

## **SUMMARY OF THE HOURLY TASK GUIDELINES WORKGROUP**

**Organizer:** CDSS Adult Programs, Quality Assurance Bureau  
**Location:** Health & Human Services Data Center, 9323 Tech Center Dr,  
Conference Room 2, Sacramento, CA  
**Date:** June 29, 2005  
**Time:** 12:30 pm to 3:30 pm

The meeting was attended by consumers, providers, social workers, public authority representatives, advocacy groups, and county and state staff in person and via teleconference. Attendees signed in and received an Agenda and PowerPoint slides entitled, "Time per Task Development" (attached).

Brian Koepp, Chief of the Adult Programs Branch (APB), Quality Assurance Bureau (QAB), commenced the meeting by welcoming attendees and making introductions. Brian then briefly recapped the previous meeting and stated the focus of this meeting is to share the time per task data gathered since the previous meeting.

Brian introduced Ernest Cowles, Ph.D., Director of Research, California State University, Sacramento (CSUS), who presented using the attached PowerPoint, slides. Dr. Cowles discussed the progress of the focus groups held in Sacramento, Riverside, and Monterey Counties. The general findings indicate that time per task is related to whether the recipient is having a good or bad day, unexpected doctor appointments, whether a daily/weekly routine is established, and the relationship between recipient/provider. Dr. Cowles stated that CSUS will be conducting focus groups in Shasta and San Joaquin Counties in the near future and the findings will be reported upon completion of the project.

Joan Boomer, QAB Consultant, gave a presentation using PowerPoint, which outlined tasks that need guidelines, how guidelines should be developed, and CDSS' efforts in obtaining time per task information from other states and CMIPS. Joan also provided an overview of understanding CMIPS data.

Following these presentations, comments and suggestions regarding time per task guidelines were obtained from attendees, including:

- Long-term care integration
- Levels of impairment

- **Urban versus rural differences**
- **Provider skill level**
- **Use social model, not medical model**
- **Need exceptions to guidelines**

**Brian thanked the group for attending and stated that these comments and suggestions would be taken into consideration in the final draft of time per task guidelines. Brian assured the group that a draft of the time per task guidelines would be submitted for public comment prior to finalization via the regulation development process. The next scheduled workgroup meeting is August 23, 2005.**

**HOURLY TASK GUIDELINES WORKGROUP  
ATTENDEES AT THE JUNE 29, 2005 MEETING**

<b>Name</b>	<b>Organization</b>
Roda Wong	SEIU Local 616
Ann Wong	SEIU Local 616
Anita F. Galing	SEIU Local 616
Herb Meyer	Marin PA Chair
Jonnie York	Stanislaus County
Lisa Poley	Stanislaus County
Carolyn Halig	Stanislaus County
Ernest Cowles	ISR/CSUS
Lucy Walter	El Dorado County
John Stansbury	Marin Public Authority
Connie J. Arnold	IHSS Consumer
Julia Plascencia	SEIU 4346
Barry Bernstein	State Hearings
Susan Schwendimann	Sacramento County QA
Deborah Celestine	Alameda County IHSS QA
Sheila Parisena	Sacto Co IHSS Adv. Comm
Linda Mock	PDQA Orange County
Tom Baughman	Butte County IHSS QA
Scott Braithwaite	Sacramento County IHSS
Maher Dimach	DHS
Jean Danny	Sacramento County IHSS
Wendy Powell	Sacramento County QI/QA
Robert Sheler	Addus Health Care
Steve Ferguson	Addus Health Care
Pamela Ng	Sacramento County IHSS QA
Aregawie Yosef	San Francisco County
Stormaliza Powmacwizalord	Consumer
Fay Mikiska	IHSS Advisory Committee
Jarrett Oddo	Sacramento County QI/QA
Kathleen Schwartz	Sacramento County IHSS QI/QA
Jeannette Johnson	Sacramento County IHSS QI/QA
Lola Young	California Sr Leg. Gray Panthers
Grace Galligher	CCWRO
Diana Kalcic	CWDA
Jennifer Young	Stanislaus C.S.A.
Susan Carlson	Stanislaus County
Sumbo Chen	Stanislaus County
Karen Keesler	CAPA

Rosa Mogonin	Stanislaus County
Crystal Padilla	PAI
Ron Snyder	D.D. Area Board III
Margo McInturf	DHHS Sac. County IHSS QA/QI
Patricia Jepsen	DHSS Sac. County IHSS

# Time per Task Development

Stakeholders' Meeting  
June 29, 2005



# Tasks that Need Guidelines

- Cooking
- Meal Cleanup
- Ambulation
- Bathing & Grooming
- Bed Baths
- Dressing
- Bowel, Bladder & Menstrual
- Transfer & Repositioning
- Feeding
- Respiration
- Prosthesis Care/Assistance
- Paramedical

# How to Develop Guidelines

- Standardize task definitions
- Analyze current authorization data trends
- Gather information from others

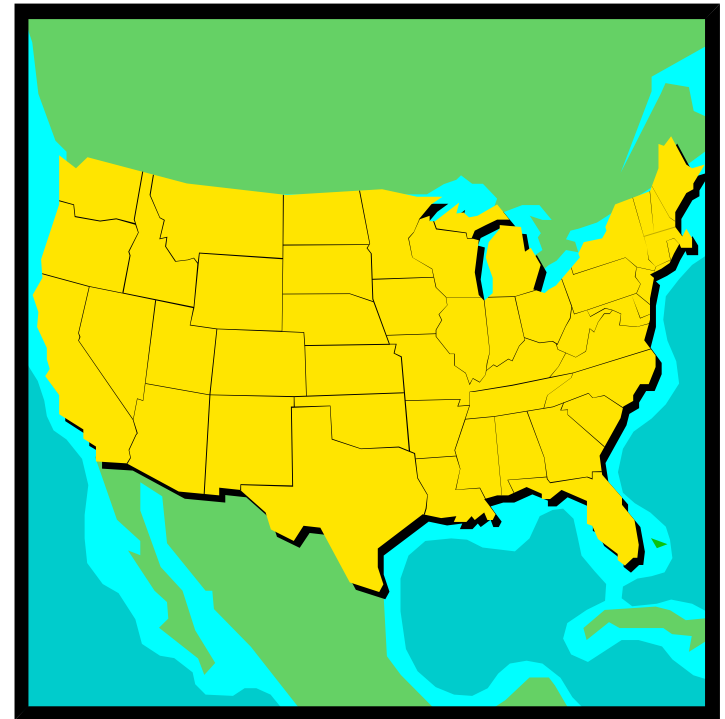
# Recent CDSS Efforts

- Obtained information about authorization practices from 30 states
- CDSS Focus Groups of seniors and their providers
- CSUS Focus Groups of random sample of consumers and providers
- Evaluated CMIPS data



# Summary of 30 State Queries

- Eleven states have time task guidelines/norms
- No state has a program just like ours
- Most have an impairment ranking system
- Some have \$ caps
- California seems to be the most generous



# Other States' Time Task Guidelines

## Minutes per Occasion

	<b>Cooking</b>	<b>Bathing</b>	<b>Dressing</b>	<b>Toileting</b>	<b>Feeding</b>
Alaska	25	30	14	13	15
Colorado	30	30	15	10	30
Kansas	15-60	15-55	15-20	15-30	5-30
Maine	20-40	15-30	20-45	5-15	5-30
Michigan	22-28	8-11	7-9	11-14	22-28
Missouri	10-60	30-60	15	5-10	10-60
Nebraska	15-30	15-30	15-20	15-30	15-30
Nevada (max.)	90/day	45/day	45/day	30/day	15
Oregon	8-48	10-25	5-20	10-25	5-30
Rhode Island	90/day	30-45	5-10	10-25/day	5-20
West Virginia	45/day	15-30	15-30	5-15	15
Calif. "Modes"	60/day	30	10/day	30/day	15

# State Summary for States without Time/Task

- Arkansas – There's a 64-hour monthly limit
- District of Columbia – Hours authorized subject to annual budget
- Idaho – Services provided by 6 private agencies; services limited by each agency's budget
- Maryland – 20 hours per week maximum; applicants placed on waiting list.

## State Summary (cont.)

- Massachusetts – \$237.00 per month maximum; applicants placed on waiting list
- Minnesota – 40 hours per week maximum
- Montana – Nurses assess needs; no guidelines.
- New Hampshire – 35 hours per week maximum

## State Summary (cont.)

- New Mexico – 2 Programs: One, doctor specifies needs; other, cash grant issued to hire provider
- New York – No guidelines or time-per-task standards
- North Carolina – Hours governed by number of consumers and providers in county

## State Summary (cont.)

- Ohio – Program new; costs to consumer capped
- Oklahoma – Nurses authorize services; no standards
- South Dakota – Cost cap per consumer
- Utah – Functional assessment; authorization dependent on funds available; maximum \$750.00 per month; average \$346.00

## State Summary (cont.)

- Virginia – No state program; Fairfax county provider a maximum of 10 hours per week
- Washington – Consumer's profile fed into computer that uses an algorithm to authorize hours of service
- Wisconsin – Hours authorized determined by computer algorithm

# San Diego Data from Seniors

<b>28 Consumers Reported</b>	<b>Stated Hrs/Week</b>	<b>Authorized Hrs/Week</b>
Cooking	160.72	6.06
Meal Cleanup	91.85	1.56
Bathing	34.97	2.42
Dressing	254.71	1.59
Ambulation	24.88	1.42
Transfer	32.19	0.94
Bowel and Bladder	175.52	3.20
Feeding	80.65	4.48



# Lessons from San Diego Co.

- Consumers seemed confused by process – hours extremely high
- Consumers' needs change with the following factors:
  - Weather
  - Diet
  - Insomnia
  - Changing medical condition
  - Long medical appointments
  - Change in routine
  - Accidents / falls

## Other Issues from San Diego

- Some said there's not enough time authorized for shopping and laundry
- Some said it's not fair to prorate for shared living arrangements
- Some said it's hard to find a provider who will work the consumer's preferred schedule

# Fresno Data from Seniors

<b>55 Consumers Reported</b>	<b>Stated Hrs/Wk</b>	<b>Authorized Hrs/Wk</b>
Cooking	3.97	7.34
Meal Cleanup	3.08	2.85
Bathing	2.97	3.09
Dressing	3.47	1.97
Ambulation	5.59	2.22
Transfer	2.76	2.20
Bowel and Bladder	7.85	3.33
Feeding	3.58	2.91

# Lessons from Fresno Co.

- Reasons for time variances:
  - Pain
  - Being tired
  - Bad weather
  - Change in Rx
  - Forgetting to take Rx
  - Being depressed

# Data Trends from CMIPS



# Statistical Definitions

- Mean is the arithmetic average
- Median is the midpoint when listing all values in ascending order
- Mode is the most common value

**For Example –  
What's the Tomato Yield in 5 gardens?**



**Suppose two gardens yielded only 1 tomato each, another had 3 tomatoes, one had 7 and...**



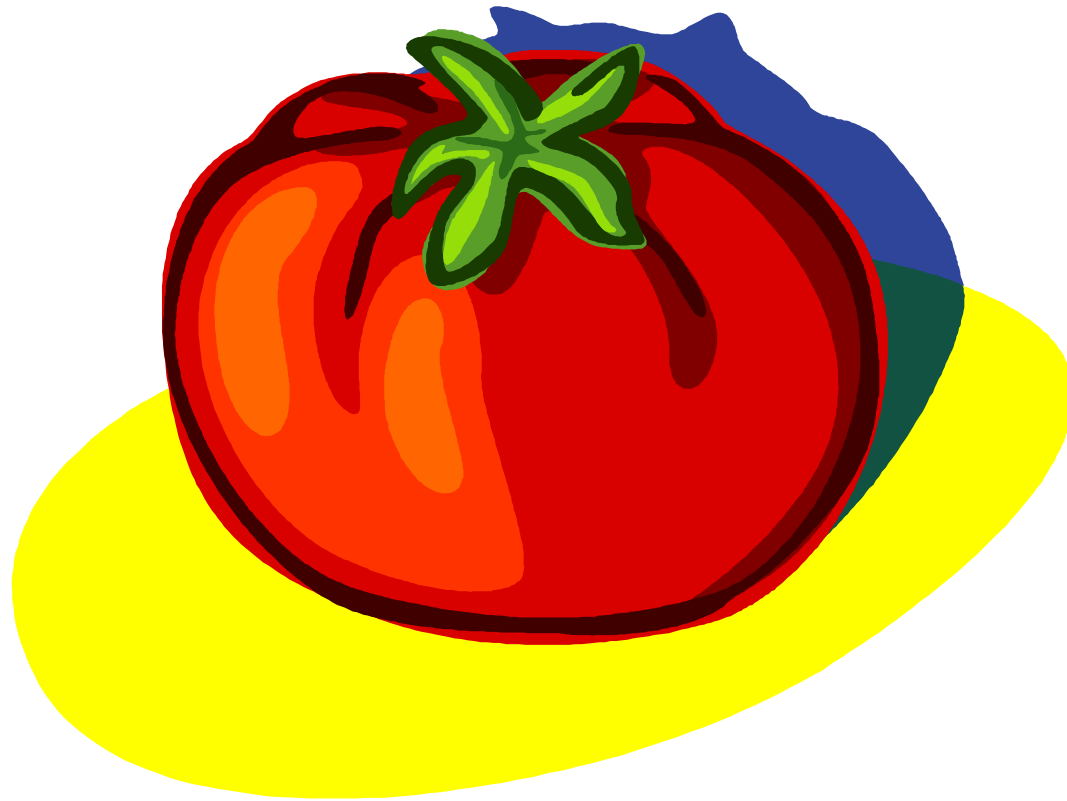


**And the last garden had 88  
tomatoes!**



# Evaluation

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# Evaluation

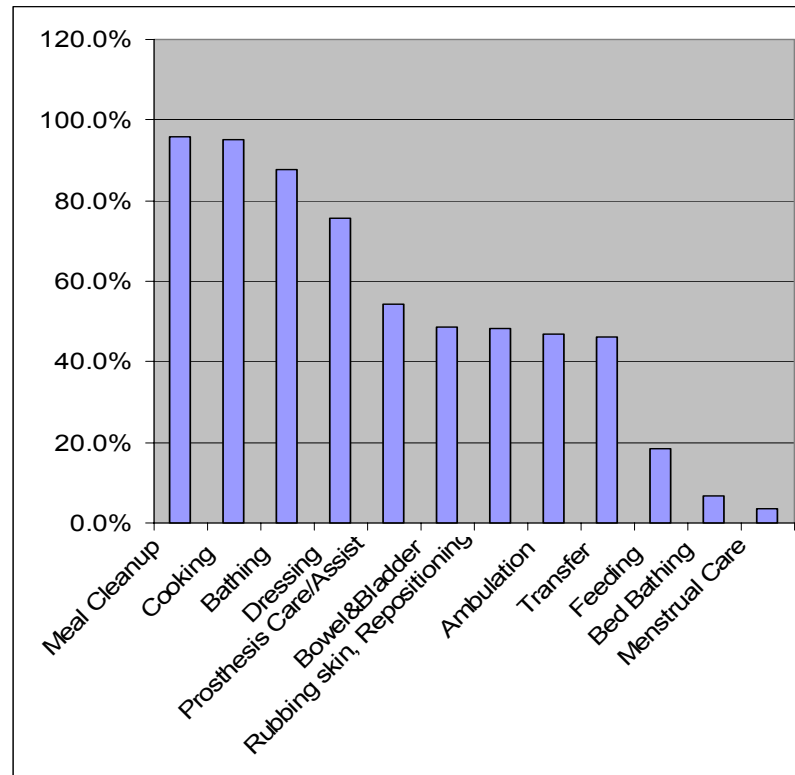


- The Mean is 20 ( $1+1+3+7+88=100/5$ )
- The Median is 3 – the middle number  
(1, 1, 3, 7, 88)
- The Mode is 1 because the number that occurred most frequently in gardens was only 1 tomato.

# How are Stats Used?

- In most cases, Mean is the best measure of a trend, but it is affected by extreme values
- When distribution is skewed, the Median is a better measure of central tendency
- When one value occurs frequently, Mode indicates the common value

# % Consumers who Need Each Task



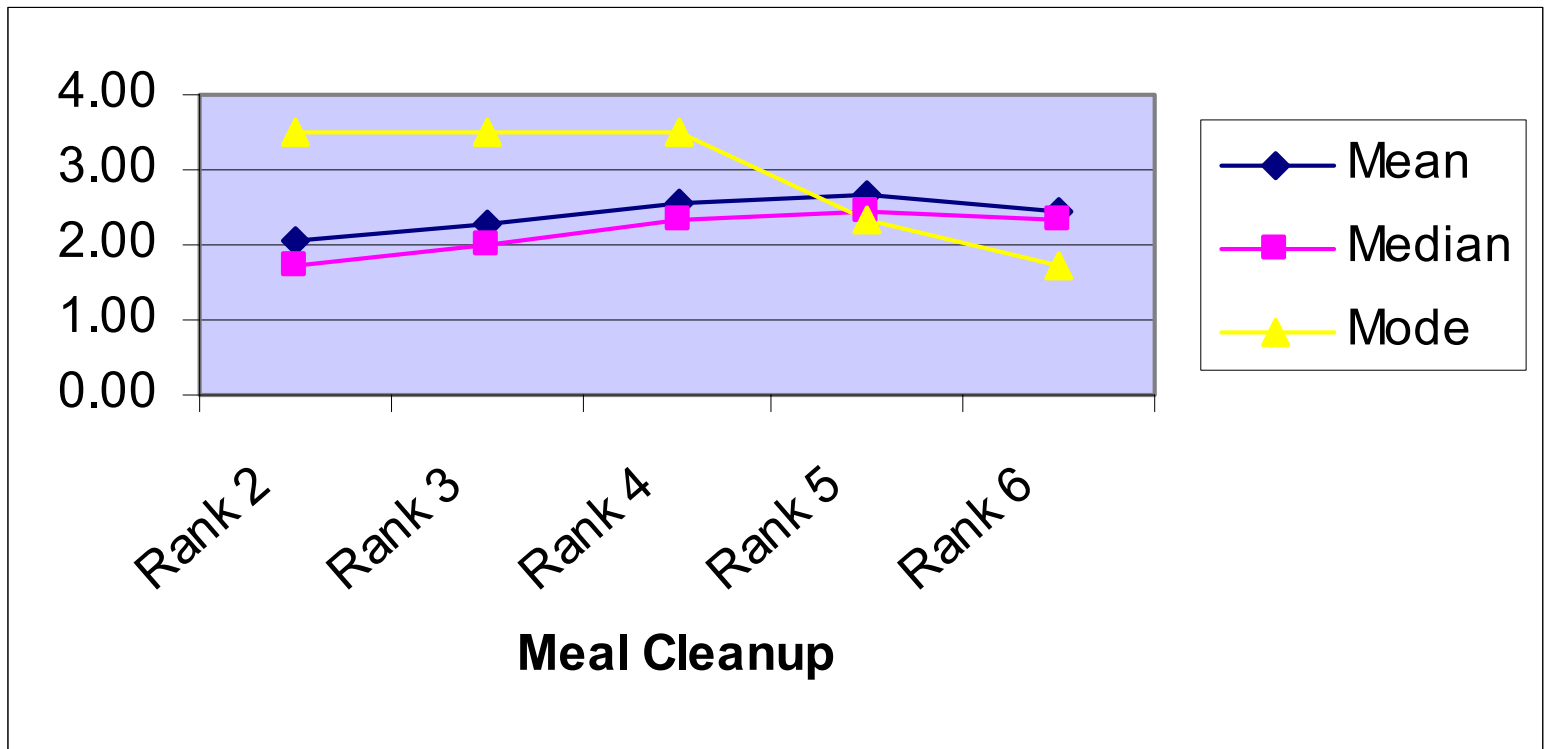
# Statewide Authorization Data

<b>Task</b>	<b>% Who Need</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>	<b>% Need Mode</b>
Meal Cleanup	95.7%	2.67	2.33	3.50	23.5%
Cooking	95.1%	6.53	7.00	7.00	60.7%
Bathing	87.6%	2.78	1.96	3.50	7.2%
Dressing	75.5%	1.76	1.17	1.17	19.5%
Prosthesis Care, Assist Meds	54.3%	0.89	0.58	0.70	11.2%
Bowel and Bladder	48.8%	3.45	2.33	3.50	8.5%
Rubbing skin, Repositioning	48.4%	2.22	1.17	1.17	7.2%
Ambulation	47.0%	1.98	1.75	1.75	20.8%
Transfer	46.2%	1.38	0.93	1.17	11.2%
Feeding	18.6%	3.89	2.33	1.75	15.6%
Bed Bathing	6.8%	2.55	2.00	3.50	17.3%
Menstrual Care	3.5%	0.62	0.40	0.50	6.4%

# Functional Ranking

- Rank 1 means independent
- Rank 2 means needs reminding or encouragement but no hands-on help
- Rank 3 means needs some human assistance
- Rank 4 means needs substantial human assistance
- Rank 5 means cannot perform at all
- Rank 6 means needs paramedical service

# Meal Cleanup

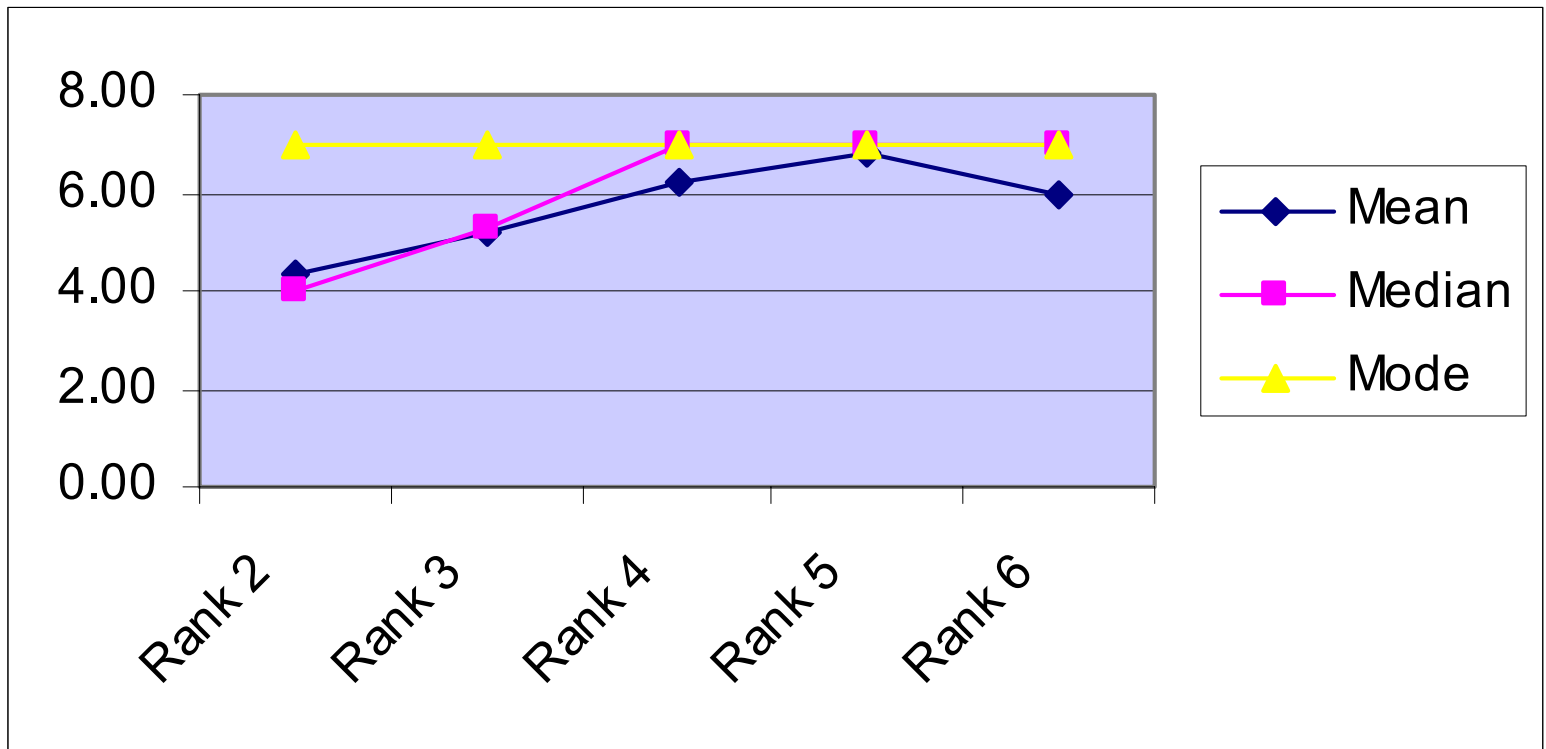




# Meal Cleanup

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 2	0.8%	2.05	1.75	3.50
Rank 3	24.6%	2.30	2.00	3.50
Rank 4	27.0%	2.56	2.33	3.50
Rank 5	47.4%	2.65	2.45	2.33
Rank 6	0.2%	2.44	2.33	1.75
All	95.7%	2.67	2.33	3.50

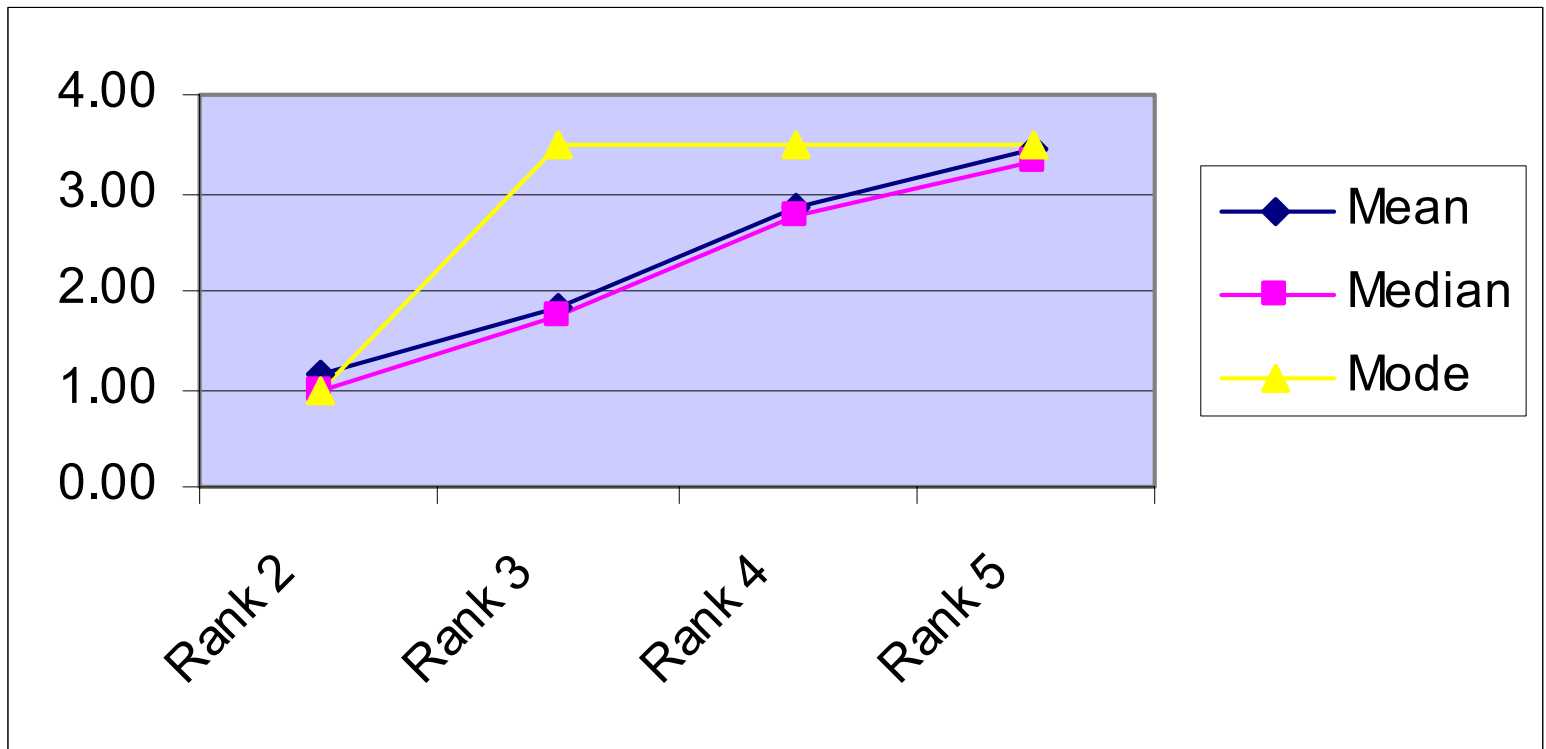
# Cooking



# Cooking

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 2	0.6%	4.36	4.00	7.00
Rank 3	24.3%	5.18	5.25	7.00
Rank 4	27.2%	6.19	7.00	7.00
Rank 5	47.7%	6.78	7.00	7.00
Rank 6	0.2%	5.99	7.00	7.00
All	95.1%	6.53	7.00	7.00

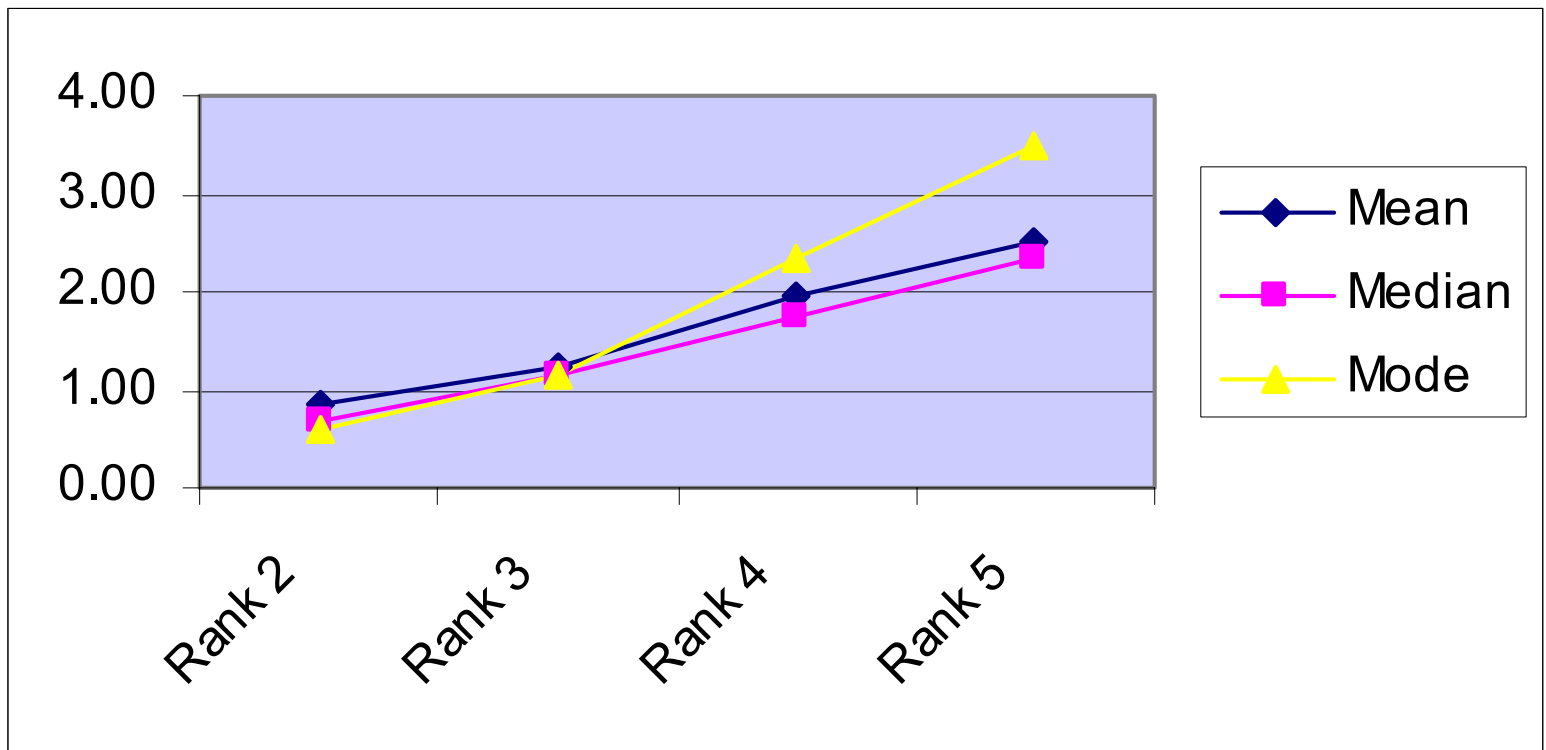
# Bathing, Oral Hygiene and Grooming



# Bathing, Oral Hygiene and Grooming

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 2	3.5%	1.16	1.00	1.00
Rank 3	67.7%	1.83	1.75	3.50
Rank 4	21.8%	2.83	2.75	3.50
Rank 5	7.0%	3.45	3.34	3.50
All	87.6%	2.78	1.96	3.50

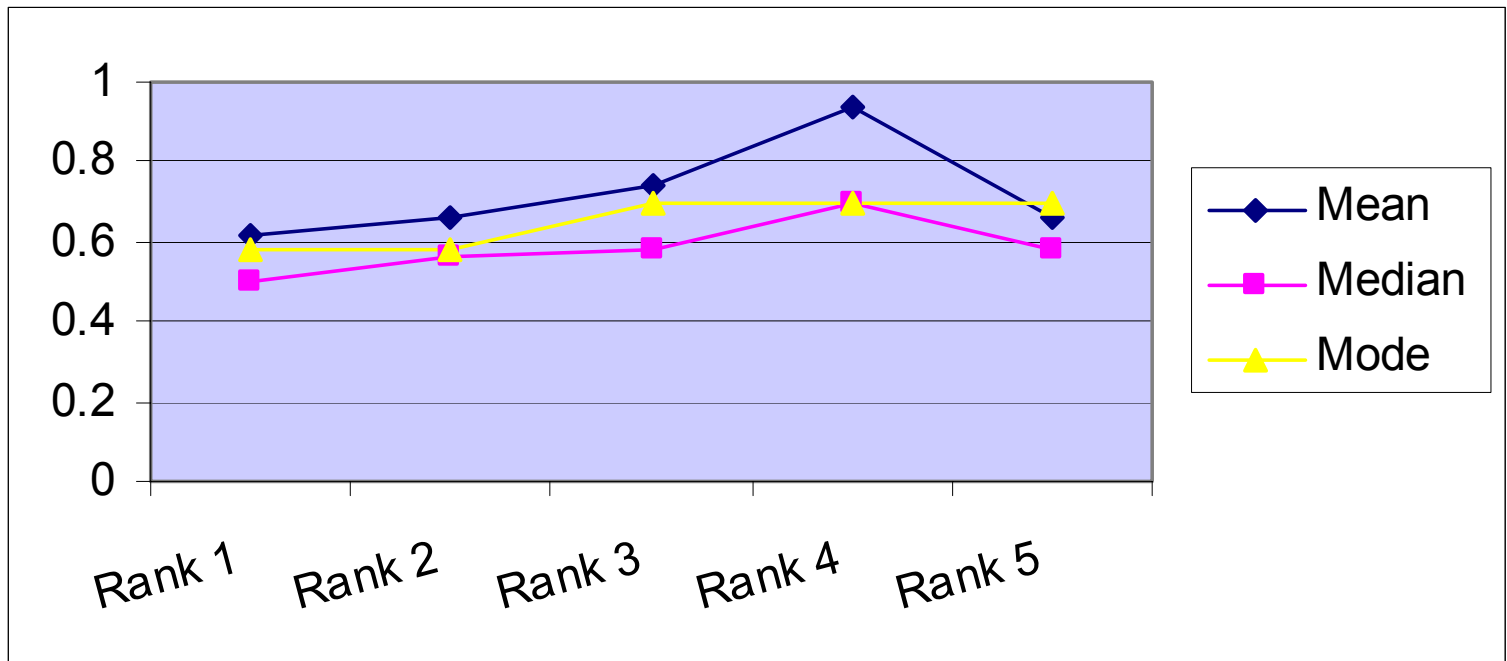
# Dressing



# Dressing

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 2	4.2%	0.86	0.70	0.58
Rank 3	72.7%	1.25	1.17	1.17
Rank 4	16.9%	1.97	1.75	2.33
Rank 5	6.2%	2.52	2.33	3.50
All	75.5%	1.76	1.17	1.17

# Prosthesis; Help with Meds

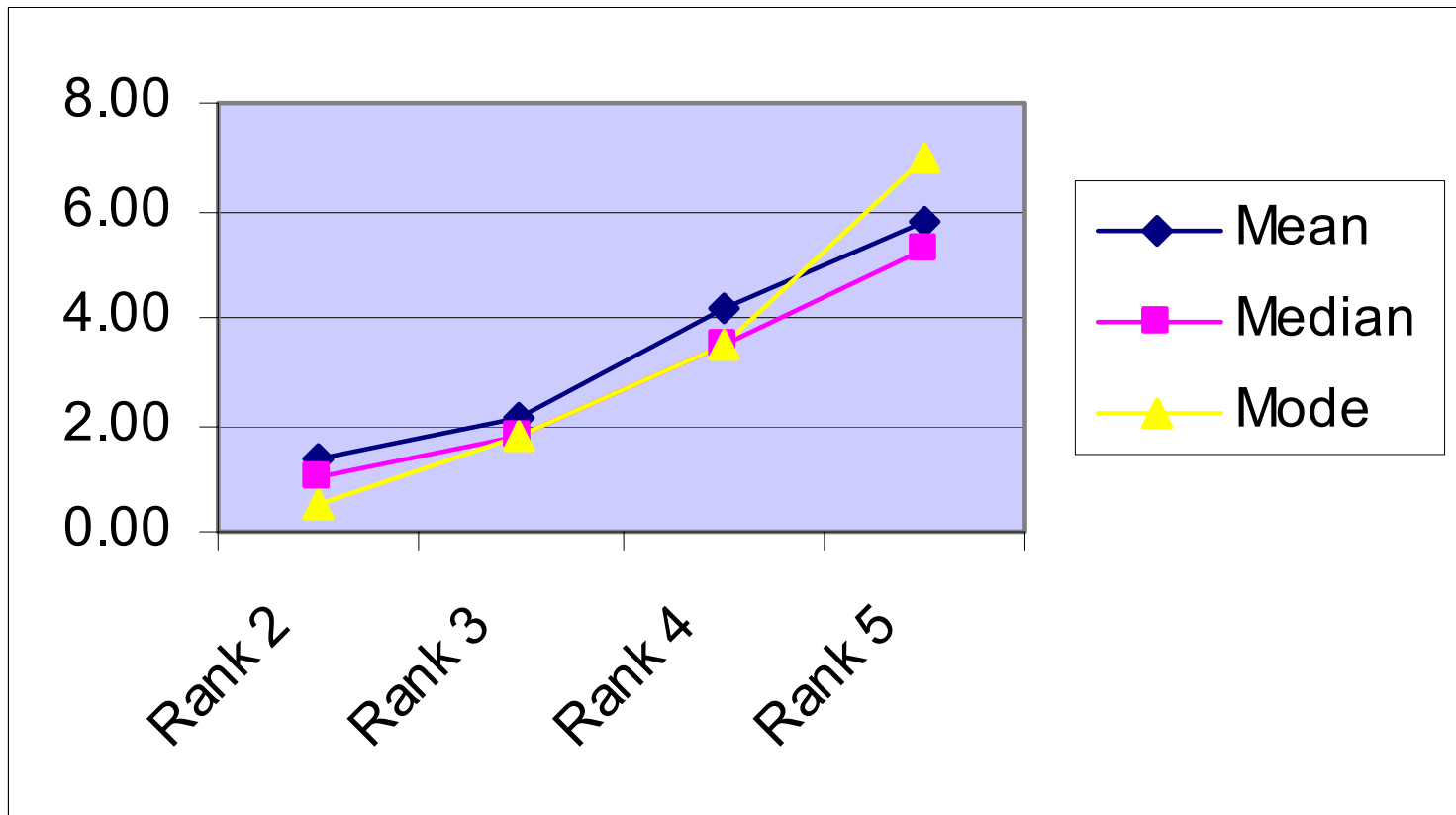




# Prosthesis; Help with Meds

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 1	21.30%	0.62	0.50	0.58
Rank 2	4.60%	0.66	0.56	0.58
Rank 3	53.30%	0.74	0.58	0.70
Rank 4	15.30%	0.94	0.70	0.70
Rank 5	5.50%	0.66	0.58	0.70
All	54.30%	0.89	0.58	0.70

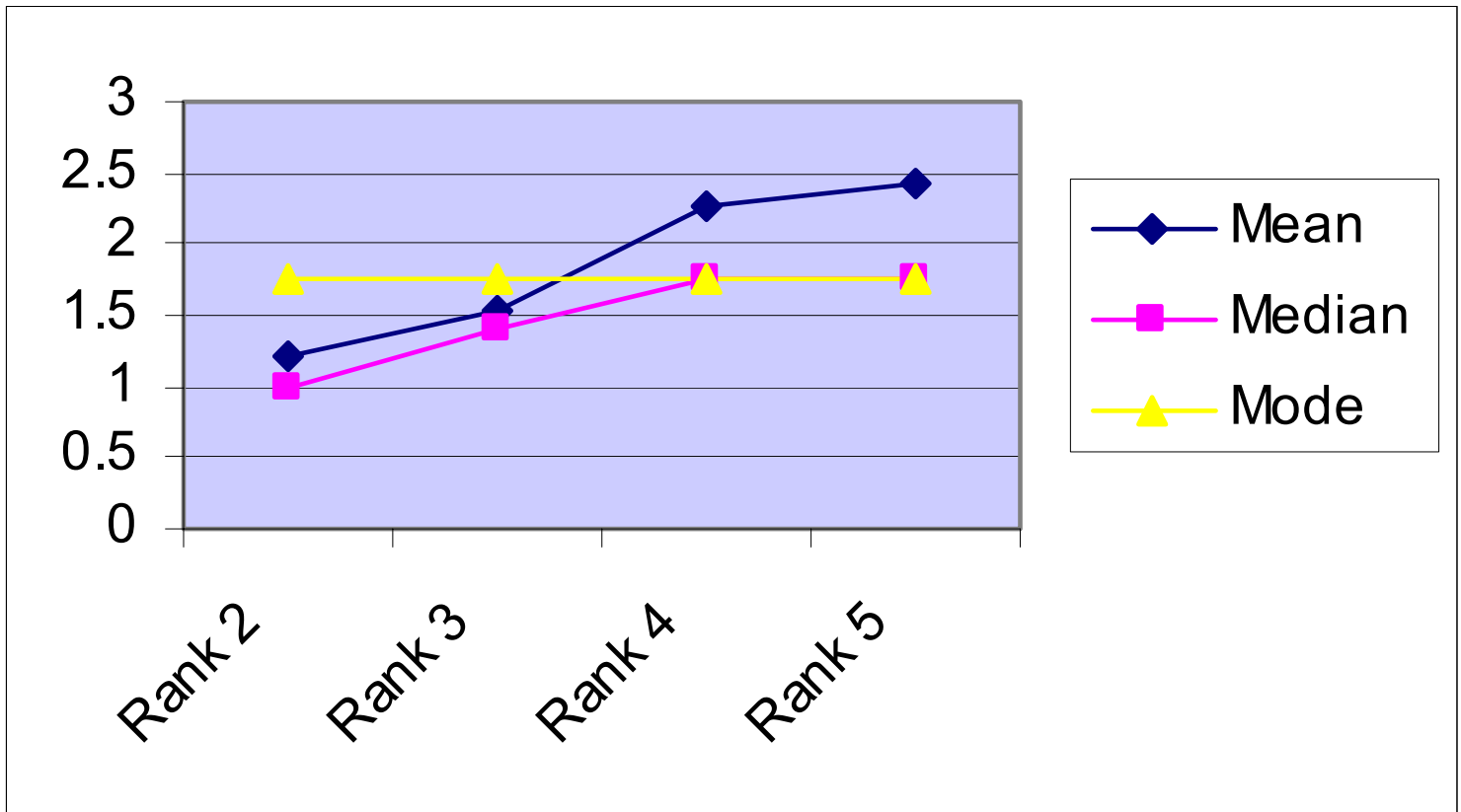
# Bowel and Bladder Assistance



# Bowel and Bladder Assistance

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 2	3.9%	1.36	1.00	0.50
Rank 3	64.5%	2.15	1.75	1.75
Rank 4	20.8%	4.19	3.50	3.50
Rank 5	10.7%	5.77	5.25	7.00
All	48.8%	3.45	2.33	3.50

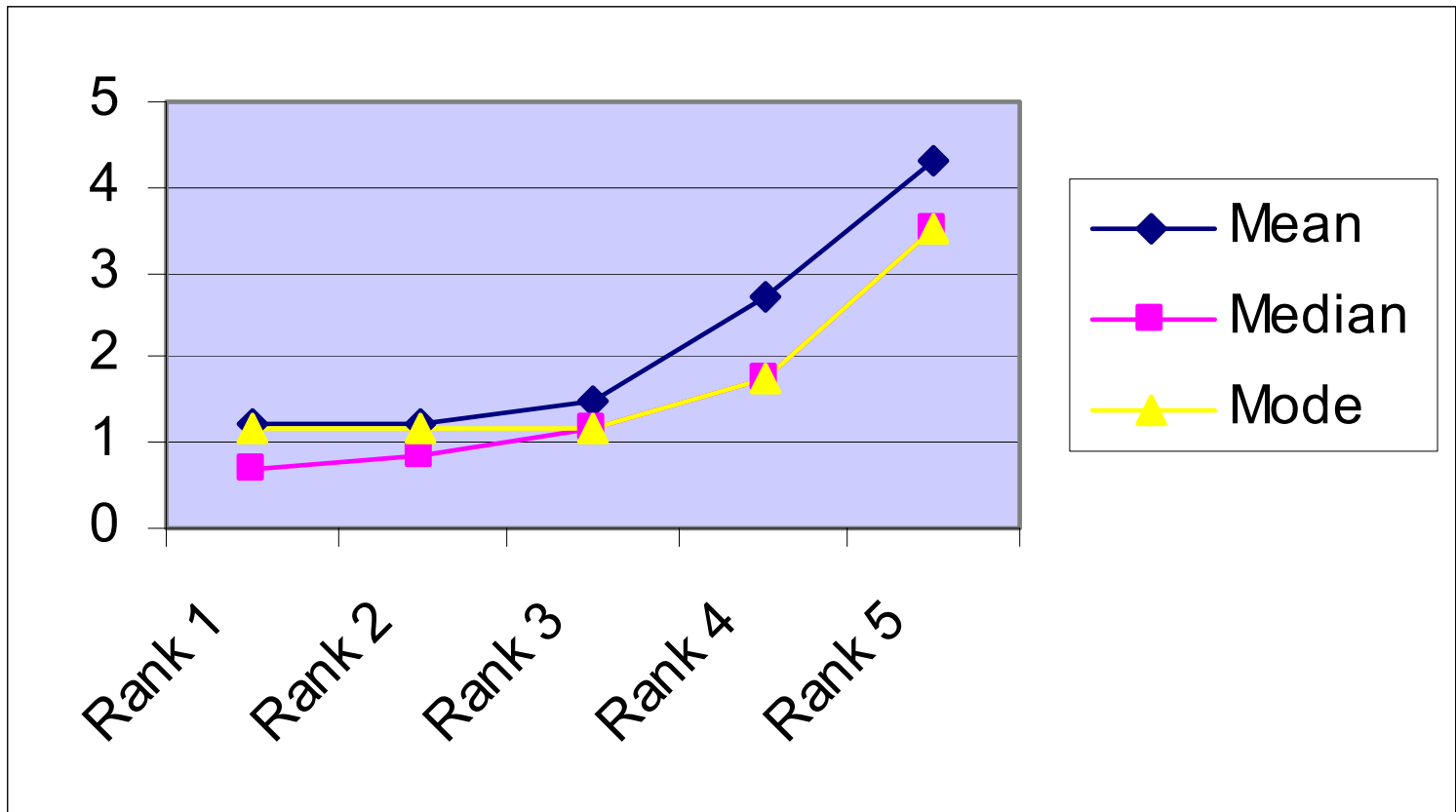
# Ambulation



# Ambulation

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 2	4.9%	1.21	1.00	1.75
Rank 3	67.6%	1.53	1.40	1.75
Rank 4	19.5%	2.27	1.75	1.75
Rank 5	8.1%	2.43	1.75	1.75
All	47.0%	1.98	1.75	1.75

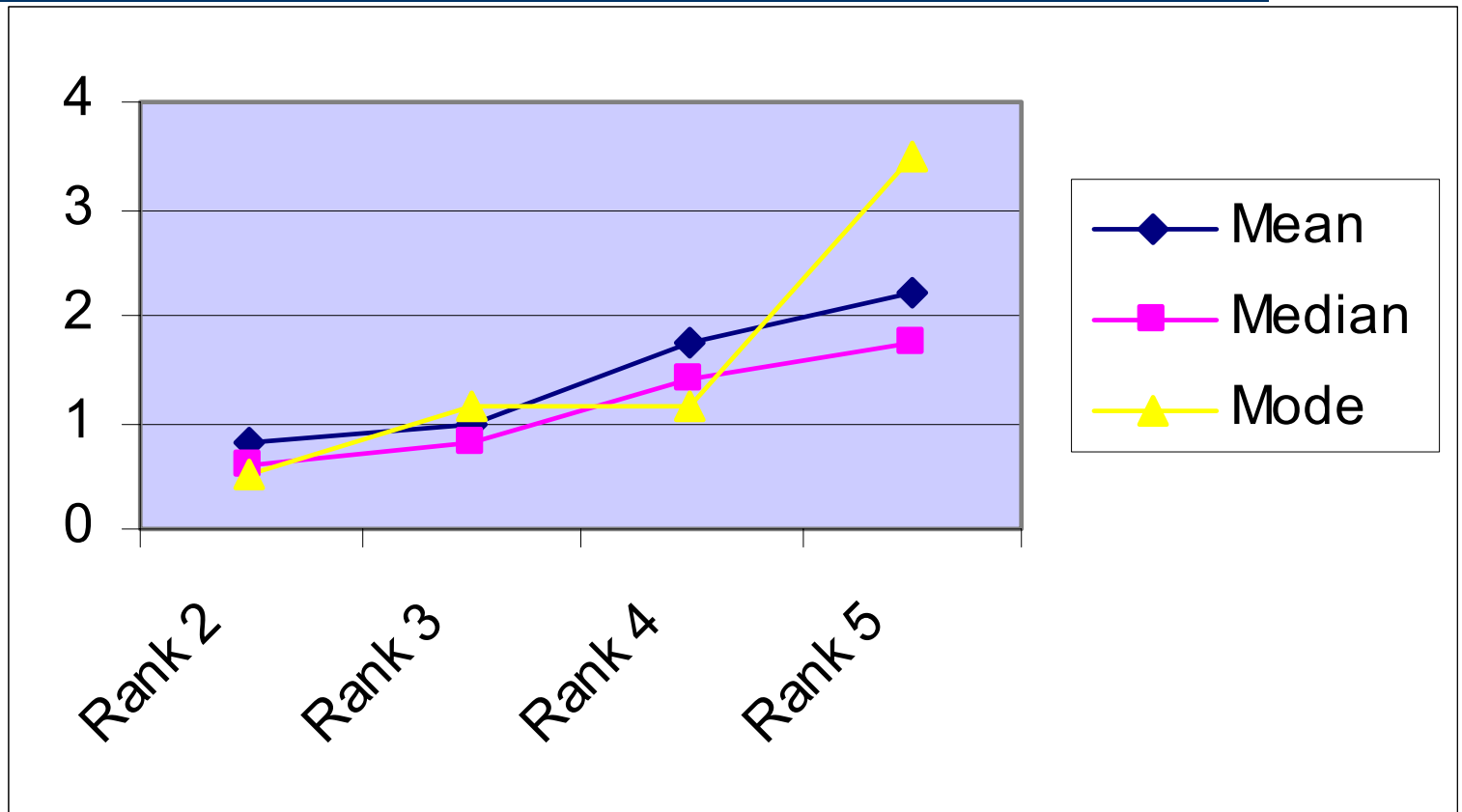
# Rubbing Skin and Repositioning



# Rubbing Skin and Repositioning

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 1	19.6%	1.22	0.70	1.17
Rank 2	5.6%	1.24	0.84	1.17
Rank 3	54.6%	1.50	1.16	1.17
Rank 4	12.6%	2.71	1.76	1.75
Rank 5	7.6%	4.33	3.50	3.50
All	48.4%	2.22	1.17	1.17

# Transfer

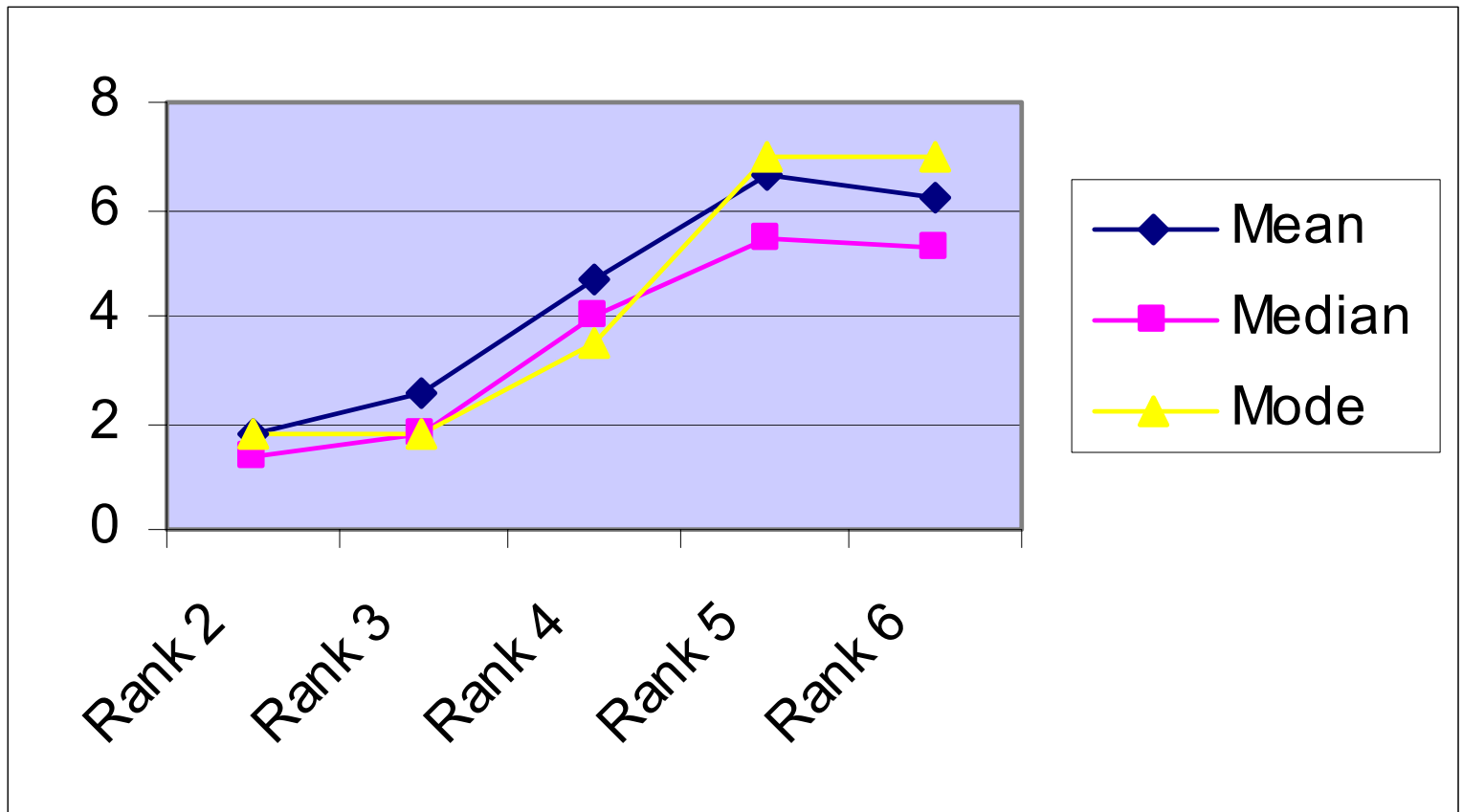




# Transfer

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 2	5.4%	0.81	0.58	0.50
Rank 3	71.5%	0.97	0.82	1.17
Rank 4	15.0%	1.74	1.40	1.17
Rank 5	8.1%	2.20	1.75	3.50
All	46.2%	1.38	0.93	1.17

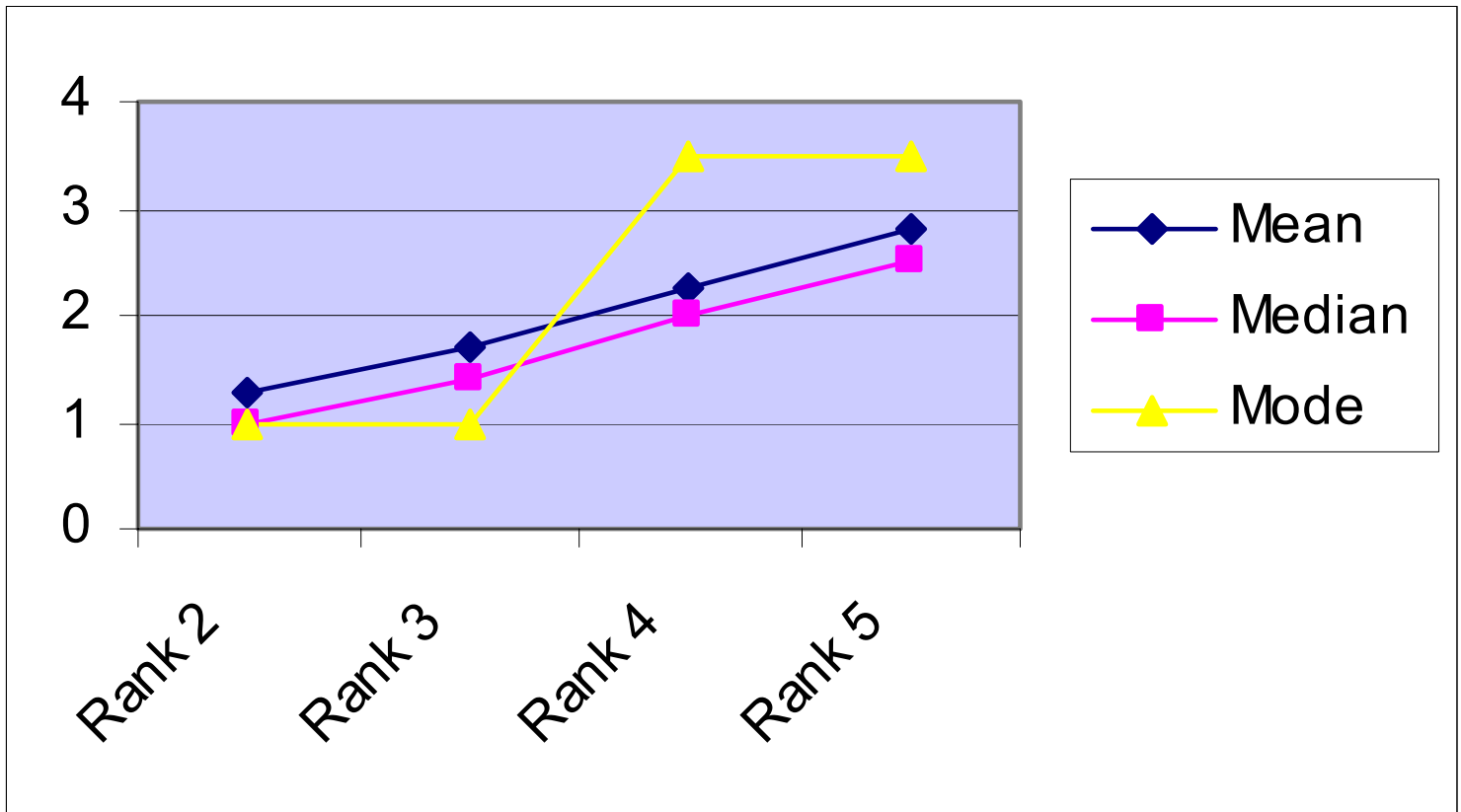
# Feeding



# Feeding

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 2	12.8%	1.77	1.40	1.75
Rank 3	56.4%	2.56	1.75	1.75
Rank 4	17.7%	4.67	4.00	3.50
Rank 5	12.1%	6.65	5.48	7.00
Rank 6	1.0%	6.21	5.25	7.00
All	18.6%	3.89	2.33	1.75

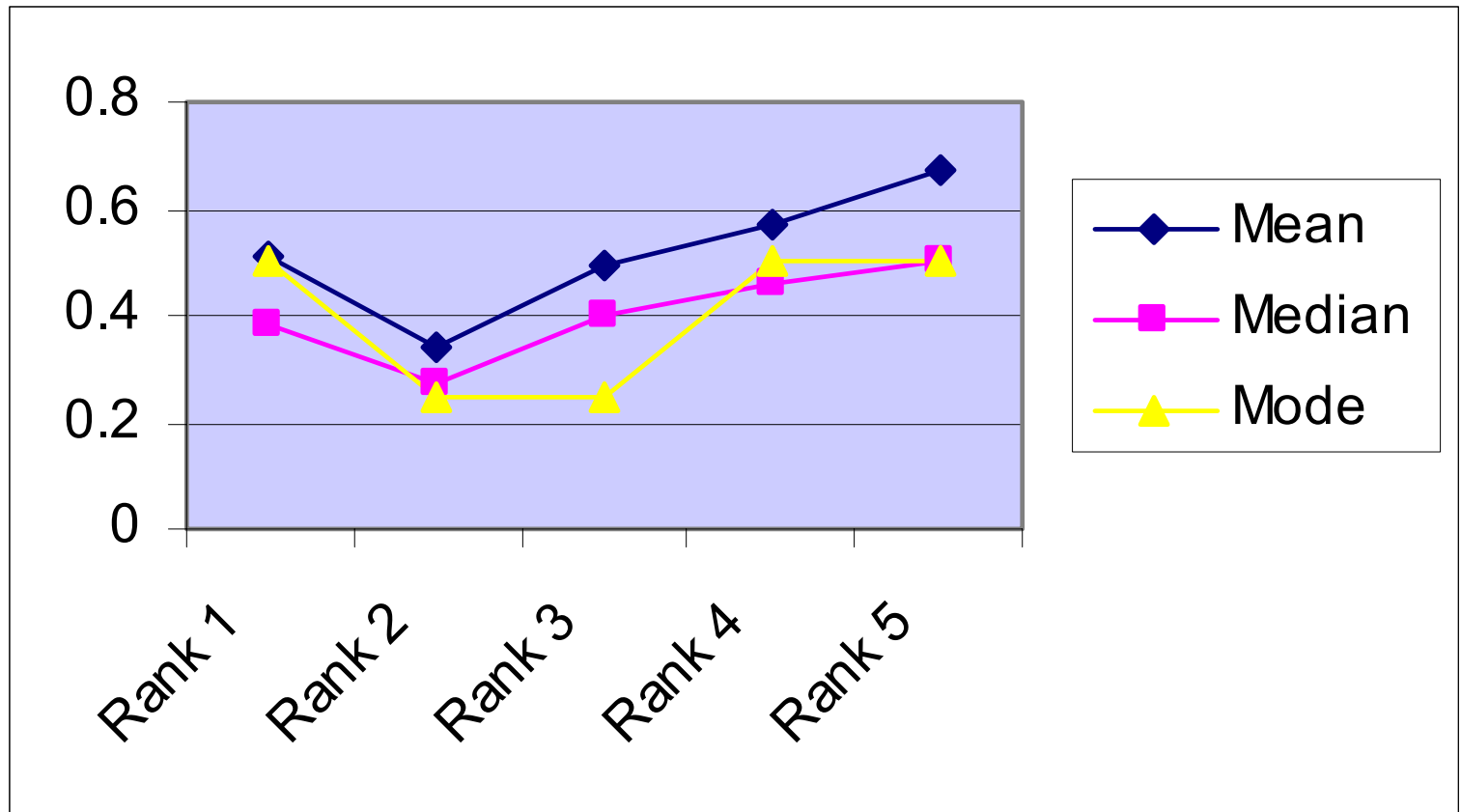
# Bed Baths



# Bed Baths

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 2	1.1%	1.27	1.00	1.00
Rank 3	30.6%	1.71	1.40	1.00
Rank 4	35.4%	2.24	2.00	3.50
Rank 5	32.9%	2.82	2.50	3.50
All	6.8%	2.55	2.00	3.50

# Menstrual Care



# Menstrual Care

	<b>% at Rank</b>	<b>Mean (average)</b>	<b>Median (middle)</b>	<b>Mode (common)</b>
Rank 1	13.2%	0.51	0.38	0.50
Rank 2	4.9%	0.34	0.27	0.25
Rank 3	47.0%	0.49	0.40	0.25
Rank 4	19.2%	0.57	0.46	0.50
Rank 5	15.7%	0.67	0.50	0.50
All	3.5%	0.62	0.40	0.50

# Next Steps

- Contact us with your comments between now and the next meeting
- CDSS will finish collecting data
- CDSS will begin analyzing data
- CDSS will present data analysis and options for approaches to establish guidelines at next meeting



# Contact CDSS

- E-Mail – [IHSS-QA@dss.ca.gov](mailto:IHSS-QA@dss.ca.gov)
- US Mail – IHSS-QA Bureau  
744 P St. M.S. 19-95  
Sacramento, CA 95814
- Fax (916) 229-3160
- Phone (916) 229-3494
- Website – <http://www.dss.cahwnet.gov/dapd/>

# Focus Groups Progress

Institute for Social Research  
CSUS

# Focus Groups to Date

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## Held

- Sacramento – Pilot
  - 10 consumers
  - 11 providers
- Riverside
  - 4 consumers
  - 3 providers
- Salinas
  - 5 consumers
  - 10 providers

## Planned

- San Joaquin
- Shasta

# Focus Group Formats

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- Centers on 6 identified tasks:
  - Food
  - Grooming
  - Changing Clothes
  - Bathing
  - Bathroom
  - Movement

# Food

## Food Help includes:

### Fixing Meals

- Cooking food
- Reheating food in the microwave or on the stove
- Setting the table
- Setting up a meal tray

### Eating Meals

- Cutting up food on the plate
- Making bites with the fork or spoon
- Helping get food or drink to the mouth

### Cleaning Up After Meals

- Wiping down table and counters
- Washing, drying, and putting away dishes
- Storing leftovers
- Cleaning hands and face, ~~changing shirt if needed~~

# Food

**Time it takes to fix, eat, and clean up after meals (Check One Box for each meal)**

## Fixing Meals

About how long does it usually take your Caregiver to fix the following meals?

	Less than 10 mins	10-20 mins	More than 20 minutes	Caregiver doesn't help with this
• Breakfast.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Lunch.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dinner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Snack or other meal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Eating Meals

About how long does it take you to eat the following meals when your Caregiver helps you?

	Less than 10 mins	10-20 mins	More than 20 minutes	Caregiver doesn't help with this
• Breakfast.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Lunch.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dinner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Snack or other meal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Clean Up After Meals

How long does it usually take your Caregiver to clean up after the following meals?

	Less than 10 mins	10-20 mins	More than 20 minutes	Caregiver doesn't help with this
• Breakfast.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Lunch.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dinner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Snack or other meal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Are your assigned hours for Caregiver help Fixing Meals  
(Check One Box)**

- too great, there is some time left over at the end of the week
  - just about right to meet your needs
  - not enough time, your needs are not being met
- 

**Are your assigned hours for Caregiver help Eating Meals  
(Check One Box)**

- too great, there is some time left over at the end of the week
  - just about right to meet your needs
  - not enough time, your needs are not being met
- 

**Are your assigned hours for Caregiver help Cleaning Up After Meals  
(Check One Box)**

- too great, there is some time left over at the end of the week
- just about right to meet your needs
- not enough time, your needs are not being met



# General Findings To Date

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- Both providers and consumers are very aware that the amount of time required for the six task areas varies for good days and bad days. The definition of a good or bad day includes both physical and mental condition.
- Expected or unexpected doctor's appts. prevented tasks from being completed
- Routines help to get work completed

# General Findings To Date

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- Several providers described situations in which all tasks take longer when consumer is in a really bad stubborn mood because everything is a mental and physical struggle.
- Other providers described situations where additional time was required because they had to motivate and perform extra services for a consumer who was depressed or apathetic.
- Providers said that consumers who are unwilling to admit their limitations can make everything take longer.
- Providers described health conditions (emphysema for example) which require that tasks be conducted at a slower pace. If the pace is too fast, it can make the consumer short of breath and this can easily put them into a panic.

# General Findings To Date

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- The consumers and providers who seemed to be the most satisfied with the with the program was working were the ones who got along with one another, respectively

# General Findings To Date

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- Consumer and Providers sometimes have different expectations and experiences regarding the making and use of a schedule.
- Flexibility is a concept that keeps coming up. Some people find the IHSS program not to be flexible enough to meet their changing needs.

# General Findings To Date

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- Variability
  - Day-to-day changes
  - Unexpected events
- Relationships Matter
- Scheduling helps
- Physical structure helps/hinders

# Other Location Comparisons

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- Alaska
- Maine
- Virginia
- Waterloo, Ontario