

## SUMMARY OF THE HOURLY TASK GUIDELINES WORKGROUP

Organizer: CDSS Adult Programs, Quality Assurance Bureau  
Location: Health and Human Services Data Center, 9323 Tech Center Drive,  
Conference Room 2, Sacramento, CA  
Date: March 22, 2005  
Time: 9:30 AM to 12:30 PM

The meeting was attended by various state and county staff, advocacy groups, and social workers who attended in person or by teleconference. Attendees signed in and received a folder containing copies of the Agenda; Charter; a Unit Authorization Worksheet; Social Services Standards, Service Program No. 7; In-Home Support Services (IHSS) Regulations 30-757; Annotated Assessment Criteria; IHSS Southern Region Averages in Assessments; one county's Paramedical Services-Times Per Task; and the Alaska Personal Care Services Plan/Allowable Task Guide.

Brian Koepp, Chief of Adult Programs Branch, (ABP), Quality Assurance Bureau, (QAB), commenced the meeting by welcoming attendees, providing a focus to the workgroup, and making introductions.

Joan Boomer gave a recap of the last meeting. She reiterated that Senate Bill (SB) 1104 requires time per task guidelines and exceptions with regulations due by June 30, 2006. She recapped the twenty-five tasks authorized by regulations that were discussed. The group categorized tasks into three categories for purposes of a discussion on establishing guidelines and exceptions. The first category was for tasks which currently have state guidelines; the second category was for the tasks where guidelines are not practical; and the third category was for tasks that needed to be evaluated for guidelines.

### **Guidelines Exist**

Domestic  
Laundry  
Grocery Shopping  
Errands  
Cleanup

### **Guidelines Not Practical**

Heavy Cleaning  
Accompaniment MD  
Accompaniment A/R  
Remove Grass Rubbish  
Remove Ice Snow  
Protective Supervision  
Teaching and Demo

### **Guidelines Needed**

Cooking  
Meal Cleanup  
Respiration  
Bowel and Bladder  
Feeding  
Bed Baths  
Dressing  
Menstrual Care  
Ambulation  
Transferring  
Bathing Grooming  
Repositioning  
Prosthesis  
Paramedical

Joan also discussed two sample states' guidelines and told the groups that there will be further discussions on handouts regarding regulations that define each task.

CDSS clarified that SB 1104 requires input from the counties and that the Southern Region counties have the lead to provide input for establishing time per task guidelines and exceptions.

Erik Fair discussed the Southern Region's efforts to date. He reported that ten social workers from North, Valley Mountain, and Central CWDA Regions met on March 9, 2005, to discuss paramedical services and that they will meet again in April. Another team of social workers and supervisors from CWDA South region met to discuss bathing, dressing, oral hygiene, and grooming. The purpose of both groups is to bring recommendations back to this group for consideration. They found that counties varied widely in these areas. Counties have many new IHSS social workers who need training and guidelines to make consistent determinations.

Brian Koepp stated that we are still seeking data regarding the establishment of guidelines. He requested that attendees gather data and bring it back to the next workgroup.

Some issues identified by the group were that there are many variances to the guidelines depending on the individual's needs and that the assessments are educated guesses from one situation to another. These differences in assessed hours need to be addressed. Different cultures and guidelines vary from county to county. The group also identified the need to gather information from a variety of entities in the establishment of guidelines.

Joan Boomer specified the need to obtain input from counties, consumers, providers, developmental services groups, providers, the medical community, and occupational and physical therapists about what workers need to look for in their evaluations so that we can build a plan.

There was a discussion on the need to develop a time range for certain tasks to create guidelines defined enough to establish statewide consistency/uniformity.

The group expressed their concern regarding the need to provide hours that are appropriate based on the individual's need, recognizing that every individual is different. The group also expressed their views about looking at the possibility of statute changes and about determinations of inappropriate hours for many caregivers.

Joan Boomer and Erik Fair clarified that the mandate is to establish guidelines that continue to take into account individual assessments which consider all needs of each individual. They stated the statutory mandate is to establish consistent hourly task guidelines, not to reduce hours. Assessments should provide hours that are appropriate. The focus is to look for tools to use in the field to evaluate hours applying consistent factors in the determination.

The group divided into two break-out groups (without state staff included) to discuss 1) where to get input to define tasks, guidelines, and exception criteria, and 2) how to evaluate input and reach consensus. The result was as follows:

### **Where to get Input**

- Agencies (Adult Day Care, Regional Centers, APS, Health Care, Hospice, MSSP, Other Community Agencies, etc.)
- Advocates
- Caregivers (Providers)
- Consumers
- Consumer Organizations
- Consumer Surveys/Polls (Internet, Mail, Telephone)
- Family Members
- Focus Groups (Multiple groups of 51% Majority, Advisory Committees, etc.)
- Medical Doctors
- Nurses
- Occupational and Physical Therapists
- Social Workers
- Use of Functional Ranking Index to Identify Questions and Participants

### **How to Evaluate Input and Reach Consensus**

#### **Evaluation:**

- Surveys/Polls in Smaller Focus Groups Brought to Larger Focus Groups
- Use Research and Statistics
- Use Education Needed to Understand Data
- Use Real "Needs" Information to Determine Authorization

#### **Reaching Consensus:**

- Compare Input of Current Norms and Research Outliers to Define Exceptions
- Consumer Advocacy Group Representatives and Representatives from Each Region Meet and Bring All Information Together
- Ensure Balance in Surveys and Participants (SI vs. NSI)
- Input should Reflect Full Range of Consumer/Provider Populations (Urban vs. Rural Participants, Cultural Sensitivity)
- Process of Reaching Consensus Should be Value-Based

The meeting closed with Brian Koepp acknowledging the difficulty of the charge of the Workgroup to establish time per task guidelines. He expressed appreciation to the group for the work that was accomplished during the meeting and announced that our next meeting will be on April 26, 2005 at the same location--the HHSDC Training Center.

**IHSS QUALITY ASSURANCE PROJECT SIGN-IN SHEET  
 HOURLY TASK GUIDELINES WORKGROUP  
 3/22/2005 MEETING**

<b>Name</b>	<b>Organization</b>
Guy Howard Klopp	Sac County QA QI
Margo L. Shearer	Sac Co DHHS-IHSS
Patricia Jepsen	Sac Co DHHS-IHSS
Kim Bochhor	Sac Co DHHS IHSS
Kathleen Schwartz	Sac Co DHHS IHSS
Erik Fair	OC IHSS
Barbara Vonk	EDS
Melody McInturf	Sac Co IHSS QA
Dena Kalcii	CUDA
Jennifer Yang	Stan Co CSA
Karan Spencer	CDSS
Sumbo Chea	Stanislaus County
Tamara Rasherry	SEIU
Myriam Escamilla	SEIU
Deborah Doctor	PAI
Katrina Eiland	California Care
Frances Gracechild	RIL
Sharon Rehm	Sac County IHSS
Kris Sullivan	DSS QA
Laurie Silva	DSS QA
Maher Dimachkie	DHS
Tona Thao	Sac County IHSS
Steve Ferguson	Addus Health Care
Grace Galligher	CCWRO
Jonnie York	Stanislaus Co CSA IHSS
Jarrett Oddo	Sac County QA
Laura Wick	Sac County IHSS
Karen Keeslar	CAPA
Rick Carroll, CDSS QA	CDSS QA
Larry Walter	EI Dorado IHSS

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<b>Name</b>	<b>Organization</b>
Susan Carlson	Stanislaus County IHSS
Rosa Mogana	Stanislaus County IHSS
Sallee R. Allen	Nevada Co IHSS ARS
Julia Plasencia	SEIU
Fred Nisu	PAI
Crystal Padilla	PAI
Ken Maurice	CDSS