

Meeting Notes
Thursday, January 13, 2011
10:00 a.m. – 3:00 p.m.



Johnston Public Library
6700 Merle Hay Road
Johnston, IA 50131

Present

Cindy Baddeloo, Iowa Health Care Association
Matthew Clevenger, Direct Care Professional
Jane Coy, Iowa Health-Des Moines
Greg DeMoss, Iowa Department of Inspections and Appeals
Erin Drinnin, Iowa Department of Public Health
Meredith Field, Center for Disabilities and Development
Di Findley, Iowa CareGivers Association
Vicky Garske, Direct Care Professional
Terry Hornbuckle, Iowa Department on Aging
Melanie Kempf, Local Long Term Care Ombudsman
Julie McMahon, Iowa Department of Public Health
Anne Peters, Home Instead Senior Care
Ann Riley, Center for Disabilities and Development
Lin Salasberry, Direct Care Professional
Marilyn Stille, Northwest Iowa Community College
Teresa TeKolste, Mosaic
Amy Wallman Madden, H.O.P.E.
Bev Zylstra, Iowa Department of Inspections and Appeals

Guests

Heidi Barrett, Iowa CareGivers Association
Bill Nutty, Iowa Association of Homes and Services for the Aging
Lila Starr, Iowa Department of Human Services
Vicki Wildman, Iowa Health Home Care

SPPG

Amelia Colwell Reedy
Jennifer Furler
Arlinda McKeen
Michelle Rich

Welcome and Overview of Agenda

Furler welcomed the group and reviewed the meeting agenda.

Pilot Update – IDPH

Drinnin noted that two webinars have been conducted on the Request for Information (RFI) responses, which are due January 14. The RFI is an opportunity to seek information from stakeholders, and the upcoming decision will involve where to conduct the pilot. There will be representation from one rural and one urban region in the pilot. There have been about five

responses so far, and there have been more inquiries. Furler noted that once the Department makes a selection, it is hoped that groups will conduct targeted outreach to members in those regions. The Request for Proposals (RFP) will be released in February and is open to individuals and entities in selected regions including those that responded to the RFI, as well as those that did not. The webinar is posted on the IDPH website, and there will be a separate website for the Direct Care Workforce Initiative. The Department is required to report to the Legislature by January 15 on the work of the Council.

Drinnin discussed [House Study Bill 1](#), which has passed the House Appropriations Committee and will move to the House floor. There are cuts proposed to the Direct Care Advisory Council included in it. Zylstra said there is a public hearing next Tuesday on the bill.

Drinnin said that the pilot Curriculum Work Group will be meeting on January 26 and 27 to kick off their activities. She noted that existing curriculum and best practices are welcome as the group develops curriculum pieces.

McMahon noted that Director Newton will be leaving and explained the protocol for transition periods between administrations. Governor-Elect Branstad appointed Dr. Mariannette Miller-Meeks, and her first full day will be Tuesday. She is an ophthalmologist from Ottumwa. Each of the Division Directors serve at the will and pleasure of the Department Director. McMahon noted that the focus has been to keep Miller-Meeks apprised of what is happening in workforce and other public health initiatives. McMahon noted she will do her best to educate the new Director about direct care worker issues.

In 2010, Senate File 2088 reorganized state government. Division 5 of that bill spoke to span of control and directs the supervisor ratio to go to 1:15. Director Newton decided to reach that span of control in early 2011. The Bureau of Health Care Access and the Bureau of Oral Health will be merged to make the Bureau of Oral and Health Delivery Systems. Bob Russell will be the new Bureau Chief. Doreen Chamberlin will serve as Bureau Coordinator and Executive Officer. The Bureau will include the oral health, workforce, and health care access initiatives. They are going to blend funding where they can to achieve some efficiency. They now have a 1:19 supervisory ratio. There was a question about how long Senate confirmation takes, and McMahon noted the process will likely begin soon. The entire process could take the whole session. The Governor has to submit appointees by March 15, and action has to be taken April 15.

Appropriations language directed the Department of Management to reduce the state budget by \$84 million. McMahon noted that \$4.1 million represents IDPH's part of that reduction. Eighty percent of General Fund appropriations are used for contracts, so there are challenges to achieving that reduction. There was discussion of the implications of cutting state funding and losing the matching federal funds. There was a question on how a cut to the Advisory Council would impact the work. A NOBA was released on the subject yesterday. If it went through on \$105,000, it impacts ICA, SPPG, and some IDPH expenses. They are hoping to distribute the cut (if it goes through) to have the least amount of impact. Findley said that there is a misconception that federal funding could replace state funding, when in reality, they address different parts of the work. There was a question about whether the HRSA grant depended on the funding of the Affordable Care Act, and it was noted that it would.

Council Member Legislative Priorities – Sharing and Discussion

Furler thanked the Department for their dedication to the effort and asked the group to share legislative priorities. Kempf noted that the Senior Living Trust Fund monies are out this year, and there will be an effort to fund those direct services. Baddeloo said that the DHS eligibility process was supposed to be streamlined, but eligibility is backlogged by three months, and the implications for nursing facilities are huge because of not having the funding to meet payroll. Kempf said as an Ombudsman, she is hearing that issue a lot. A facility can cost \$3,000-7,000 per month, and that is billed privately prior to approval for Medicaid. To meet payroll, the facility has to borrow money.

Findley said ICA's priorities are quality care, improving education and training for direct care workers, and improving health and access of direct care workers to health care. She encouraged people to attend the hearing on Tuesday night. Furler noted that if folks need resources to share, SPPG is happy to help.

Nutty said they are focused on Medicaid reimbursement re-basement. They are looking at adult day services, especially in rural areas of the state and are hoping to relax regulations in underserved areas to enable providers to develop programs. They are looking to fund a demand survey of long-term care needs in future years. They are hoping to enhance consumer protection in assisted living settings, expand HCBS services, and expedite criminal background checks. The Medicaid approval lag has been an issue for them, and the new gun laws have implications for facility security.

Furler asked the group to help recruit applicants for the Direct Care Educational Review Committee. There will be an ad-hoc committee that will review applications. It is hoped that the committee will be made up of direct care professionals primarily. There was discussion about conducting outreach on the use of DCP. Hornbuckle, Clevenger, and Findley volunteered to review applications.

Mental Health Training Needs Survey – Lila Starr, Iowa Department of Human Services

Starr introduced herself and the Iowa Coalition on Mental Health and Aging. She directed group members to resources and ICMHA's website. She noted that people are hungry for training; they did an ICN training on mental health and aging that included 600 people. They have contracted with the University of Iowa Center on Aging to conduct a survey on older adult mental health training needs. They hope to survey facilities on the prevalence of mental health diagnoses, training resources and needs, and training formats that are helpful. They hope it will be timely with the Olmstead-related MDS (Minimum Data Set) 3.0 requirements. The project will be completed by May, and the survey will be distributed in February. They are looking for help in disseminating the survey. There was a question on targeted respondents, and Starr noted that providers, hospital discharge planners, case managers, Area Agencies on Aging, and people who provide services to older adults will be targeted.

She asked how the survey can best resonate with people and what questions would be useful to ask. A guest said that reliability in evidence-based assessment of mental health needs is an issue and could be addressed. Findley asked if they could track respondents by title and noted that direct care professionals' ideas of training needs can be different from administrators' ideas. Starr thanked her for that feedback and said there will be an opportunity to designate their current roles. The group gave suggestions for setting and profession options. Findley

noted she would be happy to share questions from a recent survey of direct care professionals. Baddeloo noted that to get people to fill out a survey, there needs to be a clear outcome. Starr said that they hope to know how best to provide and push out training on mental health and aging. Field highlighted the need to address co-occurring disorders. There was a suggestion on options for a question on barriers to training.

Advisory Council Interim Report Draft – Review and Discussion

Furler said the interim report is due to the Legislature on March 1. They wanted progress on the components of the board, information management system, outreach and education, and workforce data. Furler introduced the Information Management System section of the report. Zylstra noted that there will be a need to reword the section on the interface with the Registry to explain the agencies are working together to explore the possibility of the interface. Findley suggested adding the explanation that the Registry is federal mandated. Field suggested mentioning the interface of learning management systems. Riley suggested defining AMANDA and asked if the direct care professional has to be currently employed to be grandfathered. Furler noted that it involves any employment within the last five years. Riley suggested adding that the grandfathering process is hoped to bring people back into the field. DeMoss agreed that recommendations will need to be very specific.

Furler introduced the Pilot Project section of the report. Findley suggested adding more detail about the amount, duration, and purpose of the grant as it relates to work done with state appropriations. McKeen asked whether it should be explained that the pilot language and implementation steps need to be clarified, and McMahon said she thought that was necessary. She suggested including the history and ability to receive the HRSA grant based on past and future efforts. McMahon said she was somewhat hesitant to confuse legislators with federal grant information because of the muddying of the issues. McMahon suggested including the steps to increase professionalism and visibility of the field to hopefully contribute to job attainment and retention. There was discussion of the need for a summary to highlight the key information. Zylstra suggested including the methodology for workforce data in an appendix.

It was stressed that legislators are not likely to read a long report. Furler noted that SPPG is planning to develop an executive summary to summarize the longer report.

Riley suggested clarifying that the pilot is testing only a few of the Advisory Council's recommendations and is not intended to target CNAs and other DCPs. Also suggested was clarifying that different modes of training would be tested through the pilot and this was because of the rural nature of the state.

Findley asked about the use of career pathways. Furler stated that the term is used commonly along with such terms as career ladders and lattices.

Field noted that CDD and the Iowa CareGivers Association are working together to align mentoring efforts between the College of Direct Support and pilot activities.

Riley suggested making it clear that the pilot would use the information management system being developed for this specific Initiative for grandfathering. Wildman suggested that the information management system allow employers to access competencies to ensure that employers can be assured that the worker is competent.

Wildman asked if there would be a financial market analysis to determine the level of reimbursement the market is willing to bear for this level of training. Field noted a return on investment study that is being implemented for the CDS pilot and that will align with this pilot. Findley also noted the ICA wage and benefits surveys that have been done.

McKeen walked the group through the Workforce Data sections. Field stated that the critical context section is most important. Riley agreed that it was important to stress that this is only a portion of the workforce based on known, available data. McKeen noted that this data is meant not to exaggerate numbers, but to make clear what has been counted.

McKeen asked how the group thought the methodology section should be presented. Riley suggested an appendix be added for those sections that are deemed less necessary. Furler noted that some of that information needs to be stressed in the report because legislators need to know the origin of the titles. Field suggested moving up the critical context piece. Nutty agreed that the methodology should be moved to the end or as a footnote. McKeen suggested moving the order and combining sections to allow for easier, more interesting reading. The recommendations would follow the critical context, which would be moved to the beginning of the sections.

Riley noted that there are duplications throughout the report that she has noted in a hard copy. Salasberry noted that the term Certified Nursing Assistants is used for the first time on page 13. Salasberry also noted the overuse of acronyms. Stille agreed that many acronyms are confusing. It was suggested that the executive summary not include acronyms.

Starr noted that the demographic estimates do not seem to be considered in the other workforce estimates. McKeen stated that the workforce numbers are only estimates based on historical projected growth, not based on assumptions of demographic shifts. Field also suggested adding that the U.S. Department of Justice's implementation of the Olmstead decision will also increase demand. Findley suggested de-wonking the report.

The group discussed the 25,000 number provided by the Iowa Association of Community Providers (IACP). Riley suggested that the report clarify that it is not clear on how many of the actual workforce is measured by the survey tools. Findley suggested including a graphic depiction of the fragmented data collection for this workforce. Field asked to include links to the CMS direct service workforce website.

DeMoss noted that the Health Insurance Portability and Accountability Act (HIPAA) will impact what information can be shared with the information management system. McKeen explained that would be considered as the system is developed. Field also suggested including detailed information on the seven waivers, since they represent nearly 25,000 people. Peters suggested being as clear as possible about the cost of the information management system and that the Advisory Council funds do not include funding for it.

Rich highlighted the Outreach section of the report. Field suggested reworking the order of the outreach activities planned and focus groups. Riley suggested adding the words "legislatively established" to the explanation of the Advisory Council and Task Force. Rich noted that she hoped to include a list of accomplishments related to outreach. Riley suggested showing the progression of the work throughout its history. Findley suggested including an emphasis on the importance of continuing the work, especially in communication to the Legislature. Riley

suggested adding a list of committee members, and Peters asked if there was a way to estimate the number of hours committed to the effort.

Furler provided an overview of the Governance section. Findley stated that it should be stressed that a new system is being established, rather than building on an existing one. Findley also asked that it be noted that the system should support workers to stay in the profession. TeKolste agreed that the new system is being developed within existing structures, but it is a matter of reorganizing and coordinating. DeMoss noted that some CNAs have called in to the Registry and are confused about the locus of certification systems. Riley also noted that the system is aligning with national standards. Field added that the size of the workforce is inconsistent throughout the report. TeKolste suggested stating that "if it isn't already, direct care will be the single largest workforce."

Field suggested that the credentials be differentiated from the career pathways. DeMoss had a question about the second bullet point under personal support and asked if it is important to define active certification status. Furler explained that active certification status would involve training under the core and would clarify that in the report. Findley asked about the peer review process. Furler explained that it is a requirement of curricula providers that peers have been involved.

Public Comment Period

There were no comments from members of the public.

Committee Work Sessions (Data, Governance, Outreach, Curriculum)

Time did not allow for committee work. The Advisory Council adjourned at 3:02 p.m.

Upcoming Meetings: Second Thursday every month for either Council or Committee Meetings. All meetings will be scheduled from 10am to 3pm.

February 10, 2011
March 10, 2011
April 14, 2011

May 12, 2011
June 9, 2011