

Meeting Notes
Thursday, May 12, 2011
10:00 a.m. – 3:00 p.m.



West Des Moines Learning Resource Center
3550 Mills Civic Parkway
West Des Moines, IA 50265

Advisory Council and Committee Members

Ann Aulwes, Iowa Board of Nursing
Matthew Clevenger, Direct Care Professional
Erin Drinnin, Iowa Department of Public Health
Marcia Driscoll, Kirkwood Community College
Di Findley, Iowa CareGivers Association
Vicky Garske, Direct Care Professional
Terry Hornbuckle, Iowa Department on Aging
Melanie Kempf, Local Long Term Care Ombudsman
Anne Peters, Home Instead
Ann Riley, Center for Disabilities and Development
Suzanne Russell, Home Caring Services
Lin Salasberry, Direct Care Professional
Anita Stineman, University of Iowa College of Nursing
Teresa Tekolste, Mosaic
Mike Van Sickle, Iowa Association of Homes and Services for the Aging
Amy Wallman Madden, H.O.P.E.
Anthony Wells, Direct Care Professional

Guests

Lila Starr, Iowa Department of Human Services

Staff

Stacie Bendixen
Erin Davison-Rippey
Jennifer Furler
Michelle Rich

Welcome and Overview of Agenda

Furler welcomed the group and mentioned that, including this meeting, the council has two meetings remaining in the fiscal year. Furler reviewed the agenda and explained that the day will begin with a review of the cost of turnover, then move to committee time, and wrap up with the full council reviewing governance items.

Pilot Update

Drinnin shared an update on the pilot work. In the time since the last Council meeting, the request for proposals was released, proposals were submitted, and the proposals are currently being reviewed and scored. The Department intends to issue notices of award on May 23rd, followed by an orientation meetings in late June or early July. Drinnin explained that the pilots begin with a planning phase in order to provide pilots the opportunity to be involved in the planning. The next step is to identify control group sites. Drinnin noted that the control groups will likely not be in the pilot regions, but will be similar to the pilots in terms of the regions, types of DCPs, settings, numbers, and other elements.

So far, the bulk of the pilot work has centered on curriculum development and outreach. Drinnin and Furler presented at the Iowa Caregivers Association's four regional conferences, and other presentations are scheduled, including a presentation to the Iowa Advocates for Mental Health Recovery. Members were asked to keep an eye out for conferences, events, regional meetings and other opportunities for presentations. Over the next year, an outreach plan will be developed that will include DCP field teams across that state. DCPs on these teams will be involved in outreach efforts and will also be a part of tests of the IT System and Grandfathering.

Drinnin discussed the timeline for the IT component, and shared that the development is scheduled to take 10 months from start to finish, and is expected to start in June. The Department is working with a company, CSDC, to customize a system called Amanda. The Bureau of Professional Licensure has already contracted with CSDC to use Amanda, and some larger boards have completed the process of switching over to the new system, so there are opportunities to learn from their experience.

Furler shared that the DCP Education Review Committee members have been selected and Council members received the announcement over email. An article featuring the members will be included in the Iowa Caregivers Association newsletter. The members represent a wide variety of settings, backgrounds, and populations. Drinnin noted that they will engage with DCPs who were not selected for the committee to share other opportunities for involvement. Furler thanked the selection committee for their hard work.

Stineman provided an overview of the work of the curriculum group. They have finished their work on the Home and Community Living curriculum. Next, the group will work on the Personal Support module. Stineman explained that curriculum will include handouts and teaching activities for instructors to use; instructors may also develop their own materials. The DCP Education Review Committee will have a two-day meeting at the end of the month, and after an orientation to the work of this project, will review part of the curriculum. The committee will use a tool similar to the SWOT (Strengths, Weaknesses, Opportunities, Threats) concept to use as they do their review. The meeting will provide members the opportunity to work together as a group and get to know one another. Stineman distributed copies of the competencies developed for the Home and Community Living curriculum, and explained that they are big picture competencies. Council members agreed that they look like a good starting point for competencies. The preliminary estimate of the time needed to complete this unit is 13 hours. There was a conversation among members of the group related to orientation, wondering if this will take away 13 hours of existing orientation. Stineman replied that two people she talked to said yes, it would likely shorten their internal training. Drinnin noted the significant amount of work that went into the development of the curriculum and thanked those involved for their work. Stineman shared that the group members for the Personal Activities of Daily Living (PADL) module are still being determined. The group will be assembled and will start working on that module in late June or early July. Ideally, the team will include representatives from home and community services, disability community, acute care, long-term care, and community college. If Advisory Council members have suggestions of people to include in the PADL curriculum group, those suggestions should be sent to Stineman or Furler.

Findley provided an update about the Iowa Caregivers Association. They recently had four regional conferences and asked DCPs in attendance about this project. When asked what was most important to them about the credentialing process, two categories stood out: more standardized education across all settings, and more opportunities for career pathways in direct care. Furler shared that the DCPs were very engaged, asked a lot of questions, and shared issues of importance to them. They had conversations about maintaining CNA credentials and about transferring credentials across settings. A total of 312 attended the regional conference sessions.

Lila Starr from Department of Human Services provided an update on the Iowa Coalition on Mental Health and Aging survey, which will launch in the next two weeks. Starr will send the information to Furler and would like the Council's assistance to disseminate the survey. They are looking for particular help in reaching out to long-term care providers. The survey takes about 7-10 minutes to complete, and will be out for about a month. Furler asked Starr to provide updates that can be shared in the Council's e-Update, and noted that the group will be excited to hear the results of the survey.

Turnover Estimate

Furler shared a draft report on the cost of turnover. Furler clarified that this work has been done for the Council's use. While not part of the Council's official charge, this gets at information on cost. The information presented is largely based on PHI work on Better Jobs, Better Care. Researcher Dorie Seavey produced a compilation report of seven different turnover reports from different states and settings. The reported included an estimate of direct care workforce turnover, and included indirect costs. Joe Hogue took the information and made it more specific to Iowa and included updates such as current wages. The Iowa estimate for the direct cost of turnover is \$3,749 per direct care worker. Council members discussed the estimate and assumptions used for the calculation, and the Council agreed that the numbers make sense. There was conversation about the expected turnover associated with the composition of the workforce, and the affect of high school and college student workers on the turnover rate. Council members expressed an interest in including more detail about the causes of turnover with this cost estimate. Furler shared that the rate of turnover used for Iowa, 64%, is actual turnover reported to Iowa Medicaid Enterprise by long-term care providers.

The members of the data committee shared that the methodology in the draft report provides a good description of the calculations and information used. Council members discussed the potential for employers to compare their turnover rates to this average by using the same calculations. Members also discussed that this report will be included in the Outreach Toolkit to be used in presentations and shared with policy-makers.

The Council approved the draft report with the inclusion of more information about the causes of turnover and an explanation of the need to reduce and track turnover, which the credentialing system will address. Furler noted that the changes will be made, and she will send out the final product by email.

Before breaking for lunch, the Council had a brief discussion on the proposed schedule for 2011-2012. Findley noted that some DCP's have to take paid time off, which affects their ability to participate. She suggested that the state provide stipend for members who take time off to attend the meeting. Drinnin will see what is possible. Furler noted the importance of demonstrating the value to employers of having a worker represented in the process.

Committee Work Sessions

The Council broke into Outreach, Governance, and Curriculum committees for work sessions.

Committee Updates and Discussion

Governance: Instructor Diagram and DCP Service Continuum

Furler presented a visual diagram explaining the instructor system for Council feedback, noting that the Council made valuable adjustments at the last meeting. Members expressed approval. Stineman asked about the requirement that instructors have taught five courses, and how long that would take. It varies from six months to a couple of years. Stineman said that sounded reasonable.

Furler presented the Continuum of Service diagram for Council feedback, noting that the committee adjusted it to reflect the workforce in Iowa. The diagram is intended to give a sense of who makes up the direct care workforce and depict its diversity for those unfamiliar with it, and therefore it should be a simple overview. Specific revisions were offered and agreed upon. A question was raised on whether shelters and juvenile justice homes (which had not been previously discussed but involve DCPs) should be included, and it was agreed that they fall under the general term of "group homes." The Council discussed whether the term "semi-independent living" needs to be defined. This document is intended to be simple and informative for unfamiliar audiences, not to be very detailed; it was decided to leave it as is. Confusion was expressed about the subcategories under "Home and Community Based Settings," and members discussed possibilities for reorganizing. Furler will work on the agreed-upon revisions.

Furler shared that SPPG will be developing a diagram that demonstrates the continuing education requirements. Clevenger and Garske have volunteered to assist with this. The Outreach Committee had discussed providing examples of existing training that would meet the requirements.

Curriculum: Core

Stineman updated the Council on the Curriculum Committee's progress. The Committee had a full-day meeting last month where they edited curriculum units and ensured the material is relevant to the four guiding principles. Today the Committee worked on the Mobility and Documentation units (the fifth and sixth units). The goal is to finish by the end of the month. The Committee discussed teaching toolboxes for the fifth and sixth units.

Stineman asked the Council about the idea of providing the curriculum on a CD or flash drive so all the handouts and teaching toolboxes could be included, rather than distributing paper copies. Members expressed approval, noting that the materials should not be able to be edited by instructors. A Jeopardy-style game corresponding to curriculum was demonstrated as a study tool. The Committee is developing many instructor tools like this.

Outreach: Toolkit Draft

Rich updated the Council on the Outreach Toolkits being developed, noting that much of the Council's previous work has gone into the documents in the toolkit. It includes graphics and summary documents introducing and explaining key elements of the Initiative, three different PowerPoint presentations targeted to different audiences (general, DCPs, and providers/employers), an outreach guidebook, and tips for giving presentations. An FAQ document is still under development. An outreach training will be provided for Council members. The toolkits will be given to Council members and field teams. The tools can be customized for presentations to different audiences – for example, supplemental slides can be added to the PowerPoints to address information a certain audience would be most interested in. The guidebook is intended to help those giving presentations and conducting outreach to choose the most relevant methods and materials to use with a particular audience. Rich also discussed ordering small giveaways with the Initiative website printed on them to raise awareness.

Recommendations Remaining Related to Governance: Board, Appeals, Equivalency, and Timeline

Furler reviewed that Marvin Firch from the Iowa Department of Public Health presented at the last Council meeting on the rules and responsibilities of professional licensure boards and asked what members thought of the presentation. Members expressed surprise at a relatively low number of average complaints. Aulwes shared a comparison with the number of complaints the nursing board receives on nurses and nurse aides, which is significantly higher. Members found the presentation fairly useful, while Furler noted the explanation of the process for handling complaints was particularly helpful.

Wells noted that there were very few questions from DCPs. Salasberry wondered how the requirement that the governor appoint board members based on geographic, gender and political distribution would affect the DCP board, where it will be more important that different areas of the profession are represented. Furler noted that the board's rules will require representation from certain professions. Furler noted that many of the pieces of the board's responsibility are already in place thanks to the Council's work.

Furler and Drinnin presented the common set of rules that any board establishes and the defined process for adopting them. There is work the Council can do ahead of time to "vet" the rules and ensure stakeholder agreement before the official rules process, so the Council will be involved in facilitating that input. Rules unique to the DCP board were presented, including licensure, continuing education, discipline, and practice chapters. The Council has already done much of this work, and the Governance Committee has identified the gaps that need to be filled. The deadline for board implementation thus far has been July 2014, but the process will begin next year.

The Council then viewed and discussed proposed rules in the following areas.

Licensure/Credentialing

The requirements for credentialing have been completed in the form of the career pathways. Other elements will be examination (to be determined as curriculum is developed), reciprocity, and renewal.

Reciprocity

Reciprocity involves establishing equivalency for evaluating DCPs from other states who apply for a credential. Furler asked for initial thoughts on how to approach equivalency. Wells shared his experience as a DCP transferring to Iowa from another state, stressing that credentials that will transfer from another state to Iowa must be very clear to the DCP from the beginning – he had certifications that were unique to another state that did not transfer, but he was not informed that they would not transfer until he arrived and he lost those credentials. Aulwes explained how reciprocity works in nursing, noting that in other professions, each state has a board for that profession that can provide information on individual applicants, but the lack of DCP boards in other states will be a challenge for DCPs. CNA credentials will not necessarily automatically qualify for transfer in Iowa; CNAs may have to do additional training to meet a different standard (different content rather than more hours), so the board must adopt a reciprocity plan. Drinnin stressed the importance of establishing an efficient process for the board, so they do not have to sift through educational histories for every applicant.

The Council agreed to adopt reciprocity for all roles and all credentials. The Council developed the following initial list of components of reciprocity (elements that will be considered to determine that a person qualifies for the credential):

- National credentials: match competencies from NADSP, CDS, HPNA, etc.
- Application
- Other states: CNA

Furler stressed that this list is a starting point to build on.

It was asked if the grandfathering procedure could be repurposed for developing equivalency guidelines and a process for reciprocity. For example, the capabilities of the IT system where DCPs check off the functions they've performed as a first step toward applying for a credential could be used for reciprocity as well. This was thought to be a promising idea. The following information about an applicant would be needed for validation:

- Employment history
- Education/training

- The applicant would need to take the competency portion of the exam or take the training.

It was asked whether there would be a way to pilot a reciprocity agreement with other states to gather input on its effectiveness, and Drinnin affirmed that it would be beneficial to talk to Iowa's border states about such a plan.

Renewal

A summary of the license renewal process for the cosmetology board was presented as an example, and members discussed how the elements would apply to DCPs and adjustments that would be needed. Key discussion points:

- DCPs could indicate their preference of receiving communication on renewal via email or mail.
- The timeline for renewal is open to discussion – that is, whether everyone has the same renewal date or if an individual's renewal date is their birth month. Members favored the idea of having renewal in a DCP's birth month for ease of remembering and for consistency with comparable boards, as long as this is practical for cash and work flow purposes.
- For the timeline of renewal, endorsements could present an issue.
- A national credential does not supersede the state requirement. DCPs must still meet the state requirements and renew the state credential to maintain their Iowa credential.
- Employer access to DCPs' renewal dates was discussed as potentially beneficial – for example, a DCP could be allowed to verify their employer so the employer could access limited information from their profile and help keep track of their renewal date.
- The Council generally favored renewal every two years for consistency with CNAs and all of IDPH's other boards. However, Salasberry noted that nurses renew their licenses every three years, and thought DCPs should not have more expected of them than nurses.
- An even distribution of CEU hours over the credential period will not be required. For example, DCPs do not have to do a certain number of hours per month; they just need to obtain the required number of hours by their next renewal date.
- The late renewal window (grace period) for other boards is 30 after renewal date. Some concern was expressed that this is a rather short window and 60 days might be better. Late renewal fees vary among other boards and the fee structure for DCP credentialing will be discussed later.
- Regarding reactivation, there are a variety of possible approaches.
 - There was discussion that reactivating a credential after losing it should be as easy as possible for a DCP, since it is a goal to provide as much accessibility to credentials as possible to DCPs currently in the workforce and those wanting to reenter it; Peters expressed a desire to avoid creating more barriers to reentering the workforce or making it punitive, while still maintaining standards. Other members agreed but suggested that continuing education should be required after five years of inactivity.
 - Members discussed whether rules should specify that education must have occurred within a certain timeframe before applying for reactivation. It was expressed that the board should not require less of people who let their credentials expire and reactivate them than people who keep up with renewals. There is a financial penalty to let a credential expire and then reactivate, as opposed to keeping up with renewals.
 - DCPs who want to take time off for other life events should be penalized with a reactivation fee. Furler noted that because some credentials are voluntary, there should be an incentive for DCPs to maintain it. Drinnin pointed out that a reactivation procedure will serve as a tool for keeping track of the workforce.
 - Aulwes shared that a nurse can apply to become inactive if he or she wants to take time off; this solves the problem of nurses being counted in the workforce when they are not working, but it keeps them from having to pay a penalty when they rejoin the workforce.

- This rewards people who plan ahead. An option for DCPs to proactively choose to become inactive was thought to be a promising idea and will be considered.
- The Council agreed to have only one category for reactivation instead of separate requirements for DCPs who have been inactive for under five years or more than five years.

Continuing Education

Rules for many of the sub-elements of Continuing Education have already been decided, such as requirements, standards, and auditing. The rules for exemptions of education requirements, including automatic exemptions (involving factors such as military service) and disability/illness exemptions, used by other boards were discussed and no concerns were raised.

Discipline

The grounds for discipline for licensed social workers that also apply to DCPs were adapted for consideration. In several cases a DCP credential is voluntary, so experts will be consulted on how to handle discipline guidelines. It should not be construed that a person can be disciplined for practicing certain functions without a credential. Drinnin is gathering more information about the methods of discipline used; common methods were summarized. Requiring additional education or training is seen as a good method for this workforce, as a positive way to build skills. Factors the board should consider when making discipline decisions at their discretion were summarized.

Public Comment Period

No members of the public were present.

Upcoming Meetings

Council members were asked to review proposed meeting dates for the next fiscal year and notify SPPG of any major conflicts. June 9 is the last meeting of this fiscal year.

Meetings are the second Thursday every month for either the Council or Committees. All meetings will be scheduled from 10am to 3pm, unless otherwise noted.

Thursday, June 9, 2011

Proposed Meetings for 2011-2012

Thursday, September 8, 2011

Thursday, October 13, 2011

Thursday, December 8, 2011

Thursday, March 8, 2012

Thursday, June 14, 2012