/06)		Appeals Filed Post-HTG (9/06-8/07)		Total	
	Percent	Number	Percent	Number	Percent	Number
Assessment-related ^a	56.9%	716	58.2%	720	57.6%	1,436
Non-assessment related	43.1%	542	41.8%	517	42.4%	1,059
Total	100.0%	1,258	100.0%	1,237	100.0%	2,495

^a Includes issue codes 620, 566 or 568

Were More Assessment-Related Appeals Granted?

- Assessment-related appeals were, in general, significantly more likely to be granted in favor of the claimant than non-assessment related appeals (see Table 3.7).
 - During the 24-month study period, 82% of assessment-related appeals were granted, compared with 52% of non-assessment related appeals.
- Though not a large increase, there were more granted assessment-related appeals hearings dispositions post-HTG than there were pre-HTG (84% vs. 81% respectively) (see Table 3.7).
- *However*, there was a much steeper increase in the percent of non-assessment related appeals that were granted.
 - During the 12 pre-HTG months, 48% of non-assessment-related appeals were granted, compared with 55% during the 12 post-HTG months.
- This suggests—probably more conclusively than any finding up to this point—that the increase in decisions granted in favor of the claimant is not related to HTG implementation.

Table 3.7: Distribution of IHSS Appeal Written Decision Dispositions by Issue Code Category and Study Period

Issue code category	Disposition	Appeals Filed Pre-HTG (9/05-8/06)		Appeals Filed Post-HTG (9/06-8/07)		Total	
		Percent	Number	Percent	Number	Percent	Number
Assessment-related issues	Granted	81%	580	84%	603	82%	1,183
	Denied	19%	134	16%	115	17%	249
	Dismissed	0%	2	0%	2	0%	4
	Total	100%	716	100%	720	100%	1,436
Non-assessment related issues	Granted	48%	262	55%	286	52%	548
	Denied	37%	200	28%	143	32%	343
	Dismissed	15%	80	17%	88	16%	168
	Total	100%	542	100%	517	100%	1,059

Section II

Analysis of IHSS Program Information for Claimants Filing IHSS Appeals

Methodology

Observing trends in the number and characteristics of appeals filed provides some useful information, but the conclusions that can be drawn from this approach are limited. Without more information about the circumstances under which appeals are filed, it is very difficult to draw conclusions about the relationship between observed trends and implementation of the HTGs. In an effort to obtain information about the context in which an appeal was filed and how this context might relate to HTG implementation, an effort was made to match IHSS appeals data with IHSS Consumer data contained in CMIPS.

The ISR identified a subset of appeals for which IHSS case numbers could be reliably identified. This permitted a comparison between appeals information and Consumer characteristics contained in CMIPS data. Ultimately, IHSS case numbers were identified for 73% of the IHSS appeals filed between September 2005 and August 2007 (see Table 3.8). CDSS provided ISR with CMIPS extracts for February 2005 through December 2007. Each of the 35 monthly extracts describes the status of an IHSS record at the close of the month. This provides program information for seven months prior to the first appeals filed (9/1/05) and for three months following the last appeals filed (8/31/07). Appeals for which IHSS case numbers were identified were merged with CMIPS data for the 35 months.

Figure 3.5: Outcome of Attempt to Identify IHSS Case Numbers for IHSS Appeals Filed 9/05-8/07

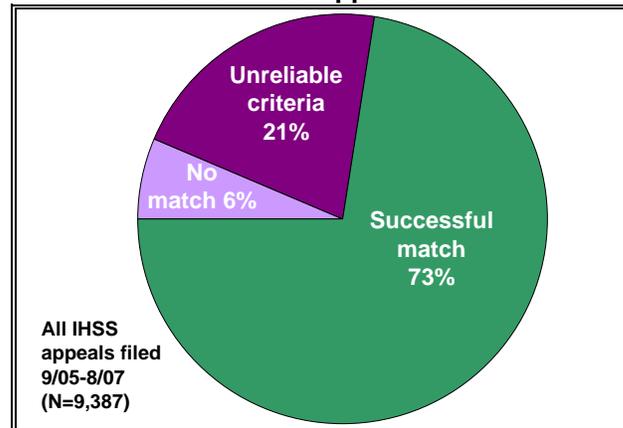


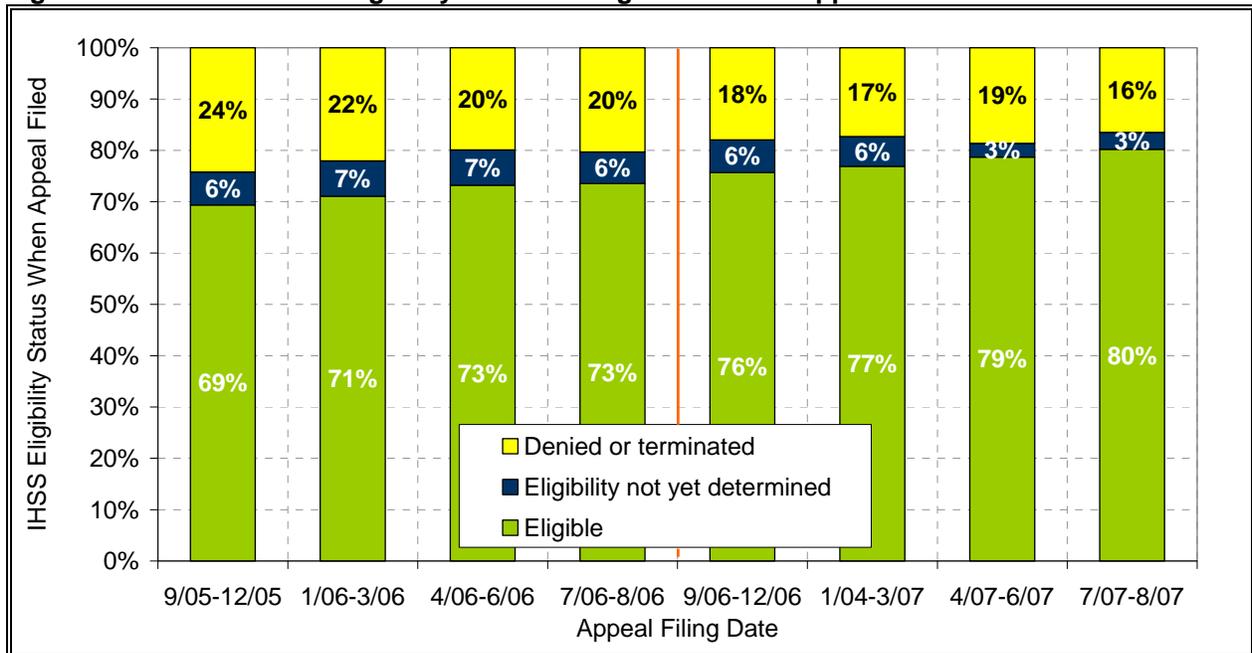
Table 3.8: Outcome of Attempt to Identify IHSS Case Numbers for IHSS Appeals Filed 9/05-8/07

	Percent	Number
IHSS case number not identified	No match on any criteria	6% 587
	Unreliable match	21% 1,985
IHSS case number successfully identified	73%	6,815
Total	100%	9,387

Who Filed IHSS Appeals and Did this Change Following HTG Implementation?

- Most requests (75%) for hearings involving the IHSS program were filed by claimants who are eligible for the IHSS program (see Figure 3.6).
- However, a significant number (about 19%) of appeals were filed by claimants who had applied for the IHSS program and been denied because they were determined to be ineligible, or who were previously receiving IHSS and had their eligibility terminated.
- A smaller group of claimants (6% overall) had applied for IHSS but had not yet been assessed when they filed their appeal.
- The proportion of appeals filed by eligible IHSS Consumers increased over the 24-month study period. However, this increase began prior to HTG implementation.
 - In the 12 pre-HTG months, the proportion of appeals filed by eligible Consumers rose from 69% to 73% (Figure 3.6).
 - In the 12 post-HTG months, the proportion of appeals filed by eligible Consumers rose from 76% to 80%.¹
- This pattern indicates HTG implementation alone did not have a significant impact on the increase in appeals filed by the eligible IHSS Consumers.

Figure 3.6: Claimant IHSS Eligibility Status during Month IHSS Appeal Was Filed



¹ The absolute gain in the percent of appeals filed by eligible consumers was the same—4 percentage points—for both pre and post-HTG periods. During the pre-HTG period, relative to the initial 69%, this represents a 5.8% increase (4% divided by 69%). During the post-HTG period, relative to the initial 76%, this represents a 5.3% increase (4% divided by 76%).

Has the Rate of Appeal Filings Changed between the Pre- and Post-HTG Implementation Periods?

- The IHSS eligibility status of claimants for whom IHSS case numbers could not be identified is unknown. This prevents direct computation of a rate describing the percent of eligible IHSS Consumers who filed an appeal. However, information about claimants for whom IHSS case numbers were obtained can be used to compute an estimate (shown in Table 3.9).
- This approach estimates that in the 12 pre-HTG months, on average .83 out of 100 eligible IHSS Consumers filed an IHSS appeal.
- During the 12 post-HTG months, an estimated average of 1.07 out of 100 eligible IHSS Consumers filed an appeal. This represents a 29% increase in appeals among eligible IHSS Consumers.

Table 3.9: Estimated Number of Annual IHSS Appeals per 100 Eligible IHSS Consumers by Study Period

	Appeal Filing Date	
	Pre-HTG (9/05-8/06)	Post-HTG (9/06-8/07)
Percent of IHSS appeals filed by eligible IHSS Consumers	71%	78%
Total number of IHSS appeals filed	4,198	5,189
Estimated number of appeals filed by eligible IHSS Consumers	2,981	4,047
Average monthly number of eligible IHSS consumers	358,151	378,052
Number of IHSS appeals filed by eligible IHSS Consumers per 100 IHSS Consumers	.83	1.07

Does the Likelihood of Filing an Appeal Vary by the Number of Hours Authorized for Consumers?

- As reflected by total authorized hours for purchase during the month in which the appeal was filed, the distribution of hours across hour categories remained very consistent both before and after HTG implementation (see Table 3.10).
- During the entire 24-month study period, 28 percent of IHSS-Consumers who filed an appeal were receiving 50 hours or less of service per month, 34 percent were receiving between 50 and 100 hours of service, and nine percent of claimants were authorized to receive 200 or more hours.

Table 3.10: Distribution of Authorized Hours for IHSS-Eligible Claimants by IHSS Appeal Filing Quarter and Study Period

Appeal Filing Date	Authorized Hours for Purchase During Month Appeal was Filed							Total	Number of cases
	50 or less	50.01-100.0	100.01-150.0	150.01-200.0	200.01-250.0	250.01-283			
Quarter	9/05-12/05	28%	34%	17%	12%	4%	4%	100%	584
	1/06-3/06	30%	30%	15%	16%	5%	4%	100%	464
	4/06-6/06	28%	33%	16%	14%	4%	5%	100%	544
	7/06-8/06	29%	34%	15%	13%	4%	5%	100%	420
	9/06-12/06	25%	34%	18%	13%	3%	6%	100%	807
	1/04-3/07	29%	34%	19%	9%	4%	5%	100%	754
	4/07-6/07	27%	35%	18%	11%	5%	4%	100%	874
	7/07-8/07	26%	34%	18%	13%	5%	4%	100%	657
	Total	28%	34%	17%	12%	4%	5%	100%	5,104
Study Period	Pre-HTG	28%	33%	16%	14%	4%	5%	100%	2,012
	Post-HTG	27%	34%	18%	11%	4%	5%	100%	3,092
	Total	28%	34%	17%	12%	4%	5%	100%	5,104

- Consumers authorized to receive more than 150 hours per month were more likely to file an appeal than those authorized to receive 150 hours or less (see Table 3.11).
 - Consumers authorized to receive more than 150 hours made up 12 percent of the caseload during the study period. In contrast, 21 percent of claimants were authorized to receive more than 150 hours.

Table 3.11: Authorized Hour Distribution for All Eligible IHSS Consumers and IHSS-Eligible Claimants

Authorized Hours for Purchase	All Eligible IHSS Consumers, 9/05-8/07		Claimants Filing IHSS Appeals 9/05-8/07 for Whom IHSS Case Numbers Were Identified	
	Percent	Number	Percent	Number
50 or less	28%	101,320	28%	1,404
50.01-100.0	45%	164,073	34%	1,723
100.01-150.0	16%	59,471	17%	883
150.01-200.0	6%	20,269	12%	631
200.01-250.0	2%	9,017	4%	218
250.01-283	4%	13,804	5%	245
Total	100%	367,955	100%	5,104

*Percentages may not sum to 100 percent due to rounding.

Section III

Characteristics of Appeals Filed Following an Assessment

Were IHSS Consumers who were assessed in the 12 months after HTG implementation any more or less likely to file an appeal than those assessed in the 12 months before HTG implementation?

Subsequent analysis will focus on a subset of appeals that could have been filed in response to assessments conducted during the 12 months before or after HTG implementation. Put another way, the analysis is systematically excluding appeals that are very unlikely to be related to an assessment, as well as appeals that are likely to be related to assessments conducted outside the study period.

There is a 90-day time limit on requesting a hearing from the date the county took the action that the claimant is appealing. This date is often the date the county mailed or gave the Notice of Action to the claimant and is usually listed on a Notice of Action as the “Date” or “Mailing Date.” If an ALJ determines that the hearing was not filed in a timely manner, the appeal will be dismissed.

Since the NOA date is not available in the CMIPS extracts, this analysis will examine the number of days between the date the assessment was conducted and the date the appeal was filed. Of appeals filed following an assessment, 47% were filed within 60 days of the assessment. (Table 3.12)

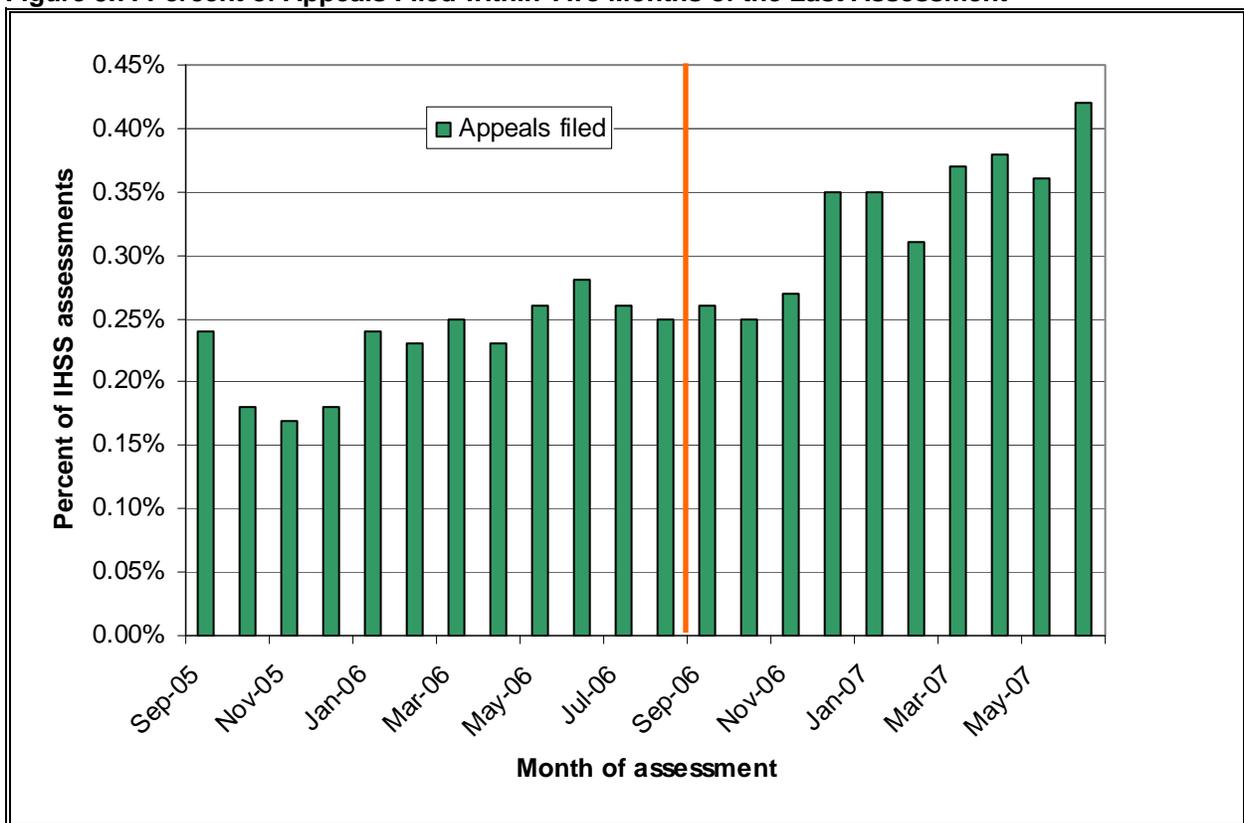
Table 3.12: Length of Time between Assessment and Filing Date for IHSS Appeals Filed 9/05-8/07

Days from assessment to filing	Number	Percent
60 days or less	2,515	46.5
61 to 120 days	1429	26.4
121 to 180 days	554	10.2
181 days or more	914	16.9
Total	5,412	100.0

CHARACTERIZATION OF CLAIMANTS WHO FILED AN APPEAL WITHIN TWO MONTHS OF AN ASSESSMENT

- Of those who filed an appeal within two months of an assessment, the number of appeals is clearly increasing over time (see Table A.47 in the Appendix for supporting data).
- The number of appeals filed appears to be increasing at a higher rate after HTG implementation than before implementation, based on the number of assessments IHSS conducted during each month of the study period (Figure 3.7).

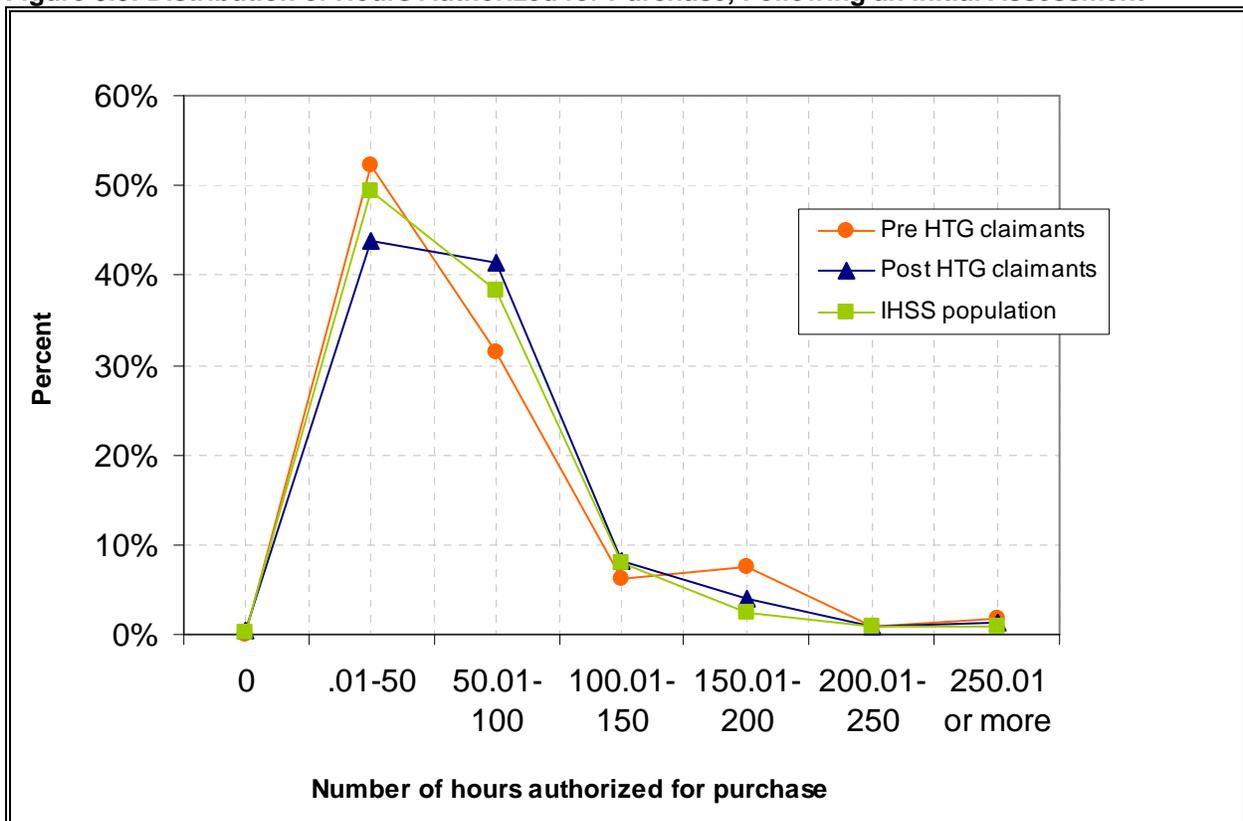
Figure 3.7: Percent of Appeals Filed within Two Months of the Last Assessment



Are those who file an appeal different in terms of hours authorized for services than the general IHSS population?

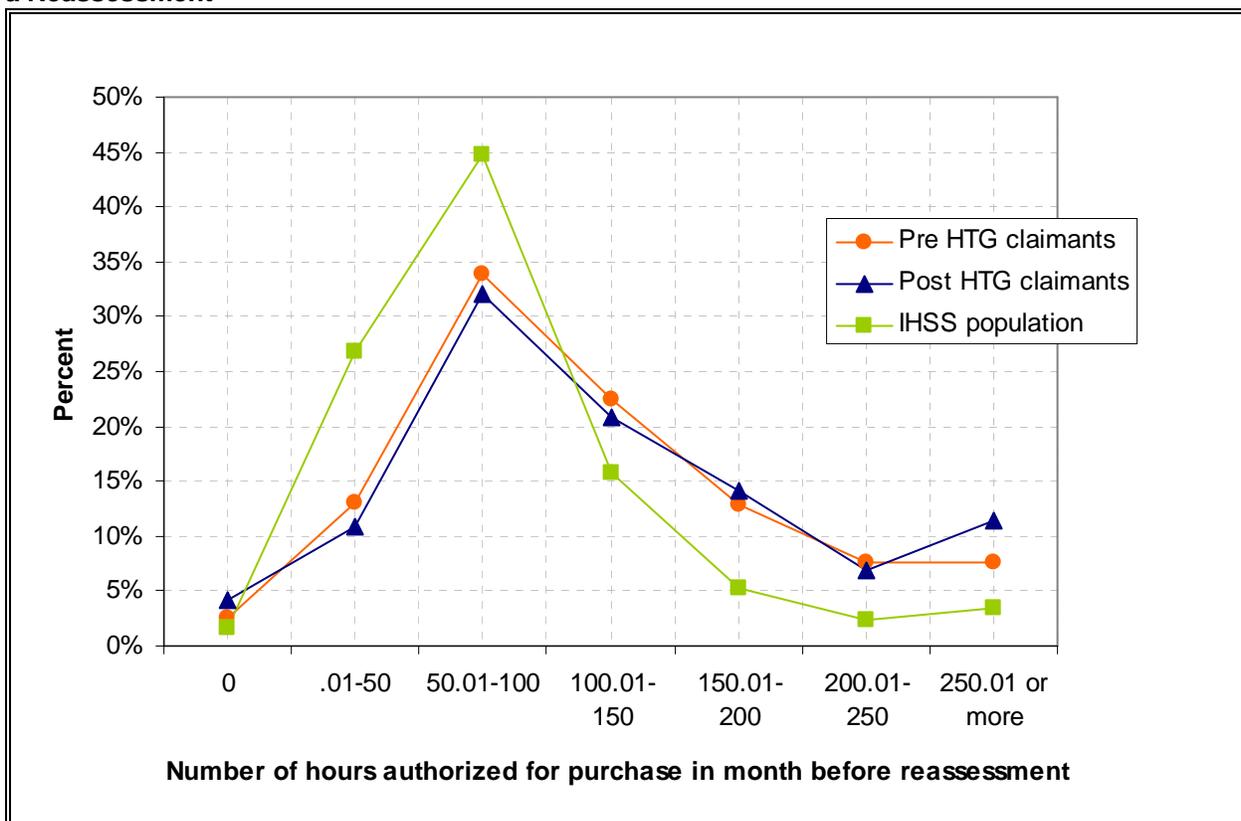
- The distribution of hours authorized for purchase of Consumers who file an appeal (pre- or post-HTG) after an initial assessment is generally similar to the distribution of the IHSS population's hours authorized for purchase (Figure 3.8; also see Table A.48 and A.49 in the Appendix).
- Post-HTG filers have a more similar distribution to the general IHSS population than do pre-HTG filers, for those with 50 or more hours authorized for purchase.

Figure 3.8: Distribution of Hours Authorized for Purchase, Following an Initial Assessment



- When examining hours authorized for purchase for Consumers after a reassessment, we must examine the hours recorded in the CMIPS data for the month just prior to the reassessment. Doing so allows us to see the distribution of hours before cuts are recorded in CMIPS.
- Following a reassessment, pre- and post-HTG implementation filers are generally more similar to each other than to the general IHSS population in the distribution of hours authorized for purchase, with those appealing showing a slightly greater number of total authorized hours, than we would expect based on their numbers in the general population (Figure 3.9).
- Consumers authorized to receive over 100 hours of service were more likely to file an appeal within 60 days, than those authorized to receive 100 hours or less.
- Post-HTG filers who receive 150 or more hours were slightly more likely to file an appeal within 60 days than they were during the pre-HTG period.

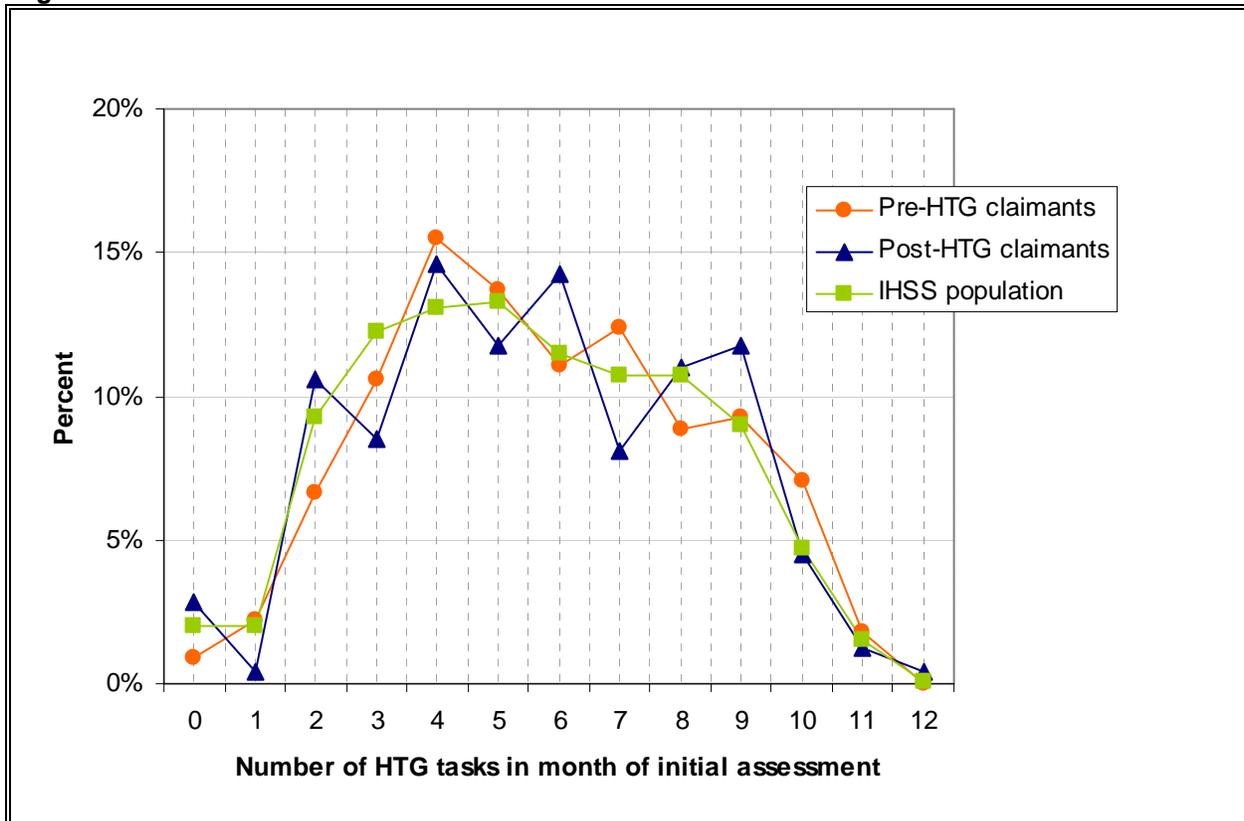
Figure 3.9: Distribution of Hours Authorized for Purchase, as Recorded in CMIPS the Month before a Reassessment



Is there a similar characterization of need when using the combined number of the consumer's HTG tasks as a measure?

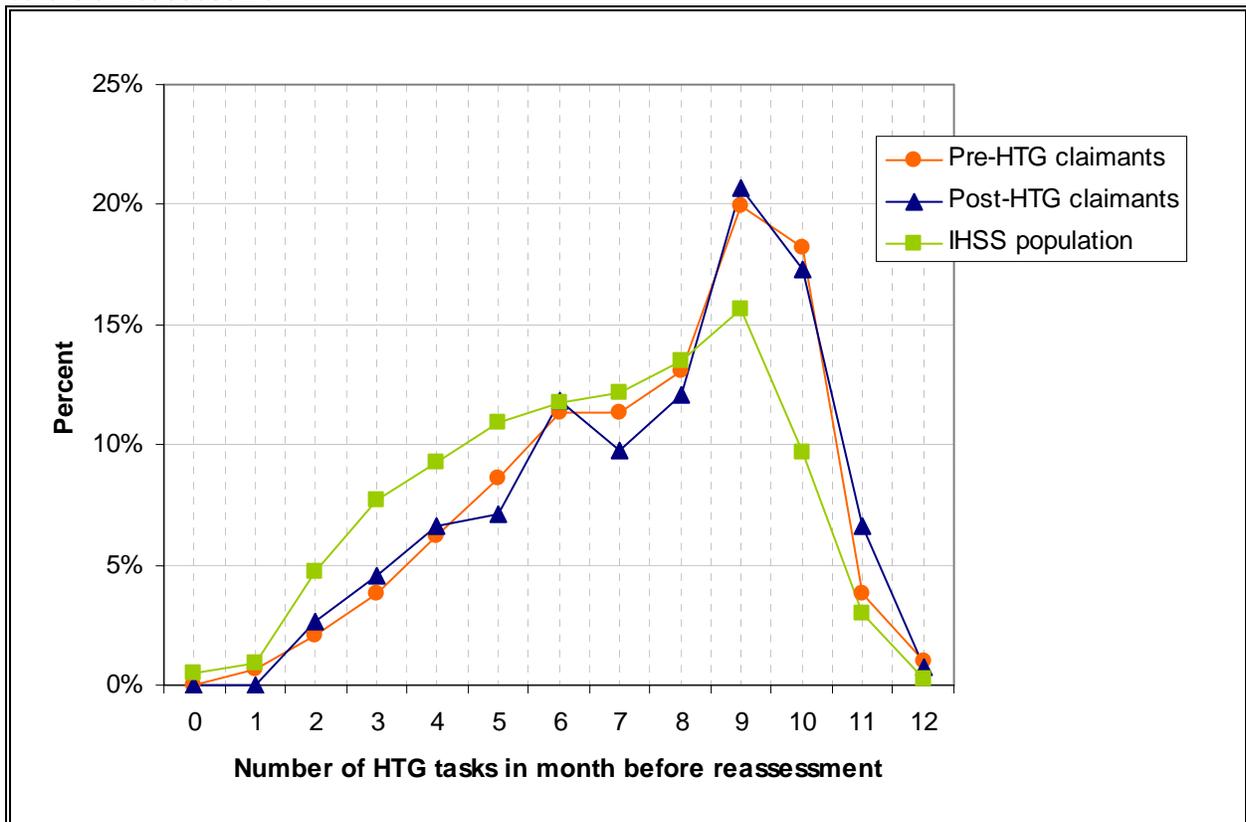
- For those filing appeals after initial assessments, there appears to be little relationship between the number of authorized tasks and the percent filing appeals in the pre- and post-HTG implementation periods (Figure 3.10; also see Table A.51 and A.52 for supporting data in the Appendix).

Figure 3.10: Distribution of Combined Number of HTG Tasks after an Initial Assessment



- By contrast with initial assessments, reassessment claimants are less likely to file an appeal within 60 days after their reassessment if they are receiving help on lower numbers of HTG tasks (1 through 5 tasks) (Figure 3.11).
- Consumers with greater number of authorized HTG tasks are more likely to file an appeal within 60 days.
- 41% of post-HTG claimants who have help with 9 HTG tasks or more filed an appeal, compared to 35% of pre-HTG filers, a 17% increase from pre to post-HTG.

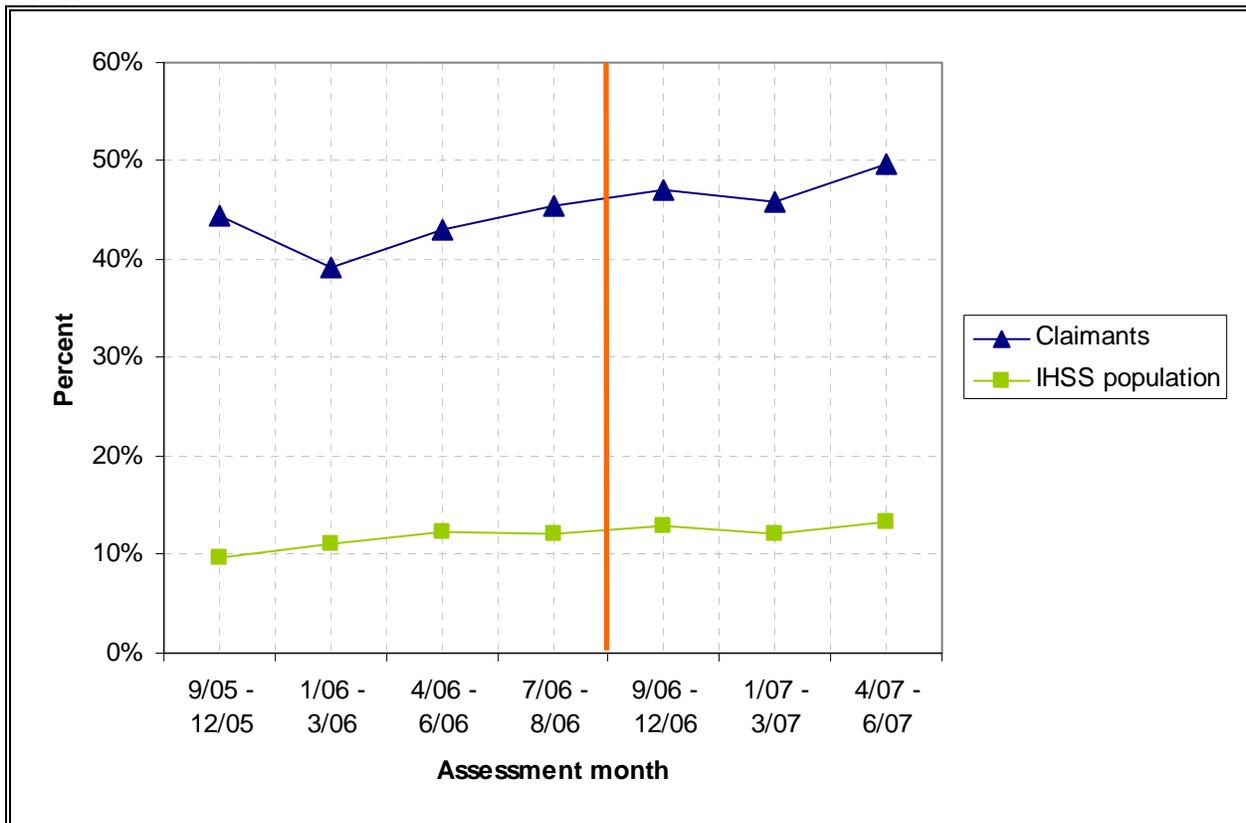
Figure 3.11: Distribution of Combined Number of HTG Tasks, as Recorded in CMIPS the Month before a Reassessment



Is there a difference in the rates of receiving notice about one's hours between claimants and the general IHSS population?

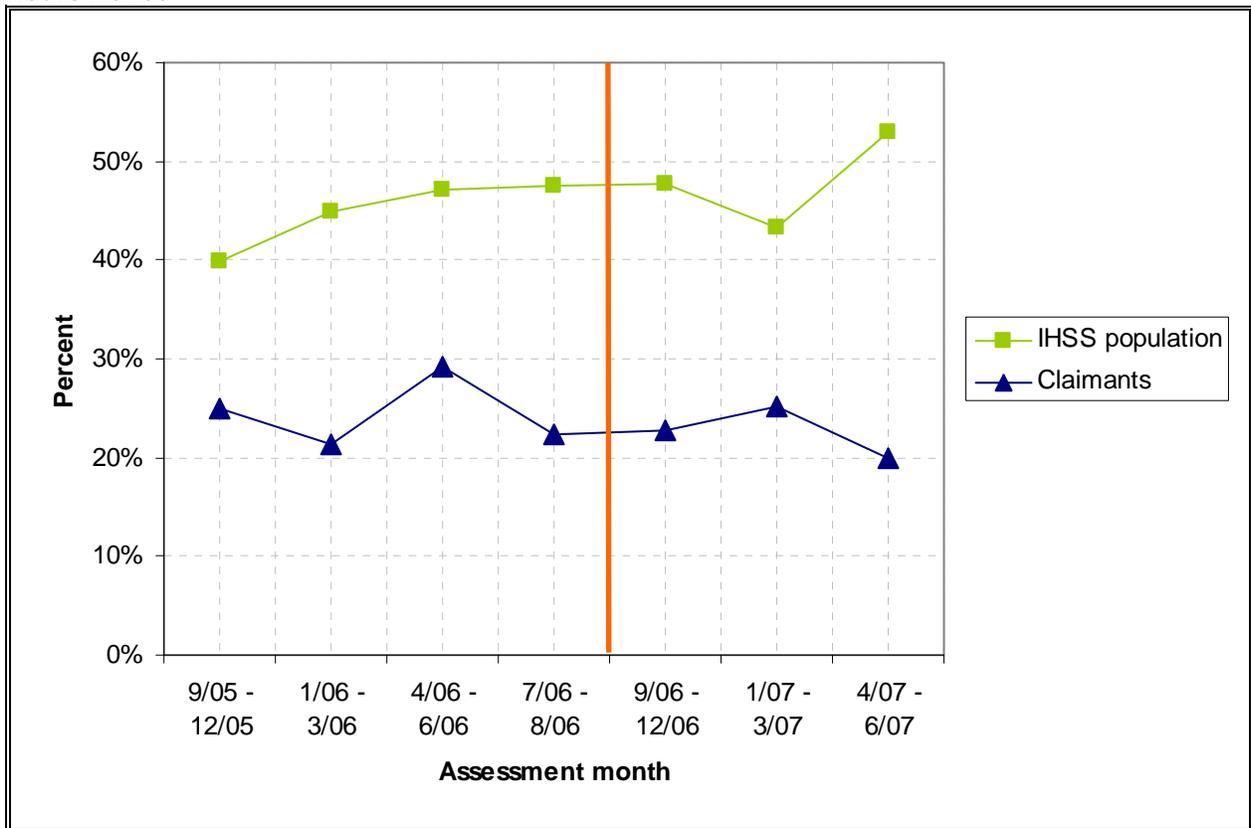
- IHSS Consumers receive notice of a cut in hours about 10 – 11% of the time after a reassessment (Figure 3.12). There appears to be a slight increase over the study period, but no difference in the rate from pre-HTG to post-HTG.
- Claimants who have received notice of a cut in hours after a reassessment appear to make up about 40 – 50% of the appeals caseload, a much higher rate than the rate at which the general population receives a decrease in hours notice.
- The rate of filing an appeal after receiving a cut in hours notice appears to be increasing, but it appears that the increase began before HTG implementation.

Figure 3.12: Comparison of Claimants to the General IHSS Population in Receiving a Cut in Hours Notice



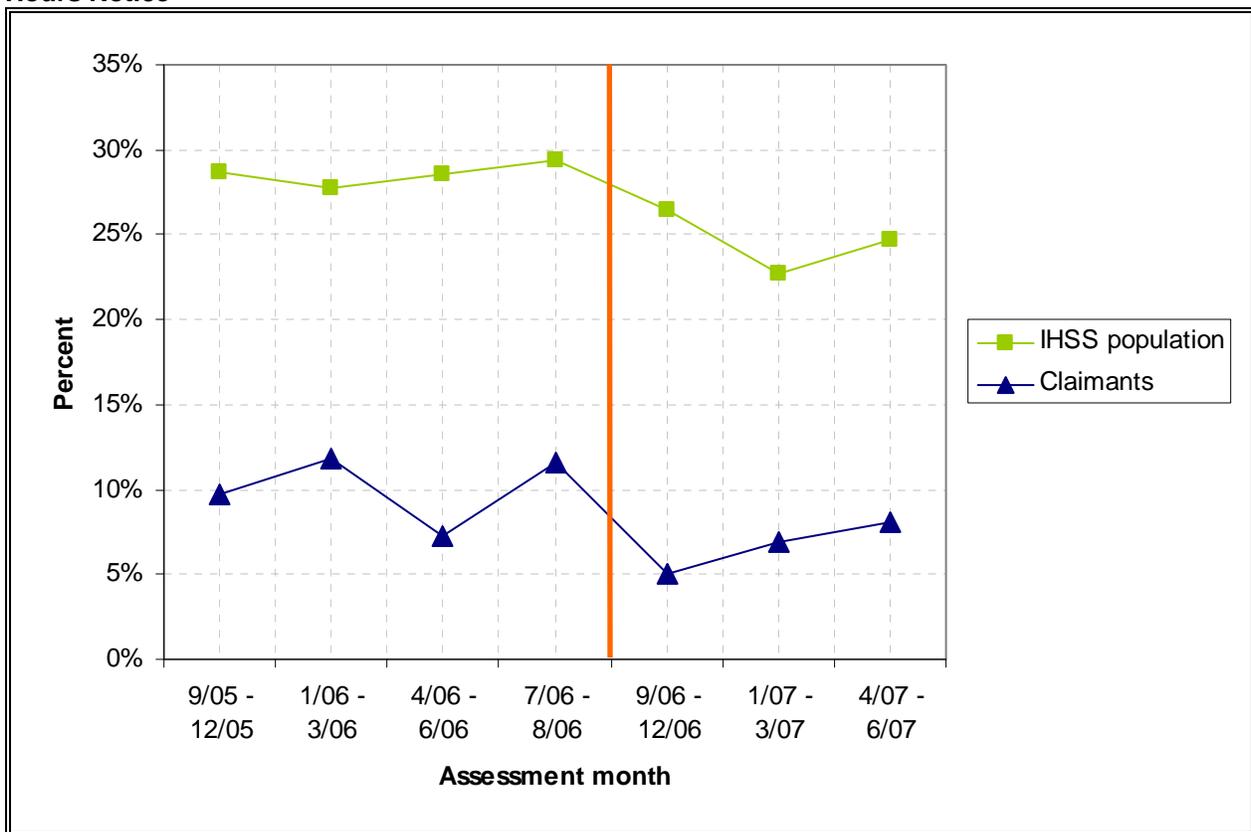
- The general IHSS population receives notice that their hours will increase 40 – 50% of the time (Figure 3.13).
- This percentage may be increasing over time, but there is no clear difference between the pre- and post-HTG periods.
- The percentage of claimants (40 – 50%) who received notice that their hours will increase is consistently less than the percentage of the general population receiving that notice, and does not appear to be increasing over time.

Figure 3.13: Comparison of Claimants to the General IHSS Population in Receiving an Increase in Hours Notice



- The general IHSS population appears to receive notice that their hours will stay the same at a somewhat consistent rate pre-HTG (a little more than 25% of the time) with a decline in the rate post-HTG to average just below 25% of the time (Figure 3.14).
- Consumers who file an appeal typically had received a no change in hours notice around 10% of the time pre-HTG and about 7% of the time post-HTG.
- It is difficult to draw conclusions from the claimants' rate of filing an appeal after receiving a notice that there will be no change in their hours, as we don't know if the appeal was filed as a result of that notice.

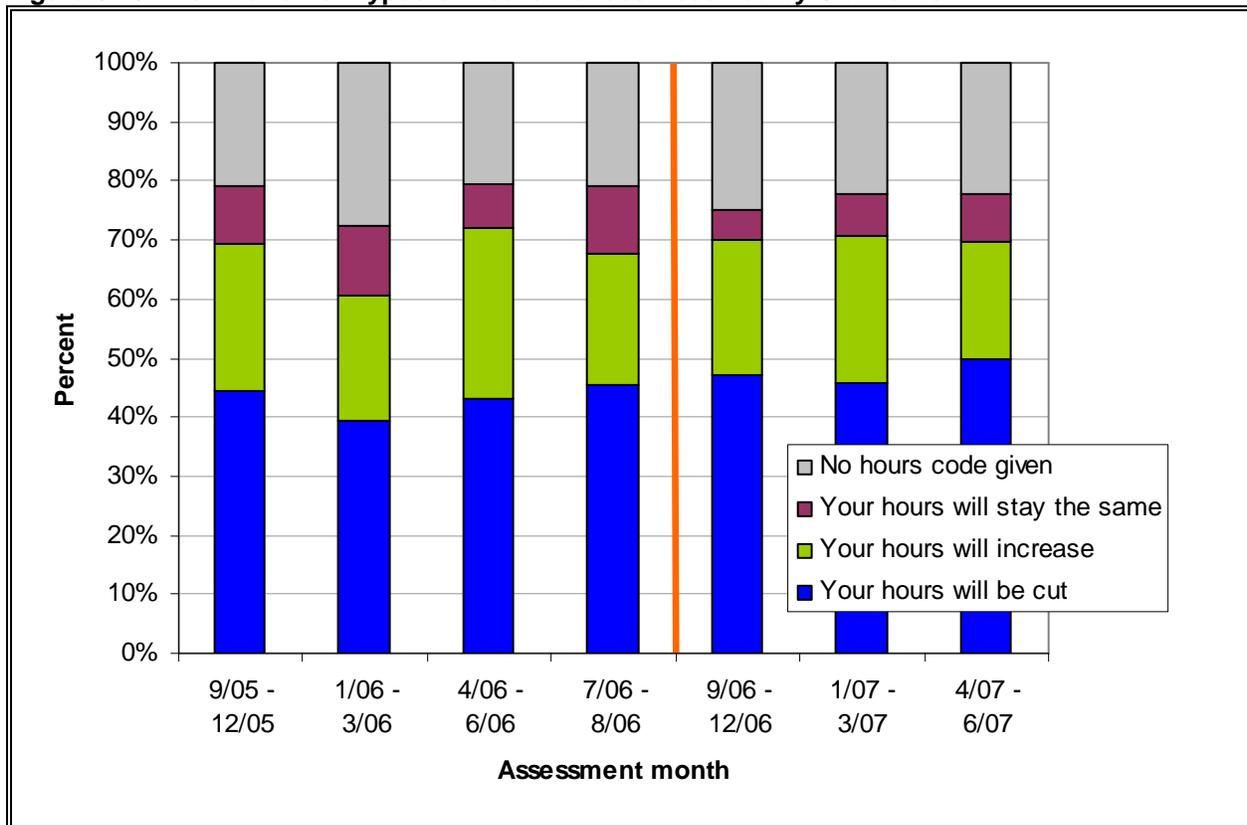
Figure 3.14: Comparison of Claimants to the General IHSS Population in Receiving a No Change in Hours Notice



Who files an appeal – mostly Consumers upset about a cut in hours?

- While it is difficult to say exactly why a given consumer is filing an appeal, Figure 3.15 shows generally only 40 – 50% of claimants had received notification that their hours would be cut; in other words, 50% or more of filers in a given month did not receive a cut in hours notice. Those consumers are therefore most likely not filing an appeal about a cut in hours.
- The 50% or more of claimants who did not receive notice that their hours would be cut may be filing about any of a number of non-HTG issues, such as share of cost issues, provider issues, protective supervision, etc.
- An average of 43% of the time claimants were filing an appeal after a cut in hours notice during the pre-HTG period, compared to an average of 48% of the time post-HTG, an increase between periods of 12%.

Figure 3.15: Distribution of Types of Hours Notices Received by Claimants



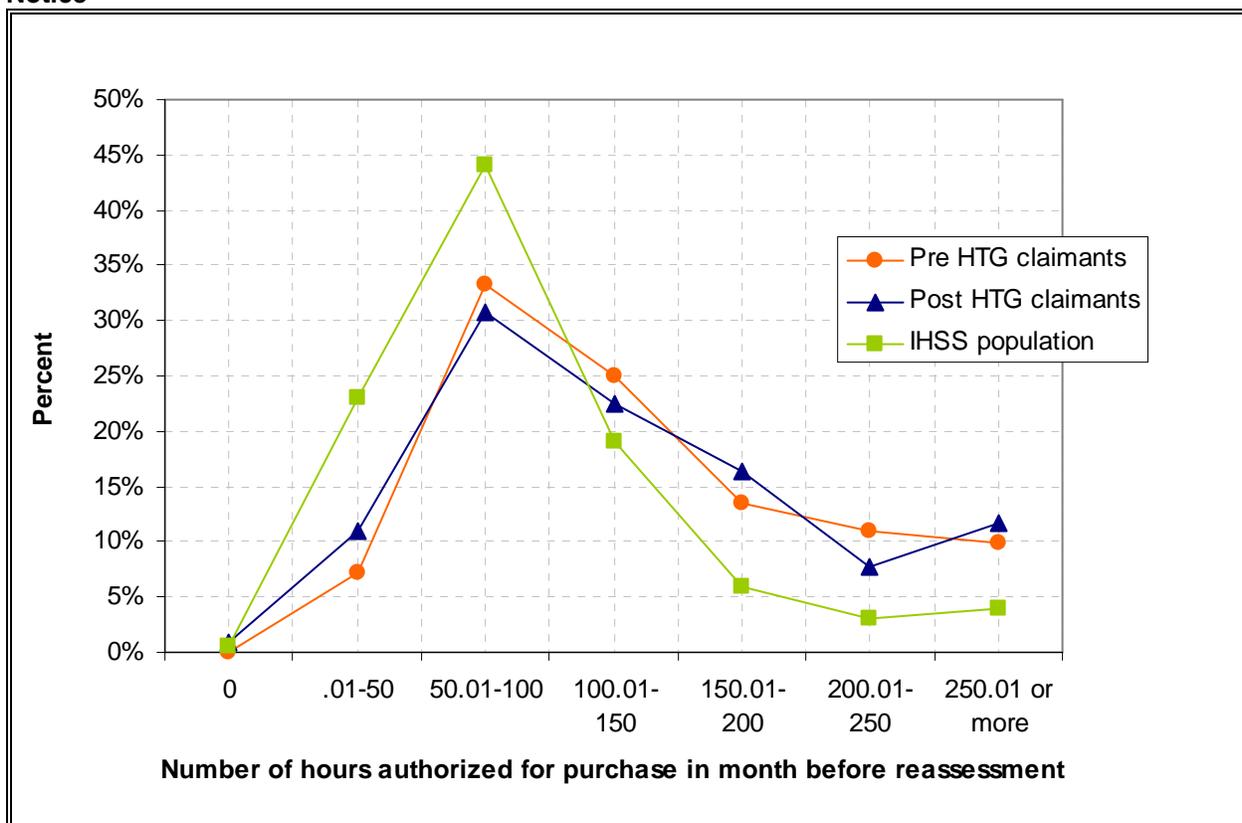
CHARACTERIZATION OF CLAIMANTS WHO RECEIVED NOTICE OF A CUT IN HOURS AFTER A REASSESSMENT

Of the 1,559 claimants who filed an appeal within 2 months after a reassessment, 712 claimants received a cut in hours notice.

How does their distribution of authorized hours compare to the general IHSS population, and pre- and post-HTG?

- Pre and post-HTG claimants have a similar distribution in the number of hours authorized for purchase: just fewer than 60% of claimants receive services for 100 or more hours per month (see Figure 3.16; see Table A.50 in the Appendix for supporting data).
- This distribution is different than that of the general IHSS population: 32% of that group receives services for 100 hours or more per month.
- This indicates that claimants generally have a higher level of authorized hours than non-claimants.

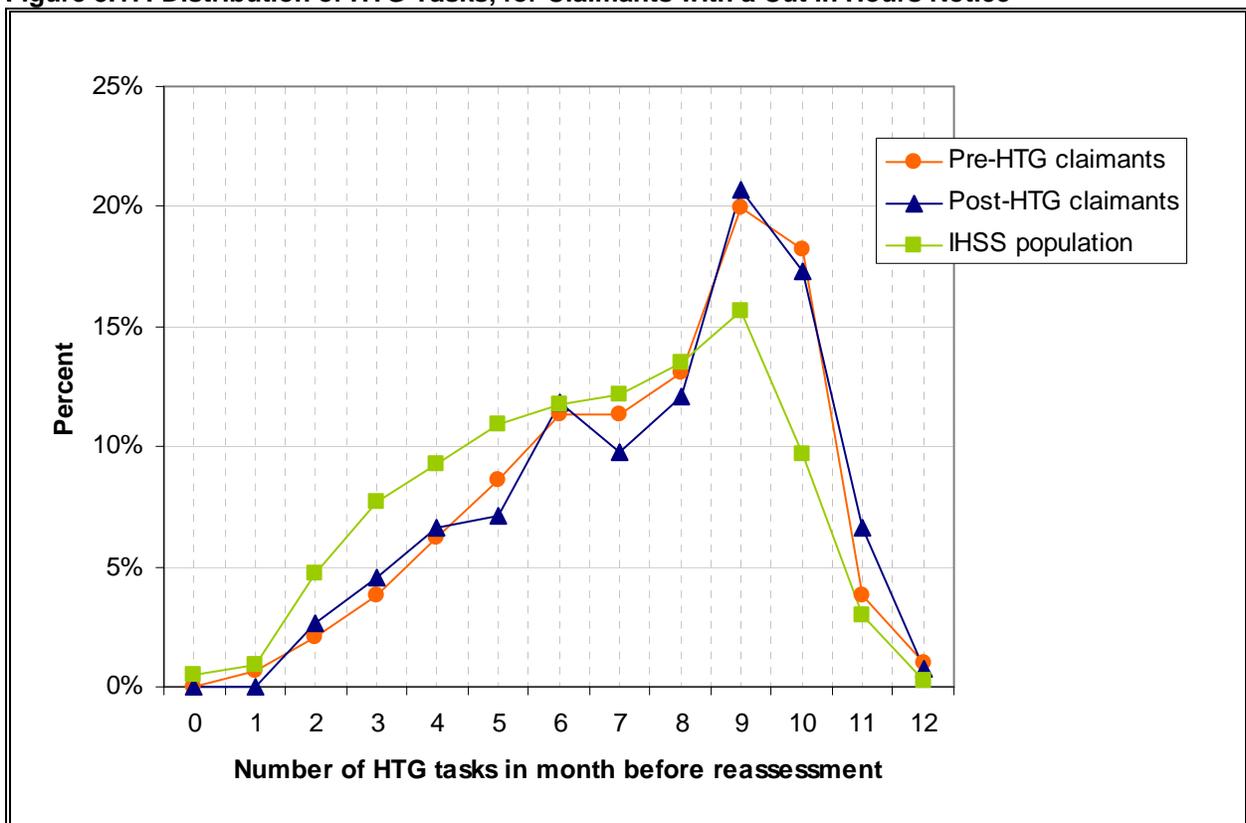
Figure 3.16: Distribution of Hours Authorized for Purchase, for Claimants with a Cut in Hours Notice



For how many tasks did these 712 claimants and the general IHSS population receive authorizations? Do claimants have higher numbers of tasks compared to the general IHSS population?

- It appears that claimants receiving notice of a cut in hours have more HTG tasks than the general population, when the number of tasks is 9 or more (see Figure 3.17 and Table A.53 in the Appendix for supporting data).
- About 44% of filers have 9 or more tasks compared to 29% of the general IHSS population.
- There is some difference pre- to post-HTG: 42.9% of pre-HTG filers have 9 or more tasks, and 45.4% of post-HTG filers have 9 or more tasks, an increase of about 6% over the time period.

Figure 3.17: Distribution of HTG Tasks, for Claimants with a Cut in Hours Notice



CASE OUTCOME MEASURES FOR CLAIMANTS WITH A CUT IN HOURS NOTICE

Of the 712 claimants who filed an appeal after notice of a cut in hours, what happened with their appeals before and after HTG implementation?

- Of the closed cases, about 62% were resolved without going to a hearing pre-HTG, and about 65% post-HTG – a 4% increase between periods (see Table 3.13 and compare to the overall group – a “fairly consistent” 70% resolved without a hearing – Section III, Part 1, page 46).
- Conditional withdrawals increased almost 30% pre- to post-HTG (compared to all closed appeals increasing only very slightly, from 32% to 34% - Section III, Part 1, page 47).
- Unconditional withdrawals decreased more than 17% pre- to post-HTG (compared to no change for the overall group of closed appeals, Section III, Part 1, page 46).
- About 38% of pre-HTG cases were heard by an ALJ and about 31% of cases were heard post-HTG, a decrease of about 18%. This is in stark contrast to the rate of appeals going to a hearing in the larger group, which had no change in likelihood pre- to post-HTG (Section III, Part 1, page 47).

Table 3.13: Disposition of Cases for Claimants with a Cut in Hours Notice

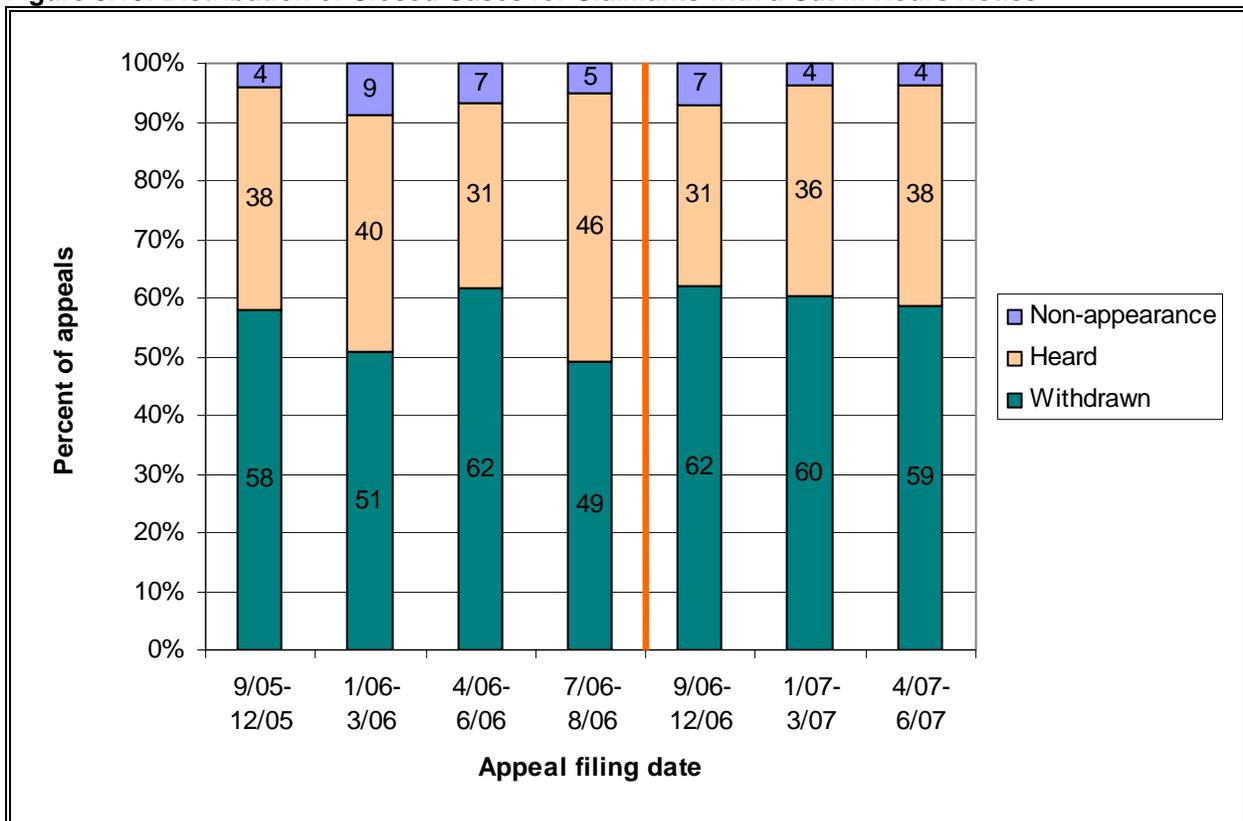
Appeal outcomes		Pre-HTG		Post-HTG		Percent	
		Number	Percent*	Number	Percent	Absolute difference	Change as a percent ¹
Closed	Unconditional withdrawal	77	26.5	92	21.9	-4.6	-17.4%
	Conditional withdrawal	85	29.2	159	37.8	8.6	29.3%
	Non-appearance	18	6.2	20	4.8	-1.4	-23.2%
Total closed (no hearing)		180	61.9	271	64.5	2.6	4%
Heard	Granted	93	32	108	25.7	-6.3	-19.7%
	Denied	16	5.5	20	4.8	-.7	-13.6%
	Dismissed	2	0.7	0	0.0	-.7	-100%
Total heard		111	38.2	128	30.5	-7.7	-20%
Other	Appeal heard, no decision yet	0	0	18	4.3	n/a	n/a
	Appeal still in scheduling	0	0	4	1.0	n/a	n/a
Total (all appeals)		291	100%	421	100%	n/a	n/a

*Percentages may not sum to 100 percent due to rounding.

¹Change as a percent is calculated by dividing the absolute difference in percent by the original percent (the pre-HTG percent, in this instance).

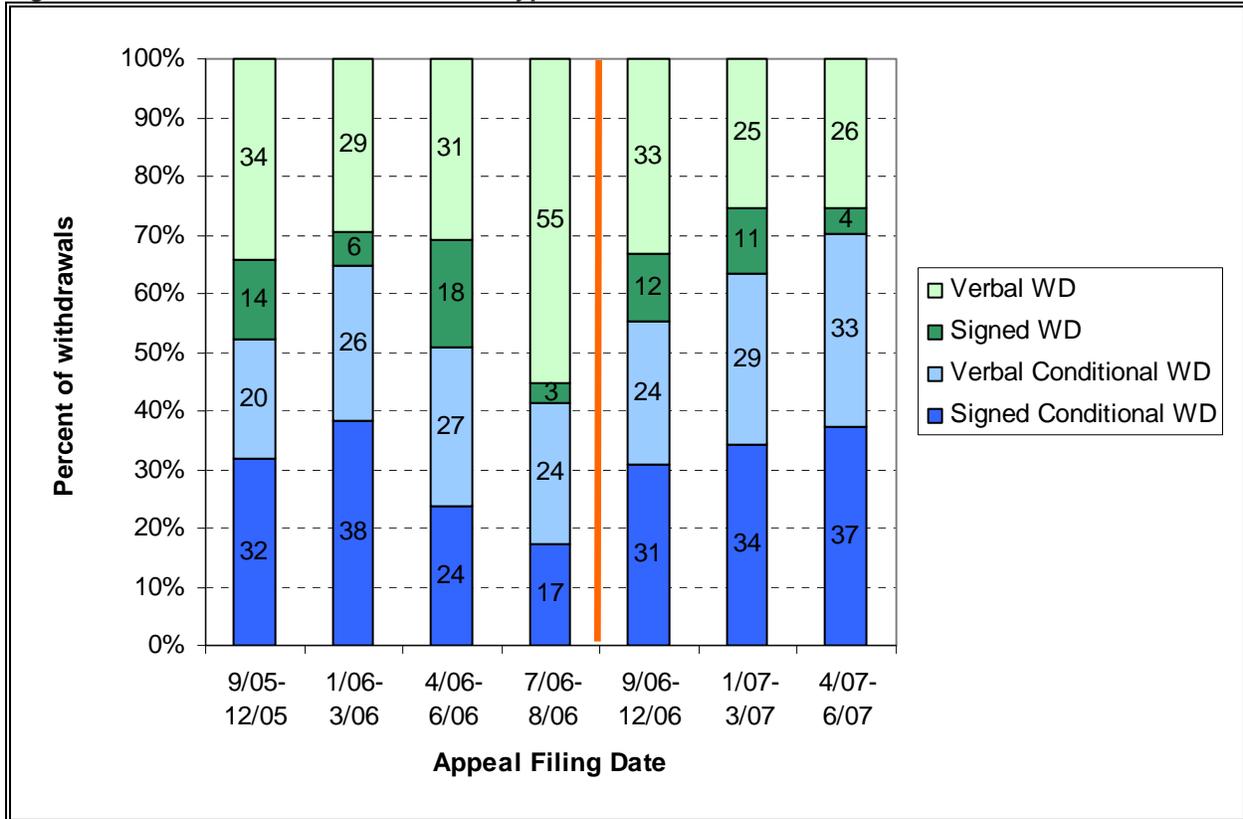
- Of those getting their hours cut, it appears that claimants withdraw cases consistently about 60% of the time post-HTG, compared to an average of 56% of the time, pre-HTG (Figure 3.18). This is a 7% increase in withdrawn cases (the larger group tends to withdraw about 60% of the time (Section III, Part 1, page 46) although we don't know how many of that group received a cut in hours notice).
- However, there are differences in the characterization of those withdrawn cases: conditional withdrawals are consistently occurring more often post-HTG than pre-HTG and appear to be increasing every quarter (see Figure 3.19 for further detail about the rates of different types of withdrawals).

Figure 3.18: Distribution of Closed Cases for Claimants with a Cut in Hours Notice



- Conditional withdrawals are consistently occurring more often post-HTG than pre-HTG and appear to be increasing every quarter (Figure 3.19).
- There are proportionately fewer unconditional withdrawals in the post-HTG period than in the pre-HTG period.

Figure 3.19: Distribution of Withdrawal Types for Claimants with a Cut in Hours Notice



- There does not appear to be a consistent difference in likelihood whether an appeal is granted or denied post-HTG versus pre-HTG (Figure 3.20).
- About 84% of “heard” cases are granted both pre- and post-HTG, compared to the overall group, which experienced an increase in granted decisions of about 7%, from 67% pre-HTG to 72% post-HTG (Section III, Part 1, page 49).
- For the overall group, 81% and 84% of needs-assessment related hearings were granted pre- and post-HTG (Section III, Part 1, page 52), similar to the percentage of granted decisions for this group of reduction in hours claimants.

Figure 3.20: Distribution of Written Decisions for Claimants with a Cut in Hours Notice

