



**Olmstead Consumer Taskforce Position Statement:
Direct Support Professional Workforce Development
[Adopted September 14, 2012]**

Many people with disabilities depend on direct support professionals in order to remain in their own homes in the community. A shortage of workers, vulnerability to no-shows, and workers inadequately prepared for the job are serious issues for both consumers and for community providers supporting them. On these issues disability advocates and community providers share common ground with advocates for direct support professionals interested in improved pay, training and on the job supports. There are other factors that tend to give many people with disabilities a different perspective on such issues as credentialing, and who is to bear the cost of the workforce initiatives. These factors include the limited resources available to HCBS Waiver participants for their supports (e.g., the caps on waiver service funding and on individual waiver services), the desire for maximum influence in the use of those resources, and the complexity of the supports required by many individuals with disabilities for successful community living. This makes flexibility and self-direction in personal assistance essential.

Training

Direct support professionals (DSPs) need to be better trained to provide supports and services more competently. Competency-based training will equip DSPs to better support people in the community, including individuals with challenging behaviors. Confidence in their abilities will reduce staff turnover, and the development of their skills and abilities can provide further justification for adequate compensation for their important work—a need that has not been sufficiently addressed over the years by the Iowa Legislature. The Olmstead Consumer Taskforce supports an increase in provider reimbursements based on an increased percentage of staff acquiring competencies, documented through internet based tracking of training and pre-and post-tests.

Best practices for training of DSPs in HCBS settings

Providers are looking for online training, available 24/7, to meet their need to hire and train new staff quickly, efficiently and cost effectively. Waiting for enough people to hold a class or sending them to a community college, as envisioned in the proposed credentialing system, is an obstacle to organizational productivity. Training should be based on nationally recognized sets of core competencies for all DSPs in community settings, who provide supports as wide ranging as job coaching, homemaking, positive behavioral supports, and assistance with personal hygiene. Such a curriculum should be supported by a national board of content experts to review and revise it regularly. These

features are part of the existing web-based College of Direct Support, developed specifically for HCBS provider staff, 5,000 of whom are now enrolled in pilots throughout Iowa.

Credentialing: the potential for unintended consequences

The Taskforce recognizes that the proposed credentialing system for DSPs is intended to help create career ladders for individuals committed to the profession (enhancing respect for the field in the process), and to facilitate the portability of qualifications across service settings. As currently proposed, however, credentialing would result in significant unintended and harmful consequences for people with disabilities and the community providers trying to serve them.

- The Direct Care Worker Advisory Council has proposed that DSPs be required to shoulder the cost of training and credentialing. Because many DSPs live near or below poverty level, paying for and maintaining active certification would be a critical burden—and often a reason to leave the field.
- Every DSP, except those supporting family members in the Consumer Choices Option (self-direction), would be required to complete the core training and pay a fee to the credentialing board, plus the fee for a criminal background check *prior to beginning paid employment*, creating 6-8 week delays before an individual could provide service to people living in their own homes needing personal assistance. This provides a further incentive to avoid and/or leave the field. It would dramatically reduce—and possibly eliminate—the pool of part-time workers such as college students and retirees, commonly hired by community providers. Such workers are often not engaged in direct support as a career path.
- This burden would be particularly onerous for DCWs with cognitive or intellectual disabilities who may be working successfully under CCO and CDAC. These workers should not be subjected to a standardized competency test.
- The risks of a credentialing system related to defined scopes of practice need to be recognized. Voluntarily credentialed workers, who see this as a career and who eventually will benefit from higher compensation, might still have such narrowly defined scopes of practice that two (or more) workers would be needed in place of just one. Unless caps on waivers are removed, this could have the unintended consequence of reducing the number of hours of service a consumer gets. As an example, a DSP credentialed to do homemaking chores wouldn't be allowed to do personal attendant services like helping someone get dressed.

Philosophical differences between facility-based care vs. HCBS services and supports

The credentialing system appears to be mistakenly focused in the belief the end user is the DSP, not the consumer. Facility-based long-term care follows a medical model in which trained providers are focused on meeting the safety, health monitoring and treatment needs of residents, or to help older adults with personal care, whereas HCBS workers support and sometimes coach the people they serve to promote their

independence, community integration and choice in **all** aspects of their daily lives. DSP training must be founded on principles of consumer control, based on the needs and choices of the end users—individuals with disabilities. The make-up of the proposed credentialing board does not even require including individuals with disabilities and this is a significant flaw. Allowing the voice of the end user in the process of developing concepts and programs is rarely a misguided effort.

The philosophy behind the proposed credentialing system runs counter to federal policy, which has been shifting for at least a decade in the direction of greater consumer control over supports and services. Limits on whom consumers may hire, and for which tasks, is contrary to this trend.

Recommendations on registration and credentialing

The Taskforce supports the concept of a Registry for all direct care workers (for an accurate count of full and part time workers in the field), but recommends that part-time workers not be charged a fee for registration. Employers should continue to do the criminal background check they are required to do; DSPs should not have to pay for an additional criminal background check in order to register. The Taskforce does support credentialing fees for workers who *choose* to complete the advanced and specialized trainings, in order to have a career ladder to achieve advancement in the field.

Until the impact of a credentialing system on people receiving home and community based supports is thoroughly understood, the Olmstead Consumer Taskforce recommends that plans for its implementation be suspended. In lieu of total suspension, the Taskforce recommends at least limiting the proposed credentialing system to CNAs, who are currently paid more than direct support workers for people with developmental disabilities, and who have demonstrated interest in a career track. HCBS workers who are not CNAs should be allowed to pursue credentialing on a voluntary basis. The Olmstead Consumer Taskforce will vigorously oppose mandatory credentialing for non-CNA workers in home and community based settings.

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Supporters of this Position Letter

1. Brain Injury Alliance of Iowa
2. Heritage Area Agency on Aging
3. Iowa Statewide Independent Living Council (SILC)