

Meeting Summary
Thursday, June 14, 2012
9:30 a.m. – 2:30 p.m.



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

Council and Committee Members

Ann Aulwes Allison
Greg DeMoss
Erin Drinnin
Don Chensvold
Meredith Field
Di Findley
Terry Hornbuckle
Melanie Kempf
Julie McMahon
Bill Nutty
Susan Odell
Ann Peters
Ann Riley
Lin Salasberry
Marilyn Stille
Anita Stineman
Pat Thieben
Lisa Uhlenkamp

Guests

Patty Funaro, Legislative Services Agency
John Hale, Iowa CareGivers Association
Carla Harris, Iowa Home Care (Pilot)
Traci Houghton, BrightStar Care (Pilot)
Barb Huey, IDPH
Betty Lord-Dinan, Iowa Nurses Association
Emily Noel, American Institute of Caring (Pilot)
Deborah Thompson, IDPH
Aaron Todd, Legislative Services Agency
Pam Williams, Monroe County Professional
Management (Pilot)

Staff

Stacie Bendixen
Erin Davison-Rippey
Arlinda McKeen
Michelle Rich

Welcome

Arlinda McKeen, SPPG facilitator, welcomed the group and facilitated introductions. She noted that Jennifer Furler, who had been the lead facilitator from SPPG, has moved on to another organization.

Future Role of the Advisory Council

Julie McMahon, Iowa Department of Public Health, thanked each member of the group for their work. She expressed her belief that the recruitment and retention of home care aides is one of the biggest areas of demand in the future of health care, amplified by the fact that many caregivers are older and are retiring. The challenge is finding individuals who are qualified, competent, trained, and passionate about providing quality care to older people and people with disabilities who want to remain in their homes. The Advisory Council's work is helping to address that demand. IDPH will also be looking at Chapter 80 of the Administrative Rules; much of the Council's earlier work has already been incorporated into this chapter. As further changes to the rules are discussed, much of the Council's work and the pilot project are identifying expectations for training for direct care professionals, and McMahon expects more of the Council's work to be incorporated into this chapter of the rules. McMahon said she was proud to be able to inform a national organization of public health nurses she is part of that Iowa is moving forward in addressing this challenge where other states will have to be reactive to the supply and demand problem. IDPH has work to do in the legislative interim to be in a better position to address these issues if the board legislation is introduced again and in future collaboration with the Council.

Erin Drinnin, IDPH, also thanked the group and noted the momentum the project has picked up over the last year, including reaching out to legislators and educating people about what the Council is doing. The network of people involved in and aware of the Direct Care Workforce Initiative keeps expanding, with DCPs, providers, and consumers building on what the Council has started.

Drinnin provided a legislative update: The legislation establishing the board of direct care professionals did not pass this year, but it advanced further than many expected. The stand-alone bill passed the Senate but did not meet a House deadline for advancement. Language establishing the board was then passed by the Senate in the Health and Human Services appropriations bill, but was ultimately taken out. The legislative language was adjusted and improved along the way in positive progress toward seeing the Council's recommendations through. Legislators did pass funding for IDPH for to continue to implement the Council's recommendations. The message is that the Council and Initiative partners need to continue to move forward and work to implement the recommendations. The Department over the next year will continue to develop how the recommendations will be implemented and funded, how to maximize partnership with the PHCAST grant, and filling in gaps. IDPH envisions the Council focusing on these three priority areas:

1. Education and outreach (such as regional outreach forums in June and September, and adding more Ambassadors).
2. Supporting and aligning with the PHCAST project as much as possible (such as identifying opportunities for testing the IT system and the grandfathering process).
3. Training more instructors, once the curriculums have been fully piloted, adjusted and finalized. The goal is to make the curriculums more widely available, probably at least six months from now. There is a lot of interest and demand for the curriculum.

Drinnin noted that the Council's work has changed significantly over five to six years and it has made detailed recommendations. She asked how members see the role of the Council going forward.

Lisa Uhlenkamp, Iowa Center for Assisted Living, said the long-term care profession is opposed to the board of direct care professionals because they do not want this level of government oversight and it would put more financial strain on employers. They are supportive of education of DCPs, but are concerned about the board and licensure, she said.

Ann Riley said she envisions the Council identifying barriers and places where tweaks are needed to address concerns. An example is the concern about part-time workers and how a mandatory credentialing system could lock out people like college students who work part-time as DCPs and who are not looking at this as a career. The Council can help work out how to make this palatable.

Uhlenkamp reiterated that licensure and government oversight are the barriers for long-term care associations, stating that enough government oversight already exists, and this could be a financial burden to a DCP. She said her association offers continuing education continuously.

Don Chensvold, Iowa Health Care Association, said that from his industry's standpoint, the first problem that must be fixed is how to get nurse aides working in facilities in the first place. Current employees are often not able to get into the nurse aide program and finish in a reasonable time because community colleges fill them up. The background check system is also a problem; it takes a long time to get a background check done to be able to hire someone, and by then the person moves on so they can make an income and the industry loses them. Chensvold said he is more concerned about fixing existing parts of the system, like an antiquated and broken background check system. He said his industry finds it difficult to leave those issues behind and agree to a board when they struggle to get nurse aides working in facilities to start with.

Pat Thieben suggested looking at how to link better with secondary and postsecondary schools that offer a CNA program. There are various issues with offering CNA training, such as the difficulty of finding instructors.

Drinnin pointed out that the parts of the system that seem to be broken, such as background checks and CNA registry issues like the ability to maintain active status, have not been part of the Council's charge up to now, and maybe the Council could look at these things.

Riley suggested that Council could come up with recommendations on these issues, as there are a lot of creative people around the table.

Drinnin reiterated that the Council has since its inception been making recommendations about standardized training and credentialing, the two pieces at the center of the national discussion. McMahon agreed that identification of issues in the current system, and of unintended consequences of these recommendations, could be part of the Council's role. She reminded that portability is an important part of the credential discussion.

Curriculum Highlights

Anita Stineman showed examples of curriculum developed, and competencies were available on a handout. She noted that these are considered drafts; they are being piloted to get feedback so they can continue to be improved. They include resources for instructors, teaching toolboxes (activities instructors can use with students), handouts, and skills checklists. She described the curriculum development process: curriculum committees, work groups, the DCP Education Review Committee, and resource groups were all involved in developing and reviewing the curriculum. The work groups estimated the time needed to deliver the content; this is also part of what the pilot sites are testing. Instructors were provided a flash drive with materials for each module.

Instructor training is taking place in two groupings of modules. The first grouping consists of Core, Home and Community Living (HCL), Instrumental Activities of Daily Living (IADL), and Personal Support (PS), in which 39 instructors have been trained. The other grouping contains Core and Personal Activities of Daily Living (PADL), in which 14 instructors have been trained. These are the groupings of modules the pilot sites said they would probably have the same instructor deliver. Another training is scheduled July 10-11 for Core, HCL, IADL, and PS. There will probably be another training in September.

The pilot sites are responsible for tracking how long it takes to deliver each unit so an average can be determined. Instructors said during training that they wanted PowerPoint presentations to use when teaching, so SPPG developed customizable PowerPoints for each module. An instructor "Wiki" site (a website editable by all members) was also created, with secure access only for trained instructors. On the Wiki, instructors can start discussions and ask questions, and interact with peers, and leadership can answer questions. Instructors can download the curriculum materials and resources (PowerPoints and handouts) from the Wiki. (There is also a general Wiki on the Initiative for anyone at www.iowadirectcare.wikispaces.com.)

Instruction was given on how to write test questions (test item development). The test items developed were reviewed, and some were selected to be used in the pretest and post-test used to evaluate the curriculums for the pilot grant.

Stineman reported that feedback from the pilot sites on the curriculum has been positive in general. Suggestions for adjusting the curriculum to make it more usable have been gladly received.

The PHCAST grant funds curriculum development for all the modules except Health Monitoring and Maintenance (HMM). Northeast Iowa Community College is developing HMM as part of a separate grant. A workgroup is established and will start developing curriculum in the next few weeks.

The DCP Education Review Committee will soon start identifying behaviors that will identify competency in various areas for grandfathering purposes (to create a system where a current DCP inputs their experience and skills and the system determines what credentials they are eligible for).

Questions were asked about curriculum assessments. Students take a pre-assessment before they start the Core, which contains questions pertaining to all modules (except HMM); then there is a shorter post-assessment after each module. It was asked if the post-assessments will be used as a credentialing exam in the future; items that can eventually be in the pool for the credentialing exam are being tested. Riley noted that some employers are concerned about their employees with learning disabilities being able to pass the credentialing exam. Stineman pointed out that instructors are responsible for determining if a student completes a module satisfactorily. Riley suggested publicizing that fact to reduce employers' fears of having to let workers go.

Pilot Update

A panel of pilot participants engaged updated the group about pilot activities through a discussion facilitated by McKeen of SPPG. The panel included:

- Pam Williams, Monroe County Professional Management, Albia (serves individuals with disabilities and the elderly through home and community-based services)
- Carla Harris, DCP with Iowa Home Care, Des Moines
- Emily Noel, American Institute of Caring, a health care education and training provider partnering with Iowa Home Care to deliver training for Iowa Home Care
- Traci Houghton, co-owner/CEO, BrightStar Home Health Care, Ankeny

Notes on the discussion follow.

Standardized training and credentialing

- Williams: I went through instructor training. We are working with Indian Hills Community College, which is providing our training now. Fifteen DCPs have been trained, and five or six more are going tomorrow; they are starting with Core. The feedback has been excellent from employees so far. Doing training through the college is successful; we do a lot of in-house training to save money, but with this way the DCPs feel more valued because we are investing in them and giving them a different perspective from different instructors. It makes us feel better about putting effort into training them; we find substitutes to cover their shifts so they can go. They have asked to attend training on more modules. If they are invested in their own training it makes us more successful. Our employees are really excited about getting credentialed. We are so rural that our company does not require a high school diploma. Part of this job is documentation so our agency can get reimbursed, and those with less education struggle to do an adequate job with that. Those people especially are excited to get a credential to show for their skills and experience. Many employees are poor. They consider themselves peons, but I tell them they're not – they do the work that keeps us in business. Employees are paid for the time to go to training (mileage and time) – that is our financial investment. They are very excited to be validated and valued through a board and credential.
- Noel: All of our new hires go through the pre-assessment and Core. I am a trained instructor and have trained about 25 home health aides so far. It has been very successful. They are taken out of their element and put in a classroom environment, but they do well. We are implementing HCL next month as a 13-hour course. Iowa Home Care is finding replacements for those staff while they do the course. The DCPs are looking forward to continuing on the career pathway. I get

them after they have gone through the general Iowa Home Care orientation with paperwork, so they are cross-eyed when I get them; they appreciate the interactive nature of this training. The last group I trained had a lot of people who were already CNAs. Many are excited for the board to be created; they want to know when it will be created and where they can go from here. Prior to this, Iowa Home Care provided its own training. (The facilitator asked what previous training this training replaced and what training new hires already have.) With this training, I basically replace a series of videos they used to sit through. Some had only had standard required training like abuse reporting.

- Harris: A skilled nurse trained us; I had been a CNA before. I'm a preceptor (mentor for other home health aides). I have not gone through this yet but have worked with people who have; they have great feedback. We are excited about the board because we have felt like we are not going to go anywhere in this job; now we have someone to go to other than each other; we get to collaborate with each other. Everyone should be aware of this, including schedulers – we are all one big team – home health aides, nurses, physical therapists. Everyone is gung-ho about going to training. With the girls I precept, I'm seeing that they are so excited about getting a credential. A lot are not CNAs – some came out of high school or worked at McDonald's, but when they get trained, they learn whether they want to pursue this career. A lot of people think "I just want to work, I need money," but they still want to be prepared.

Does cost ever come up?

- Harris: I have not heard anything about it. I have heard nothing negative about the training. People complain about having to watch videos as training. Some lack self-confidence and are afraid to get to work; I tell them to think of how they would want to be cared for when they could be a client someday. This training is so important.
- Di Findley: A lot of home health providers hire CNAs but it may not be a requirement, so one of the great things about the Council's work has been looking at the education needed to serve the client regardless of setting.
- Harris: New employees can come with no training at all, so what the agency provides in training is what they know. I have been at agencies where I felt like I was thrown to the wolves.
- Houghton: Our employees are very eager to go to training. At BrightStar we usually hire a CNA over a home health aide because we require that experience. We are excited to have this larger pool of people trained to draw from. We already train internally; it is handled by our director of nursing and that team. We are excited to know a new hire's baseline of training that we can build on.

Mentoring

- Williams: We have not started our mentoring program yet; we probably will in September. The benefit will be consistency with employees. When you find someone to hire you need them now, and we rely on mentors to help get them up to speed. We look forward to recognizing outstanding employees. We cannot really afford to advertise for employees, so the mentoring program will hopefully help.

Motivation for mentors and mentees?

- Williams: Self-esteem is a challenge for new hires; a good mentor helps that. It raises the bar.
- Harris: When I started, my supervisor asked me to be a mentor and I said no because I'm busy and I did not want to be responsible if someone fails; then I was made a preceptor (mentor). It really has been good. One of my mentees was inspired by how uplifting I am for clients; I love people and I love with what I do. We keep in touch now; that is how you keep them encouraged. She wants to be a preceptor someday, too. Clients are understanding when you have scheduled meetings as a leader because they know they will get better care from the extra professional

development. (What have you gained from being a mentor?) Harris: it makes me feel good that I made a difference today for someone else.

- Houghton: I think having a mentoring program is one of the best things that any company can do. Our employees can be isolated and we do not see them often. To have someone in touch with them all the time and a support structure makes all the difference. We already have a mentor program and feel strongly about continuing that.
- Drinnin: The Iowa CareGivers Association (ICA) created a mentoring toolkit for this pilot, available on the ICA website. It provides many templates and a guide for sites on establishing and sustaining a mentorship program. It has sample job descriptions. It is part of the federal PHCAST grant requirements that each site implement a mentor program. Research shows significant positive outcomes for mentors and mentees in retention and job satisfaction.
- Findley: We know the online tool is being visited and used. I hear through the grapevine about providers using it. It is free, so the price is right for providers. We are hearing that it is user-friendly. A DCP mentoring class is scheduled for June 25-26 at DMACC in Ankeny – there is space reserved for pilot participants. The mentor manager toolkit is even helpful if a provider already has a mentor or preceptor program.

Why did your organization take the risk to be part of this pilot?

- Williams: I started my involvement with the pilot at a different company. It was hard to see that people were not on the same page in training employees; there was turnover in trainers, and people starting training at different times. I saw this pilot as a great opportunity to get everyone trained at the same time. When I went to my current employer I got us involved in the pilot. My job is compliance and quality assurance and I could see we were struggling. The Core has been a refresher for people who have been in the field, and a good primer for those who are new. One of the trainees was ecstatic with what she gained from the course as a refresher.
- Houghton: BrightStar is only a year old; we are the franchise for all of Iowa. When we discussed what we wanted to do as a company we went with BrightStar because of their quality service guarantees. When we saw this project, it fit right into that mission – creating a quality pool of DCPs to help Iowans stay in the homes with quality care, and creating a profession of people we can hire and send to work with our clients. I feel strongly about keeping people in their jobs. Turnover is so high. We found out that people just do not know what goes into the profession before they start, and they get burned out. We got involved to increase retention; this will drastically reduce our costs in 5 to 10 years. The credential fee is comparable to a CPR training; it is a nominal fee to get this Core training and credential.
- Noel: Iowa Home Care administrators wanted to be at the forefront of home care training, and offer a great experience for their staff.

What do you tell people about this?

- Houghton: There needs to be an increase in awareness. There are a lot of people who do not know about this. This is my elevator speech: I grew up in Iowa, and I feel strongly about supporting the state and the people who will retire here and age in their homes; I want to make sure we have an industry and workforce that can help people do that. If I am going to own a business in this industry, I want to be able to say I am proud to have low turnover, and our employees love what they do and they are not leaving. It is a profession. Home care workers do not get the recognition they should; they are often viewed as bottom of the barrel, but they are the face of our company. We want to help grow this workforce and support the state and the nation.
- Findley: What reception did you get from presenting at Iowa Alliance in Home Care (IAHC) conference?

- Houghton: The majority of our audience knew about DCWI and the pilot, but they are in the industry. Many of the questions were based on the education, such as how meshing with CNA will work – that was the overall questioning. Overall, it was received well.
 - Drinnin (also presented at IAHC conference): IAHC has members participating in the pilot; they have been really engaged. Many are familiar with the Council’s recommendations and had detailed questions about how things will work.
- Houghton: It was totally different at the Capitol; some legislators did not even know what direct care workers we were talking about. We had to start with the basics. Some were concerned about regulations on family caregivers. The message depends on the audience.
- Williams: There are a lot of questions about it in my area, especially since there are some other options for training, like online. Many of the workers are either older or younger. The older workers are not into technology, and the younger ones are all about it. We let them know if they do this training they will have a live instructor so they will know how they are doing. We chose to send them to community college for this training because people get embarrassed if they do not know something, and they are more comfortable asking questions in an external training environment than asking their supervisor. They can learn more easily without a fear of judgment.
- Noel: I have done presentations on the DCWI for Iowa Home Care staff. They are very excited about this and how they will impact the future of healthcare.
- Harris: Clients who hear about this like it; they are positive about anything to help them stay in their homes. I was baffled when I heard the board (of direct care professionals) did not pass the Legislature. Everyone is going to get old (i.e. everyone may need direct care services at some point, so it would seem that everyone would support this). Taking care of people is my passion. My coworkers will be eager to hear about this meeting, and if the program is still going on – I take notes to tell them. There are no dumb questions as we increase awareness of this. Many of my coworkers got into this line of work because they had an experience taking care of a loved one.
- Drinnin: Right now we train people to do a job; the Council’s recommendations are about training people for a career. People grow, advance and move in a profession. Something that reflected the need for a career pathway was that several DCPs in the pilot had worked for a different agency participating in the pilot before coming to their current employer. Turnover happens as workers try out different areas of direct care and learn what they like; this shows the value of portability of training and credentials.
- Williams: With the mental health system redesign, small agencies are wondering if they will be able to stay open. With this credentialing, workers feel reassured that they will be able to work anywhere with their portable credential.
- McKeen: A credential gives assurance to employers that the worker passed a background check, and the employer knows their competencies.
- Marilyn Stille: In my area, being a community college – six high schools have a CNA program. It is all about people who have compassion and passion, and this recognizes them. I have worked hard on that because I see they need this recognition.
- Greg DeMoss: With portability, everyone is thinking of Iowa. I have seen an increase in people moving from state to state – CNAs move around a lot. We need to keep in mind with portability and competency, the Council is at the forefront and a lot of other states are watching Iowa. Think about if people from other states can come in and fit into this system, and how Iowa’s credential will translate to other states.
- Drinnin: You’re referring to reciprocity; the grandfathering process this group has developed will be great template. We envision a “twofer” with grandfathering where the same system can be used to place people coming in from other states.
- Findley: The Council should ensure that all activities align with CNA standards and other federal standards.

- Riley: Reciprocity will impact other workers including non-CNA level. Iowa needs to align with other credentialing including the direct support professional.

Stineman provided an update on the Health Monitoring and Maintenance module. The curriculum work group will meet soon to work through that module under the guidance of Northeast Iowa Community College.

Don Chensvold asked for clarification on the requirements of the proposed system. Stineman explained that only Core has been recommended as mandatory. It will be up to employers and DCPs to determine which modules best reflect their own needs based on setting or skill set.

McKeen clarified the different pilots under federal grants: the Health Monitoring and Maintenance module will be developed by Northeast Iowa Community College under a grant from the federal Department of Labor. The PHCAST pilot is being implemented through a grant from the federal Department of Health and Human Services. Northeast Iowa Community College will be piloting the entire system – including HMM, Core, and other modules. Stineman explained that that module will be required to meet the needs of all settings, just like the other modules.

Check-in and Informal Updates from Council Members

After lunch, Drinnin provided an overview of ICA's "Empowered to Care" video. The DCP Educational Review Committee helped develop the video. The committee was intended to mirror the makeup of the board so it includes DCPs from a diversity of settings. Modules are developed by panels of experts in draft form, the curriculum then goes to the DCPs for review, and then resource committees provide input in one-day sessions. Then the pilots test the modules. The video was played.

Anne Peters provided an update on pilot activities at Home Instead. They are undertaking the mentoring component. The caregiving team is very excited. About 15 percent of her employees applied to be mentors; they will cap participation at 10 percent (6-8 employees), starting with four employees. Some employees have expressed excitement in undertaking the training and being able to do this work. They will go through training in a week and a half. Peters will be training all DCPs. A few employees will get the opportunity to go through the full modules. The average age of DCPs at Peters' agency is 50 to 55 and work part-time. The majority are retired or re-entering the workforce after raising children. Some are mothers with school-age children. Several DCPs have gotten CNAs and do home care. Some CNAs have come back from working in long-term care.

Uhlenkamp gave an update about activities at the Iowa Health Care Association and Iowa Center for Assisted Living. They have lots of training and education going on, including dementia training coming up, and 80 CNAs are going to the NAHCA (National Association of Health Care Assistants) conference.

Pat Thieben reported that next week is the health educators conference. July 30 is the Iowa Association of Career and Technical Education Educators conference, where Stineman and Drinnin will be speaking.

Lin Salasberry announced the Iowa CareGivers Association conference will be September 10 and 11 in Des Moines. It consists of two full days of training, and the theme is "Caregiving by Design."

Riley shared that nationally, federal agencies are changing. Aging and disability resource centers have combined. Now this is called the Agency of Community Living. These agencies now have shared goals and will provide input on policies related to these groups. This reflects the need for more collaboration. Riley explained the current work of the workforce work group under mental health redesign. The work group wants to know about the work of this Advisory Council. Drinnin explained that McMahon is coordinating staffing of that work. That workgroup is under IDPH. Riley explained that was DHS'

intention because IDPH has done so much work in workforce. Aaron Todd explained that membership and structure of those work groups will probably be determined by July of 2012. Riley noted that those workgroups are operating under intense timelines.

Ann Aulwes Allison asked that there be a report on numbers and individuals trained under the pilot. Stineman explained that the pilot sites are centered around Des Moines and Ottumwa, so the state will not be covered completely. The sites have just begun completing the training.

Drinnin provided an overview of the knowledge and job satisfaction assessments that are being completed by the trainees. There is not much data right now as the sites are just kicking off activities. Aulwes Allison noted that the comments about DCP feeling valued through the training are very powerful.

Findley provided an update on the Recruitment Toolkit ICA is working on with the Upper Midwest Training Agency, called the "Toughest Job You'll Ever Love."

Lord-Dinan shared that the Iowa Nurses Association is busy right now. The American Nurses Association is going through some changes with health care reform and the Affordable Care Act. INA is getting input on those changes and is busy with public policy meetings and resolutions. Nominations are being accepted to get more people involved. Their annual convention is in Des Moines this year.

Terry Hornbuckle shared that she manages a training-to-work grant for older adults, and it is time to write the state plan. This is the only time the providers of the grant get together. They are going to have employers come talk to the group. The goal of the grant is to get people to work. A big need for workers is in health care. The average age of grant providers is getting lower, so there are more years of work life left.

DCP AMANDA System Demonstration

Drinnin handed out documents on the IT system, known as AMANDA, and updated the group on the progress being made. Bugs are constantly being worked out. CSDC is the contractor working on the IT system. Other boards are transitioning to AMANDA, including nursing, doctoral, and dental. Nineteen other boards are going through this process as well.

One component of AMANDA is the public portal, a website where members of the public can go to learn about the board and look up an individual DCP to see what courses they have completed. The system is designed to be efficient and simple, with as much automation as possible. DCPs will sign in to renew credentials, and instructors will track trainees' course completions through the system. Credential exams and the grandfathering process will take place online.

The other side is the "back office" function for board staff to use. When DCPs go on the site to renew their credentials, the information will be transmitted for staff who will review and process the applications.

Drinnin walked the Council through the "workflow" of the IT system. There will be random audits of individuals; when a DCP renews their credential, they will be notified immediately if they will be audited. DCPs can then upload electronic documents to submit documentation for an audit. They will have the option to mail documents. The system will also provide automatic updates and reminders for renewal and other notices. The completed-course tracking component is being built over the next few months.

This will link to the CNA Registry through the linkage between IDPH and the Department of Inspections and Appeals. If someone looks up a DCP, it will show what courses the DCP has completed and whether the person is a CNA.

A question being worked on is whether some of the duplication of background checks can be eliminated through the IT system. Right now, criminal, child and dependent adult abuse and sex offender registries will be checked, and including the Excluded Provider List (the OIG list) should be considered. DeMoss noted that there is also the single contact system that pulls all the background check data.

Credential exams will use the same online testing system used for CNA, expanding its current capacity. When a DCP applies, the interfaces will be triggered and fields will be pre-populated. After the modules are completed, the online testing system will need to be accessed.

It was asked if a DCP will be able to choose a different form of communication than email? Drinnin said the system will require an email address and electronic communications will be the default. Costs will go up exponentially if mail is the default. Electronic will be the primary way of communicating with people.

Chensvold said that 40 to 50 percent of his employees do not have email, and they are just now trying to implement an electronic system for continued education. Drinnin said the IT system development is extremely complicated and we will only learn about functionality until it is tested. The work now will only be pertinent to developers. In early phases of testing, testers will not be provided any guidance to make sure the system truly is simple. Riley suggested that the online system should be accessible on smartphones.

Aulwes Allison said the Board of Nursing was hearing the same thing about nurses and going online. Well over 90 percent of nurses renew online now even though it is not mandated. The board heard the same concerns about having access. Barb Huey, IDPH, stated that a lot of licensing of their 19 boards is done online.

For the grandfathering process, the DCP Educational Review Committee is developing the list of competencies and behaviors DCPs must have to be grandfathered in at which levels, using the contents of the curriculum modules. The Committee will determine how much of the list needs to be met to be grandfathered into the system. The Department of Administrative Services is helping with the online tool. Additional questions will be asked of DCPs applying to be grandfathered. This should be used for reciprocity, as well, beyond the two-year window for the grandfathering. The grandfathering system will be based on an honor system and will be randomly audited just like the other credentialed workers. Only the Core and Advanced credentials will be grandfathered. CNAs will be grandfathered differently.

Hornbuckle asked about re-routing if the worker feels the outcome of grandfathering is not correct. It would be different from the appeal process.

Pilot sites will test the grandfathering system first. Other opportunities will be provided to DCPs outside the pilots. Developers could take advantage of conferences to test the system. The fall is better timing for testing the grandfathering.

Activities and Timeline for 2012/2013

Drinnin provided a high-level timeline of activities handout. Many activities were launched in March and April of 2012. The curriculum is complete in draft and has been provided to the pilot sites. Instructors are being trained. Drinnin is still working on finalizing contracts with control groups and would like to add one or two more groups. Establishing control groups is required in the federal grant.

March 2013 is the target for development of the online Core module. UMPHTC will start that development soon. Drinnin said leaders need to figure out the best way to improve access to the curriculum. Having the Core available on their Learning Management System (LMS) is an option, but UMPHTC would likely have to get another server due to the size of the workforce.

One round of test question development has occurred and another round will likely occur in the fall to develop a bank of questions for the assessments.

Regional community outreach forums on the Direct Care Workforce Initiative are taking place this month in Mason City (June 18), Dubuque (June 20), Waterloo (June 21), and Des Moines (June 28). Forums will be held in additional communities (Sheldon, Ottumwa, Cedar Rapids, Sioux City, and Council Bluffs) in September. Panels of DCPs, employers, community college representatives, and state legislators are being put together for those events. Ambassadors are getting involved. Drinnin encouraged Council members to attend and asked them to reach out to partners to get involved.

To prioritize what specialty endorsements should be developed first, Drinnin has disseminated a short survey using the online service Survey Monkey to determine current offerings and other specialties in demand. The board will approve set of standardized competencies for the specialties. In some cases, there may be one single curriculum that will be approved, but others can have multiple curriculums approved that meet standard competencies. After survey data is collected, a group will be brought together to identify the competencies. Nearly 300 responses have come in already. The survey closes June 22.

Another round of DCP and employer Ambassador applications are being accepted. The Ambassador program seeks to raise awareness of the Initiative's purposes and activities. Ambassadors conduct one-on-one outreach through DCPs and employers and are local resources in their communities. Ambassadors are participating in monthly webinars with staff to check in on activities going on and get updates on the Initiative.

Public Comment Period

No comments were made.