

Activities of the Direct Care Worker Advisory Council: Update and Report



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Table of Contents

Executive Summary..... 3
About the Direct Care Worker Advisory Council..... 4
Update on Council Activities..... 7
Federal Grant Pilot Project.....11
Contact Information.....12

Executive Summary

The Direct Care Worker Advisory Council established in 2008 was developed in response to data indicating that an additional 10,000 direct care workers are needed by 2016 to meet the growing demand for home and community based services in Iowa. According to the U.S. Department of Labor, Iowa's direct care workforce today totals at least 42,400 workers and is larger than almost any other occupational grouping in the state.¹ The lack of standardized training for direct care workers has contributed to public and consumer misunderstanding about the training and skills of workers and significant retraining costs for employers. Turnover rates for the profession hover around 50 percent and recruitment and retention is challenging because of low wages and physical demands.

Iowa has been proactive in addressing these issues by creating the Council to make recommendations regarding education, training, and credentialing of the direct care workforce. The goal of the Direct Care Worker Advisory Council is to develop a training and credentialing system that is nationally recognized, provides responsive and flexible training, promotes the highest quality of care, and develops career pathways to professionalize the direct care workforce in Iowa.

The 2010 General Assembly in House File 2526 required the Iowa Department of Public Health to establish a Board of Direct Care Workers by July 1, 2014. To assist in that effort, the Council was charged with

- Estimating the size of the workforce
- Identifying information management system needs for the eventual board
- Piloting training and credentialing recommendations
- Conducting education and outreach
- Further developing recommendations regarding the governance and regulation of direct care workers in the state

Since July 1, 2010, the Council has made significant progress on these activities and IDPH was successful in securing federal funding to conduct a pilot of the Council's recommendations. Iowa was one of only six states awarded the Personal and Home Care Aide State Training Grant, which is being used to develop a national model of direct care worker training.

This report includes a general overview of progress of the Council and its four Committees – Governance, Outreach, Workforce Data, and Curriculum – on the activities and outcomes outlined in House File 2526. A more detailed report regarding specific recommendations and activities will be submitted by the Direct Care Worker Advisory Council to the General Assembly by the required deadline of March 1, 2011.

¹ PHI (September 2009). *State Facts: Iowa's Direct Care Workforce*. Issue brief. Retrieved from: www.PHInational.org/policy/publications.

About the Direct Care Worker Advisory Council

The direct care workforce provides 70 to 80 percent of the hands-on long-term care and personal assistance delivered to individuals with disabilities and chronic conditions and the elderly in the U.S.² Workforce projections in Iowa indicate the need for an additional 10,000 new direct care workers between 2006 and 2016, mostly in home and community based settings.³ With Iowa's growing aging population and increased emphasis on providing community supports to people with disabilities, it will be critical for the state to have a trained workforce ready to meet these needs. Compounding the workforce challenges are the profession's significantly high turnover rates; for example, nursing facilities in Iowa reported a 64 percent turnover rate of Certified Nursing Assistants (CNAs) in 2009.⁴

In response to concerns about the growing demand for the workforce, the Direct Care Worker Advisory Council (Council) was established in 2008 in House File 2539. The Council is charged with advising the Iowa Department of Public Health (IDPH) regarding regulation and certification of direct care workers. The Council's work has focused on developing a training and credentialing model intended to:

- Develop standardized training competencies for all direct care workers
- Create training that is responsive to changing work environments, job duties and responsibilities of direct care workers
- Reduce the negative impact of turnover and retraining costs for health, support and long-term care providers
- Create a system that cross-trains direct care workers in disability and health fields
- Create accessible training that will positively impact the supply of qualified workers
- Collaborate with national competencies and credentials so that Iowa's training and credentials are portable and can be recognized nationally
- Create statewide recognized credentials that denote minimum training and standards
- Create career pathways that support professionalization of the workforce

In 2010, the Iowa General Assembly passed language in House File 2526 directing IDPH to establish a Board of Direct Care Workers by July 1, 2014. To assist IDPH in this effort, the Council was charged with estimating the size of the workforce, identifying information management system needs for the eventual board, piloting training and credentialing recommendations, conducting education and outreach, and further developing recommendations regarding the governance and regulation of direct care workers in the state.

² PHI (January 2009). *Who are direct care workers?* PHI Facts 3. Retrieved from: <http://www.directcareclearinghouse.org/download/NCDCW%20Fact%20Sheet-1.pdf>.

³ PHI (July 2009). *Iowa's direct care workforce: key facts*. PHI National.

⁴ Iowa Department of Human Services. (February 2010). *Analysis of employee turnover in nursing facilities annual report*. Submitted to the Legislature.

Specifically, House File 2526, Division II Section 2 #4 (Community Capacity) states:

h. (1) Of the funds appropriated in this subsection, \$180,000 shall be used for continued implementation of the recommendations of the direct care worker task force established pursuant to 2005 Iowa Acts, chapter 88, based upon the report submitted to the governor and the general assembly in December 2006. The department may use a portion of the funds allocated in this paragraph for an additional position to assist in the continued implementation.

(2) It is the intent of the general assembly that a board of direct care workers shall be established within the department of public health by July 1, 2014, contingent upon the availability of funds to establish and maintain the board.

(3) The direct care worker advisory council shall submit an interim progress report no later than March 1, 2011, and a final report no later than March 1, 2012, to the governor and the general assembly, that includes but is not limited to all of the following:

(a) Documenting the size of the direct care workforce. The report shall provide the best estimates of the size of the direct care workforce in Iowa by identifying what workforce data is currently being collected, who is currently collecting the data, the gaps in existing data, and the collection methods necessary to address such gaps.

(b) Identifying the information management system required to facilitate credentialing of direct care workers and estimating the costs of development and maintenance of the system.

(c) Reporting the results of any pilot relating to and evaluating the recommendations of the advisory council that address direct care worker training and curricula.

(d) Describing activities relating to developing and delivering an education and outreach campaign to direct care workers and other stakeholders regarding strategies to increase the professionalism of the direct care workforce. The goals of such education and outreach campaign are to bring greater stability to the workforce and meet the needs of direct care workers that exist due to the growth in Iowa's aging and persons with disabilities populations.

(e) Making recommendations regarding the functions and composition of the board of direct care workers, the definitions of and categories for credentialing direct care workers, for deeming the experience level of members of the existing workforce to be the equivalent of other credentials, the form of credentialing to be used, the timeframe for credentialing of direct care workers, and the estimated costs of establishing and maintaining board operations and the methods to be used to fund and sustain such operations.

(4) The department of public health shall report to the persons designated in this Act for submission of reports regarding use of the funds allocated in this lettered paragraph, on or before January 15, 2011.

The Advisory Council meets monthly, and has held six meetings since July 2010. The Advisory Council membership includes broad representation of stakeholders, including direct care workers; educators; employers; other health, support and long-term care representatives; and appropriate state agencies. A list of the members is provided below.

Ann Aulwes Allison, Registered Nurse, Iowa Board of Nursing, Ottumwa

Beth Bloom, Direct Care Worker, West Des Moines

Matthew Clevenger, Certified Nursing Assistant, Certified Medication Aide, Iowa Healthcare Association, Altoona Nursing and Rehab, Altoona

Jane Coy, Employee Relations Manager, Iowa Health – Des Moines, Des Moines

Marcia Driscoll, Registered Nurse, Program Director, HOE, Kirkwood Community College, Cedar Rapids

Di Findley, Executive Director, Iowa CareGivers Association, Des Moines

Diane Frerichs, Council Co-Chair, Certified Nursing Assistant, Restorative Nursing Assistant, Good Samaritan Society of Estherville, Estherville

Vicky Garske, Resident Treatment Worker and Certified Medication Aide, Iowa Veterans Home, Montour

Linda Matkovich, Executive Director, H.O.P.E., Des Moines

Anne Peters, Owner, Home Instead Senior Care, West Des Moines

Susan Petersen, Iowa Alliance in Home Care and Administrator, Girling Health, De Witt

Ann Riley, Deputy Director, Iowa's University Center for Excellence on Disabilities, Center for Disabilities and Development, Iowa City

Suzanne Russell, Council Co-Chair, Registered Nurse and Executive Director, Home Caring Services, Burlington

Lin Salasberry, Certified Nursing Assistant, Des Moines

Susan Seehase, Service Director for Community Support, Exceptional Persons, Inc. and MH/MR/DD/BI Commission, Waterloo

Marilyn Stille, Iowa Association of Community College Trustees and Health Occupations Coordinator, Northwest Iowa Community College, Sheldon

Anita Stineman, Clinical Assistant Professor, University of Iowa College of Nursing, Iowa City

Mike Van Sickle, Iowa Association of Homes and Services for the Aging and Administrator, Bethany Lutheran Home, Council Bluffs

Teresa Tekolste, Quality Assurance Coordinator, Mosaic, Des Moines

Lisa Uhlenkamp, Director, Quality and Clinical Care Services, Iowa Health Care Association, West Des Moines

Anthony Wells, Certified Nursing Assistant, CHPNA, Sibley Nursing & Rehab Center, Sibley
State Agency Representatives

Erin Drinnin, Direct Care Workforce Initiative Manager, Iowa Department of Public Health, Des Moines

Terry Hornbuckle, Community Service Coordinator, Iowa Department on Aging, Des Moines

Susan Odell, Training Officer, Iowa Department of Inspections and Appeals, Des Moines

Jeanne Yordi, State Long Term Care Ombudsman, Iowa Department on Aging, Des Moines

Bev Zylstra, Deputy Director, Iowa Department of Inspections and Appeals, Des Moines

Oversight and contract management of the Direct Care Worker Advisory Council's activities are conducted as part of an existing staff position within IDPH. The Legislature authorized an additional position for implementation of the legislatively-directed activities, but it was denied by Department of Management. Therefore, funding is currently utilized through a contract with State Public Policy Group (SPPG) to support the Direct Care Worker Advisory Council. SPPG's responsibilities include scheduling and facilitating Council meetings, coordinating meetings of the four committees, developing materials and products for the Council, and ensuring the Council progresses on its recommendations and meets legislative requirements for outcomes.

Update on Council Activities

House File 2526 defined the role of the Council during Fiscal Years 2011 and 2012, and the Council has made significant progress toward completing the five tasks outlined by the legislation. The Council is also currently drafting, with the assistance of IDPH and SPPG, an interim report to the general assembly that is due March 1, 2011 and includes detailed updates on Council recommendations and activities.

In order to complete the work in a timely fashion, the Council established four committees – Curriculum, Governance, Workforce Data, and Outreach. All members of the Council are assigned to two committees; additional individuals have been and will continue to be invited to serve on committees to incorporate desired expertise. Council Committees have convened for eight meetings outside of Council meetings to make necessary progress and devote adequate time to complex issues.

In addition to building upon their own previous work, the Council is also working to partner and leverage efforts of other stakeholders with common goals. The Council has received a presentation from the University of Iowa Center for Disabilities and Development regarding the College of Direct Support (CDS) online training. The training is being utilized to increase workforce capacity to support individuals transitioning from Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID) to community living under the Money Follows the Person grant administered by Iowa Medicaid Enterprise. Access to CDS training will be expanded to other HCBS providers starting in 2011. The Council, IDPH, and CDD representatives have discussed opportunities to align efforts to avoid duplication and ensure training is easily accessible and affordable for this subsection of the direct care workforce.

The Direct Care Worker Advisory Council and IDPH have been charged with completing five areas of work, which are described in more detail below:

- Estimate the size of the direct care workforce by identifying current workforce data being collected, who is currently collecting the data, gaps in the existing data, and the collection methods necessary to address such gaps.
- Identify the information management system required to facilitate credentialing of direct care workers and estimate the costs of development and maintenance of the system.

- Continue developing guidelines for a pilot of the training and credentialing model developed by the Council.
- Develop an education and outreach campaign and initiate initial outreach activities.
- Continue progress on recommendations regarding the categories of direct care workers to be credentialed, the makeup of the Board, the grandfathering process, and the timeline for credentialing.

Estimate the size of the direct care workforce by identifying current workforce data being collected, who is currently collecting the data, gaps in the existing data, and the collection methods necessary to address such gaps.

The Workforce Data Committee will be providing a report to the governor and general assembly in March in response to their charge to estimate the size of the direct care workforce. The Committee has reviewed data on the workforce and compiled a matrix of existing data, sources, and methodology. The group has also discussed national recommendations from Centers for Medicare and Medicaid Services (CMS) on a minimum data set for the workforce.

Iowa Workforce Development (IWD) is providing expertise to support the work of the Committee in developing estimates and projections on the size of the direct care workforce. IWD has collected data from three unique sources to develop a reliable estimate, which will be the basis of information shared in the upcoming March report.

Identify the information management system required to facilitate credentialing of direct care workers and estimate the costs of development and maintenance of the system.

IDPH invited CSDC Systems, a vendor with a state contract through Iowa Department of Administrative Services (DAS), to present to the Council on their customizable credentialing software. CSDC has established service agreements with several other professional boards, including the Dental Board, Board of Nursing, Pharmacy Board, the 19 boards operated by IDPH's Bureau of Professional Licensure and 8 boards operated by Commerce's Professional Licensing Bureau. In addition, Iowa Workforce Development and Iowa Department of Commerce have selected CSDC's software, with more state agencies expected to migrate to the system. Scoping assessment meetings with CSDC and DAS have resulted in preliminary price estimates for the system to oversee board functions. The Council's work related to grandfathering and recommendations for career pathways and credentialing have set the expectations for the functions of the IT system. IDPH is preparing a detailed update on costs of development and maintenance of the system for the March report to the general assembly.

Continue developing guidelines for a pilot of the training and credentialing model developed by the Council.

The Direct Care Worker Advisory Council's activities and feedback are essential to successful implementation of a separately-funded pilot project led by IDPH. The strategic plan developed by the Council in May of 2010 served as the basis for IDPH's

application for the Personal and Home Care Aide State Training Grant. Grant activities include curriculum development, implementation of pilot training, early retention intervention and mentor training for direct care professionals, establishment of the information technology system for credentialing and tracking the workforce, and evaluation activities.

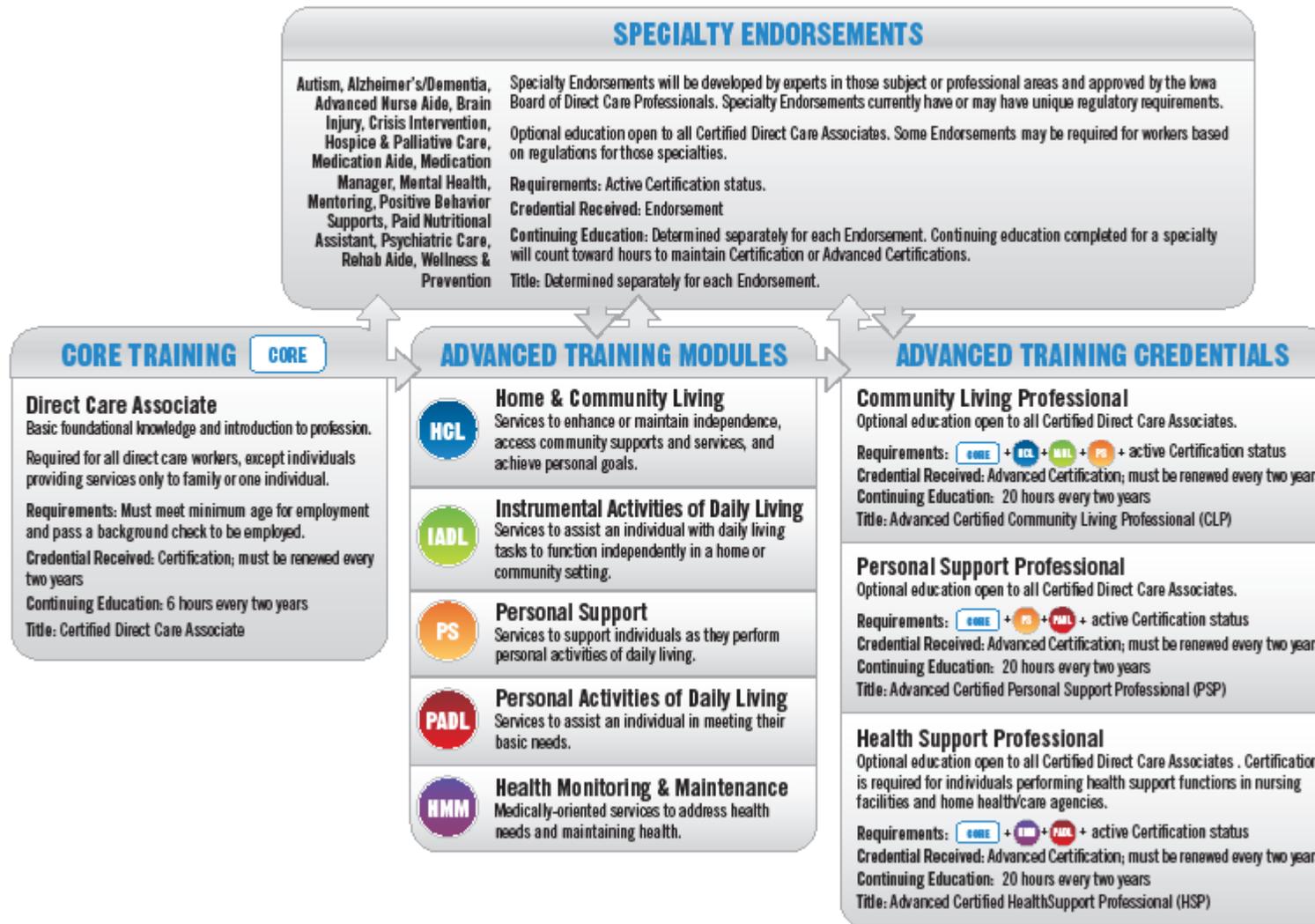
The grant-funded activities require significant funding and staff resources beyond the scope and capacity of current state-funded Council work. The Direct Care Worker Advisory Council's ongoing activities and recommendations will provide the framework for the grant activities. The Council will provide guidance regarding Board composition and responsibilities and authority, as well as the credentialing process for new and existing workers. In addition, the Council will play a critical role providing ongoing feedback as outcomes from the evaluation better inform previous recommendations.

The Direct Care Worker Advisory Council has achieved consensus on career pathways and the framework for credentialing. The recommendations call for completion of the core training and certification as a Direct Care Associate for all workers, with advanced certifications available in personal support, health support, and community living. In addition, specialty endorsements will be available to all workers. The group is recommending exemption for workers providing services to family members or only one individual. (Refer to the Pathways Diagram on the next page.) The curriculum, certifications, specialty training, and grandfathering of current workers will all be tested in the pilot project. The grant funding and pilot project are described in more detail below, under Federal Grant Pilot Project.

Develop an education and outreach campaign and initiate initial outreach activities.

The Outreach Committee has outlined three global phases for outreach. These phases will be basic public education, pilot announcement and activities, and finally, system implementation and establishment of the board. The Council has approved Direct Care Professional (DCP) as the name for the workforce. SPPG has developed and the Council has approved branding for their work and the pilot activities. The effort, named the Iowa Direct Care Workforce Initiative, features the IDPH logo and will be used by all partners and for Council outreach products.

A stakeholder network distribution list has begun and is being used for distribution of announcements and updates on activities. The IDPH hopes to continue to build this network and use it to share information among stakeholders. Webinars were conducted in December 2010 and January 2011 to inform individuals and organizations about the initiative, the pilot project, and the Request for Information (RFI) released by IDPH to gather additional stakeholder feedback. IDPH is also seeking opportunities to conduct presentations and submit newsletter articles to its core audiences for the project. Outreach materials and messaging targeted to direct care workers, consumers, educators and employers are being developed and a website should be available by February of 2011.



Continue progress on recommendations regarding the categories of direct care workers to be credentialed, the makeup of the Board, the grandfathering process, and the timeline for credentialing.

To date, the Governance Committee of the Council has made progress in the following areas:

- The framework for credentialing. The framework describes credentials direct care professionals would receive, outlines requirements for credentialing, and explains how credentialing will be applied.
- The diagram that illustrates career pathways and credentials available according to the Council's recommendations.
- Recommended requirements and standards for continuing education.
- Recommendations for composition of the Board of Direct Care Professionals.

Work continues to progress in the areas of instructor requirements, approval of curriculum for competency-based advanced training modules, and grandfathering recommendations and timeline.

Federal Grant Pilot Project

House File 2526 charges the Direct Care Worker Advisory Council with developing and reporting on a pilot project. Since state funds are insufficient to accomplish a pilot, IDPH wrote and received a federal grant from the Health Resources and Services Administration – the Personal and Home Care Aide State Training Grant – to test the recommendations established by the Council. Although the pilot project is being separately funded and administered by IDPH, the Direct Care Worker Advisory Council is integrally involved in activities by providing information and support to the IDPH. The state investment in the Council's activities will provide the framework and direction necessary for implementation of the federally-funded pilot project.

The pilot will allow the Department to test recommendations and make necessary changes before implementing any training or credentialing activities statewide. Activities include curriculum development, implementation of training, establishment of the information management system, direct care worker retention and mentoring support, and data collection and evaluation. Iowa is one of only six states awarded funding for the project, and the outcomes of this project are contributing to development of a national model for training direct care professionals. This project is providing the funding needed for Iowa to realize the goal of developing a direct care training and credentialing system that is nationally recognized, provides responsive and flexible training, promotes the highest quality of care, and develops career pathways to professionalize the direct care workforce in Iowa.

Specifically, the grant will pilot the recommendations with home health aides and personal and home care aides. In Iowa, home health aides and personal and home care aides are projected to be in most demand among all professions in the state (43 percent and 36 percent job growth, respectively). In Iowa, home health aides and personal and home care aides rank as the first and third fastest-growing occupations generating the most jobs between 2006 and 2016. This growth comes at a time when the direct care workforce continues to age. In 2008, 22 percent of direct care workers were over the age of 55, compared with 18 percent of all female workers in

the U.S., and older direct care workers are more likely to be employed in home care settings (PHI, 2010).

Iowa's three-year pilot project will target two geographic regions in the state, one urban and one rural. The sample of direct care workers participating in the pilot project will work in a variety of settings, including homes, intermediate care facilities, residential care facilities, supported employment, assisted living programs, and adult day programs. Direct care workers participating in the project will provide services and care to individuals with health conditions as well as disabilities. To best measure the impact of the training and credentialing, the project will seek full-time, part-time, new and incumbent workers to participate. Project participants will receive an interim credential to be fully recognized by the state when the credentialing system is implemented statewide. The information management system for credentialing and tracking the workforce will be developed with funding from the grant.

Estimated timeline of key activities for the project:

January 24, 2011	Issue Request for Proposal (RFP) in the two regions selected for the pilot
April 1, 2011	Finalize contracts with participating pilot sites
June 1, 2011	Establish baseline data collection
October 1, 2011	Finalize curriculum and begin training
June 2012	Begin pilot grandfathering
October 2013	Completion of grant; sustainability plan in place
July 1, 2014	Establish Board of Direct Care Professionals

The Council's ongoing work and activities will be instrumental to IDPH's ability to implement the pilot project. The curriculum committee continues to progress on development of core training competencies and standard curriculum. The Council will also provide guidance regarding Board composition and responsibilities and authority, as well as the credentialing process for new and existing workers. In addition, the Council will play a critical role providing ongoing feedback as outcomes from the evaluation better inform previous recommendations.

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