



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Thomas Newton, MPP, REHS
Director

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Diane Frerichs, Co-Chair
Suzanne Russell, Co-Chair
Jennifer Furler
State Public Policy Group, Inc.
200 10th Street, 5th Floor
Des Moines, IA 50309

Dear Ms. Frerichs, Ms. Russell, Ms. Furler, and Direct Care Worker Advisory Council:

First, I want to thank you for the Iowa Direct Care Advisory Council report citing recommendations for establishing a credentialing system for Iowa's direct care workforce. I appreciate your expertise and the many hours of work and deliberation that have resulted in these recommendations. The department has used the information included in this report in responding to legislators as the 2009 General Assembly addressed health and long term care workforce issues.

Our mission at the Iowa Department of Public Health is to promote and protect the health of Iowans. We do this through partnership with individuals and agencies like you and those for whom you work. Within the department's mission, the Bureau of Professional Licensure is focused on the role of public protection through licensure and discipline. The Bureau works with 19 licensure boards regulating 39 professions and establishments. The mission of the professional boards is to protect the public health, safety and welfare by licensing qualified individuals and enforcing Iowa's statutes and administrative rules fairly and consistently. The Bureau's functions are entirely dependent upon fees paid by those they license. Public protection also requires the personnel and fiscal resources to respond to complaints from any source in a legal manner that assures due process for the worker.

Because the protection of public health, safety and welfare is critical to the health of Iowans, IDPH and the Bureau of Professional Licensure must exhibit fiscal responsibility to sustain licensure programs. The volume and criticality of information processed by the licensure boards requires a comprehensive data and personnel infrastructure to assure public protection against unqualified, incompetent or unethical health professionals.

With these considerations in mind, I offer the following response to your recommendations, beginning with the four bullet points on page 28 of your report.

Competency and curriculum development are very costly. Use of existing curricula may be more cost effective than designing a new curriculum. Prior to further development of competencies and curriculum, investigation of anticipated costs of development (i.e., payment to the required number of experts or entities) will be required. This will include investigation of any existing curricula which may be adapted to suit Iowa's needs and the cost of purchasing the curricula. With this evidence and comparison of cost, IDPH will have information with which to move forward.

A grandfathering process has historically been an adequate method for preserving the current workforce. Workforce shortages in health care are of significant concern at this time. With the current direct care workforce, we have no precedent to determine if workers will elect to grandfather into the new system given the significant new requirements they will face for self-reporting and payment of fees. The regional phased-in approach will be helpful in managing the entry of grandfathered workers into the credentialing system. However, since all three levels of credential will be implemented at once, the full technology infrastructure must be in place prior to any grandfathering process. This will require significant investment of financial and personnel resources and adequate time to create the system prior to implementation.

Until further information and resources are available regarding stakeholder input, potential impact of the system on quality of care, curriculum development and technology infrastructure, establishment of a Board of Direct Care Workers is premature. IDPH will introduce legislation toward establishing the Board when Iowans can be assured that adequate infrastructure and resources are in place to support the activities of the Board. I anticipate that this milestone will not be achieved until sometime after 2009. Prior to this milestone, IDPH and the Department of Inspections and Appeals (DIA) will need the time, technology personnel, and funding to transfer data from the existing registry to IDPH and to expand the Direct Care Worker Registry.

I agree that outreach to stakeholders is needed and believe that initial outreach should focus on information gathering and learning. Essential stakeholders are voicing realistic concerns about initiating a statewide credentialing system that applies across services to the elderly and persons with disabilities. Many valued service industries have already made significant investments in training and education programs. Before proceeding to establish a new program, we must first fully understand the resources that already exist and work in concert to assure that no vulnerable Iowans are placed at risk if changes are instituted. We must also assure that unnecessary or redundant costs are not added to the system. Outreach and education as proposed may be premature. Rather, I am requesting that focused attention be directed to learning about all existing services and impact a statewide credentialing program will have on them. Then we will be positioned to work collaboratively to establish a system that benefits the public served, direct care workers, and employers.

At a time when our national and state economies are experiencing significant strain, the recommendations provided by the council require a greater financial investment than can be made or sustained at this time. Moreover, in order to assure the successful progression of this effort, the support of all stakeholders is essential. A successful certification program must provide public protection through safe effective care in all settings and the ability to respond to complaints from any source in a legal manner that assures due process for the worker. To accomplish these goals, IDPH needs more information about existing education for direct care workers, a sustainable infrastructure to provide effective regulation, the assurance that all stakeholders have been heard, and evidence that further investment will produce the desired results of decreased turnover leading to improved quality and cost effectiveness before legislation to create a certification board can be considered. To this end, the department requests that no further action take place regarding legislation to establish a Board of Direct Care Workers until such time as IDPH drafts and presents such legislation.

As you know, this is a huge system change given the scope of the issues and the size of the direct care worker workforce. While we want to continue to move forward, we will need to proceed in an incremental manner. During the 2009 General Assembly, the Iowa Department of Public Health

requested funding to continue the work of the Iowa Direct Care Worker Advisory Council in order to address these issues. The department also registered in support of advocacy efforts resulting in additional appropriations supportive of the work effort and strategies necessary to make an informed decision regarding the implementation of a system for certification of direct care workers.

At this time I am requesting the Direct Care Worker Advisory Council address the following during the balance of FY2009 and in the first half of FY2010:

1. Identify the DCW contribution to rebalancing health and long term care
2. Gather more comprehensive stakeholder input regarding the council's existing recommendations including input from the disability community
3. Research similar credentialing efforts to demonstrate such efforts have decreased direct care worker turnover and improved quality of care in other states.
4. Thoroughly review existing regulations governing training of direct care workers in all settings and an analysis of consistency and variance among current requirements.
5. Develop a strategic plan that addresses outreach/education regarding the importance of DCW

I am requesting an interim report of the Advisory Council's discussion September 1, 2009, and a final report submitted to me by January 15, 2010. Based on this work, the department will determine further direction in state fiscal year 2011.

Thank you again for all of your important and valued work to bring the credentialing system to this phase of its development. I look forward to continuing to work with you.

Sincerely,

Tom Newton, MPP, REHS
Director