

Hourly Task Guidelines Implementation Analysis



Reporting Period January 2008 through March 2008

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Adult Programs Division

By

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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 five minutes for the 12 HTG tasks.
- Reassessments: There was an overall weekly average decrease of six 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-HTG implementation period), the majority of matched cases in two groups having assessments in both the pre- and post-HTG implementation periods showed an increase in time over all HTG tasks:
 - Initial Assessment to Reassessment:
 - 67 percent of cases who had both an Initial Assessment in the pre-period and a Reassessment in the post-period had an increase in time (over the two assessments).
 - 16 percent of the cases showed no change in time from Initial Assessment to Reassessment.
 - 7 percent of the cases had a decrease of less than one hour.
 - 10 percent of the cases had a decrease of more than one hour.
 - Reassessment to Reassessment:
 - 58 percent of cases who had a Reassessment both in the pre-period and a Reassessment in the post-period had an increase in time (over the two assessments).
 - 24 percent of the cases showed no change in time from Reassessment to Reassessment.
 - 7 percent of the cases had a decrease of less than one hour.
 - 10 percent of the cases had a decrease of more than one hour.
- Over time, since the implementation of HTGs, 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.

OBJECTIVES

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 from the second year 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 this chapter.
- 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 this chapter.
- 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.
- This report includes an in-depth analysis on Matched Groups of Cases to examine changes in time by individual cases.

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.

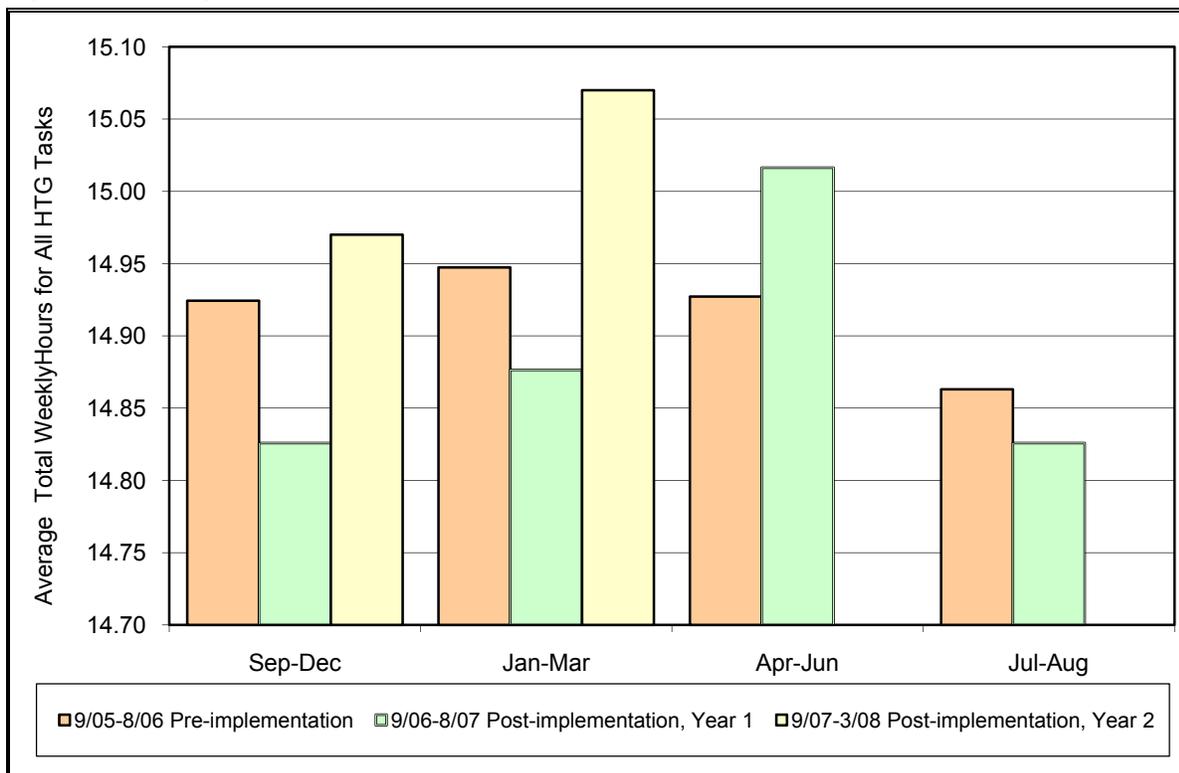
- Matched Groups of Cases identify cases that had an assessment in the pre-implementation year (9/05-8/06) and a subsequent assessment in post-implementation year (9/06-12/07).
- For cases in the matched groups where more than one assessment occurred in either the pre- or post-implementation year, the 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 five 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 3/08)

TRENDS (FIGURES 1.1 AND 1.2)

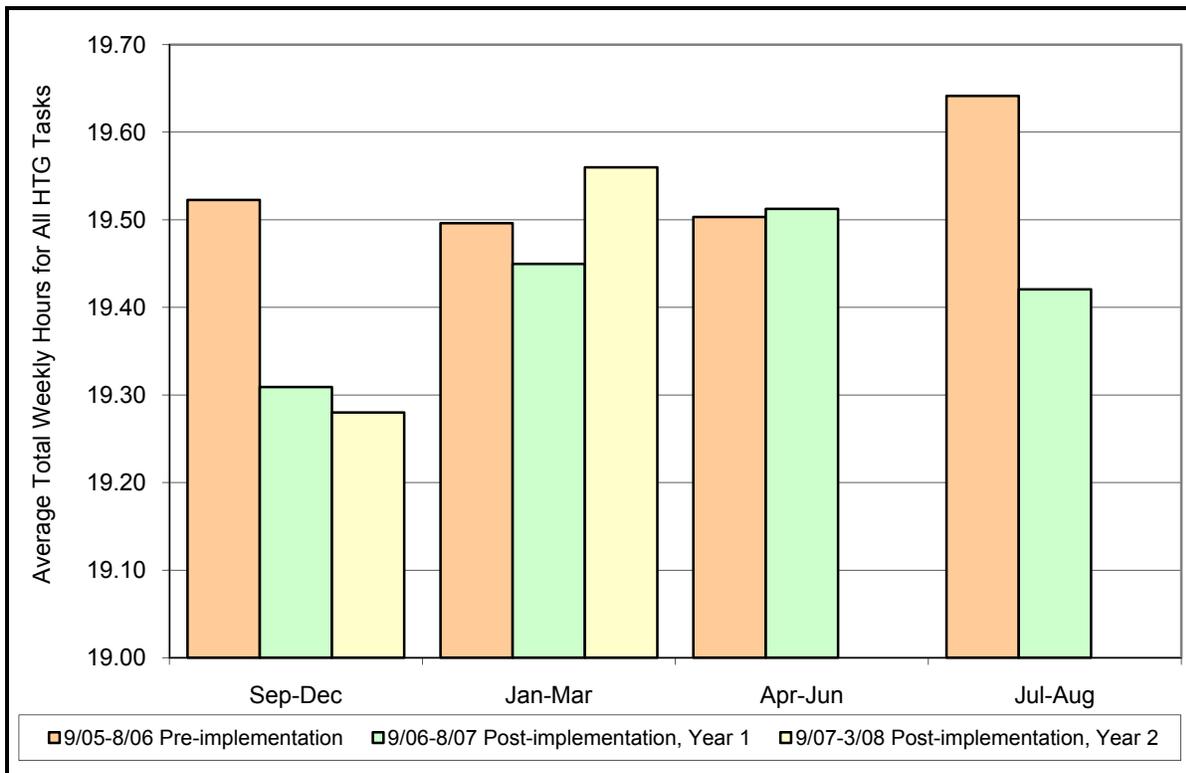
- As displayed in Figure 1.1, the second year of post-implementation for the second quarter of January through March 2008 shows an increase in the average number of minutes on Initial Assessments for all HTG tasks from the same period a year earlier and prior to implementation (post 1 to post 2 and pre to post).

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



- The trend for Reassessments (Figure 1.2) also shows an increase in the second year of post-implementation for the second quarter of January through March 2008 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 SECOND QUARTER OF THE SECOND YEAR PRE- TO POST-COMPARISON

All HTG Tasks—Initial Assessments, nine percent (n=36,542) of the Statewide Caseload

- There was an overall weekly average increase of five minutes for the 12 HTG tasks between the pre- and the post-implementation periods (Table 1.1).
- Five of the 12 tasks had an overall weekly average decrease in time:
 - Meal Preparation, Bowel and Bladder Care, Routine Bed Baths, Ambulation, and Care and Assistance with Prosthetic Devices (Table 1.1).
- Six of the 12 tasks had an overall weekly average increase in time:
 - Meal Cleanup, Feeding, Dressing, Transfer, Bathing and Grooming, and Rubbing Skin and Repositioning (Table 1.1).
- One of the 12 tasks, Menstrual Care, had no overall average change in time (Table 1.1).
- There was an overall weekly average increase of 10 minutes for the 12 HTG tasks between *post 1 and post 2* (Table 1.1).
- Two of the 12 tasks, Ambulation and Care and Assistance with Prosthetic Devices, had an overall weekly average decrease in time between the pre-implementation year and the second year and between *post 1 and post 2* (Table 1.1).

- Six of the 12 tasks had an overall weekly average increase in time between the pre-implementation year and the second year and between *post 1 and post 2*:
 - Meal Cleanup, Feeding, Dressing, Transfer, Bathing and Grooming, and Rubbing Skin and Repositioning (Table 1.1).
- Ten of the 12 tasks had an overall weekly decrease in the percentage of cases above the range for the task (All except Transfer and 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).
- All 12 tasks showed an overall decrease in the percentage of cases below the range for the task (Table 1.2).

All HTG Tasks—Reassessments, 22 percent (n=86,138) of the Statewide Caseload

- There was an overall weekly average decrease of six 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).
- Three of the 12 tasks—Feeding, Dressing and Transfer—had an overall average increase in time (Table 1.1).
- One of the 12 tasks, Meal Cleanup, had no change overall in average time (Table 1.1).
- There was an overall weekly average increase of two minutes for the 12 HTG tasks between *post 1 and post 2* (Table 1.1).
- Eight of the 12 tasks had an overall weekly average decrease in time between the second year and the pre-implementation year and between *post 1 and post 2*:
 - Meal Prep, 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 weekly average increase in time between the second year and the pre-implementation year and 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)

- Five 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, and Care and Assistance with Prosthetic Devices
- Two of the 12 tasks, Ambulation and Care and Assistance with Prosthetic Devices, had an overall weekly average decrease in time between the second year and the pre-implementation year and between *post 1 and post 2* for both Initial Assessments and Reassessments (Table 1.1).

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

- Three of the 12 tasks—Feeding, Dressing and Transfer—had an overall average increase in time for both Initial Assessments and Reassessments.
- Two of the 12 tasks, Feeding and Transfer had an overall weekly average increase in time between the second year and the pre-implementation year and between *post 1 and post 2* for both Initial Assessments and Reassessments (Table 1.1).

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.
- One of the 12 tasks, Meal Cleanup, had an increase in overall average time for Initial Assessments and no change in overall average time for Reassessments.
- One of the 12 tasks, Menstrual Care, had no change in overall average time for Initial Assessments and a decrease 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
		9/05-3/06	9/06-3/07	9/07-3/08	9/05-3/06	9/06-3/07	9/07-3/08	9/05-3/06	9/06-3/07	9/07-3/08	9/05-3/06 vs. 9/07-3/08	9/06-3/07 vs. 9/07-3/08
Initial Assessments	All HTG	14.93	14.85	15.02	32,659	33,100	36,542	8.43	8.25	8.09	5	10
	Meal Preparation	6.21	6.14	6.18	31,023	31,156	34,247	1.64	1.54	1.46	-2	3
	Meal Cleanup	2.50	2.50	2.59	31,204	31,324	34,404	0.93	0.87	0.82	5	5
	Feeding	3.31	3.37	3.48	4,514	4,137	4,462	2.81	2.81	2.69	10	7
	Bowel and Bladder Care	2.85	2.74	2.76	12,829	13,062	14,374	2.42	2.29	2.24	-5	1
	Routine Bed Baths	2.24	2.08	2.10	1,928	2,101	2,485	1.55	1.36	1.41	-8	1
	Dressing	1.45	1.47	1.51	22,184	22,992	25,295	0.91	0.92	0.88	4	2
	Ambulation	1.68	1.64	1.61	12,656	14,906	17,413	1.13	1.20	1.19	-4	-2
	Transfer	1.10	1.20	1.30	12,492	13,865	15,935	0.90	1.00	1.04	11	6
	Bathing and Grooming	2.18	2.19	2.23	27,160	27,282	29,527	1.34	1.33	1.29	3	2
	Menstrual Care	0.53	0.51	0.53	640	638	636	0.50	0.45	0.43	0	1
	Rubbing Skin and Repositioning	1.66	1.74	1.80	12,769	10,549	10,224	1.95	1.85	1.76	8	3
Care and Assistance with Prosthetics	0.73	0.72	0.70	18,181	19,934	22,785	0.67	0.61	0.58	-2	-1	
Reassessments	All HTG	19.51	19.38	19.41	76,594	76,152	86,138	10.36	10.08	9.90	-6	2
	Meal Preparation	6.59	6.52	6.50	74,422	73,694	83,019	1.49	1.33	1.25	-5	-1
	Meal Cleanup	2.71	2.68	2.72	74,842	74,140	83,412	0.93	0.85	0.80	0	2
	Feeding	3.80	3.91	3.96	15,988	15,192	17,132	3.06	3.02	2.96	9	3
	Bowel and Bladder Care	3.43	3.30	3.28	41,025	40,714	46,759	2.65	2.52	2.52	-9	-1
	Routine Bed Baths	2.53	2.42	2.30	5,338	5,429	6,652	1.69	1.58	1.50	-13	-7
	Dressing	1.82	1.82	1.83	61,542	62,174	70,847	1.06	1.14	1.03	1	0
	Ambulation	2.01	1.97	1.90	39,779	43,176	51,531	1.32	1.33	1.29	-7	-4
	Transfer	1.39	1.45	1.51	39,518	41,817	49,389	1.10	1.15	1.15	7	3
	Bathing and Grooming	2.94	2.94	2.92	69,348	69,337	78,320	1.56	1.53	1.48	-1	-1
	Menstrual Care	0.61	0.60	0.57	3,028	2,843	3,107	0.55	0.51	0.46	-2	-1
	Rubbing Skin and Repositioning	2.18	2.14	2.07	42,349	38,816	41,739	2.23	2.08	1.98	-6	-4
Care and Assistance with Prosthetics	0.88	0.85	0.84	46,362	48,992	59,847	0.77	1.03	0.66	-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.
- Eleven of the 12 tasks had an increase in the percentage of cases that fell within the range for the task for Initial Assessments and Reassessments between post 1 and post 2 (all except Menstrual Care).
- Movement into the ranges occurred through increases and decreases in minutes authorized for Initial Assessments and Reassessments.

Movement into the Range by Decreases

- Ten of the 12 tasks had a decrease in the percentage of cases above the range for both Initial Assessments and Reassessments for the task overall (all except Transfer and Rubbing Skin and Repositioning).

Movement into the Range by Increases

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

Movement out of the Range by Decreases

- There was an increase in the percentage of cases below the range for Initial Assessments and Reassessments for only one task, Ambulation.

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

		Initial Assessments							
		Number of Cases			Percent of Cases*			Change in Percent of Cases*	
		Pre	Post 1	Post 2	Pre	Post 1	Post 2	Pre-Post 2	Post1 -Post 2
		9/05-3/06	9/06-3/07	9/07-3/08	9/05-3/06	9/06-3/07	9/07-3/08	9/05-3/06 vs. 9/07-3/08	9/06-3/07 vs. 9/07-3/08
Meal Preparation	Below range	5,321	5,025	4,987	17.2%	16.1%	14.6%	-2.6%	-1.6%
	Within range	24,204	25,239	28,465	78.0%	81.0%	83.1%	5.1%	2.1%
	Above range	1,498	892	795	4.8%	2.9%	2.3%	-2.5%	-0.5%
	Total	31,023	31,156	34,247	100.0%	100.0%	100.0%	0.0%	0.0%
Meal Cleanup	Below range	5,607	4,903	3,941	18.0%	15.7%	11.5%	-6.5%	-4.2%
	Within range	24,056	25,673	30,054	77.1%	82.0%	87.4%	10.3%	5.4%
	Above range	1,541	748	409	4.9%	2.4%	1.2%	-3.7%	-1.2%
	Total	31,204	31,324	34,404	100.0%	100.0%	100.0%	0.0%	0.0%
Feeding	Below range	1,143	870	680	25.3%	21.0%	15.2%	-10.1%	-5.8%
	Within range	2,658	2,772	3,398	58.9%	67.0%	76.2%	17.3%	9.1%
	Above range	713	495	384	15.8%	12.0%	8.6%	-7.2%	-3.4%
	Total	4,514	4,137	4,462	100.0%	100.0%	100.0%	0.0%	0.0%
Bowel and Bladder Care	Below range	4,087	3,698	3,285	31.9%	28.3%	22.9%	-9.0%	-5.5%
	Within range	6,454	7,794	10,082	50.3%	59.7%	70.1%	19.8%	10.5%
	Above range	2,288	1,570	1,007	17.8%	12.0%	7.0%	-10.8%	-5.0%
	Total	12,829	13,062	14,374	100.0%	100.0%	100.0%	0.0%	0.0%
Routine Bed Baths	Below range	521	588	637	27.0%	28.0%	25.6%	-1.4%	-2.4%
	Within range	1,168	1,297	1,583	60.6%	61.7%	63.7%	3.1%	2.0%
	Above range	239	216	265	12.4%	10.3%	10.7%	-1.7%	0.4%
	Total	1,928	2,101	2,485	100.0%	100.0%	100.0%	0.0%	0.0%
Dressing	Below range	7,465	6,187	5,269	33.7%	26.9%	20.8%	-12.8%	-6.1%
	Within range	11,012	13,763	17,924	49.6%	59.9%	70.9%	21.2%	11.0%
	Above range	3,707	3,042	2,102	16.7%	13.2%	8.3%	-8.4%	-4.9%
	Total	22,184	22,992	25,295	100.0%	100.0%	100.0%	0.0%	0.0%
Ambulation	Below range	3,746	4,489	5,071	29.6%	30.1%	29.1%	-0.5%	-1.0%
	Within range	6,973	8,465	10,794	55.1%	56.8%	62.0%	6.9%	5.2%
	Above range	1,937	1,952	1,548	15.3%	13.1%	8.9%	-6.4%	-4.2%
	Total	12,656	14,906	17,413	100.0%	100.0%	100.0%	0.0%	0.0%
Transfer	Below range	4,039	3,827	3,085	32.3%	27.6%	19.4%	-13.0%	-8.2%
	Within range	6,478	7,781	10,184	51.9%	56.1%	63.9%	12.1%	7.8%
	Above range	1,975	2,257	2,666	15.8%	16.3%	16.7%	0.9%	0.5%
	Total	12,492	13,865	15,935	100.0%	100.0%	100.0%	0.0%	0.0%
Bathing and Grooming	Below range	9,812	8,270	7,507	36.1%	30.3%	25.4%	-10.7%	-4.9%
	Within range	13,372	16,054	19,885	49.2%	58.8%	67.3%	18.1%	8.5%
	Above range	3,976	2,958	2,135	14.6%	10.8%	7.2%	-7.4%	-3.6%
	Total	27,160	27,282	29,527	100.0%	100.0%	100.0%	0.0%	0.0%
Menstrual Care	Below range	214	181	172	33.4%	28.4%	27.0%	-6.4%	-1.3%
	Within range	287	363	355	44.8%	56.9%	55.8%	11.0%	-1.1%
	Above range	139	94	109	21.7%	14.7%	17.1%	-4.6%	2.4%
	Total	640	638	636	100.0%	100.0%	100.0%	0.0%	0.0%
Rubbing Skin and Repositioning	Below range	4,781	3,266	2,518	37.4%	31.0%	24.6%	-12.8%	-6.3%
	Within range	5,976	5,512	5,971	46.8%	52.3%	58.4%	11.6%	6.2%
	Above range	2,012	1,771	1,735	15.8%	16.8%	17.0%	1.2%	0.2%
	Total	12,769	10,549	10,224	100.0%	100.0%	100.0%	0.0%	0.0%
Care and Assistance with Prosthetic Devices	Below range	5,422	6,015	6,125	29.8%	30.2%	26.9%	-2.9%	-3.3%
	Within range	9,702	11,027	14,122	53.4%	55.3%	62.0%	8.6%	6.7%
	Above range	3,057	2,892	2,538	16.8%	14.5%	11.1%	-5.7%	-3.4%
	Total	18,181	19,934	22,785	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							
		Number of Cases			Percent of Cases*			Change in Percent of Cases*	
		Pre	Post 1	Post 2	Pre	Post 1	Post 2	Pre-Post 2	Post 1-Post 2
		9/05-3/06	9/06-3/07	9/07-3/08	9/05-3/06	9/06-3/07	9/07-3/08	9/05-3/06 vs. 9/07-3/08	9/06-3/07 vs. 9/07-3/08
Meal Preparation	Below range	8,935	8,436	8,846	12.0%	11.4%	10.7%	-1.4%	-0.8%
	Within range	59,889	62,007	71,254	80.5%	84.1%	85.8%	5.4%	1.7%
	Above range	5,598	3,251	2,919	7.5%	4.4%	3.5%	-4.0%	-0.9%
	Total	74,422	73,694	83,019	100.0%	100.0%	100.0%	0.0%	0.0%
Meal Cleanup	Below range	10,496	9,183	8,245	14.0%	12.4%	9.9%	-4.1%	-2.5%
	Within range	59,500	62,544	73,765	79.5%	84.4%	88.4%	8.9%	4.1%
	Above range	4,846	2,413	1,402	6.5%	3.3%	1.7%	-4.8%	-1.6%
	Total	74,842	74,140	83,412	100.0%	100.0%	100.0%	0.0%	0.0%
Feeding	Below range	3,339	2,564	2,134	20.9%	16.9%	12.5%	-8.4%	-4.4%
	Within range	9,729	10,278	12,825	60.9%	67.7%	74.9%	14.0%	7.2%
	Above range	2,920	2,350	2,173	18.3%	15.5%	12.7%	-5.6%	-2.8%
	Total	15,988	15,192	17,132	100.0%	100.0%	100.0%	0.0%	0.0%
Bowel and Bladder Care	Below range	9,647	8,684	8,409	23.5%	21.3%	18.0%	-5.5%	-3.3%
	Within range	21,480	24,996	32,854	52.4%	61.4%	70.3%	17.9%	8.9%
	Above range	9,898	7,034	5,496	24.1%	17.3%	11.8%	-12.4%	-5.5%
	Total	41,025	40,714	46,759	100.0%	100.0%	100.0%	0.0%	0.0%
Routine Bed Baths	Below range	1,222	1,360	1,764	22.9%	25.1%	26.5%	3.6%	1.5%
	Within range	3,123	3,196	3,977	58.5%	58.9%	59.8%	1.3%	0.9%
	Above range	993	873	911	18.6%	16.1%	13.7%	-4.9%	-2.4%
	Total	5,338	5,429	6,652	100.0%	100.0%	100.0%	0.0%	0.0%
Dressing	Below range	13,564	11,427	10,751	22.0%	18.4%	15.2%	-6.9%	-3.2%
	Within range	31,069	37,228	49,756	50.5%	59.9%	70.2%	19.7%	10.4%
	Above range	16,909	13,519	10,340	27.5%	21.7%	14.6%	-12.9%	-7.1%
	Total	61,542	62,174	70,847	100.0%	100.0%	100.0%	0.0%	0.0%
Ambulation	Below range	8,208	8,725	10,465	20.6%	20.2%	20.3%	-0.3%	0.1%
	Within range	22,852	26,513	34,380	57.4%	61.4%	66.7%	9.3%	5.3%
	Above range	8,719	7,938	6,686	21.9%	18.4%	13.0%	-8.9%	-5.4%
	Total	39,779	43,176	51,531	100.0%	100.0%	100.0%	0.0%	0.0%
Transfer	Below range	8,790	8,045	7,145	22.2%	19.2%	14.5%	-7.8%	-4.8%
	Within range	21,312	24,214	32,087	53.9%	57.9%	65.0%	11.0%	7.1%
	Above range	9,416	9,558	10,157	23.8%	22.9%	20.6%	-3.3%	-2.3%
	Total	39,518	41,817	49,389	100.0%	100.0%	100.0%	0.0%	0.0%
Bathing and Grooming	Below range	14,474	12,743	12,434	20.9%	18.4%	15.9%	-5.0%	-2.5%
	Within range	35,208	40,705	53,205	50.8%	58.7%	67.9%	17.2%	9.2%
	Above range	19,666	15,889	12,681	28.4%	22.9%	16.2%	-12.2%	-6.7%
	Total	69,348	69,337	78,320	100.0%	100.0%	100.0%	0.0%	0.0%
Menstrual Care	Below range	788	674	670	26.0%	23.7%	21.6%	-4.5%	-2.1%
	Within range	1,518	1,552	1,869	50.1%	54.6%	60.2%	10.0%	5.6%
	Above range	722	617	568	23.8%	21.7%	18.3%	-5.6%	-3.4%
	Total	3,028	2,843	3,107	100.0%	100.0%	100.0%	0.0%	0.0%
Rubbing Skin and Repositioning	Below range	10,376	8,538	7,986	24.5%	22.0%	19.1%	-5.4%	-2.9%
	Within range	21,441	20,995	24,517	50.6%	54.1%	58.7%	8.1%	4.7%
	Above range	10,532	9,283	9,236	24.9%	23.9%	22.1%	-2.7%	-1.8%
	Total	42,349	38,816	41,739	100.0%	100.0%	100.0%	0.0%	0.0%
Care and Assistance with Prosthetic Devices	Below range	10,096	10,676	11,509	21.8%	21.8%	19.2%	-2.5%	-2.6%
	Within range	24,528	27,536	37,016	52.9%	56.2%	61.9%	8.9%	5.6%
	Above range	11,738	10,780	11,322	25.3%	22.0%	18.9%	-6.4%	-3.1%
	Total	46,362	48,992	59,847	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

- Five 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 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 (FIGURES 1.3 AND 1.4, TABLE 1.3, APPENDIX)

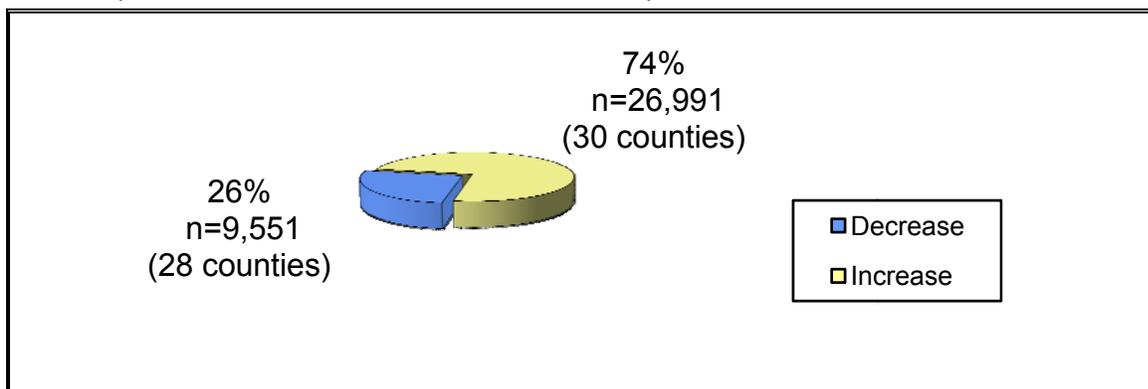
Overall Initial Assessments/Reassessments

- 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 30 counties that had an overall average increase for Initial Assessments, 16 also had an overall average increase for Reassessments.
- Of the 28 counties that had an overall average decrease for Initial Assessments, 20 also had an overall average decrease for Reassessments.

Initial Assessments

- There was an overall average increase in time in 30 of the 58 counties, representing seven percent (n=26,991) of the statewide caseload.
- Of the 30 counties with an average increase, 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.)
- There was an overall average decrease in time in 28 of the 58 counties, representing two percent (n=9,551) of the statewide caseload.
- Of the 28 counties with an average decrease, eight 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 30 counties that had an overall average increase pre to post, 25 had an increase *post 1 to post 2*.
- Of the 28 counties that had an overall average decrease pre to post, 18 had a decrease *post 1 to post 2*.

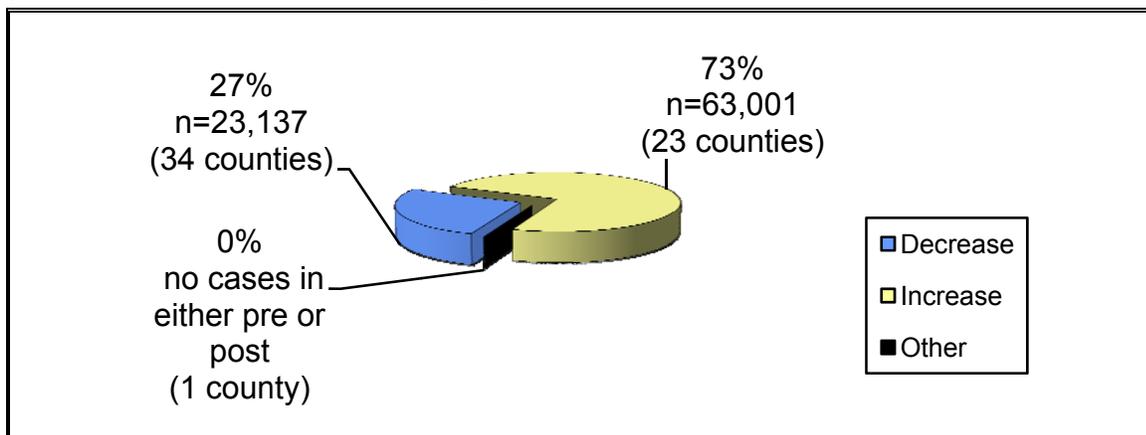
Figure 1.3: Initial Assessment—Overall Increases and Overall Decreases in Average Weekly Time for Counties (out of 36,542 cases with an Initial Assessment)



Reassessments

- There was an overall average increase in time in 23 of the 58 counties, representing 16 percent (n=63,001) of the statewide caseload.
- Of the 23 counties with an overall average increase, one county had a sample size of less than 50 for either the pre- or post-implementation time period. (Note: For the counties with a sample size of less than 50, the changes observed may be due to random effects.)
- One 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, representing six percent (n=23,137) of the statewide caseload.
- Of the 34 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 23 counties with an overall average increase pre to post, 21 had an increase *post 1 to post 2*.
- Of the 34 counties with an overall average decrease pre to post, 22 had a decrease *post 1 to post 2*.

Figure 1.4: Reassessment—Overall Increases and Overall Decreases in Average Weekly Time for Counties (out of 83,138 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	
	9/05-3/06			9/06-3/07			9/07-3/08			Pre-Post 1	Post 1-Post 2	9/05-3/06			9/06-3/07			9/07-3/08			Pre-Post 1	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	9/05-3/06 vs. 9/07-3/08	9/06-3/07 vs. 9/07-3/08	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	9/05-3/06 vs. 9/07-3/08	9/06-3/07 vs. 9/07-3/08
Alameda	14.69	589	9.73	15.98	581	10.58	19.07	432	10.66	263	185	21.58	1,832	13.04	20.83	1,843	12.23	22.27	1,020	12.16	41	86
Alpine	7.00	1					16.85	5	8.86	591				19.63	2	17.85	11.60	5	11.75			-482
Amador	13.00	36	14.78	9.58	36	9.50	12.40	37	9.95	-36	169	15.56	59	13.11	14.52	64	11.76	13.79	67	11.65	-106	-44
Butte	14.74	221	9.43	13.25	182	9.72	14.45	251	9.78	-18	72	19.81	388	13.55	17.63	334	11.96	18.76	470	12.34	-63	68
Calaveras	17.10	42	12.16	14.09	24	8.87	15.47	35	8.06	-98	83	21.51	20	8.79	22.13	33	14.25	21.36	60	12.81	-9	-47
Colusa	21.62	27	8.85	10.75	12	10.70	7.01	14	7.37	-877	-225	24.31	44	11.78	13.97	20	7.97	15.12	32	12.92	-551	69
Contra Costa	15.23	307	9.48	14.50	409	9.18	15.70	735	8.66	28	72	19.47	1,006	11.06	18.60	1,137	10.96	18.45	1,492	10.42	-61	-9
Del Norte	16.39	40	8.84	13.93	38	7.41	16.44	38	7.70	3	151	21.91	67	15.76	24.42	34	13.38	20.58	55	12.46	-80	-230
El Dorado	16.85	55	10.87	15.33	28	9.48	18.03	40	14.57	71	162	21.00	48	14.42	16.82	27	10.87	18.22	46	13.65	-167	84
Fresno	19.01	940	9.36	18.46	1,125	8.97	17.55	1,241	8.51	-87	-55	22.65	3,974	10.94	22.02	3,946	10.20	21.51	3,623	9.72	-68	-31
Glenn	16.97	36	9.43	16.69	49	9.85	19.62	50	10.53	159	176	19.72	126	11.56	18.68	98	9.16	21.98	124	12.34	136	198
Humboldt	16.29	90	14.92	10.35	71	9.25	12.87	122	12.05	-205	152	15.37	251	11.75	14.56	256	10.23	17.63	716	13.22	136	184
Imperial	14.19	322	8.34	11.53	122	7.36	13.01	275	7.52	-71	89	18.72	389	11.22	14.74	411	8.90	15.73	1,280	9.64	-180	59
Inyo	20.30	17	16.51	18.45	27	13.13	13.89	27	8.53	-384	-274	17.55	15	10.80	19.06	44	12.29	15.76	46	11.71	-108	-198
Kern	15.95	420	8.66	15.22	206	8.89	14.58	186	6.79	-82	-38	20.03	924	10.63	20.14	570	10.83	17.40	673	8.82	-158	-165
Kings	13.92	104	7.16	13.26	168	8.44	12.89	271	8.69	-62	-22	21.93	357	11.84	19.64	393	11.86	19.27	495	11.75	-159	-22
Lake	17.34	136	10.05	19.39	123	9.38	18.31	112	11.26	58	-65	23.17	334	13.35	24.89	332	13.05	27.16	350	13.15	239	137
Lassen	19.32	47	18.43	15.24	43	15.11	11.49	38	10.44	-470	-225	13.37	51	10.82	21.76	80	19.21	23.58	34	16.85	613	109
Los Angeles	14.36	14,191	6.65	14.70	14,312	6.72	14.89	15,312	6.70	32	11	19.70	30,714	8.64	19.87	32,437	8.54	20.09	35,527	8.41	23	13
Madera	13.74	152	9.20	15.24	152	10.82	15.59	196	8.36	111	21	19.05	508	11.83	18.30	524	11.48	19.18	527	11.66	8	53
Marin	18.70	62	11.40	16.04	86	12.29	14.88	91	11.17	-229	-70	17.78	216	11.81	17.36	258	11.21	17.17	318	11.06	-37	-11
Mariposa	17.28	27	10.77	9.01	22	7.14	20.52	17	12.78	194	691	21.40	36	12.79	19.95	44	9.79	20.28	71	12.76	-67	20
Mendocino	16.30	144	11.69	14.87	118	11.17	16.41	132	13.05	6	92	21.51	250	17.77	19.15	204	14.38	18.30	231	13.63	-193	-51
Merced	13.86	382	7.85	12.17	400	5.90	12.52	438	6.27	-81	21	17.10	909	9.11	15.70	840	8.28	16.25	826	8.47	-51	33
Modoc	14.81	22	12.03	19.26	17	14.50	12.35	14	12.21	-148	-414	17.78	19	12.90	18.04	28	12.39	17.05	25	11.28	-44	-59
Mono	9.14	3	1.22	7.48	4	3.72	8.30	2	8.11	-51	49	12.93	2	4.84	19.29	9	15.54	8.27	3	5.58	-279	-661
Monterey	17.63	160	9.55	16.89	156	9.97	15.56	204	9.44	-124	-80	22.36	569	12.46	20.74	464	11.83	21.84	407	12.44	-31	66
Napa	16.61	24	12.42	13.45	45	8.34	20.53	52	11.84	235	424	18.04	66	12.93	18.30	98	12.79	19.85	137	12.72	109	93
Nevada	13.18	34	10.89	15.78	51	13.01	16.21	49	10.68	181	26	19.88	36	16.28	17.66	101	15.88	18.55	181	15.00	-79	54
Orange	12.77	1,068	8.04	12.33	899	7.08	13.06	975	6.78	18	44	15.62	2,145	8.86	16.01	1,806	8.50	14.32	1,500	7.85	-78	-101
Placer	16.71	278	10.81	16.91	285	11.33	17.97	293	13.28	75	64	21.73	293	14.23	22.54	322	14.44	22.09	326	14.00	21	-27
Plumas	8.36	23	6.42	7.22	18	3.95	10.44	40	6.30	125	193	12.70	55	7.75	11.02	54	8.53	11.07	61	8.69	-98	3
Riverside	17.29	1,683	9.93	16.45	2,112	9.24	15.69	2,389	8.51	-96	-46	21.37	3,894	11.69	21.23	3,645	11.61	20.42	4,121	10.98	-57	-49
Sacramento	18.15	1,001	11.47	17.90	851	10.98	18.32	832	10.43	10	26	22.25	3,493	12.72	22.46	2,680	12.37	22.70	2,282	12.54	27	14
San Benito	23.69	15	10.83	19.53	24	7.07	14.77	57	8.23	-536	-286	28.41	27	9.78	23.27	22	9.48	21.13	33	15.04	-437	-128

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	
	9/05-3/06			9/06-3/07			9/07-3/08			Pre-Post 1	Post 1-Post 2	9/05-3/06			9/06-3/07			9/07-3/08			Pre-Post 1	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	9/05-3/06 vs. 9/07-3/08	9/06-3/07 vs. 9/07-3/08	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	Avg. Hours (Mean)	Number of Cases	SD	9/05-3/06 vs. 9/07-3/08	9/06-3/07 vs. 9/07-3/08
San Bernardino	15.24	2,112	7.89	15.37	2,041	7.81	15.80	2,208	7.83	33	26	18.65	4,045	9.40	18.66	3,150	9.38	19.53	4,219	9.48	53	52
San Diego	12.71	1,724	7.61	12.78	2,038	8.28	13.33	2,171	8.25	37	33	16.73	4,681	10.29	16.77	5,139	10.06	17.03	5,902	10.11	18	15
San Francisco	13.96	1,256	6.90	13.78	1,553	7.30	14.44	1,950	7.07	29	39	18.43	4,516	8.95	18.51	4,796	8.62	18.99	6,428	8.84	33	29
San Joaquin	16.06	554	9.65	15.43	625	8.99	15.88	567	9.05	-11	27	18.15	1,479	10.78	18.07	1,484	10.35	18.20	1,556	9.74	3	8
San Luis Obispo	12.86	126	10.64	15.29	187	11.66	15.09	216	13.23	134	-12	17.88	239	15.02	19.44	342	15.52	18.20	424	13.91	20	-74
San Mateo	21.03	278	11.94	20.26	257	10.44	21.13	279	11.74	6	52	22.90	501	13.14	24.47	454	13.62	25.81	636	13.94	174	80
Santa Barbara	12.00	410	10.07	11.92	299	9.30	12.39	206	9.59	24	28	16.70	540	12.43	16.68	561	13.87	15.93	467	12.61	-46	-45
Santa Clara	18.25	743	9.87	15.71	624	8.47	15.33	870	8.87	-175	-23	19.97	1,826	11.20	19.08	1,836	11.35	18.65	3,188	10.18	-79	-26
Santa Cruz	12.42	71	12.26	14.55	116	11.99	11.06	104	9.58	-82	-209	14.71	213	11.56	14.78	192	11.64	15.87	294	11.03	69	66
Shasta	13.57	213	10.19	12.43	162	11.60	10.78	243	8.83	-168	-99	18.55	500	12.76	17.43	309	12.31	15.11	408	12.27	-206	-139
Sierra	11.75	4	6.74	9.20	3	2.83	12.49	7	7.86	44	198	9.31	5	6.59			8.44	7	5.74			-52
Siskiyou	11.45	103	8.81	10.69	86	6.19	10.61	91	7.36	-51	-5	13.44	165	9.86	14.35	192	11.44	14.74	185	10.97	78	23
Solano	20.79	244	11.36	20.89	189	15.03	20.90	206	12.79	7	1	24.51	424	13.52	24.10	360	14.35	23.75	493	13.27	-45	-21
Sonoma	14.45	212	11.44	16.40	140	12.28	15.84	117	11.13	83	-34	19.92	658	14.88	18.61	643	13.51	20.40	549	14.53	29	107
Stanislaus	13.87	703	8.92	13.88	786	8.57	13.36	898	8.09	-30	-31	18.13	1,435	10.73	17.34	1,366	10.19	17.23	1,518	9.79	-54	-7
Sutter	17.00	124	11.73	16.04	151	10.02	16.75	166	9.47	-15	42	20.55	149	12.68	20.28	177	12.27	21.05	223	12.10	30	47
Tehama	10.48	127	10.07	10.64	134	10.56	10.96	124	8.58	29	19	15.78	202	13.83	12.98	244	12.60	14.83	188	13.19	-57	111
Trinity	13.85	37	10.33	13.15	27	7.43	15.02	19	8.11	71	112	16.83	43	8.12	15.45	35	11.94	15.53	33	8.98	-78	5
Tulare	12.75	247	7.84	11.75	291	7.60	11.27	439	7.42	-89	-29	13.69	593	8.82	13.11	486	9.04	14.07	687	9.24	23	58
Tuolumne	5.87	38	7.71	7.82	32	5.61	7.49	41	10.00	97	-20	8.67	43	9.97	11.07	36	14.01	7.83	59	9.32	-50	-194
Ventura	15.38	365	8.84	14.13	212	8.58	15.19	227	8.53	-12	64	17.81	590	11.23	17.57	466	11.08	17.54	660	11.08	-16	-1
Yolo	16.91	150	9.53	15.50	227	8.77	16.38	254	7.63	-31	53	19.09	401	11.04	17.95	474	9.33	19.45	565	10.06	22	90
Yuba	12.51	119	8.12	13.22	124	7.83	14.22	137	7.02	102	60	15.60	229	10.50	16.81	250	10.81	18.56	285	11.17	177	105

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-HTG implementation period (9/05-8/06) and a subsequent assessment in post-HTG implementation period (9/06-12/07) 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 9/06-12/07 Reassessments by Individual (n= 24,803)
9/05-8/06 Reassessments to 9/06-12/07 Reassessments by Individual (n=67,571)

- The analysis consisted of seeing whether the hours for consumers increased or decreased between the pre- and post-implementation periods for consumers in the two matched groups' post-HTG implementation period.
- The majority (57%) 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=24,803):
 - 67 percent (n=16,540) of cases who had both an Initial Assessment in the pre-period and a Reassessment in the post-period had an increase in time (over the two assessments).
 - 16 percent (n=4,084) of the cases showed no change in time from Initial Assessment to Reassessment.
 - Seven percent (n=1,608) of the cases had a decrease of less than one hour.
 - 10 percent (n=2,571) of the cases, had a decrease of more than one hour.
 - Reassessment to Reassessment (n=67,571):
 - 58 percent (n=39,212) of cases who had both a Reassessment in the pre-period and a Reassessment in the post-period had an increase in time (over the two assessments).
 - 24 percent (n=16,486) of the cases showed no change in time from Reassessment to Reassessment.
 - Seven percent (4,826) of the cases had a decrease of less than one hour.
 - 10 percent (n=7,047) of the cases had a decrease of more than one 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 1.5 provides a more detailed breakdown of the changes presented in the top half of Table 1.4, showing the change in one hour increments for cases going from Initial Assessment to Reassessment.
- Table 1.6 provides a more detailed breakdown of the changes presented in the bottom half of Table 1.4, showing the change in one hour increments for cases going from Reassessment to Reassessment.

Table 1.4: Matched Groups—Changes in Weekly Time 9/05-8/06 vs. 9/06-12/07

		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	12,532	5,186	2,241	1,356	3,379	634	3,270	3,371	2,440	4,808	18	2,463	983	
	Up to 1 hour increase	4,008	2,392	5,049	439	2,329	307	5,038	4,121	4,586	6,129	217	2,518	6,200	
	No change in time	4,084	13,344	13,346	1,350	3,562	425	8,518	3,748	3,557	7,535	269	3,204	6,433	
	Up to 1 hour decrease	1,608	1,181	2,595	388	1,155	187	1,515	1,174	1,320	2,300	110	2,475	2,606	
	More than 1 hour decrease	2,571	1,886	897	564	1,238	228	759	832	448	1,366	13	1,309	389	
	Total	24,803	23,989	24,128	4,097	11,663	1,781	19,100	13,246	12,351	22,138	627	11,969	16,611	
	Percent of Cases														
	More than 1 hour increase	50.5%	21.6%	9.3%	33.1%	29.0%	35.6%	17.1%	25.4%	19.8%	21.7%	2.9%	20.6%	5.9%	
	Up to 1 hour increase	16.2%	10.0%	20.9%	10.7%	20.0%	17.2%	26.4%	31.1%	37.1%	27.7%	34.6%	21.0%	37.3%	
No change in time	16.5%	55.6%	55.3%	33.0%	30.5%	23.9%	44.6%	28.3%	28.8%	34.0%	42.9%	26.8%	38.7%		
Up to 1 hour decrease	6.5%	4.9%	10.8%	9.5%	9.9%	10.5%	7.9%	8.9%	10.7%	10.4%	17.5%	20.7%	15.7%		
More than 1 hour decrease	10.4%	7.9%	3.7%	13.8%	10.6%	12.8%	4.0%	6.3%	3.6%	6.2%	2.1%	10.9%	2.3%		
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%	100.0%	
Reassessment to Reassessment	Number of Cases														
	More than 1 hour increase	26,770	8,268	3,612	4,014	8,208	1,768	5,856	7,805	6,640	7,573	40	5,375	2,343	
	Up to 1 hour increase	12,442	4,743	9,796	1,497	6,701	913	11,525	11,387	11,953	14,711	588	6,682	14,341	
	No change in time	16,486	45,890	45,066	7,367	17,850	1,992	34,382	17,403	17,154	31,156	1,801	16,504	22,668	
	Up to 1 hour decrease	4,826	3,053	6,369	1,247	3,289	532	3,785	3,042	3,485	6,219	591	7,148	6,771	
	More than 1 hour decrease	7,047	4,635	2,289	1,666	3,694	626	2,178	2,559	1,455	3,990	60	5,206	1,203	
	Total	67,571	66,589	67,132	15,791	39,742	5,831	57,726	42,196	40,687	63,649	3,080	40,915	47,326	
	Percent of Cases														
	More than 1 hour increase	39.6%	12.4%	5.4%	25.4%	20.7%	30.3%	10.1%	18.5%	16.3%	11.9%	1.3%	13.1%	5.0%	
	Up to 1 hour increase	18.4%	7.1%	14.6%	9.5%	16.9%	15.7%	20.0%	27.0%	29.4%	23.1%	19.1%	16.3%	30.3%	
No change in time	24.4%	68.9%	67.1%	46.7%	44.9%	34.2%	59.6%	41.2%	42.2%	48.9%	58.5%	40.3%	47.9%		
Up to 1 hour decrease	7.1%	4.6%	9.5%	7.9%	8.3%	9.1%	6.6%	7.2%	8.6%	9.8%	19.2%	17.5%	14.3%		
More than 1 hour decrease	10.4%	7.0%	3.4%	10.6%	9.3%	10.7%	3.8%	6.1%	3.6%	6.3%	1.9%	12.7%	2.5%		
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%	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. 9/06-12/07

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								1	
19.01 to 20.00			1									
16.01 to 17.00				1							1	
14.01 to 15.00											2	
13.01 to 14.00				4							1	
12.01 to 13.00			2	4							1	
11.01 to 12.00			1	3			2				1	
10.01 to 11.00			8	8	1	1	2				7	
9.01 to 10.00			18	10			1	2	1		5	1
8.01 to 9.00	2		16	15			2	5			8	1
7.01 to 8.00	5		10	19	1		5	1	7		2	2
6.01 to 7.00	172		62	82	11	4	15	8	9		43	1
5.01 to 6.00	347		110	130	14	11	29	21	40	2	39	5
4.01 to 5.00	408	6	70	226	14	25	62	32	104		65	11
3.01 to 4.00	1,171	66	241	414	112	91	235	110	426	1	178	27
2.01 to 3.00	871	363	210	791	152	510	650	434	1,132	4	507	74
1.01 to 2.00	2,210	1,806	606	1,672	329	2,628	2,368	1,827	3,089	11	1,602	861
0.01 to 1.00	2,392	5,049	439	2,329	307	5,038	4,121	4,586	6,129	217	2,518	6,200
0.00	13,344	13,346	1,350	3,562	425	8,518	3,748	3,557	7,535	269	3,204	6,433
-0.01 to -1.00	1,181	2,595	388	1,155	187	1,515	1,174	1,320	2,300	110	2,475	2,606
-1.01 to -2.00	837	727	349	708	117	621	614	360	901	8	864	315
-2.01 to -3.00	370	132	73	256	53	104	145	58	297	4	243	43
-3.01 to -4.00	358	35	82	136	40	23	39	19	125	1	109	13
-4.01 to -5.00	135	3	19	65	6	9	16	6	27		29	6
-5.01 to -6.00	105		20	27	5	1	8	4	9		25	5
-6.01 to -7.00	77		12	24	3	1	5		6		25	2
-7.01 to -8.00	1		3	5					1		3	2
-8.01 to -9.00	1		1	8	1		3	1			3	1
-9.01 to -10.00			1	3							3	
-10.01 to -11.00	2		2	2	1		2				4	
-11.01 to -12.00				3								1
-13.01 to -14.00			1		1							1
-15.01 to -16.00				1	1							
-20.01 to -21.00			1								1	
Total	23,989	24,128	4,097	11,663	1,781	19,100	13,246	12,351	22,138	627	11,969	16,611

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. 9/06-12/07

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				2								
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			1	2								
13.01 to 14.00			6	2			4				3	
12.01 to 13.00			3	1							2	
11.01 to 12.00			3	11				1			6	
10.01 to 11.00			26	16	1	2	1	2			8	1
9.01 to 10.00			21	15		1	3	4	2		8	1
8.01 to 9.00	7	1	31	40			3	9	3		14	1
7.01 to 8.00	6		22	58	4	1	10	9	4		18	
6.01 to 7.00	212	1	160	144	29	6	30	29	16		68	2
5.01 to 6.00	413	3	264	251	45	14	45	39	54		91	10
4.01 to 5.00	513	6	192	438	51	49	138	84	128		131	20
3.01 to 4.00	1,758	88	666	888	329	170	551	318	526	1	396	62
2.01 to 3.00	1,366	507	664	1,834	448	764	1,436	1,249	1,488	5	1,009	208
1.01 to 2.00	3,993	3,006	1,953	4,504	861	4,849	5,583	4,896	5,352	34	3,620	2,037
0.01 to 1.00	4,743	9,796	1,497	6,701	913	11,525	11,387	11,953	14,711	588	6,682	14,341
0.00	45,890	45,066	7,367	17,850	1,992	34,382	17,403	17,154	31,156	1,801	16,504	22,668
-0.01 to -1.00	3,053	6,369	1,247	3,289	532	3,785	3,042	3,485	6,219	591	7,148	6,771
-1.01 to -2.00	2,216	1,827	1,061	2,030	341	1,743	1,743	1,110	2,500	44	3,357	941
-2.01 to -3.00	806	365	245	870	160	337	445	236	940	13	1,087	175
-3.01 to -4.00	1,065	82	258	483	99	73	292	78	393	1	486	58
-4.01 to -5.00	326	14	53	193	16	19	55	21	128	2	187	17
-5.01 to -6.00	112	1	20	53	8	4	13	4	24		44	3
-6.01 to -7.00	88		21	32	2	1	8	6	4		23	5
-7.01 to -8.00	10		2	12			1		1		5	1
-8.01 to -9.00	8		2	9							5	
-9.01 to -10.00	3		1	5							3	2
-10.01 to -11.00	1		2	3				2			4	
-11.01 to -12.00				2		1					1	
-12.01 to -13.00											1	
-13.01 to -14.00			1	2							1	
-16.01 to -17.00											1	1
-17.01 to -18.00											1	
Total	66,589	67,132	15,791	39,742	5,831	57,726	42,196	40,687	63,649	3,080	40,915	47,326

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. 9/06-12/07)

	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	6,399	2,010	1,898	745	679	11,731	51.1%	50.1%	46.5%	46.3%	26.4%	47.3%
	50.01-100.00 hours	5,019	1,664	1,684	674	1,317	10,358	40.0%	41.5%	41.2%	41.9%	51.2%	41.8%
	100.01-150.00 hours	812	250	306	121	393	1,882	6.5%	6.2%	7.5%	7.5%	15.3%	7.6%
	150.01-200.00 hours	200	43	98	36	96	473	1.6%	1.1%	2.4%	2.2%	3.7%	1.9%
	200.01-250.00 hours	62	18	41	12	43	176	0.5%	0.4%	1.0%	0.7%	1.7%	0.7%
	250.01-283.00 hours	40	23	57	20	43	183	0.3%	0.6%	1.4%	1.2%	1.7%	0.7%
	Total	12,532	4,008	4,084	1,608	2,571	24,803	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Reassessment to Reassessment	50 hours or less	6,133	3,237	3,626	1,275	1,020	15,291	22.9%	26.0%	22.0%	26.4%	14.5%	22.6%
	50.01-100.00 hours	13,529	6,134	7,268	2,098	3,078	32,107	50.5%	49.3%	44.1%	43.5%	43.7%	47.5%
	100.01-150.00 hours	4,902	2,031	2,986	858	1,735	12,512	18.3%	16.3%	18.1%	17.8%	24.6%	18.5%
	150.01-200.00 hours	1,282	525	1,077	276	637	3,797	4.8%	4.2%	6.5%	5.7%	9.0%	5.6%
	200.01-250.00 hours	455	229	611	105	236	1,636	1.7%	1.8%	3.7%	2.2%	3.3%	2.4%
	250.01-283.00 hours	469	286	918	214	341	2,228	1.8%	2.3%	5.6%	4.4%	4.8%	3.3%
	Total	26,770	12,442	16,486	4,826	7,047	67,571	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 second quarter of the second year post-implementation continues to show an increase for Initial Assessments, over the corresponding pre-implementation quarter and also between the post 1 and post 2 quarters.
- For Reassessments, the first quarter of the second year showed a large decrease of 15 minutes over the corresponding pre-implementation quarter and the second quarter of the second year shows a smaller decrease of 6 minutes between the current quarter and the corresponding pre-implementation quarter. This appears to be a consistent pattern with the first quarter (Sep-Dec) of each post-HTG implementation year showing a large decrease which then levels off in the remaining quarters.
- In the second year, the data continues to demonstrate that the HTG task definitions and time guide factors have been successful in bringing greater uniformity to the assessment processes through an increase in consistency in authorized hours among ranks and for most tasks.
- 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 processes become 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 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 of assessments needed during that process. This is revealed by the reduced variance in authorized hours and variations in increases and decreases in average time within the same rank level in different tasks and across tasks by counties. This is also supported by the preliminary findings in the Matched Group analysis.
- However, the extent to which the HTGs alone are impacting the service authorizations versus particular changes in an individual's needs and/or the impact of social worker training and county and State QA monitoring oversight is unknown.

CHAPTER II

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

KEY FINDINGS

- Exceptions to HTGs continue to be made by social workers in the field.
 - More than four out of five (81%) 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 are approved to receive three IHSS tasks received exceptions at a rate nearly identical to Consumers who receive IHSS support for eight tasks.
- Exceptions are being granted fairly consistently across 10 of the 12 HTG tasks
 - Exceptions are granted for most tasks in 35 to 50 percent of cases.
 - Exceptions are significantly less likely to be granted for Meal Preparation and Meal Cleanup than for other HTG tasks.
- 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 comparison of the overall exception rate during Oct-Dec 2006 with the overall exception rate during Oct-Dec 2007 showed that the overall rate of exceptions decreased during the post-implementation period.
- Consumers receiving an initial assessment were less likely to receive exceptions than Consumers receiving a reassessment, though the difference is 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 3,211 reviews of individual IHSS case files that were conducted by the CDSS IHSS QA Field Monitoring team during the period January 2007 through March 2008. CDSS removed all personally identifying information prior to providing the data set to ISR. The cases reviewed were selected by CDSS on a random basis and represent cases from 57 California counties³. Of the 3,211 cases included in the data set, 2,977 cases had been last assessed (or reassessed) on or after September 1, 2006, the implementation date for HTGs. The remaining 234 cases had been last assessed or reassessed prior to the HTG implementation date and were therefore excluded from the analysis reported below. 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 2,305 cases that were examined in the previous interim report, published in June 2008, plus 672 additional cases that were reviewed by the CDSS IHSS QA Field Monitoring team during the period extending from mid-January 2008 through March 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	77	Monterey	35	Siskiyou	22
Del Norte	23	Napa	23	Solano	35
El Dorado	20	Nevada	24	Sonoma	38
Fresno	70	Orange	67	Stanislaus	39
Glenn	23	Placer	41	Sutter	23
Humboldt	34	Plumas	19	Tehama	32
Imperial	94	Riverside	65	Trinity	16
Inyo	21	Sacramento	107	Tulare	73
Kern	45	San Benito	46	Tuolumne	23
Kings	33	San Bernardino	126	Ventura	38
Lake	29	San Diego	116	Yolo	38
Lassen	22	San Francisco	123	Yuba	30
Los Angeles	590	San Joaquin	50	Subtotal	2,977
Madera	36	San Luis Obispo	38	Excluded Cases	234
Marin	39	San Mateo	67	Grand Total	3,211

Analysis

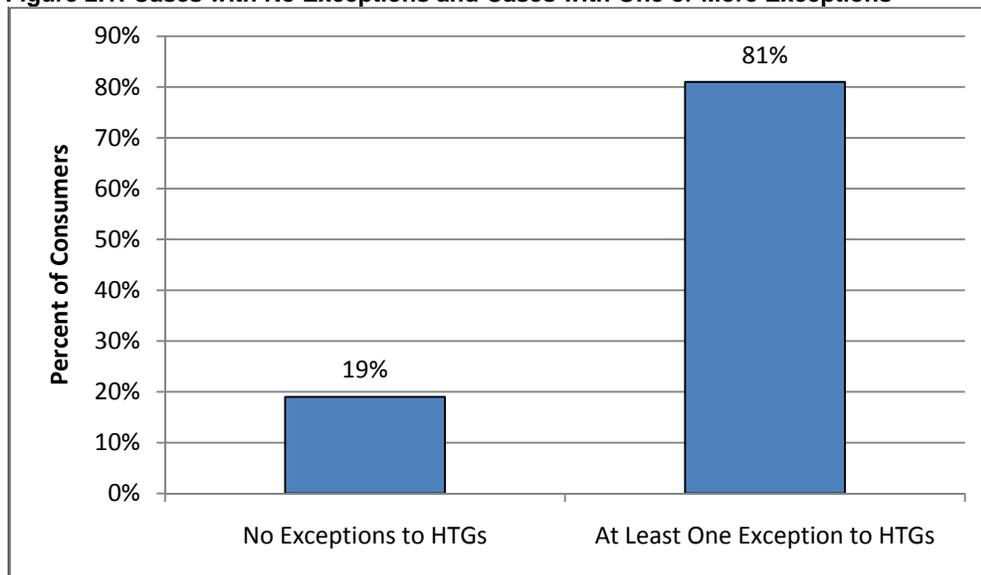
ISR received the data set from CDSS in Microsoft Excel file format. A procedure was designed to extract the data into a format suitable for analysis using the Statistical Package for the Social Sciences (SPSS). The data set was then migrated into SPSS for analysis.

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 3,211 cases in the current sample, 81 percent of Consumers received an exception on one or more tasks. The remaining 19 percent 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 2.22 with a standard deviation of 1.82.
 - 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.
- Slightly less than 60 percent of all Consumers received between one and three exceptions, while slightly less than one in five (19%) 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 22 percent 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

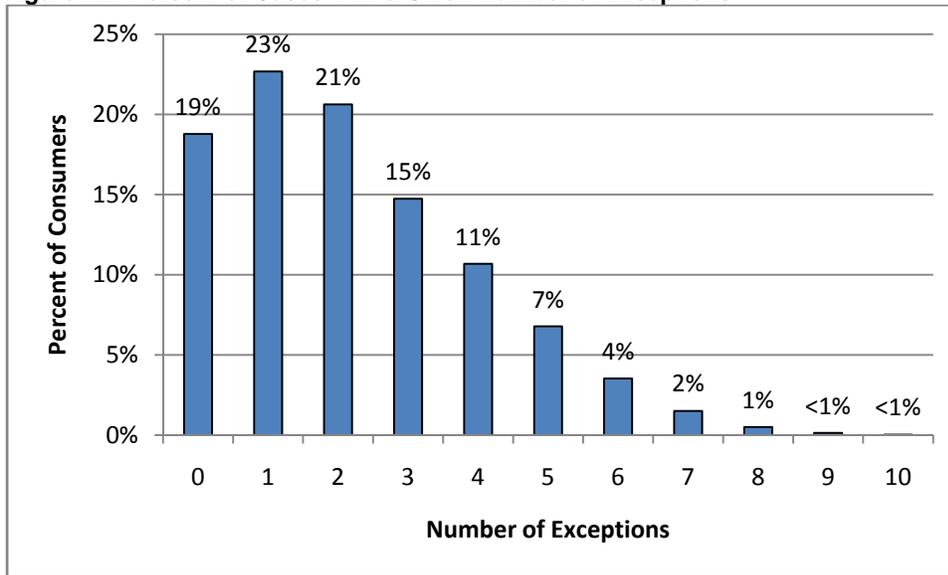


Table 2.2: Cases with a Given Number of Exceptions

Number of Exceptions	Percent of Cases	Number of Cases
0	19%	559
1	23%	675
2	21%	614
3	15%	439
4	11%	318
5	7%	202
6	4%	105
7	2%	45
8	1%	15
9	0%	4
10	0%	1
Total	100%	2977

Figure 2.3 demonstrates 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 six tasks are more likely to receive multiple exceptions than Consumers who receive hours for only 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 previously displayed in Figure 2.3). Basically, we counted the number of exceptions for each Consumer, then divided by the total number of HTG tasks for which that Consumer receives hours. 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.

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

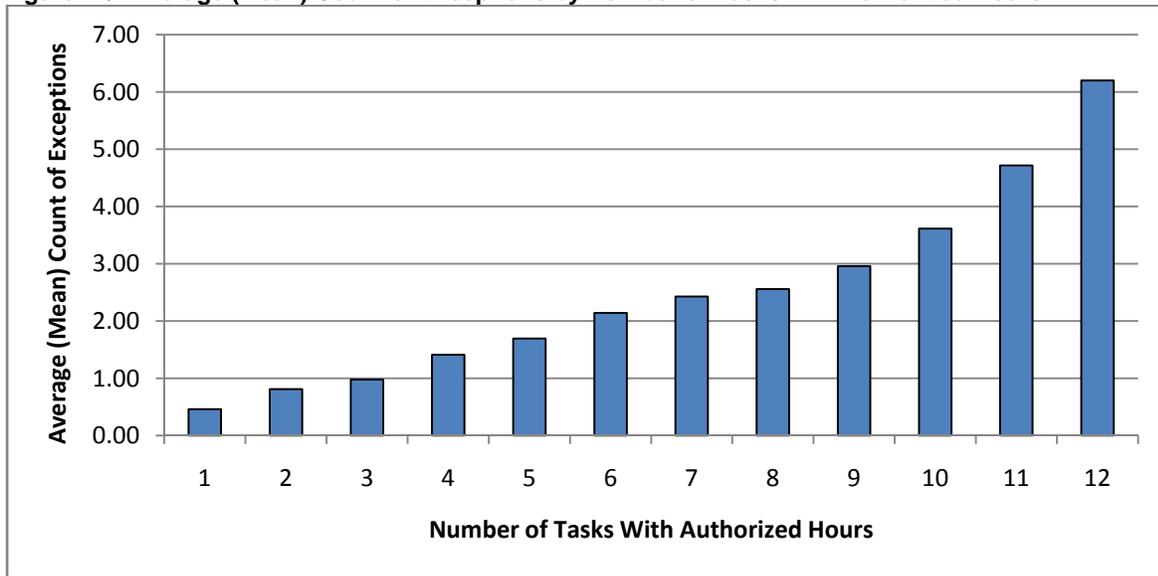


Table 2.3: Average (Mean) Count of Exceptions by Number of Tasks with Authorized Hours

Count of Tasks With Authorized Hours	Average (Mean) Count of Exceptions	Number of Cases
1	0.46	39
2	0.81	153
3	0.98	213
4	1.41	305
5	1.70	345
6	2.14	351
7	2.43	399
8	2.56	411
9	2.96	388
10	3.61	244
11	4.72	88
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 0.33 exceptions per task.

- The distribution appears to have a horseshoe shape, which would suggest that Consumers who receive either a small number or a large number of tasks tend to

receive exceptions at a higher rate than other Consumers. However, these apparent differences do not reach statistical significance and may be due to chance variation.

- 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

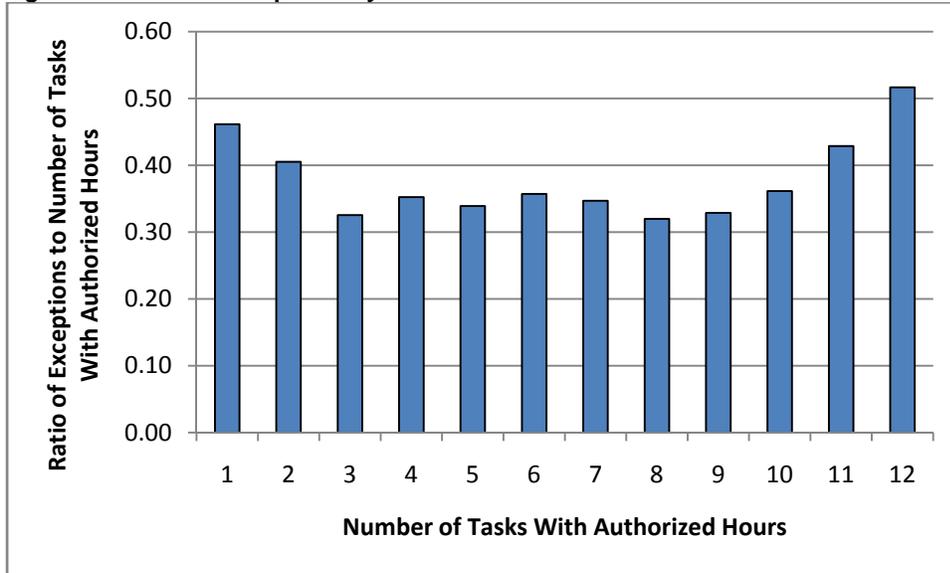


Table 2.4: Rate of Exceptions by Number of Tasks with Authorized Hours

Count of Tasks With Authorized Hours	Rate of Exceptions	Number of Cases
1	0.46	39
2	0.41	153
3	0.33	213
4	0.35	305
5	0.34	345
6	0.36	351
7	0.35	399
8	0.32	411
9	0.33	388
10	0.36	244
11	0.43	88
12	0.52	5

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

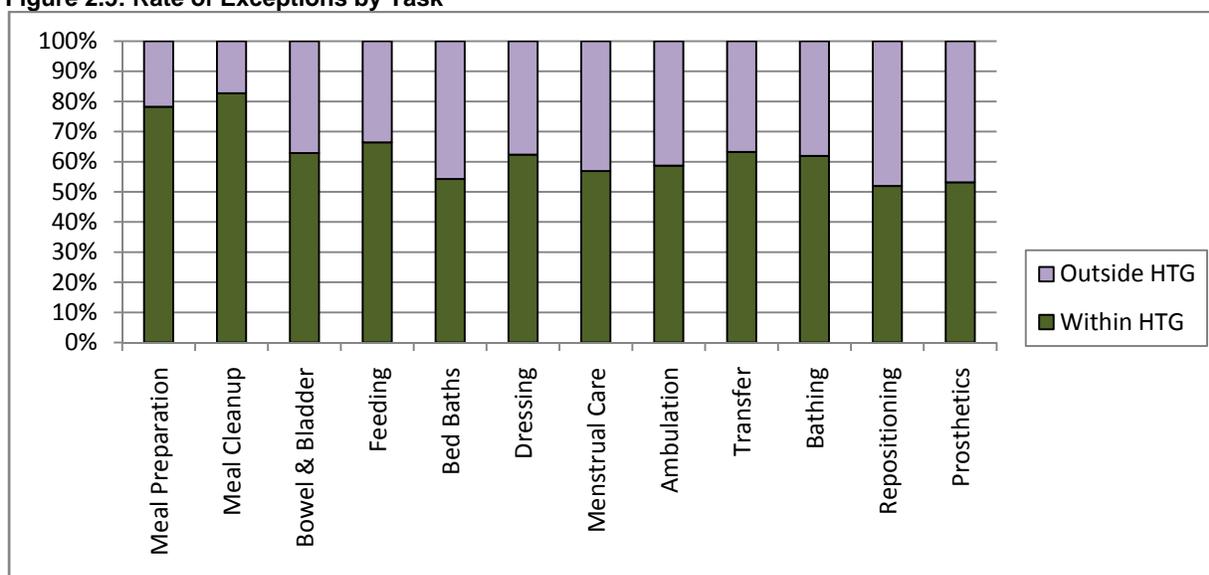


Table 2.5: Rate of Exceptions by Task

Task Area	Percent of Cases			Number of Cases		
	Within HTGs	Outside HTGs	Total	Within HTGs	Outside HTGs	Total
Meal Preparation	78	22	100%	1,977	550	2,527
Meal Cleanup	83	17	100%	2,094	437	2,531
Bowel & Bladder	63	37	100%	1,080	638	1,718
Feeding	66	34	100%	508	257	765
Bed Baths	54	46	100%	152	128	280
Dressing	62	38	100%	1,453	877	2,330
Menstrual Care	57	43	100%	78	59	137
Ambulation	59	41	100%	923	649	1,572
Transfer	63	37	100%	952	553	1,505
Bathing	62	38	100%	1,588	976	2,564
Repositioning	52	48	100%	660	610	1,270
Prosthetics	53	47	100%	998	879	1,877

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 Meal 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.

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

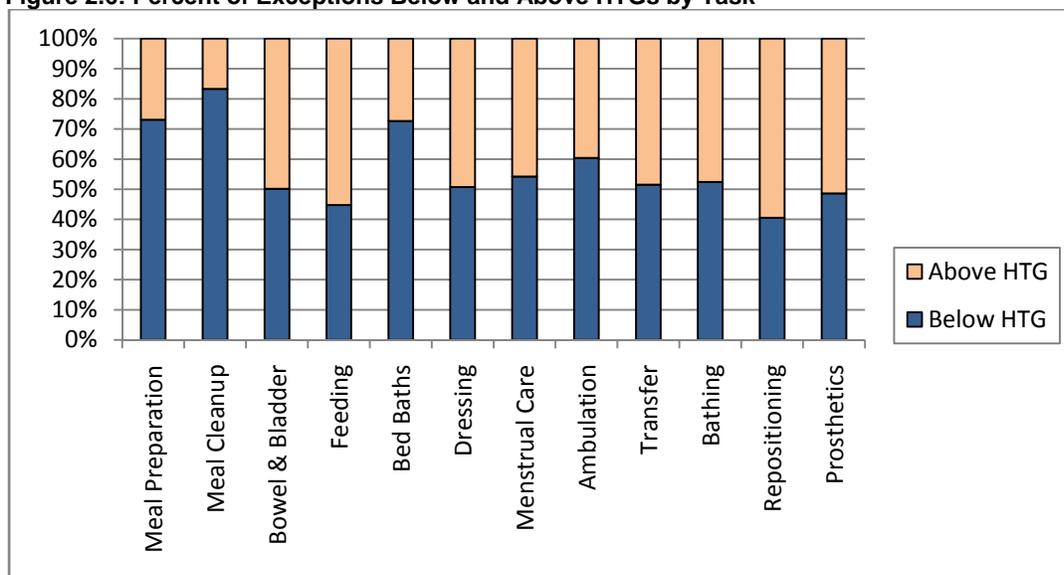


Table 2.6: Percent of Exceptions Below and Above HTGs by Task

Task Name	Percent of Cases			Number of Cases		
	Below HTGs	Above HTGs	Total	Below HTGs	Above HTGs	Total
Meal Preparation	73	27	100%	402	148	550
Meal Cleanup	83	17	100%	364	73	437
Bowel & Bladder	50	50	100%	320	318	638
Feeding	45	55	100%	115	142	257
Bed Baths	73	27	100%	93	35	128
Dressing	51	49	100%	445	432	877
Menstrual Care	54	46	100%	32	27	59
Ambulation	60	40	100%	392	257	649
Transfer	52	48	100%	285	268	553
Bathing	52	48	100%	511	464	975
Repositioning	41	59	100%	247	362	609
Prosthetics	49	51	100%	428	452	880

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 Figure 2.7 and 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.

Figure 2.7: Rate of Exceptions by Task and Rank

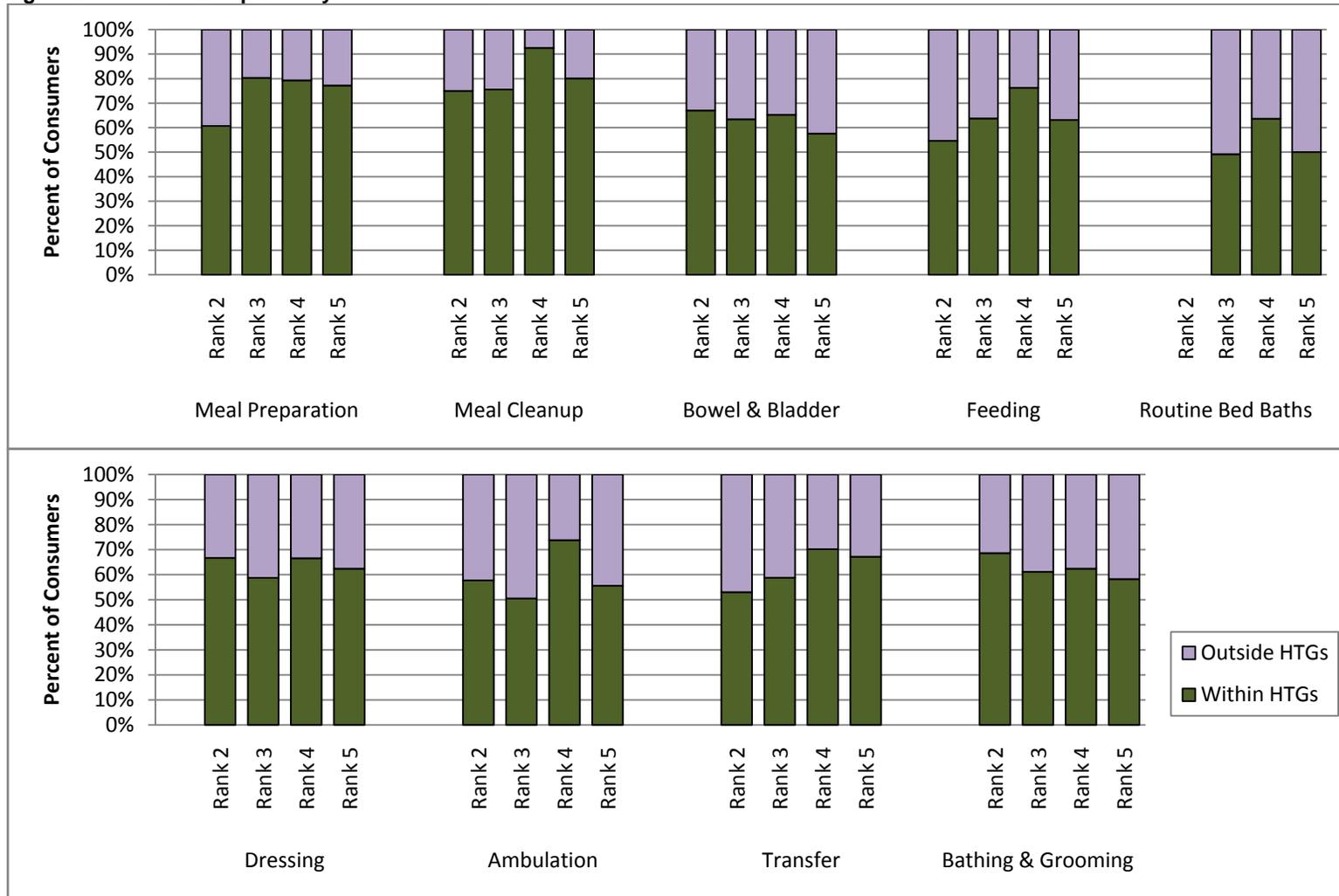


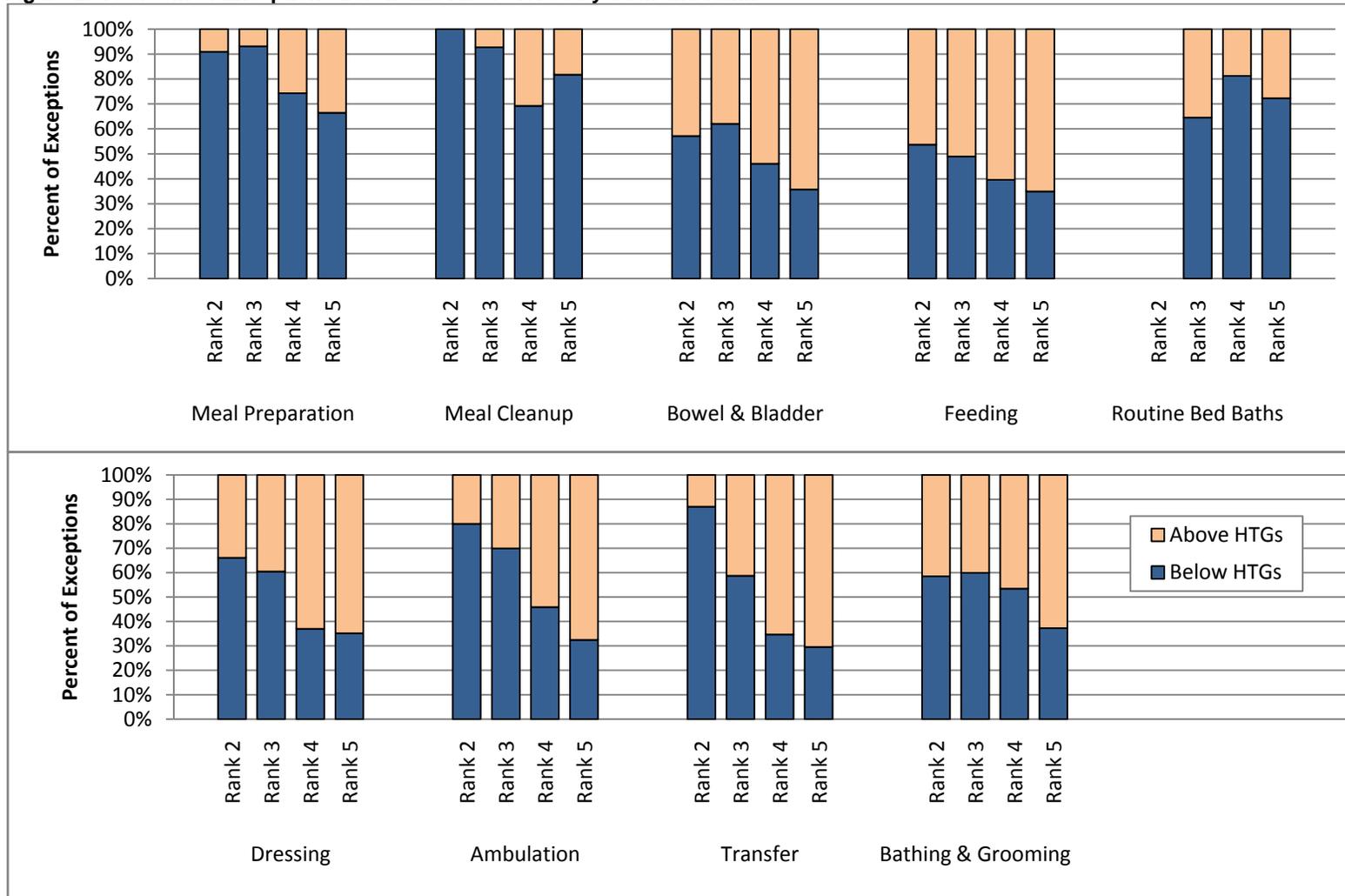
Table 2.7: Rate of Exceptions by Task and Rank

		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	39%	20%	21%	23%	11	87	144	307
	Within HTG	61%	80%	79%	77%	17	355	552	1038
	Total	100%	100%	100%	100%	28	442	696	1345
Meal Cleanup	Outside HTG	25%	24%	7%	20%	7	110	52	268
	Within HTG	75%	76%	93%	80%	21	340	642	1077
	Total	100%	100%	100%	100%	28	450	694	1345
Bowel & Bladder	Outside HTG	33%	37%	35%	42%	35	258	163	182
	Within HTG	67%	63%	65%	58%	71	447	306	247
	Total	100%	100%	100%	100%	106	705	469	429
Feeding	Outside HTG	45%	36%	24%	37%	54	92	48	63
	Within HTG	55%	64%	76%	63%	65	162	154	108
	Total	100%	100%	100%	100%	119	254	202	171
Bed Baths	Outside HTG		51%	36%	50%	0	31	32	65
	Within HTG		49%	64%	50%	0	30	56	65
	Total		100%	100%	100%	0	61	88	130
Dressing	Outside HTG	33%	41%	33%	38%	59	453	200	165
	Within HTG	67%	59%	67%	62%	118	645	398	274
	Total	100%	100%	100%	100%	177	1098	598	439
Ambulation	Outside HTG	42%	49%	26%	44%	60	369	109	111
	Within HTG	58%	51%	74%	56%	82	377	307	139
	Total	100%	100%	100%	100%	142	746	416	250
Transfer	Outside HTG	47%	41%	30%	33%	54	293	101	105
	Within HTG	53%	59%	70%	67%	61	418	238	215
	Total	100%	100%	100%	100%	115	711	339	320
Bathing	Outside HTG	31%	39%	38%	42%	53	404	279	240
	Within HTG	69%	61%	62%	58%	116	635	463	335
	Total	100%	100%	100%	100%	169	1039	742	575

^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 2.8: 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%	93%	74%	66%	10	81	107	204
	Above HTG	9%	7%	26%	34%	1	6	37	103
	Total	100%	100%	100%	100%	11	87	144	307
Meal Cleanup	Below HTG	100%	93%	69%	82%	7	102	36	219
	Above HTG	0%	7%	31%	18%	0	8	16	49
	Total	100%	100%	100%	100%	7	110	52	268
Bowel & Bladder	Below HTG	57%	62%	46%	36%	20	160	75	65
	Above HTG	43%	38%	54%	64%	15	98	88	117
	Total	100%	100%	100%	100%	35	258	163	182
Feeding	Below HTG	54%	49%	40%	35%	29	45	19	22
	Above HTG	46%	51%	60%	65%	25	47	29	41
	Total	100%	100%	100%	100%	54	92	48	63
Bed Baths	Below HTG		65%	81%	72%	0	20	26	47
	Above HTG		35%	19%	28%	0	11	6	18
	Total		100%	100%	100%	0	31	32	65
Dressing	Below HTG	66%	60%	37%	35%	39	274	74	58
	Above HTG	34%	40%	63%	65%	20	179	126	107
	Total	100%	100%	100%	100%	59	453	200	165
Ambulation	Below HTG	80%	70%	46%	32%	48	258	50	36
	Above HTG	20%	30%	54%	68%	12	111	59	75
	Total	100%	100%	100%	100%	60	369	109	111
Transfer	Below HTG	87%	59%	35%	30%	47	172	35	31
	Above HTG	13%	41%	65%	70%	7	121	66	74
	Total	100%	100%	100%	100%	54	293	101	105
Bathing	Below HTG	58%	60%	53%	37%	31	242	149	89
	Above HTG	42%	40%	47%	63%	22	162	130	150
	Total	100%	100%	100%	100%	53	404	279	239

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

When the percentages 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 2.8 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 2.9 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 2.9: Percent of Exceptions Documented by Task

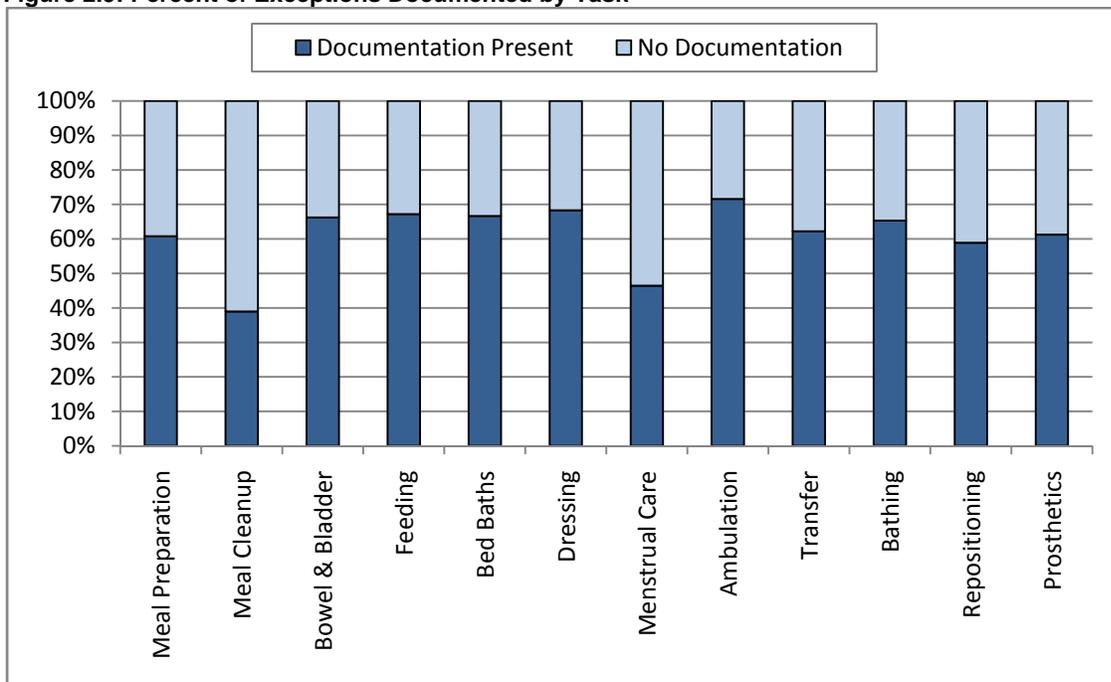


Table 2.9: Percent of Exceptions Documented by Task

	Percent of Cases			Number of Cases		
	No Documentation	Documentation Present	Total	No Documentation	Documentation Present	Total
Meal Preparation	39%	61%	100%	207	321	528
Meal Cleanup	61%	39%	100%	252	161	413
Bowel & Bladder	34%	66%	100%	211	414	625
Feeding	33%	67%	100%	83	170	253
Bed Baths	33%	67%	100%	40	80	120
Dressing	32%	68%	100%	273	589	862
Menstrual Care	54%	46%	100%	30	26	56
Ambulation	28%	72%	100%	179	451	630
Transfer	38%	62%	100%	199	328	527
Bathing	35%	65%	100%	324	610	934
Repositioning	41%	59%	100%	243	348	591
Prosthetics	39%	61%	100%	323	511	834

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 2.10) that there are still relatively few case reviews available in the current sample whose last assessment dates occurred in the last quarter of 2007. The number of cases available for the first quarter of 2008 is smaller still. 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 2.10: Number of Cases in Sample by Month of Last Assessment

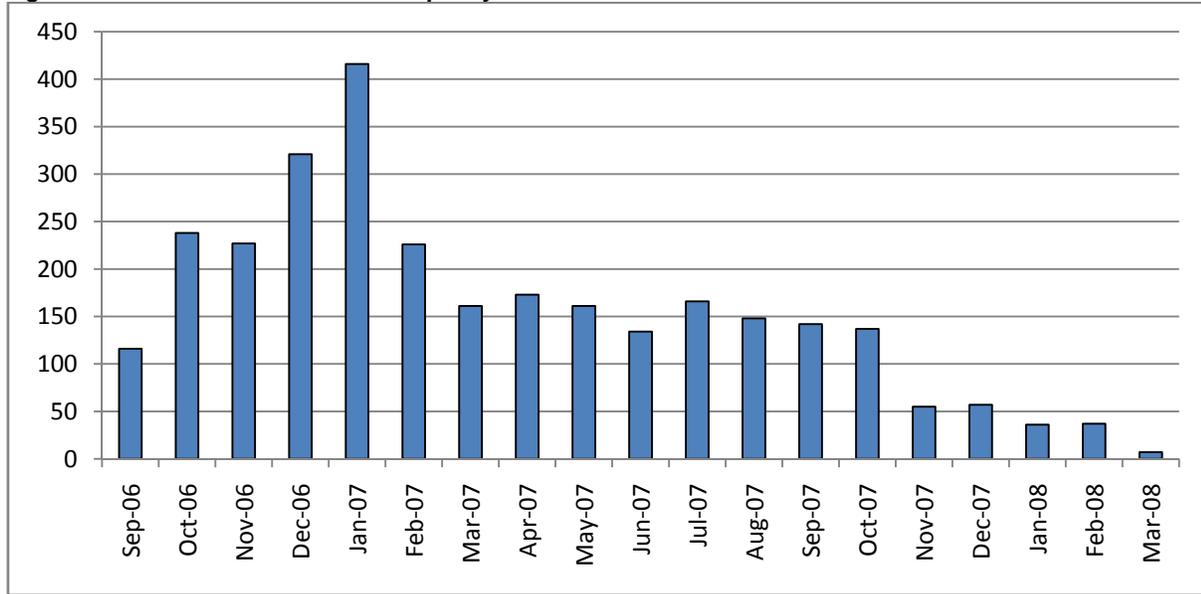


Table 2.10: Number of Cases in Sample by Month of Last Assessment

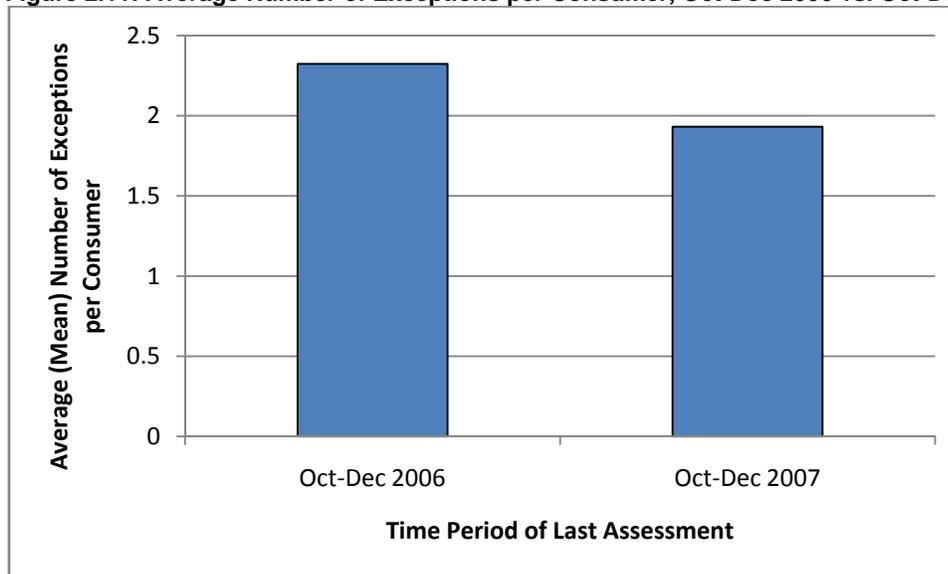
Month of Last Assessment	Number of Cases	Percent of Total
Sep-06	116	4%
Oct-06	238	8%
Nov-06	227	8%
Dec-06	321	11%
Jan-07	416	14%
Feb-07	226	8%
Mar-07	161	5%
Apr-07	173	6%
May-07	161	5%
Jun-07	134	5%
Jul-07	166	6%
Aug-07	148	5%
Sep-07	142	5%
Oct-07	137	5%
Nov-07	55	2%
Dec-07	57	2%
Jan-08	36	1%
Feb-08	37	1%
Mar-08	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. There were not enough cases in the sample for the first quarter of 2008 to include a year-over-year comparison for those data.

- A statistically significant difference was found between the October-December 2006 group and the October-December 2007 group, with the later group showing an overall decrease in exceptions (see Figure 2.11)¹.
 - This finding suggests that the rate at which social workers granted exceptions decreased from the post 1 quarter as compared to the later post 2 quarter².

Figure 2.11: Average Number of Exceptions per Consumer, Oct-Dec 2006 vs. Oct-Dec 2007



Are Exceptions Granted Equally Among Initial Assessment and Reassessment Cases?

A statistically significant difference was found in the overall rate of exceptions between initial assessment 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 2.12).

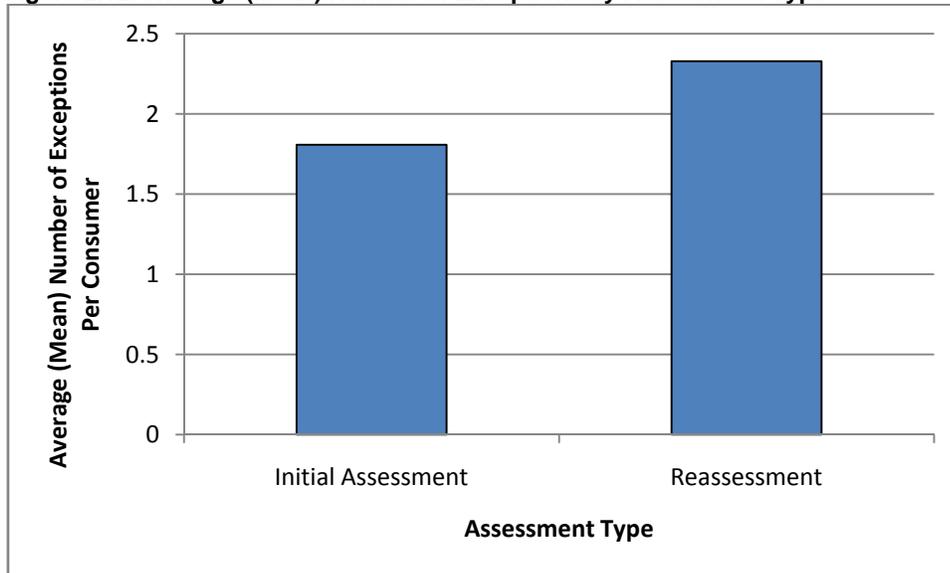
- A significant difference was observed between initial assessments and reassessments, with reassessment cases receiving more exceptions than initial assessment cases.³
- It is very important to note, however, that although the difference observed here is unlikely to be due to chance, it is a small difference.¹

¹ The group mean for the Oct-Dec 2006 (post 1) group was 2.32 with a standard deviation of 1.76; the group mean for the Oct-Dec 2007 (post 2) group was 1.93 with a standard deviation of 1.81. Between groups differences were assessed with an independent samples t-test: $t(1033) = 3.04, p = 0.002$.

² 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.

³ The group mean for initial assessments was 1.81 with a standard deviation of 1.66; the group mean for reassessment cases was 2.33 with a standard deviation of 1.85. Between groups differences were assessed with an independent samples t-test: $t(1043) = -6.77, p < 0.001$.

Figure 2.12: 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. The addition of more cases whose last assessment dates fell in the last quarter of 2007 increased the statistical power of comparisons between the pre-implementation and post-implementation period with respect to the overall rate of exceptions. Whereas we previously reported that the observed decrease in the overall exception rate between the Oct-Dec 2006 and Oct-Dec 2007 quarters did not reach statistical significance, we can now assert that the overall rate of exceptions between these two periods decreased, and that this decrease is unlikely due to chance variation.

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.

¹ It is estimated that about 4% of the variation in the number of exceptions can be accounted for by systematic differences between the two assessment types (Eta squared = 0.04).

CHAPTER III

REVIEW OF THE IMPACT OF HTGS ON THE STATE APPEALS PROCESS, SEPTEMBER 2005 TO FEBRUARY 2008

KEY FINDINGS¹

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 Consumer appeals.
- During the post-HTG period, there was a statistically significant increase in assessment-related issues.
- Analysis of appeal outcomes showed that increases in granted decisions were driven by non-assessment related issues, suggesting reasons other than HTG implementation.

When Claimants are Compared to the General IHSS Population:

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

Claimants with Cuts in Hours Notices

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

¹ This analysis compares IHSS appeals filed during three time periods: Pre-HTG (9/05-8/06), Post 1 HTG (9/06-8/07), and Post 2 HTG (9/07-2/08).

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

OBJECTIVE

The objective of this component of the HTG study 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 processing 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 30-month study period. The study period consists of 12 months prior to HTG implementation (September 2005 to August 2006) and 18 months following HTG implementation (September 2006 to February 2008). SHD provided the ISR with case data for hearing requests filed between September 2005 and February 2008 that involved the IHSS program. In order to protect claimant confidentiality, the SHD deleted identifying information before providing the data to ISR.

The analysis begins with a general overview of all IHSS appeals then refines its focus to provide increasingly specific information about the context within which IHSS appeals were filed.

- Section I: Analysis of SHD Data on Requests for a Fair Hearing. 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 a Consumer 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 continued to show substantial month-to-month fluctuation (Figure 3.1).

- During the 12 months before HTG implementation, a total of 4,198 IHSS appeals were filed, which averages out to 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.
- One year after HTG implementation began—from 9/07 to 2/08—an average of 452 IHSS appeals were filed per month.
 - Relative to the “pre-HTG” period, this represents a 29 percent increase in the number of appeals filed.

Figure 3.1: Number of IHSS Appeals Filed by Month

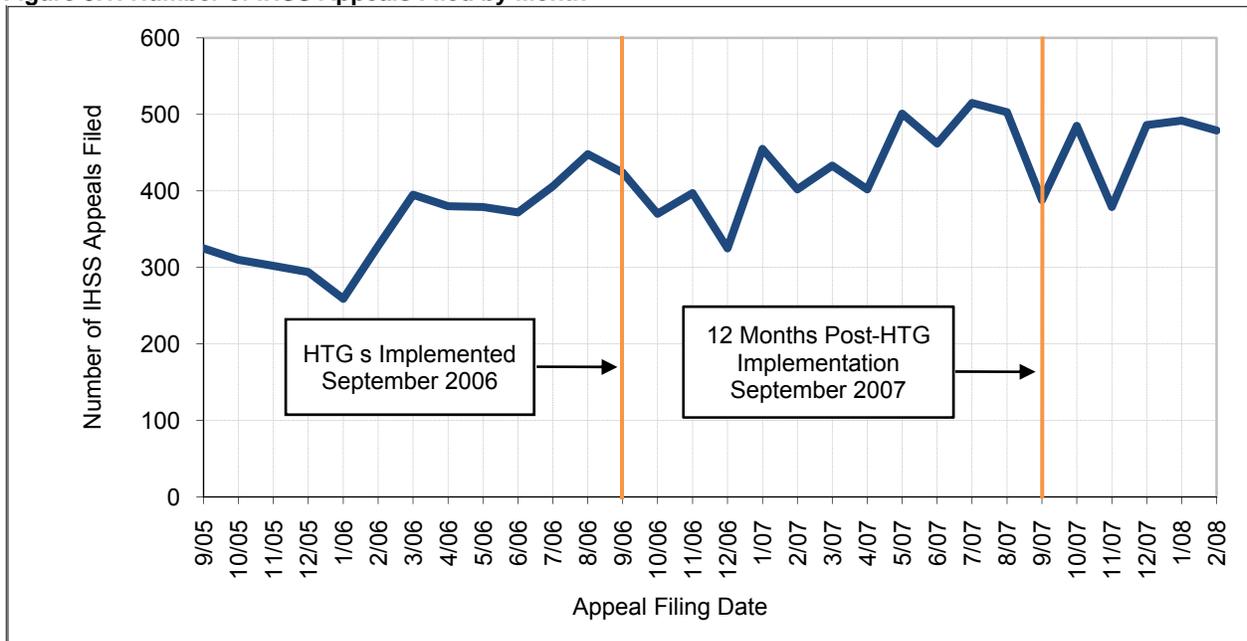


Table 3.1: Number of IHSS Appeals Filed by Month, Quarter and Study Period

Study Period	Quarter	Month	Number of Appeals Filed:		Monthly Average for:			
			Monthly	Cumulative Total for Study Period	Quarter	Study Period		
Pre-HTG Implementation	9/05-12/05	9/05	325	325	308	350		
		10/05	310	635				
		11/05	302	937				
		12/05	294	1,231				
	1/06-3/06	1/06	259	1,490	327			
		2/06	328	1,818				
		3/06	395	2,213				
	4/06-6/06	4/06	380	2,593	377			
		5/06	379	2,972				
		6/06	372	3,344				
	7/06-8/06	7/06	406	3,750	427			
		8/06	448	4,198				
Post-HTG Implementation	9/06-12/06	9/06	424	424	379	432		
		10/06	370	794				
		11/06	397	1,191				
		12/06	325	1,516				
	1/07-3/07	1/07	455	1,971	430			
		2/07	402	2,373				
		3/07	433	2,806				
	4/07-6/07	4/07	402	3,208	455			
		5/07	501	3,709				
		6/07	462	4,171				
	7/07-8/07	7/07	515	4,686	509			
		8/07	503	5,189				
	9/07-2/08	9/07-12/07	9/07	388	388		435	452
			10/07	485	873			
			11/07	379	1,252			
12/07			486	1,738				
1/08-2/08	1/08	492	2,230	486				
	2/08	479	2,709					

Did Appeals Increase Faster than the IHSS Caseload?

While there was a clear increase in the number of IHSS appeals, the number of Consumers approved for services under the IHSS program also grew steadily during the same period.

- In September 2005, there were 351,038 Consumers approved for services under the IHSS program.
- In February 2008, there were 401,867 Consumers approved for services under the IHSS program.
 - This represents a 15 percent increase in the IHSS caseload during the 30-month study period.

To put the number of appeals into perspective relative to the IHSS caseload, it is helpful to compute an “appeal rate” reflecting the number of appeals filed per 1,000 IHSS Consumers (see Table 3.2).

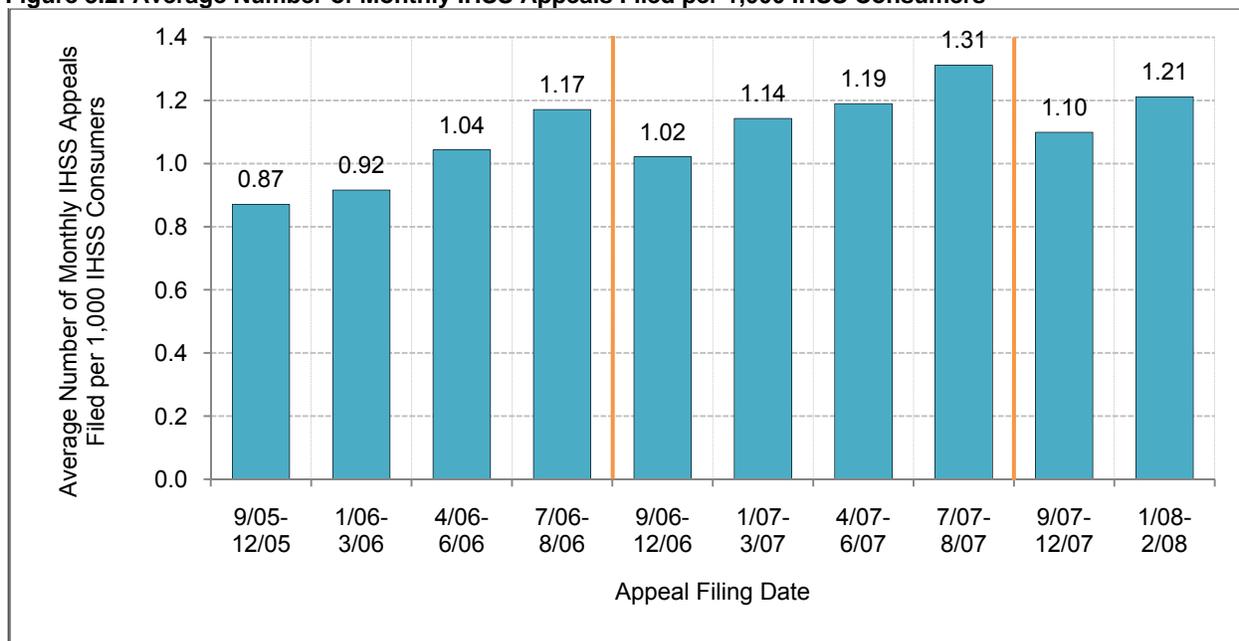
- The monthly appeal rate during the 12 months just prior to HTG implementation was .98 appeals per 1,000 Consumers.
- The monthly appeal rate during the 18 months following HTG implementation was 1.14 appeals per 1,000 Consumers.
 - This represents a 17 percent increase in the monthly appeal rate, which means that IHSS appeals have increased faster than the IHSS caseload.

Table 3.2: Monthly Number of IHSS Appeals Filed per 1000 IHSS Consumers

		Average Monthly Appeals Filed	Average Monthly IHSS Caseload	Number of IHSS Appeals Filed per Month per 1,000 Consumers
Pre-HTG Implementation 9/05-8/06		350	358,181	.98
Post-HTG Implementation	9/06-8/07	432	378,052	1.14
	9/07-2/08	452	397,502	1.14
	Overall post-HTG	439	384,535	1.14

However, taking a closer look at the point the appeal rate began to increase provides important information. Figure 3.2, which displays quarterly appeal rates, shows that the increase began prior to HTG implementation. It is also interesting to note the seasonal fluctuation in appeal rates, with rates dropping each fall and increasing steadily throughout the winter, spring and summer.

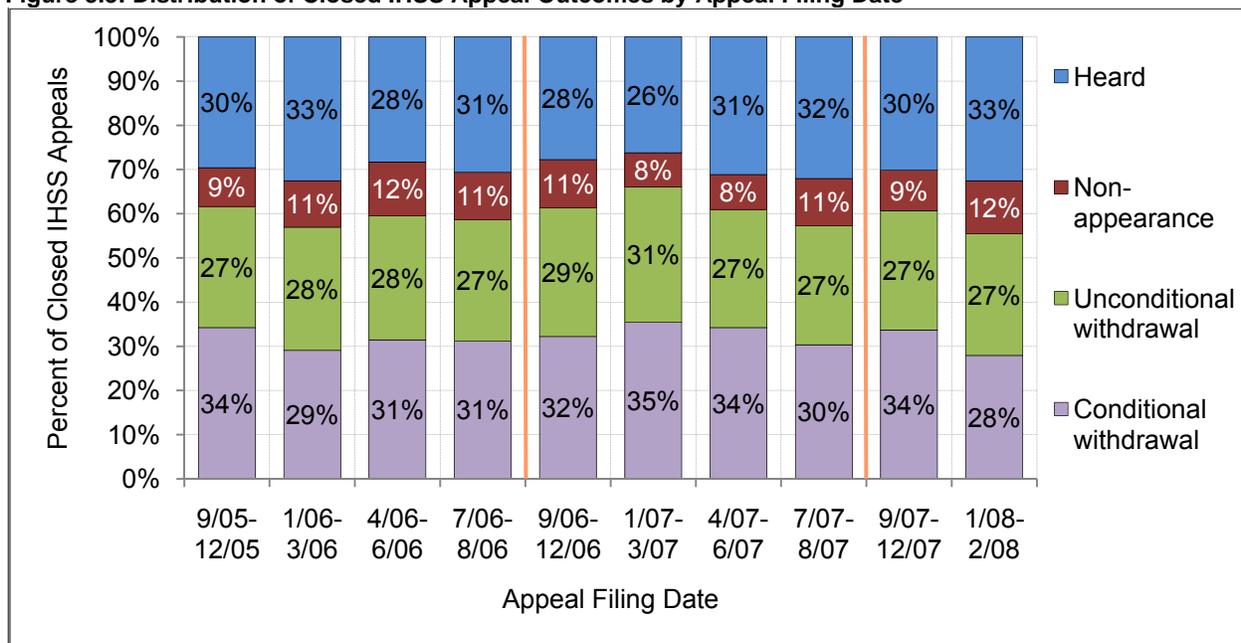
Figure 3.2: Average Number of Monthly IHSS Appeals Filed per 1,000 IHSS Consumers



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

In general, about seven out of ten (70%) of IHSS appeals were resolved without a hearing. This pattern remained consistent both before and after HTG implementation (Figure 3.3).

Figure 3.3: Distribution of Closed IHSS Appeal Outcomes by Appeal Filing Date



Were More Appeals Conditionally Withdrawn?⁹

In general, about one-third of closed appeals were conditionally withdrawn (see Figure 3.3).

- 32 percent of closed appeals filed during the 12 pre-HTG months were conditionally withdrawn.
- 33 percent of closed appeals filed during the first 12 post-HTG months (9/06-8/07) were conditionally withdrawn. This was a small, but statistically significant increase relative to the pre-HTG period.
- One year after HTG implementation began, the percent of conditional withdrawals returned to pre-HTG levels.
 - 32 percent of closed appeals filed between 9/07 and 2/08 were conditionally withdrawn.

⁹ 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 3.3: Distribution of IHSS Appeal Outcomes by Study Period

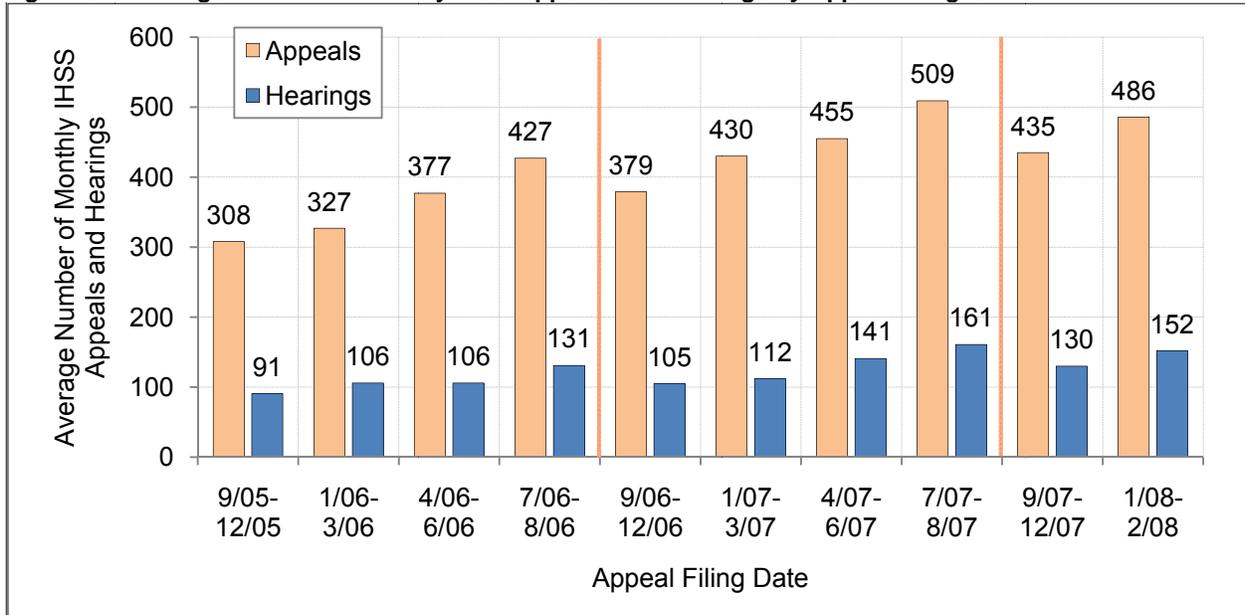
Appeal Outcome ^a		Appeals Filed Pre-HTG (9/05-8/06)		Appeals Filed Post-HTG			
				(9/06-8/07)		9/07-2/08	
		Percent	Number	Percent	Number	Percent	Number
Withdrawn	Unconditional withdrawal	28%	1,160	28%	1,467	27%	720
	Conditional withdrawal	32%	1,327	33%	1,711	31%	839
Non-appearance		10%	440	9%	478	10%	271
Heard	Granted	20%	842	20%	1,054	21%	559
	Denied	8%	334	6%	311	6%	152
	Dismissed	2%	82	2%	99	1%	35
	Heard but no decision yet	0%	5	1%	36	3%	75
Other	Administratively dismissed	0%	7	0%	9	0%	3
	Still in scheduling*	0%	1	0%	24	2%	55
Total		100%	4,198	100%	5,189	100%	2,709

^a This table shows that some appeals filed in the post-HTG period had not yet been closed at the point the data was provided to the ISR. This is not related to the impact of the HTGs, but it should be taken into consideration in examining case outcomes for post-HTG months. For this reason, Figure 3.3 only describes closed appeals (those not still in scheduling).

Did More Appeals Result in Hearings?

Compared with the 12 months prior to HTG implementation, there was an increase in the number of IHSS hearings held for appeals filed during the months following HTG implementation (see Figure 3.4).

Figure 3.4: Average Number of Monthly IHSS Appeals and Hearings by Appeal Filing Quarter



- During the pre-HTG period, the average monthly number of appeals resulting in a hearing was 105 (see Table 3.4).
- The comparable average for appeals filed during first 12 post-HTG months was 125. This represents a 19 percent increase in hearings relative to the pre-HTG period.

- One year after HTG implementation began, the average monthly number of appeals resulting in a hearing was 135. This represents a 29 percent increase in hearings relative to the pre-HTG period.
 - This increase is directly in line with the 29 percent increase in the number of appeals filed (see Table 3.1).
 - Further, Table 3.4 shows 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.
 - These findings strongly suggest that while there has been a marked increase in the number of IHSS hearings, the increase was driven by an increase in the number of appeals, rather than by a change in the nature of appeals.

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

Appeal Filing Date			Number of Appeals Filed	Appeals Closed ^a		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		Number	Percent		Quarter	Study Period	Month	Quarter	Study Period
Pre-HTG	9/05-8/06	9/05	325	325	100%	91	105	28%	30%	30%	
		10/05	310	310	100%			28%			
		11/05	302	302	100%			28%			
		12/05	294	294	100%			34%			
	1/06-3/06	1/06	259	259	100%	106		35%	32%		
		2/06	328	328	100%			32%			
		3/06	395	395	100%			31%			
	4/06-6/06	4/06	380	380	100%	106		28%	28%		
		5/06	379	379	100%			31%			
		6/06	372	372	100%			25%			
7/06-8/06	7/06	406	406	100%	131	31%	31%				
	8/06	448	447	100%		30%					
	Post-HTG ^c	9/06-8/07	9/06	424		424		100%	105	28%	28%
			10/06	370		370		100%		31%	
11/06			397	397	100%	25%					
12/06			325	325	100%	28%					
1/07-3/07		1/07	455	453	100%	112	24%	26%			
		2/07	402	399	99%		23%				
		3/07	433	432	100%		31%				
4/07-6/07		4/07	402	401	100%	141	30%	31%			
		5/07	501	495	99%		30%				
		6/07	462	461	100%		32%				
7/07-8/07	7/07	515	511	99%	161	33%	32%				
	8/07	503	497	99%		30%					
9/07-2/08	9/07-12/07	9/07	388	388	100%	130	135	32%	30%		
		10/07	485	481	99%			29%			
		11/07	379	373	98%			29%			
		12/07	486	480	99%			29%			
	1/08-2/08	1/08	492	482	98%	--		32%	--		
		2/08	479	450	94%			--			

^a Closed status was defined according to the priority code assigned to the case at the time SHD data was extracted and provided to ISR for analysis. 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 2/08 indicate that it may be misleading to analyze hearing rates for appeals filed during this month, since a larger proportion of these cases were still in the scheduling/calendaring stage when the data extracts were created.

^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.

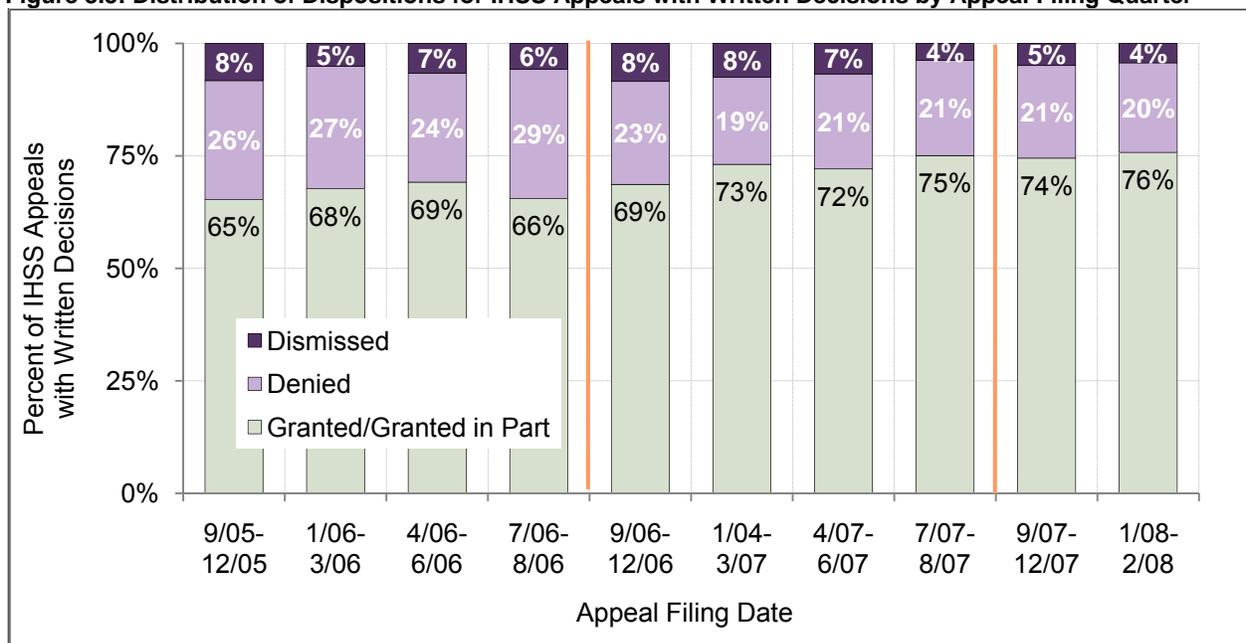
^c Post-HTG hearing summary statistics exclude appeals filed during February 2008 because of the lower closure rate for this month.

Were More Appeals Granted?

There continues to be a statistically significant increase in the percent 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 (see Figure 3.5).
 - During the pre-HTG months, 67 percent of appeals resulting in a written decision were granted in favor of the claimant.
 - During the 18 post-HTG months, 73 percent of appeals resulting in a written decision were granted in favor of the claimant.

Figure 3.5: Distribution of Dispositions for IHSS Appeals with Written Decisions by Appeal Filing Quarter



Did More Appeals Involve Assessment-Related Issues?

After an Administrative Law Judge has finished hearing a case and is writing the decision, she/he categorizes the case in terms of up to four primary issues involved. Table 3.5 shows the distribution of IHSS issue codes for appeals filed during each study period. The three IHSS issue codes related to needs assessments (620, 566 and 568) are of greatest interest for this analysis.

- The code for appeals involving need evaluation issues (620) was the most frequently assigned IHSS issue code. Fifty-three percent of written decisions for appeals filed during the 30-month study period were assigned the need evaluation issue code.

- Compared with the pre-HTG months, there was a small but not statistically significant decrease in the frequency of this code—from 55 percent to 53 percent—in the post-HTG period.
- The next most frequently assigned code involves service evaluations (566). Overall, 19 percent of IHSS appeals filed during the 30 month study period and resulting in a written decision were assigned the service evaluation code.
 - There was a statistically significant decrease (from 23% to 17%) in the frequency of the service evaluation issue code for appeals filed during the post-HTG period.
- In Fall 2006, a new issue code was created to describe issues related to Quality Assurance Needs Assessments (568). Thirteen percent of written decisions for appeals filed during the 12 months immediately following HTG implementation were assigned this code.
 - There was a statistically significant increase in the frequency of this issue code for appeals filed one year or more after HTG implementation: 26 percent of written decisions for appeals filed between 9/07 and 2/08 were assigned the QA Needs Assessment issue code.

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		9/07-2/08	
		%	N	%	N	%	N
Codes Related to IHSS Needs Assessments	620 Need Evaluation	54.8%	690	51.5%	754	54.8%	409
	566 Service Evaluations	22.6%	284	17.6%	257	14.6%	109
	568 QA Needs Assessments	.0%	0	12.7%	186	25.9%	193
Other Issue Codes for Appeals	560 Personal Care Services Program	7.8%	98	5.1%	74	2.7%	20
	561 Eligibility	4.8%	61	4.3%	63	5.1%	38
	562 Provider issues	.7%	9	.6%	9	.9%	7
	563 PCSP Coverage/Limits	2.9%	37	3.2%	47	3.6%	27
	564 Relation to IHSS/Non-PCSP	.7%	9	1.3%	19	.0%	0
	565 Overpayments/Underpayments/Medi-Cal recovery	.2%	2	.2%	3	4.4%	3
	567 IHSS Plus Waiver	4.6%	58	3.6%	52	2.5%	19
	569 Unknown	.0%	0	.1%	2	.0%	0
	610 IHSS / Non-PCSP	35.5%	447	33.1%	485	37.4%	279
	611 Eligibility	.8%	10	.8%	12	.7%	5
	612 Severely/Non-severely impaired (Maximum allowance)	8.8%	111	6.6%	97	5.2%	39
	613 Living in own home/Shared living arrangements	1.2%	15	.3%	5	.8%	6
	614 Availability of spouse/Parent as provider	1.1%	14	.9%	13	.8%	6
	616 Provider issues (Rude/Unavailable)	1.8%	23	1.5%	22	1.9%	14
	617 Service delivery methods	.7%	9	.4%	6	.3%	2
	618 Advance payment	.5%	6	.1%	2	.0%	0
	619 Overpayments/Underpayments	.2%	3	.1%	1	.1%	1
	621 Miller v. Woods	.2%	3	1.0%	15	.3%	2
	622 Income/Budget computations	.2%	2	.6%	9	1.1%	8
	624 Care supplements	4.1%	52	4.0%	59	1.7%	13
625 Relation to PCSP	.4%	5	.5%	7	.0%	0	
626 Protective supervision	.4%	5	.0%	0	.1%	1	
628 Share of Cost	11.5%	145	13.7%	200	13.8%	103	
Total		n/a	1,258	n/a	1,464	n/a	746

So of the three issue codes related to needs assessments, the relative frequency of one remained unchanged, another decreased, and the third increased. 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 (see Table 3.6).

- During the 12 pre-HTG months, 57 percent of appeals resulting in a written decision were assigned an assessment-related issue code.
- During the first 12 post-HTG months, 59 percent of appeals resulting in a written decision were assigned an assessment-related issue code.
- During the most recent six month study period (9/07-2/08), 65 percent of appeals resulting in a written decision were assigned an assessment-related issue code.
 - This shows a trend toward a statistically significant increase in the overall frequency of assessment-related appeals.

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		9/07-2/08	
	Percent	Number	Percent	Number	Percent	Number
Assessment-related ^a	56.9%	716	59.3%	868	65.3%	487
Non-assessment related	43.1%	542	40.7%	596	34.7%	259
Total	100.0%	1,258	100.0%	1,464	100.0%	746

^a Includes issue codes 620, 566 or 568

Were More Assessment-Related Appeals Granted?

- Assessment-related appeals were much more likely to be granted than other types of appeals.
 - Depending on the specific period, 81-84 percent of assessment related appeals were granted, compared with 48-58 percent of non-assessment related appeals (see Figure 3.6).
- However, there was little change over time in the disposition of written decisions for assessment-related appeals.
 - Post-HTG there was a small but not statistically significant increase in the percent of assessment related appeals that were granted (from 81% pre-HTG to 84% post-HTG).
- In contrast, there was a noticeable change over time in the disposition of written decisions for non-assessment related appeals.
 - Written decisions for appeals filed during post-HTG period were significantly more likely to be granted than those filed pre-HTG (from 48% pre-HTG to 56% overall for the 18 post-HTG months).

Figure 3.6: Distribution of IHSS Appeal Written Decision Dispositions by Issue Code Category and Study Period

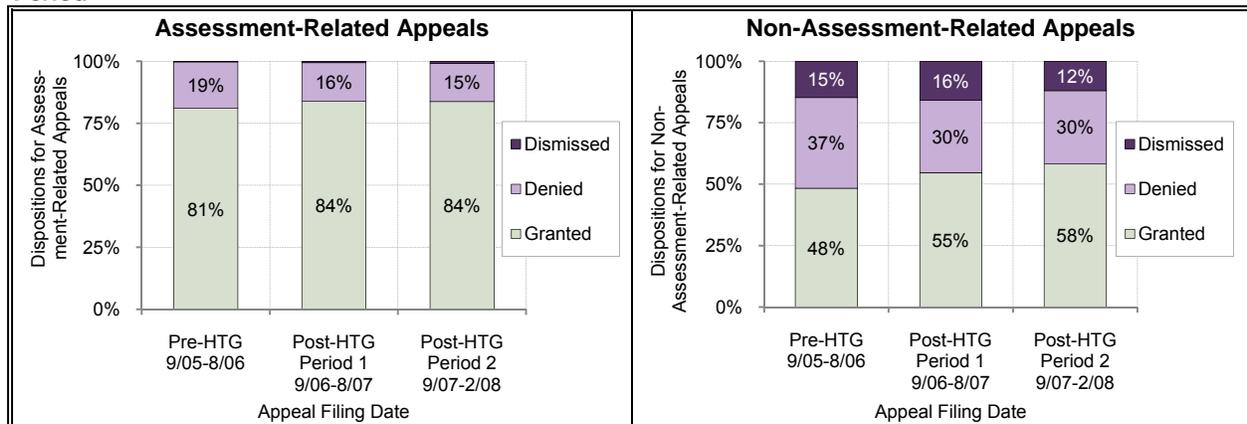


Table 3.7: Distribution of IHSS Appeals with Written Decision Dispositions by Issue Code Category and Study Period

Issue code category	Disposition	Appeals Filed Pre-HTG (9/05-8/06)		Appeals Filed Post-HTG			
		Percent	Number	9/06-8/07		9/07-2/08	
Assessment-related issues	Dismissed	0%	2	1%	5	1%	4
	Denied	19%	134	16%	135	15%	75
	Granted	81%	580	84%	728	84%	408
	Total	100%	716	100%	868	100%	487
Non-assessment related issues	Dismissed	15%	80	16%	94	12%	31
	Denied	37%	200	30%	176	30%	77
	Granted	48%	262	55%	326	58%	151
	Total	100%	542	100%	596	100%	259

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

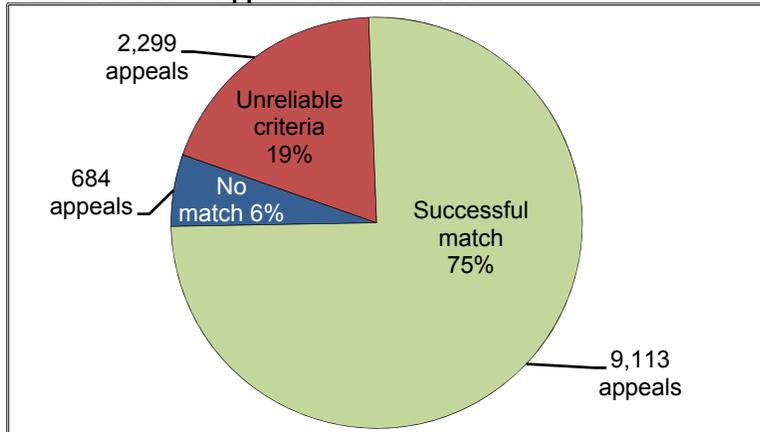
SECTION II: ANALYSIS OF IHSS PROGRAM INFORMATION FOR CLAIMANTS FILING IHSS APPEALS

Methodology

Observing trends in the number and characteristics of appeals filed provides some useful information, but without information about the circumstances under which appeals were 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, ISR matched 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 75 percent of the IHSS appeals filed between September 2005 and February 2008 (see Figure 3.7). The CDSS provided ISR with CMIPS data for February 2005 through March 2008. Each monthly data file describes the status of an IHSS Consumer case at the close of that month. This provides program information for seven months prior to the first appeals filed (9/1/05) and for one month following the last appeals filed (2/29/08). Appeals for which IHSS case numbers were identified were merged with CMIPS data for the 38-month period.

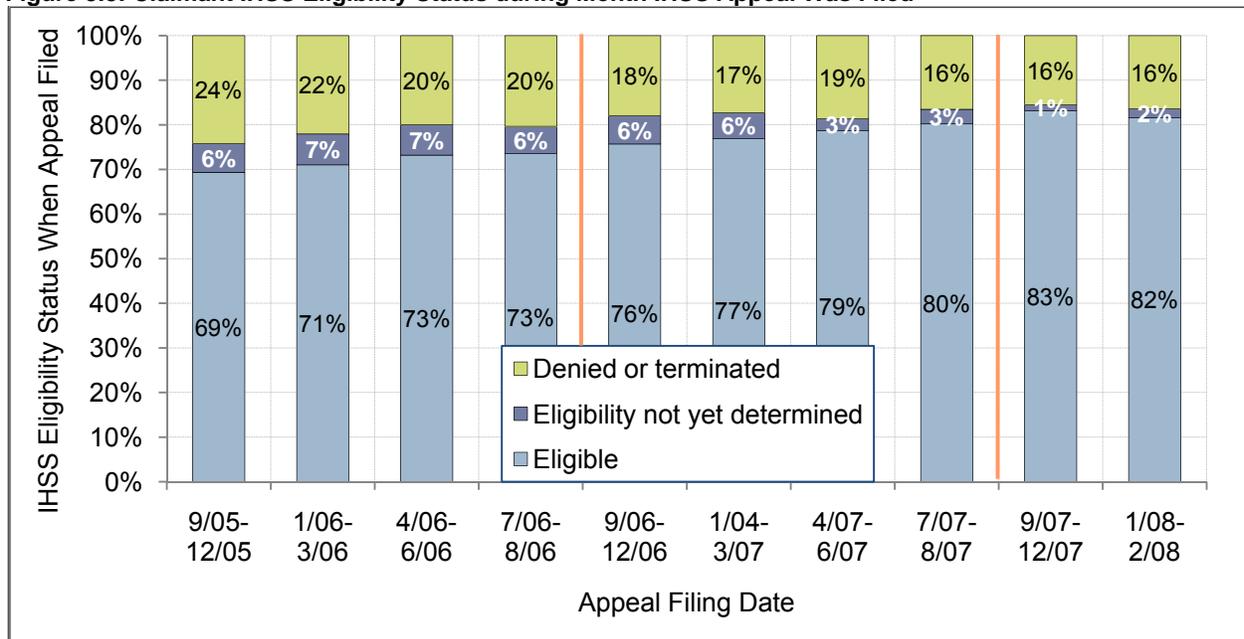
Figure 3.7: Outcome of Attempt to Identify IHSS Case Numbers for IHSS Appeals Filed 9/05-2/08



Were More Appeals Filed by IHSS-Eligible Claimants?

- Most requests (75%) for hearings involving the IHSS program were filed by Consumers who were eligible for the IHSS program (see Figure 3.8).
- However, a significant number (about 19% overall) 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 Consumers (between 1% and 7% depending on the quarter) 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 30-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 percent to 73 percent (Figure 3.8).
 - In the 12 post-HTG months, the proportion of appeals filed by eligible Consumers rose from 76 percent to 80 percent.¹⁰ This increase continued one year after HTG implementation (9/07-2/08), with 82 percent to 84 percent of appeals filed by eligible consumers.
- This pattern indicates HTG implementation alone did not have a significant impact on the increase in appeals filed by the eligible IHSS Consumers.

Figure 3.8: Claimant IHSS Eligibility Status during Month IHSS Appeal Was Filed



¹⁰ The absolute gain in the percent of appeals filed by eligible consumers was the same—4 percentage points—for the 12 months before and after HTG implementation. During the 12 month pre-HTG period, relative to the initial 69 percent, this represents a 5.8 percent increase (4% divided by 69%). During the initial 12 month post-HTG period, relative to the initial 76 percent, this represents a 5.3 percent 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 3.8).

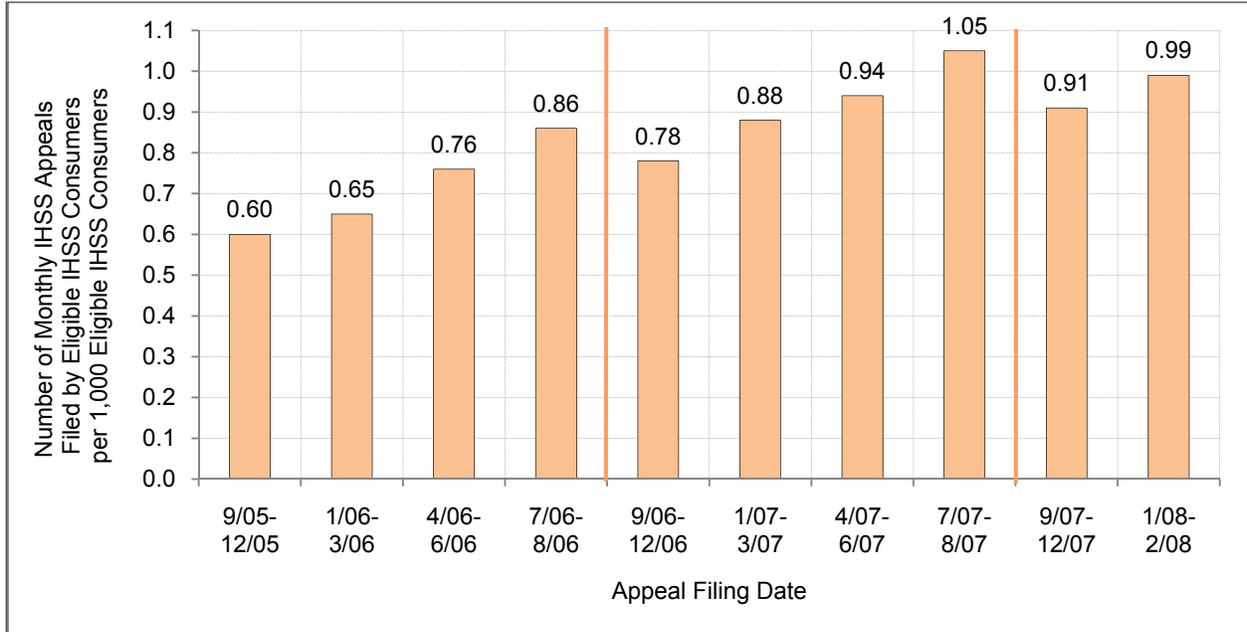
- This approach estimates that during the 12 pre-HTG months, on average .69 appeals were filed each month by eligible IHSS Consumers for every 1,000 eligible consumers.
- During the 12 post-HTG months, an estimated average of .89 out of 1,000 eligible IHSS Consumers filed an appeal each month.
 - Relative to the pre-HTG monthly average, this represents a 29 percent increase in appeals among eligible IHSS Consumers.
- During the most recent six month period (9/07-2/08) an estimated average of .94 out of 1,000 eligible IHSS consumers filed an appeal each month.
 - Relative to the average for the first 12 post-HTG months, this represents a six percent increase in appeals among eligible IHSS Consumers.

Table 3.8: Estimated Monthly Number of IHSS Appeals Filed by Eligible IHSS Consumers per 1000 Eligible IHSS Consumers

	Appeal Filing Date		
	Pre-HTG	Post-HTG	
	9/05-8/06	9/06-8/07	9/07-2/08
Average number of appeals filed per month	350	432	452
Percent of IHSS appeals filed by eligible IHSS Consumers	71%	78%	83%
Estimated number of appeals filed per month by eligible IHSS consumers	248	337	375
Average monthly number of eligible IHSS consumers	358,151	378,052	397,502
Estimated monthly number of IHSS appeals filed by eligible IHSS consumers per 1,000 eligible IHSS consumers	.69	.89	.94

It is useful to take a closer look at the point the appeal rate began to increase. Figure 3.9, which displays quarterly appeal rates, shows that the increase began prior to HTG implementation. It is also interesting to note the seasonal fluctuation in appeal rates, with rates dropping each Fall and increasing steadily throughout the Winter, Spring and Summer.

Figure 3.9: Estimated Monthly Number of IHSS Appeals Filed by Eligible IHSS Consumers per 1000 Eligible IHSS Consumers



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 categories remained very consistent both before and after HTG implementation (see Table 3.9).

- During the entire 30-month study period, 27 percent of IHSS Consumers who filed an appeal were authorized to receive 50 hours or less of service per month, 34 percent were authorized to receive between 50 and 100 hours of service, and ten percent of claimants were authorized to receive 200 or more hours.

Table 3.9: Distribution of Authorized Hours for IHSS-Eligible Claimants by IHSS Appeal Filing Quarter and Study Period

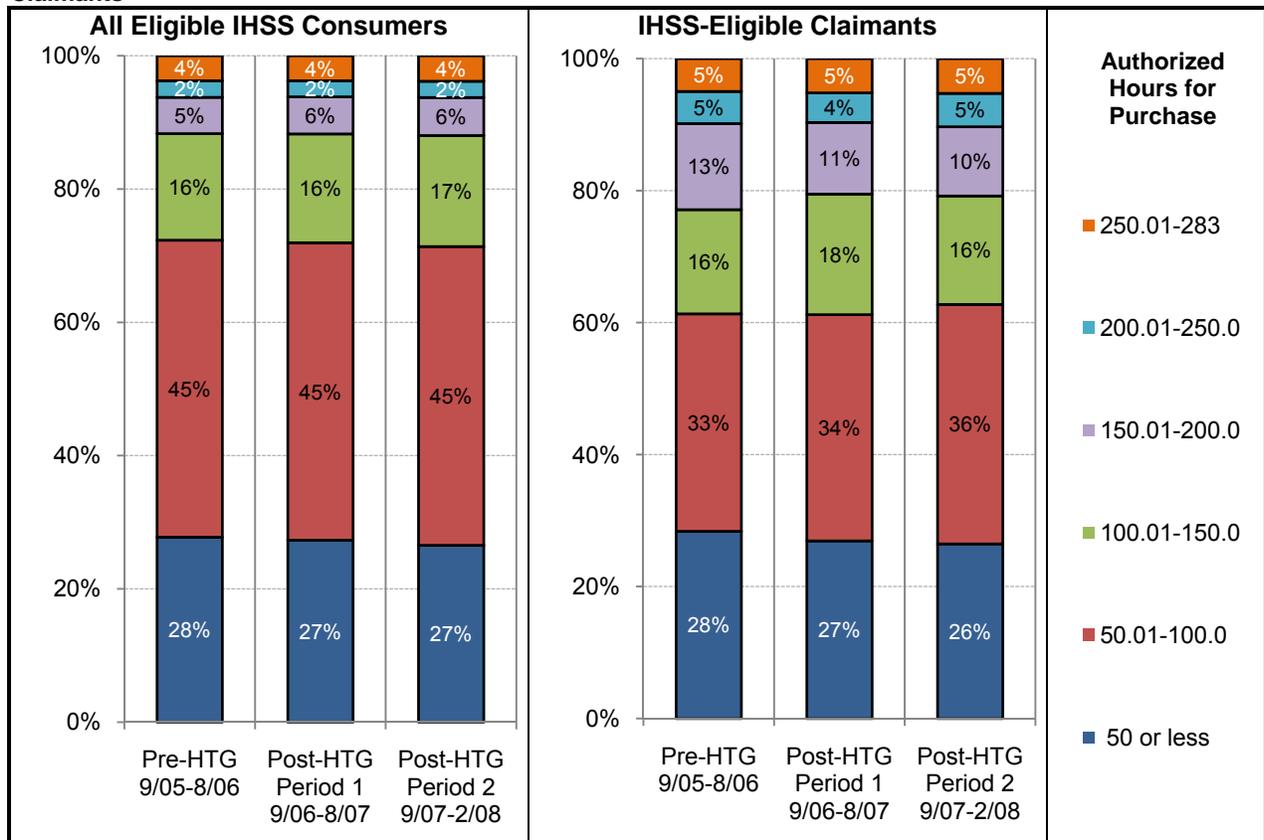
Appeal Filing Date		Authorized Hours for Purchase During Month Appeal was Filed						Total	Number of cases	
		50 or less	50.01-100.0	100.01-150.0	150.01-200.0	200.01-250.0	250.01-283			
Quarter	9/05-12/05	28%	34%	17%	12%	4%	4%	100%	584	
	1/06-3/06	30%	30%	15%	16%	5%	4%	100%	464	
	4/06-6/06	28%	33%	16%	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	
	9/07-12/07	26%	36%	17%	11%	6%	5%	100%	1,161	
	1/08-2/08	28%	36%	16%	10%	4%	6%	100%	636	
	Total	27%	34%	17%	11%	5%	5%	100%	6,901	
Study Period	Pre-HTG	9/05-8/06	28%	33%	16%	14%	4%	5%	100%	2,012
	Post-HTG	9/06-8/07	27%	34%	18%	11%	4%	5%	100%	3,092
		9/07-1/08	26%	36%	16%	10%	5%	5%	100%	1,797
		Subtotal		27%	35%	18%	11%	5%	5%	100%

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

Figure 3.10 compares the distribution of authorized hours for IHSS claimants with the distribution for all IHSS Consumers.

- There are differences between the distribution of authorized hours for Consumers and claimants but neither group changed significantly during the study period.
- Consumers authorized to receive more than 100 hours per month were more likely to file an appeal than those authorized to receive 100 hours or less.
 - Consumers authorized to receive more than 100 hours made up 28 percent of the caseload during the study period. In contrast, 39 percent of claimants were authorized to receive more than 100 hours.
- The trend is particularly pronounced for consumers authorized to receive more than 150 hours per month.
 - Consumers authorized to receive more than 150 hours made up just 12 percent of the caseload during the study period. In contrast, 21 percent of claimants were authorized to receive more than 150 hours.

Figure 3.10: Distribution of Authorized Hours for Purchase for All Eligible IHSS Consumers and IHSS-Eligible Claimants*



* Eligibility status during month appeal was filed

SECTION III: ANALYSIS OF APPEALS FILED FOLLOWING A CONSUMER ASSESSMENT

Methodology

Results reported in the following section will focus on a subset of appeals that could have been filed in response to assessments conducted during the 12 months before HTG implementation and the 16 months following HTG implementation. In other words, 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, Table 3.10 summarizes the number of days between the date the assessment was conducted and the date the appeal was filed. Of appeals filed following an assessment by eligible consumers, 42 percent were filed within 60 days of the assessment. This group of 2,882 claimants who filed an appeal within two months will be the focus of the remaining analysis.

Table 3.10: Length of Time between Assessment and Filing Date for IHSS Appeals Filed 9/05-12/07

Days from assessment to filing	<i>Number</i>	Percent
60 days or less	2,882	41.6
61 to 120 days	1,849	26.7
121 to 180 days	755	10.9
181 days or more	1,436	20.7
Total	6,922	100.0

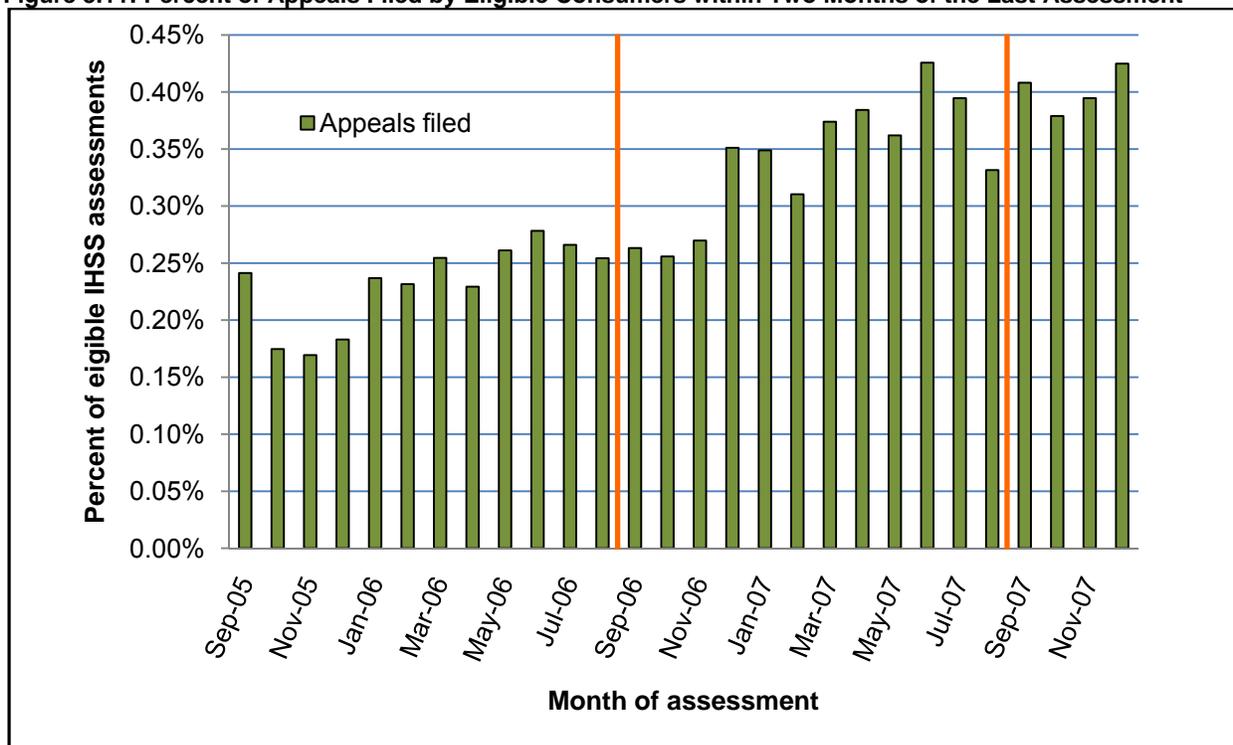
*Percentages may not sum to 100 percent due to rounding.

Characterization of Eligible Consumer Claimants Who Filed an Appeal within two months of an assessment:

Were eligible IHSS Consumers who were assessed in the 16 months after HTG implementation any more or less likely to file an appeal than those assessed in the 12 months prior to HTG implementation?

- Of those who filed an appeal within two months of their assessment, the number of appeals is clearly increasing over time. Appeals filed within two months are also increasing as a percentage of IHSS assessments over the study period (Figure 3.11 and Appendix Tables A47 and A48).
- The number of appeals filed appears to be increasing at a higher rate after HTG implementation than before implementation, as a percentage of the number of IHSS assessments conducted.
- On average, the rate at which eligible Consumers filed an appeal within 2 months of an assessment increased from .19 percent to .26 percent between September 2005 and August 2006. The relative increase over this time period is 37 percent.
- The rate at which eligible Consumers filed an appeal within two months of their assessment increased from .28 percent to .40 percent between September 2006 and December 2007. The relative increase over this post-HTG time period is 43 percent, indicating the rate of appeals filed is increasing faster than the increase in the number of IHSS assessments being conducted.

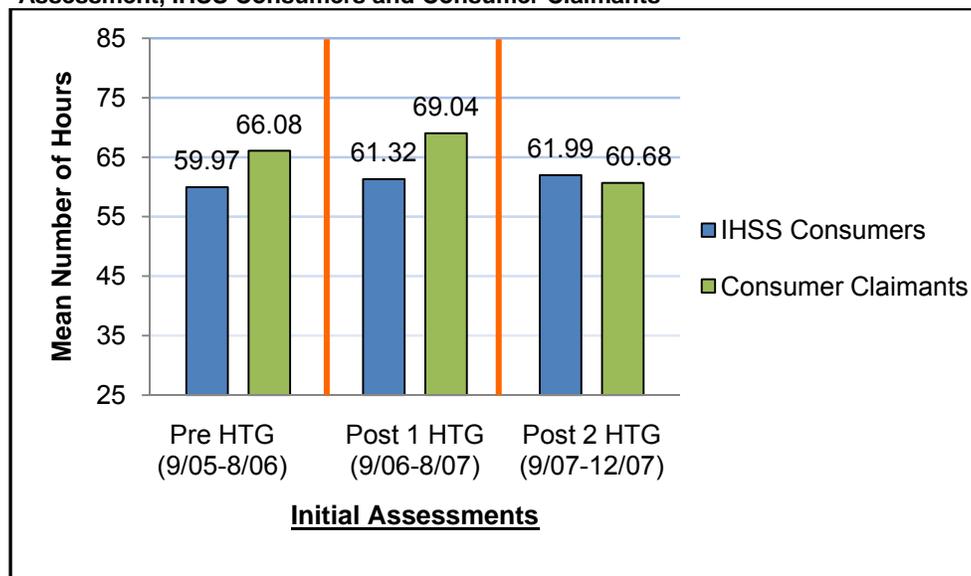
Figure 3.11: Percent of Appeals Filed by Eligible Consumers within Two Months of the Last Assessment



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

- Before HTG implementation, the average (mean) number of hours authorized for purchase by eligible Consumer Claimants after an initial assessment was six hours higher than the general IHSS Consumer population (Figure 3.12).
- In the first year after HTG implementation, the average (mean) number of hours for Consumer Claimants increased by three hours, whereas the general IHSS population only increased more than one hour over the same time frame.
- In the second year of implementation, Consumer Claimants authorized hours dropped almost nine hours, to less than the pre-HTG average, while general IHSS consumers' average hours continued to increase slightly.
- Changes in the average (mean) number of hours authorized for purchase was statistically significant for the IHSS general population, but not for Consumer Claimants (Appendix Table A49).

Figure 3.12: Mean Number of Hours Authorized for Purchase after an Initial Assessment, IHSS Consumers and Consumer Claimants



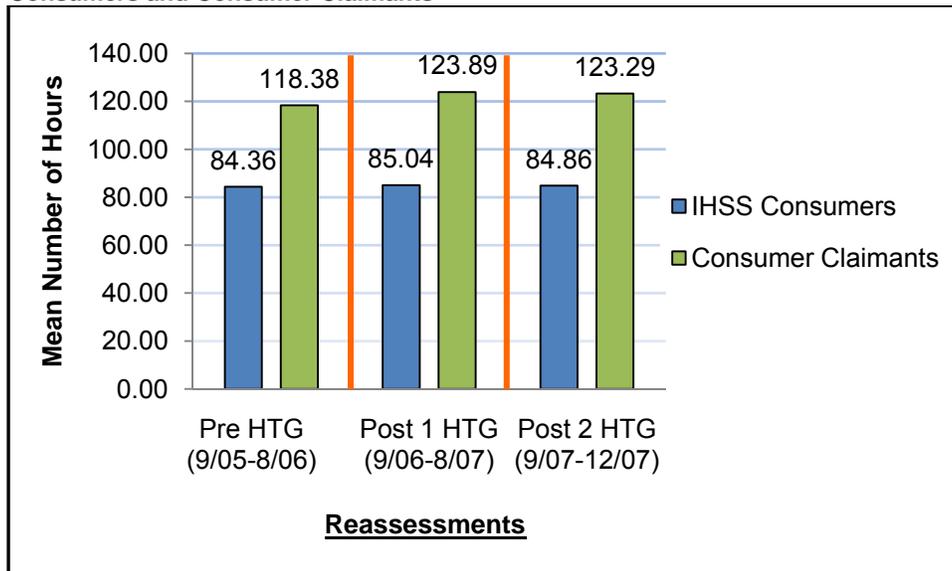
- Changes in the distribution of the number of hours authorized for purchase after an initial assessment demonstrate Consumer Claimants are less likely to have higher number of hours authorized in the second year post HTG implementation: 17 percent of Consumer Claimants before HTG implementation had 100 or more hours authorized, compared to 11 percent in the post 2 HTG period.

Table 3.11: Distribution of Consumer Claimants' Authorized Hours for Purchase after an Initial Assessment

Assessment period	Number of hours authorized for purchase							Total	Number of Cases
	0 hours	.01 - 50	50.01 - 100	100.01 - 150	150.01 - 200	200.01 - 250	250.01 or more		
Pre-HTG (9/05-8/06)	0%	52%	32%	6%	8%	1%	2%	100%	226
Post 1-HTG (9/06-8/07)	0%	44%	38%	8%	6%	1%	2%	100%	307
Post 2-HTG (9/07-12/07)	0%	48%	40%	7%	3%	1%	0%	100%	95
Average/total	0%	48%	36%	7%	6%	1%	1%	100%	628

- When examining average (mean) number of hours authorized for purchase for Consumers and Consumer Claimants 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 how many hours were authorized before cuts would be recorded in CMIPS.
- Consumers have a very slight, but statistically significant, change in the average (mean) number of authorized hours over the study period (Figure 3.13 and Appendix Table A50.)
- Consumer Claimants have changes in their average (mean) number of hours authorized as well: a rise of 5.5 pre- to post 1 HTG, and a drop of .6 hours post 1 HTG to post 2 HTG. While these changes are not statistically significant, the averages (means) are consistently higher than those of Consumers. There is an increasing difference between Consumers and Consumer Claimants of 34 to 39 hours over the study period.

Figure 3.13: Average (Mean) Number of Hours Authorized for Purchase, IHSS Consumers and Consumer Claimants



- The distribution of the number of hours authorized for reassessed Consumer Claimants changed pre-HTG to post-HTG. Fifty-one percent of Consumer Claimants had 100 or more hours authorized for purchase in the pre-HTG period; this figure increased to 52 percent post 1 HTG, and to 54 percent post 2 HTG (Table 3.12). The relative increase over the study period in the number of Consumer Claimants with 100 or more hours authorized for purchase was 5.8 percent (3% change from pre-HTG to post 2 HTG divided by 51%).

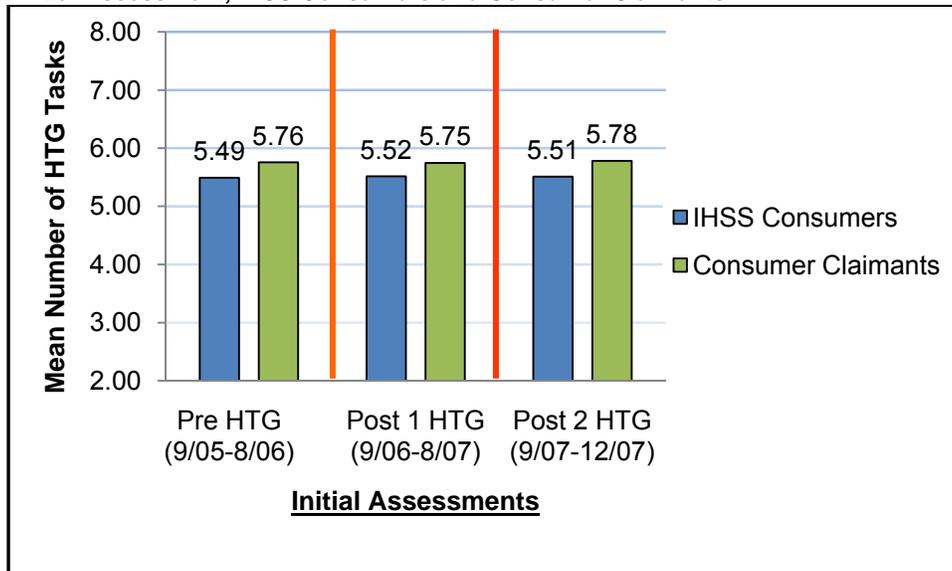
Table 3.12: Distribution of Consumer Claimants' Number of Hours Authorized for Purchase in the Previous Month after a Reassessment

Assessment period	Number of hours authorized for purchase in previous month							Total	Number of Cases
	0 hours	.01 - 50	50.01 - 100	100.01 - 150	150.01 - 200	200.01 - 250	250.01 or more		
Pre-HTG (9/05-8/06)	3%	13%	34%	23%	13%	8%	7%	100%	677
Post 1-HTG (9/06-8/07)	4%	12%	33%	20%	14%	7%	11%	100%	1077
Post 2-HTG (9/07-12/07)	3%	11%	33%	24%	15%	5%	10%	100%	390
Average/total	3%	12%	33%	22%	14%	6%	10%	100%	2144

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

- The average (mean) number of HTG tasks did not vary more than .03 over the study period for IHSS Consumers who did not file an appeal following an initial assessment (Figure 3.14).
- Consumer Claimants varied even less – the average (mean) number of tasks increased by just .02 pre-HTG to post 2 HTG, to 5.78 tasks.
- There was no statistical significance to changes in averages (means) during the study period for either group (Appendix Table A51).

Figure 3.14: Average (Mean) Number of HTG Tasks Authorized for Purchase after an Initial Assessment, IHSS Consumers and Consumer Claimants



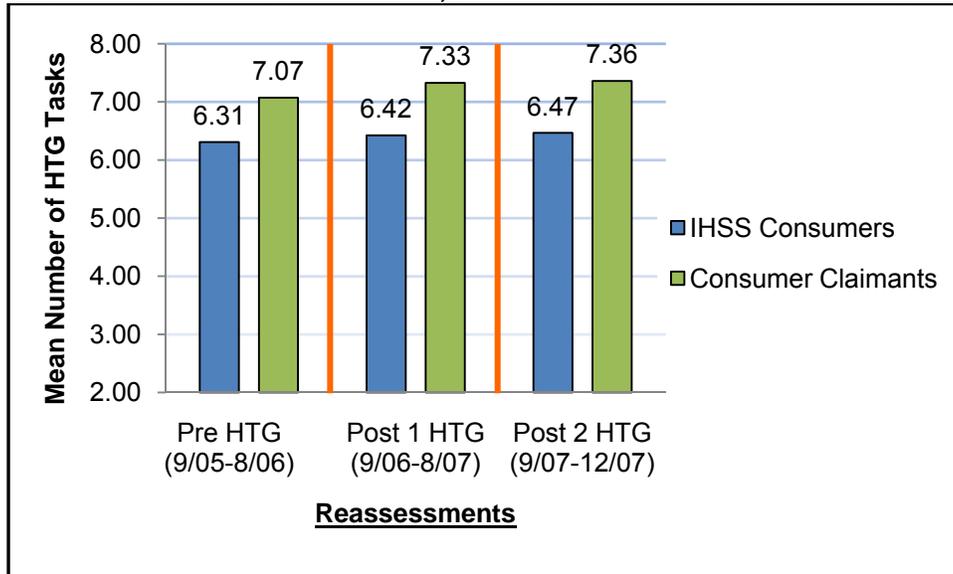
- For all Consumer Claimants, there was no consistent change in the distribution of the number of HTG tasks over the study period (Table 3.13).

Table 3.13: Distribution of Consumer Claimants' Number of HTG Tasks Authorized for Purchase after an Initial Assessment

Assessment period	Number of HTG tasks authorized for purchase													total	N
	0	1	2	3	4	5	6	7	8	9	10	11	12		
Pre-HTG (9/05-8/06)	1%	2%	7%	10%	15%	13%	11%	13%	9%	10%	7%	2%	0%	100%	226
Post 1-HTG (9/06-8/07)	2%	1%	10%	10%	13%	11%	15%	10%	11%	9%	6%	3%	0%	100%	307
Post 2-HTG(9/07-12/07)	2%	2%	8%	8%	14%	14%	11%	11%	14%	7%	8%	2%	0%	100%	132
Average/total	2%	1%	8%	9%	14%	13%	12%	11%	11%	9%	7%	2%	0%	100%	665

- Among reassessed Consumers, there is a slight, but statistically significant increase over time in the average (mean) number of HTG tasks, from a low of 6.31 tasks pre-HTG to a high of 6.47 tasks in the second post-HTG period (Figure 3.15 and Appendix Table A52).
- For Consumer Claimants, there is a slight increase of .26 tasks between pre- and post 1 HTG, and another increase of .03 tasks between post 1 HTG and post 2 HTG. These changes, however, are not statistically significant ($p=.078$).

Figure 3.15: Average (Mean) Number of HTG Tasks Authorized for Purchase in the Previous Month after a Reassessment, IHSS Consumers and Consumer Claimants



- There is little variation in the distribution of HTG tasks over the study period for reassessed Consumer Claimants (Table 3.14).

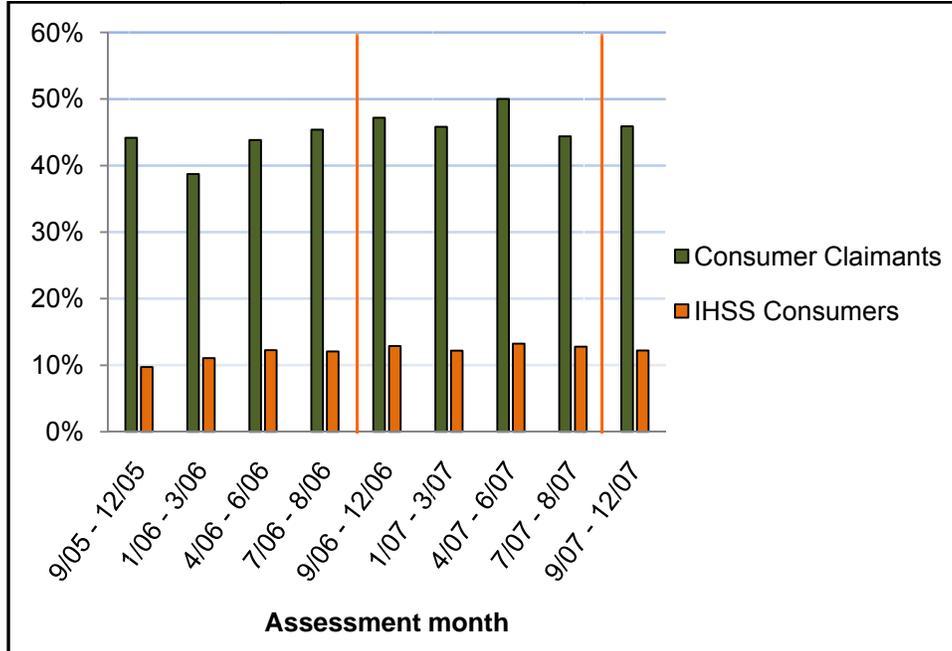
Table 3.14: Distribution of Consumer Claimants' Number of HTG Tasks Authorized for Purchase in the Previous Month after a Reassessment

Assessment period	Number of HTG tasks authorized in previous month													total	N
	0	1	2	3	4	5	6	7	8	9	10	11	12		
Pre-HTG (9/05-8/06)	1%	0%	3%	5%	7%	9%	13%	12%	13%	17%	13%	4%	1%	100%	677
Post 1-HTG (9/06-8/07)	1%	0%	3%	5%	6%	8%	12%	12%	12%	19%	15%	6%	1%	100%	1077
Post 2-HTG (9/07-12/07)	1%	1%	3%	3%	6%	8%	12%	12%	14%	18%	16%	4%	1%	100%	390
Average/total	1%	0%	3%	4%	7%	8%	12%	12%	13%	18%	15%	5%	1%	100%	2144

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

- The rate at which IHSS Consumers receive notice of a decrease in hours increased from 10 percent to 12 percent before HTG implementation, and then stayed at the 12-13 percent level after HTG implementation (Figure 3.16 and Appendix Table A53.)
- In contrast, 40-50 percent of Consumer Claimants have received a decrease in hours notice, a much higher percentage than the overall IHSS population. Changes in the 40-50 percent rate during the study period do not appear to be related to HTG implementation.

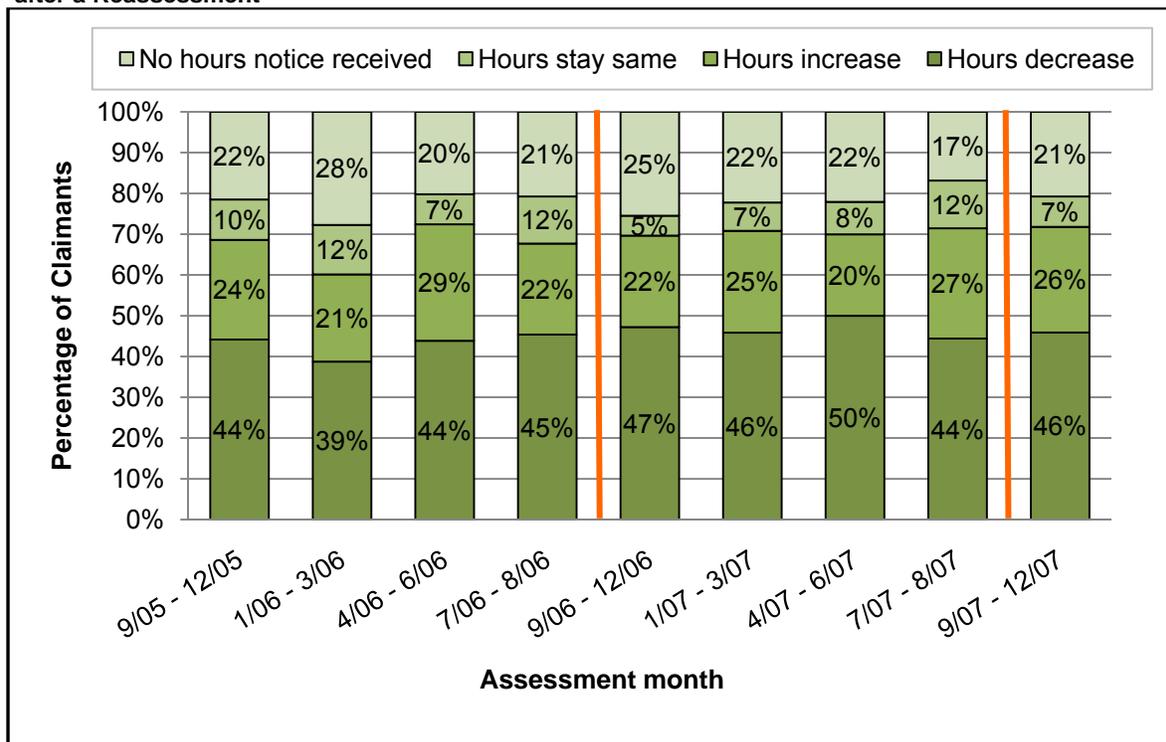
Figure 3.16: Proportion of IHSS Population and Consumer Claimants Receiving a Notice after Reassessment that their Hours Authorized for Purchase will be Decreased



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

- While it is difficult to say exactly why a given Consumer files an appeal, Figure 3.17 and Appendix Table A53 show the distribution of types of hours notices received by Consumer Claimants. Since less than 50 percent of Consumer Claimants received notice of a decrease in hours, the majority of Consumer Claimants can be presumed to be filing about non-HTG issues (such as share of cost, provider issues, protective supervision, etc.).
- An average of 43 percent of the time Consumer Claimants were filing an appeal after a decrease in hours notice during the pre-HTG period, which increased to an average of 47 percent of the time in the first post-HTG period, and then dropped to an average of 46 percent of the time in the second post-HTG period. The relative increase pre-HTG to post 2-HTG is seven percent (3% divided by 43%).

Figure 3.17: Proportion of Consumer Claimant Appeals Based on Hours Notice Received by Claimant after a Reassessment



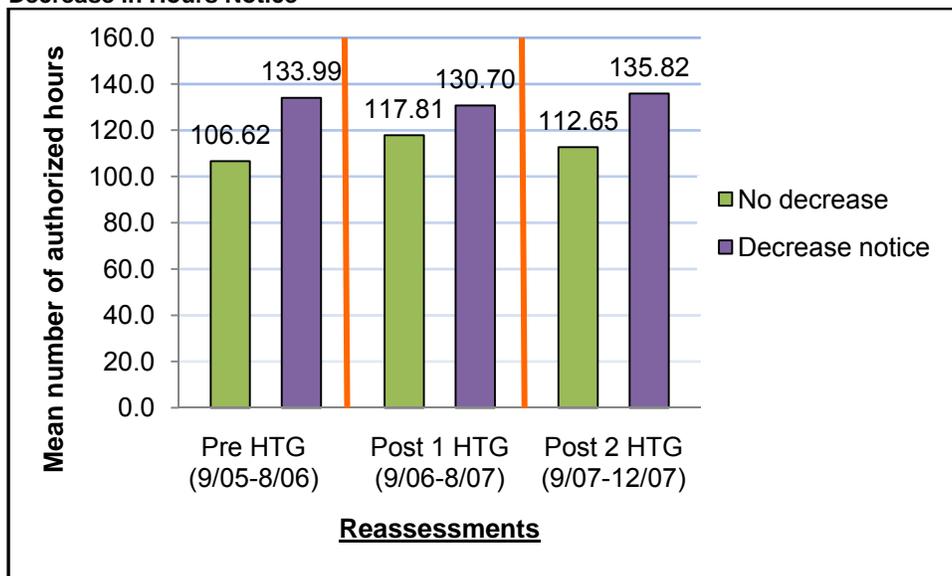
Characterization of Consumer Claimants who received notice of a decrease in hours after a reassessment

Of the 2,144 eligible Consumer Claimants who filed an appeal within two months after a reassessment, 978 had received notice that their hours would be decreased.

How does the distribution of authorized hours for Consumer Claimants with a decrease in hours notice compare to the other claimants?

- Consumer Claimants with a decrease in hours notice consistently have more hours authorized for purchase than Consumer Claimants who didn't receive notice that their hours would be decreased (Figure 3.18). The difference *between* claimant groups is statistically significant (Appendix Table A54).
- Both Consumer Claimants with and without a decrease in hours notice have inconsistent changes in the average (mean) number of authorized hours over the study period. The mean number of hours of Consumer Claimants with a decrease notice decreased by three hours, then increased by five, while Consumer Claimants with no notice of a decrease in hours after a reassessment had an increase of 11 in their average (mean) number of hours authorized, then a drop of five hours by post 2 HTG. These changes, however, were not statistically significant.

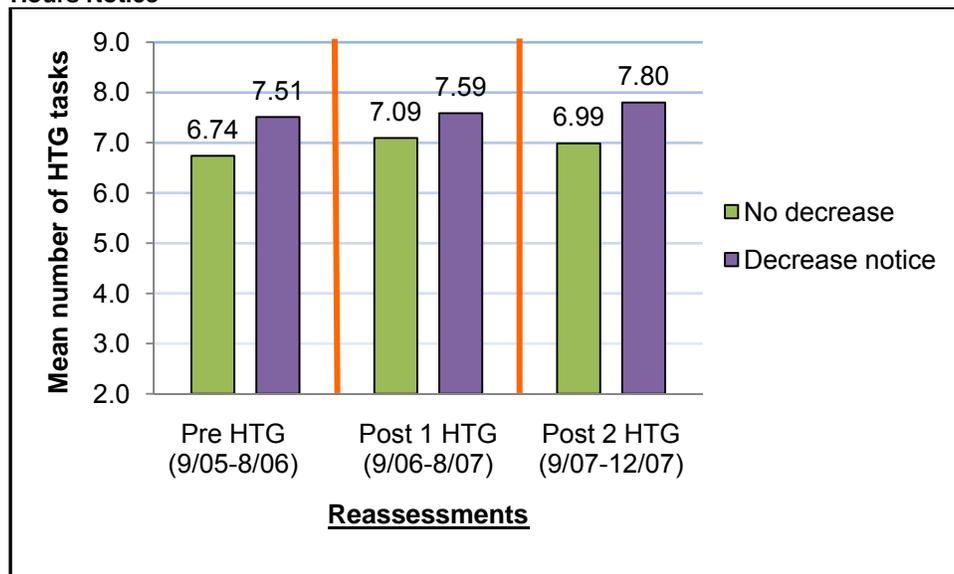
Figure 3.18: Comparison of Mean Number of Hours Authorized for Purchase in the Previous Month, Between Consumer Claimants who Did or Did Not Receive a Decrease in Hours Notice



For how many tasks did these claimants receive authorizations? Do Consumer Claimants with a decrease notice have higher numbers of tasks compared to Consumer Claimants without a decrease notice?

- Similar to the findings for average (mean) number of hours authorized for purchase, there is a statistically significant difference in the average (mean) number of HTG tasks between Consumer Claimants with and Consumer Claimants without a decrease in hours notice (Figure 3.19 and Appendix Table A55).
- While the average (mean) number of HTG tasks increased over time from 7.51 to 7.8 for Consumer Claimants with a decrease notice, these changes were not statistically significant. Similarly, changes over time for Consumer Claimants who did not receive a decrease in hours notice were not significant.

Figure 3.19: Comparison of Average (Mean) Number of HTG Tasks Authorized for Purchase in the Previous Month, Between Consumer Claimants who Did or Did Not Receive a Decrease in Hours Notice

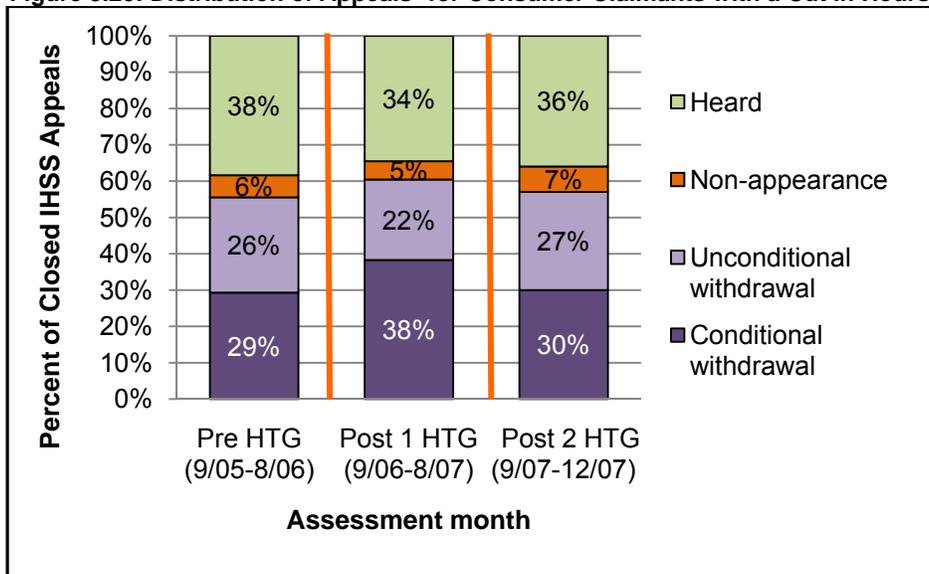


Case Outcome Measures for Claimants With a Decrease in Hours Notice

Of the 978 claimants who filed an appeal after notice of a decrease in hours, what happened with their appeals before and after HTG implementation?

- Withdrawals, both conditional and unconditional, occur 55-60 percent of the time, and appeals are heard 34-38 percent of the time (Figure 3.20). More withdrawals occurred post 1 HTG and fewer heard cases occurred post 1 HTG. These trends reversed by post 2 HTG and the distribution of outcomes in the post 2 HTG period is quite similar to the distribution in pre-HTG.
- Most of the Consumer Claimants' appeals have a recorded outcome, but a few (24 cases, Table 3.15) remain in scheduling and are not included in Figure 3.20.
- An appeal is not statistically more or less likely to be heard or withdrawn over the duration of the study period, nor is an appeal by Consumer Claimants with a decrease in hours notice more statistically likely to be heard when compared to Consumer Claimants who did not receive a decrease in hours notice (Table 3.16).

Figure 3.20: Distribution of Appeals* for Consumer Claimants with a Cut in Hours Notice



*Appeals still in scheduling are not included in this figure.

Table 3.15: Distribution of Appeal Outcomes for Consumer Claimants with a Decrease in Hours Notice, by Study Period

Appeal outcome		Pre-HTG (9/05 – 8/06)		Post 1 HTG (9/06 – 8/07)		Post 2 HTG (9/07 – 12/07)		Total
		Percent	Number	Percent	Number	Percent	Number	
Withdrawn	Unconditional withdrawal	26%	77	22%	110	25%	45	232
	Conditional withdrawal	29%	85	37%	189	28%	50	324
Non-appearance		6%	18	5%	27	7%	12	57
Heard	Granted	32%	93	25%	126	18%	32	251
	Denied	5%	16	4%	22	3%	5	43
	Dismissed	1%	2	0	0	1%	1	3
	Heard but no decision yet	0	0	5%	22	12%	22	44
Still in scheduling		0	0	2%	12	6%	12	24
Total		100%	291	100%	508	100%	179	978

Table 3.16: Chi Square Analysis of Appeal Outcomes between Consumer Claimants with or without a Decrease in Hours Notice

Case outcomes ³	Pre-HTG (9/05 – 8/06)				Post 1 HTG (9/06 – 8/07)				Post 2 HTG (9/07 – 12/07)				Averaged percents over study period ²		Total N
	With no notice	With decrease notice	N	p ¹	With no notice	With decrease notice	N	p ¹	With no notice	With decrease notice	N	p ¹	With no notice	With decrease notice	
Heard	39.3%	38.1%	263	.652	33.3%	34.3%	350	.441	32.8%	35.9%	123	.139	35.1%	36.1%	736
NAD	7.8%	6.2%	48		7.4%	5.4%	67		3.1%	7.2%	18		6.1%	6.3%	133
Withdrawn	53.0%	55.7%	367		59.3%	60.3%	620		64.1%	56.9%	218		58.8%	57.6%	1205
Total	100%	100%	678		100%	100%	1037		100%	100%	359		100%	100%	2074

¹ Significance of chi square. Probabilities $\leq .05$ are bolded for easy identification.

² Change in average percent over study period was not significant for claimants with or without a decrease in hours notice.

³ Appeals still in scheduling are not included.

- For Consumer Claimants with a decrease in hours notice, there is no statistically significant change in the distribution of the four types of withdrawals over the study period, although verbal withdrawals have increased quite a bit in the latter post HTG period (36% pre-HTG to 42% post 2 HTG). Unconditional verbal and signed withdrawals decreased in the first post-HTG period and then returned to virtually the same amount in the second post-HTG period. Conditional withdrawals increased accordingly in the first post-HTG period and also returned to near pre-HTG levels in the post 2 HTG period (Figure 3.21).
- When comparing Consumer Claimants with or without a decrease in hours notice against each other, there is a statistically significant finding for the first post-HTG implementation period: Consumer Claimants with a decrease notice conditionally withdrew their appeal more often than Consumer Claimants without a decrease notice. There was no statistically significant finding in the pre- or post 2 HTG period (Table 3.17).

Figure 3.21: Distribution of Withdrawal Types for Consumer Claimants with a Decrease in Hours NOA

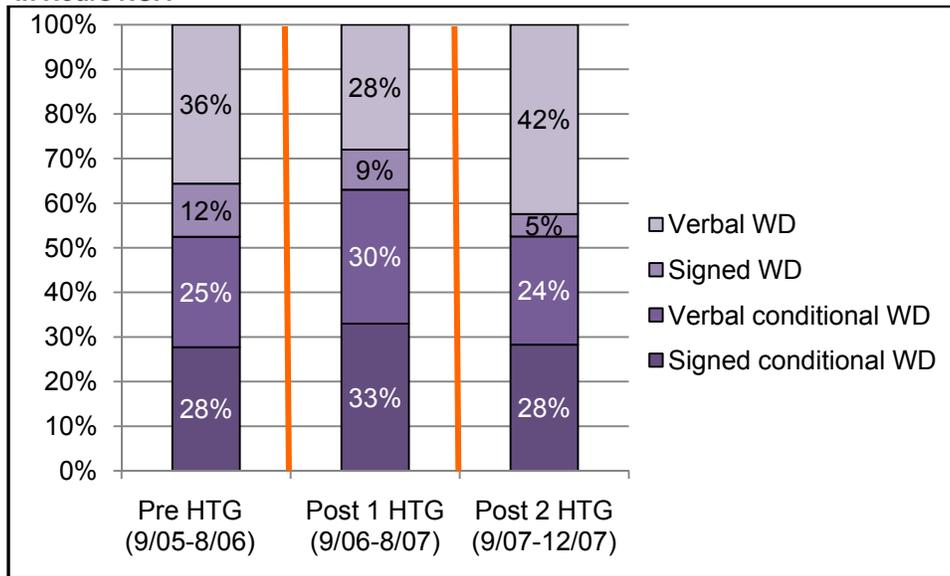


Table 3.17: Chi Square Analysis of Withdrawal Outcomes between Consumer Claimants Who Did or Did Not Receive a Decrease in Hours Notice

Withdrawal types	Pre-HTG (9/05 – 8/06)				Post 1 HTG (9/06 – 8/07)				Post 2 HTG (9/07 – 12/07)				Averaged percents over study period ²		Total N
	With no notice	With decrease notice	N	p ¹	With no notice	With decrease notice	N	p ¹	With no notice	With decrease notice	N	p ¹	With no notice	With decrease notice	
Verbal withdrawal	36.1%	35.8%	132	.704	37.1%	27.8%	202	.001	44.7%	42.1%	95	.276	39.3%	35.2%	429
Signed withdrawal	15.6%	11.7%	51		14.6%	9.0%	74		11.4%	5.3%	19		13.9%	8.7%	144
Verbal conditional	23.9%	24.7%	89		25.9%	29.8%	172		23.6%	24.2%	52		24.4%	26.2%	313
Signed conditional	24.4%	27.8%	95		22.4%	33.4%	172		20.3%	28.4%	52		22.4%	29.9%	319
Total	100%	100%	367		100%	100%	620		100%	100%	218		100%	100%	889

¹ Significance of chi square. Probabilities $\leq .05$ are bolded for easy identification.

² Change in average percent over study period was not significant for claimants with or without a decrease in hours notice.

- There is no statistically significant difference in likelihood whether an appeal is granted or denied pre-HTG versus post-HTG (Figure 3.22).
- There was no statistically significant difference in the percentage of granted appeals for Consumer Claimants with a decrease notice over the study period. A consistent 84-85 percent of cases were granted both pre- and post-HTG, which is higher than the number of appeals granted as noted in the unmatched state hearings analysis. (That analysis observed a statistically significant increase of about 10 percent in granted decisions pre- to post-HTG (65% to 76%, Figure 3.5).)
- Only during the post 1 HTG period were Consumer Claimants with a decrease notice statistically more likely to have their appeal granted than were Consumer Claimants without a decrease notice (Table 3.18). There was no significant difference between groups pre- or post 2-HTG.

Figure 3.22: Distribution of Heard Appeal Outcomes for Consumer Claimants with a Decrease in Hours Notice

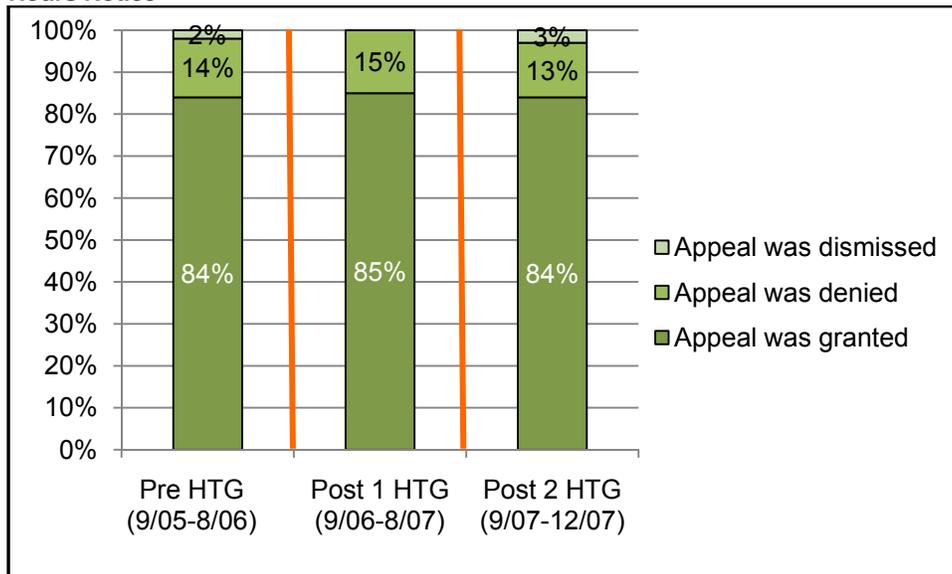


Table 3.18: Chi Square Analysis of Written Decision Outcomes between Consumer Claimants who Did or Did Not Receive a Decrease in Hours Notice

Written outcomes	Pre-HTG (9/05 – 8/06)				Post 1 HTG (9/06 – 8/07)				Post 2 HTG (9/07 – 12/07)				Averaged percents over study period ²		Total N
	With no notice	With decrease notice	N	p ¹	With no notice	With decrease notice	N	p ¹	With no notice	With decrease notice	N	p ¹	With no notice	With decrease notice	
Granted	78.1%	83.8%	211	.431	76.9%	85.1%	239	.011	82.4%	84.2%	74	.527	79.1%	84.4%	524
Denied	20.5%	14.4%	47		17.7%	14.9%	48		9.8%	13.2%	10		16.0%	14.1%	105
Dismissed	1.3%	1.8%	4		5.4%	0.0%	8		7.8%	2.6%	5		4.9%	1.5%	17
Total	100%	100%	262		100%	100%	295		100%	100%	89		100%	100%	646

¹ Significance of chi square. Probabilities $\leq .05$ are bolded for easy identification.

² Change in average percent over study period was not significant for claimants with or without a decrease in hours notice.