

**Meeting Notes**  
**Thursday, December 8, 2011**  
**10:00 – 11:30 a.m.**



**Online via GoToMeeting**

**Council Members**

Ann Aulwes-Allison  
Erin Drinnin  
Meredith Field  
Di Findley  
Terry Hornbuckle  
Melanie Kempf  
Anne Peters  
Ann Reilly  
Suzanne Russell  
Lin Salasberry  
Marilyn Stille  
Teresa TeKolste  
Pat Thieben  
Mike Van Sickle

Amy Wallman-Madden  
Anthony Wells

**Guests**

Josh Bronsink, Senate Republican Staff  
Pat Funaro, Legislative Services Agency  
Bill Nutty, Iowa Association of Homes & Services  
for the Aging  
Doug Sample, Olmstead Task Force

**Staff**

Stacie Bendixen  
Erin Davison-Rippey  
Jennifer Furler  
Michelle Rich

**Pilot Update – Timeline, Curriculum Development**

Erin Drinnin, Iowa Department of Public Health, provided a summary of pilot activities. Planning is in progress for curriculum and training delivery. Instructors will be trained in February 2012; curriculum must be finalized before training instructors. The Board of Direct Care Professionals will be established in May, assuming the legislation has gone into effect (it is important for members and advocates to continue their outreach to ensure this happens).

On the IT system, a full analysis of the “behind the scenes” pieces has been completed, and next the front-end user interface will be analyzed. This is expected to be completed by June.

Assuming the Board is established this legislative session (passed by the Legislature and signed by the governor), board appointments would be complete by December 2012. The board would then begin to write rules at the start of 2013. Grandfathering would begin in the middle of 2013 given this timeline. The new system will be in place by January 2014.

In curriculum development work, Curriculum Director Anita Stineman is pulling together experts in work groups to develop each module. Guiding principles of the work groups include that the content is relevant to work of a DCP, it is essential information (it does not overload with information; the pathway structure allows graduated learning), the language is at the appropriate level and inclusive for all settings, and existing best practices are incorporated. When a working draft of a module is complete, it goes to the DCP Educational Review Committee of six, composed to reflect the board makeup as closely as possible. That committee provides feedback on curriculum, serving as a “reality check” – they review the module to ensure the material is relevant and the language is appropriate. The next round of review occurs with a resource group, for which Stineman is seeking volunteers. There has been one meeting of a resource group so far to give feedback on the curriculum.

The curriculum is then implemented at the pilot sites, with instructors giving feedback as they are trained on the curriculum and then deliver it. Instructors will meet regularly to provide feedback and add to the curriculum, provide resources to it, and strengthen it. Curriculum development should wrap up in February 2012. The Health Monitoring and Maintenance module is not part of the current grant, but the Council has partnered with Northeast Iowa Community College to develop and test that module (a timeline has not yet been determined).

### **Outreach Update – Webinars, Ambassadors, Board Support**

Jennifer Furler, SPPG, stressed that outreach has been a main focus and will continue to be the focus of the Direct Care Workforce Initiative from now on. A lot of help is needed to engage people statewide in supporting the Initiative. Two informational webinars on the Initiative were conducted in November for DCPs. About 60 to 70 people participated; it was very productive; participants asked good questions and there was good discussion of the issues from the perspective of DCPs. A recording of the webinar is available on the IDPH Direct Care Workforce Initiative website; it is a great resource for those wanting to learn more about initiative, and members are encouraged to share it. Tony Wells was thanked for presenting much of one of the webinars, as was Lin Salasberry for contributing her insight.

Ambassadors: meant to create a statewide team for outreach, training people to do local outreach and help engage employers and DCPs. Have done one orientation in Iowa City for first cohort of ambassadors; one in Des Moines next week. Great representation of different settings. Will send Council the list of ambassadors. Will do regular virtual meetings with them. For some it's their first exposure to the details of the recommendation. Have pretty good geographic diversity of ambassadors statewide. Ambassadors are reimbursed for expenses.

Furler and Drinnin have been doing lots of meetings and presentations on the Initiative, and are eager to hear from Council members about these kinds of opportunities, as well as conferences, associations' webinars for members, and so on. Council members were asked to get involved in these presentations and deliver information to their peers.

Furler and Drinnin have been working very hard on gathering support for the Board of Direct Care Professionals and securing individuals and organizations to sign the letter supporting legislation that will establish the board. About 200 individuals and organizations have signed on. Members were asked how they were doing with recruiting supporters. Pat Thieben, Iowa Department of Education, said she took it to program management committee, but did not have enough information to get them excited about it. She provided information about the Health Occupation Educators Conference on June 21 and 22, 2012, which would be a good opportunity to exhibit or present. Wells said he was trying to get his the parent corporation of his employer (Care Initiatives) to sign on and has to go through channels of authority; they will probably want more information, and Wells will help arrange for a presentation on the Initiative. Salasberry has brought 14 signers in. Anne Peters said Home Instead Senior Care is hosting a viewing of webinar for DCPs and will have computer available afterwards for DCPs to sign on in support. This is an ongoing effort to engage people with no set deadline, but the sooner the better, because the goal is for the Legislature to pass this legislation in the session that starts January 9, 2012.

The Advisory Council's final report due March 1. Furler is scheduling meetings with legislators to update them on the Council's progress. She will ask Council members to help with some of those meetings and to follow up with legislators. The more supporters who are signed on before these meetings, the better.

### **Grandfathering Approach**

Because the IT system cannot do a skills checklist to determine where people seeking to be grandfathered fit, there will be a separate online questionnaire or survey for people to input their skills and experience and have the system determine where they fit in the pathway. The governance committee recommended that the DCP Educational Review Committee extract skills from each curriculum module to be put on the checklist; credit for a module will be given if 75% of the skills listed in that model are checked. This method will be pre-tested to determine feasibility and make sure it matches with the intention.

It was clarified that a fee will be due right away when someone receives a credential through grandfathering. Fees need to be collected right away for the board to be self-sustaining. Fees are structured so that earlier grandfathering is discounted as an incentive – there is a reduced fee for grandfathering during the first year. All the fee information was presented at the October meeting.

Concern was expressed about a caregiver for a disabled person suddenly not being allowed to provide care when this takes effect. The Council has talked about not taking a penalizing approach; the first steps would probably be to educate caregivers on the new system, including the training needed and how to access it, and to answer questions and provide technical assistance for caregivers navigating the new system.

It was suggested that a list of questions that will need to be determined by the board be compiled so the board can address those things right away when they convene. This was agreed upon as a good idea.

It was clarified that the credentialing “mandate” applies to anyone who is compensated for direct care; the Council has never stipulated that it only applies to publicly funded workers. The only exemption, which was discussed at the last meeting, is family members providing care who are compensated through the Medicaid Consumer Choice Option. “Family” has not been defined specifically; it will be defined in the rules laid out after the board legislation is passed, but the definition will probably be rather broad. Medicaid most likely has a definition.

When concern was expressed about losing workers because of having to pay these fees, it was reiterated that this initiative has a dual focus on both recruitment and retention (making the profession more attractive), with the goals of keeping people in the field. The goal is to create a system that addresses the common challenges of the field, such as the challenges for consumers and employers to find direct care workers.

## **Code of Ethics**

Members should have a draft of the Code of Ethics. As many existing codes as possible were considered when drafting this, such as the Iowa CareGivers Association’s code, codes for direct support professionals and CNAs, H.O.P.E.’s code, and codes for similar professions such as nursing and peer support. During drafting, there was some discussion about what this code is and its purpose. In the Core, which discusses the direct care system as a whole, a code of ethics should be included. The draft code is intended to be forwarded to the board for approval. However, the adoption of a DCP code of ethics does not mean that DCPs cannot refer to other applicable codes of ethics and use them as resources. The desire was to keep the code simple and easily understandable. It includes two parts: Principles of practice (ethical standards and values that guide to profession) and Responsibilities in the Practice of Direct Care (responsibilities DCPs are expected to undertake – responsibilities to individuals served, to employers, and to the profession). Drinnin reviewed the code in general.

Wells commented that this code of ethics feels reinforces that DCPs have “arrived” as a valued entity in health care. Feedback was provided on wording about not performing tasks beyond the scope of the

profession or a worker's qualifications. Furler noted that the code is a great tool for use in the Core curriculum to bring training to life – DCPs can think about how they would handle various scenarios. There was discussion about environmental and chore services: They are not direct care functions on their own, but they can be as part of a continuum of services. Should the code of ethics encourage DCPs to perform duties that are not necessarily part of their job but are important for client safety (such as shoveling snow)? That is up to individuals and employers. Further comments on the code of ethics can be sent to Furler.

### **Scheduling and Upcoming Activities**

A meeting via Go To Meeting will be held on February 9 at 10 a.m. (till noon or perhaps shorter) for review of the final report. A draft of the final report will be distributed in January for the Council to review prior to the discussion.

### **Upcoming Meetings:**

Thursday, February 9, 2012 (online via Go To Meeting)  
Thursday, March 8, 2012  
Thursday, June 14, 2012