

**Meeting Summary**  
**Monday, April 1, 2013**  
**11:00 a.m. – 12:15 p.m.**



**Online via Go-To-Meeting and Conference Call**

**Council and Committee Members**

Erin Drinnin  
Di Findley  
Melanie Kempf  
Kelly Meyers  
Ann Riley  
Lin Salasberry  
Marilyn Stille  
Anita Stineman  
Anthony Wells

**Ambassadors, Pilot Participants, and  
Direct Care Workforce Coalition Members**

Rob Denson, DMACC  
MJ Dolan, Iowa Association of Community  
College Presidents  
Kim Downs, Telligen  
Linda Dunshee, Link Associates  
Steve Habenicht, Home Instead  
Jennifer Hagerty, Iowa Home Care and  
American Institute of Caring  
John Hale, Iowa CareGivers  
Lori Meier, G & G Living Centers  
Jeneane Moody, Iowa Public Health Association  
Cindy Ramer, Direct Care Professional  
Jaime Wheelock, DMACC

**Other Guests**

Marilyn Althoff, Hills and Dales  
Shelly Chandler, Iowa Association of Community  
Providers  
Dawn Francis, Olmstead Consumer Task Force  
Geoff Lauer, Olmstead Consumer Task Force  
and Brain Injury Alliance

**SPPG Staff**

Stacie Bendixen  
Arlinda McKeen

**Welcome and Introductions**

Erin Drinnin welcomed Council members and other participants. The structure of the meeting was explained; it is an official Advisory Council meeting, so the primary discussion will be among Council members and there will be public comment periods. The purpose of the meeting is to gather feedback from the Council and stakeholders on a new legislative proposal for an all-voluntary credentialing system for direct care professionals. Senate Democratic leadership requested this input from the Council. It was announced that this meeting was being recorded.

**Legislative Update**

Arlinda McKeen provided an update on the status of legislative activity about implementation of the Council's recommendations. Senate File 232, the bill establishing the Board of Direct Care Professionals, did not survive the funnel deadline, but interest in the measure remains strong. Senate leadership convened a meeting of stakeholders with varying perspectives to discuss issues, and Senate leadership indicated commitment to passing the measure this session. Senate leaders have now proposed an all-voluntary system as the only way the measure will pass this year, and requested direction on whether to move forward with this approach. The Council and stakeholders are asked to respond as to what the

support would be for a voluntary system, how this would change the system, and what needs to be considered for this system to succeed.

### **Dynamics and Context**

Senate Democratic leadership indicates that the only way direct care training and a Board will move forward this year is a voluntary system. Senate File 232, which includes numerous compromises from the Council's original recommendations, is the basis for a system that would be changed to be all-voluntary. Some details of the voluntary proposal have yet to be defined for project partners. McKeen acknowledged that years of work and careful discussions have gone into the Council's recommendations. Attendees were asked to think strategically and consider the two realistic options: The proposed voluntary system or nothing this year.

As partners understand the proposal, Core training and the DCA credential would become voluntary. (All other training and advanced credentials were already voluntary.) The Board would be established and provide standard functions for those DCPs who choose to be credentialed. No other details have yet been made available.

### **Discussion: Thoughts on a Voluntary System**

Advisory Council members were asked to speak first. If a voluntary system is the only way to move forward this year...

Anthony Wells: I would hate to see all of our work fall to the wayside. But if this is something we have to do to keep it moving, I would be agreeable to a voluntary system if that's the only change, and if it can be moved to a better system later, so all our work isn't in vain.

Kelly Meyers: Why is a board still going to be developed if you're focusing on training and credentialing? CNAs have certification but they don't have a board. McKeen: We are asked to respond specifically to legislation that would stay the same except for voluntary. Meyers: I will get this question from my members so wanted to clarify the details.

Di Findley: Iowa CareGivers fully supports the Council's recommendations, including a mandatory system. To remind of some of the guiding principles, we are looking at the entire workforce, assuring consumers that all workers have some consistent training. But the political reality is that the capacity and clout has not been there to do enough outreach to share information, and it's unfortunate that some opposition has been based on misinformation. Certain things would need to occur for this to be successful and for us to be able to support it. There will need to be resources to do massive outreach to DCPs and employers. There need to be incentives for DCPs to become credentialed. We would want it to become mandatory in the future.

Lin Salasberry submitted comments via chat: "I work in direct care as a choice. I want more standardized training. I want to own my credentials to allow me to take that credential with me wherever I would go. I feel this process will help weed out the people in the field who shouldn't be in it. At some point when appropriate, I will support whatever we have to do to make this happen."

Anne Peters submitted comments prior to call because she would be unavailable to participate: "I am against a voluntary system. I firmly believe that the six-hour core is a bare minimum. In my humble opinion, any employer who is opposed to that should probably not be in the business. Regarding the fee to DCPs I don't believe the \$20-30 range we have been discussing will be a barrier for people to enter or remain in the workforce. The exchange for a credential that belongs to them and follows them in their career is well worth it (according to my DCPs)."

Public comment:

Rob Denson: Something is probably better than nothing if nothing is inevitable. If a DCP who voluntarily earns a credential that others would not have, if we can show later that those who have the credentials have a higher level of skills, it will show benefits to consumers.

Geoff Lauer: Olmstead Consumer Task Force believes a segment of consumers would be negatively impacted. But a voluntary system, we would not be strongly opposed to.

Jeneane Moody: I have worked on this issue for many years, and it's disheartening to see that this has not been accomplished. There is high need for the direct care workforce to meet needs of the public needing services. It seems disingenuous for the Legislature to move forward in a different direction than the recommendations of the Council that it created. I hope whatever the Council decides is in the best interest of the health of Iowans.

McKeen: Most of the recommendations will still be incorporated, as the proposal is currently understood.

**Discussion: What is needed for a voluntary system to succeed?**

McKeen introduced a discussion if how a voluntary system would change what needs to be done for implementation and what is necessary for the system to succeed. Findley mentioned earlier that education and outreach, even in a required system, are critical to getting people to enter the system. In a voluntary system, education and outreach are even more important. Other considerations include grandfathering existing DCPs, transparency of reporting participation, and how to motivate DCPs to voluntarily participate. Public protection is diminished by a voluntary system; universal protection was a key reason AARP supported this on behalf of consumers.

Advisory Council discussion:

Wells: This goes back to my original statement. I don't think we'll have a problem grandfathering people who have been part of this process. I'm speaking mostly of CNAs that I have talked to. They want to be grandfathered. The voluntary issue won't be that hard to swallow as long as they are assured that everything else will be the same. If we have to swallow this voluntary pill, swallowing mandatory might not be so hard later on. Once a system is established, we will have more information to work from, so going to mandatory might be easier. Among DCPs I talk to, I don't think the voluntary issue will be that hard to accept as long as the rest of the system remains.

McKeen: There have been discussions of alleviating the cost of the credential for DCPs. Do we need to consider that?

Wells: I would be okay with that as long as it is known that ownership of the credential is the DCP's.

Lin Salasberry agreed via chat.

Melanie Kempf via chat: We will need to be able to show that a voluntary system has been effective in participation, benefit, etc. to facilitate transition to a mandatory system.

Ann Riley: We should consider waiving the credential fee for part-time, temporary, student workers. If this converts to a mandatory system those workers will be washed out of the field – they will not pay a fee to keep their job. I don't know how many would credential in a voluntary system.

Findley: The Council has negotiated a lot in good faith, and we're still hearing that opponents would not be as opposed to a voluntary system. We can't assume there will be any assistance from providers to encourage DCPs to participate. How do we incentivize DCPs to join the system? And make it easy for them, if their employers may be opposed to it? It's hard to think of it from a voluntary perspective because so much thought has gone into it in developing the original recommendations. Grandfathering had been a major incentive. I like the idea of waiving fee for the first couple of years. There needs to be a lot of outreach. We may want to consider further testing of the credentials and education standards and specialty endorsements, continuing with the PHCAST employers who have been supportive.

Public comment:

Cindy Ramer via chat: I agree with the comments that Di and Tony made. I have spent quite a bit of time participating in this. If we have to go to the voluntary system in order not to lose all the work we have done so far I would have to agree. I want my own credentials.

Moody via chat: I would like to add that from a public health perspective, voluntary licensure does not assure a competent workforce serving all Iowans. When it comes to the idea of any licensure that we require for other aspects of public health or public safety, if a system is not universal, then the value and protection it should offer is greatly diminished.

Lauer: There are some components that the Olmstead Task Force still struggles with, even if replaced with a voluntary system. There would still be obstacles. 1) The necessity imposed on providers to keep track of which employees are subject to credentialing. 2) Lack of clarity on who is eligible for a fee waived based on hardship. 3) People with intellectual disabilities providing competent services would not be accommodated by the testing and course.

McKeen: Nothing requires employers to track individuals' credential needs; it has always been constructed for the individual DCP to have that responsibility. Language was added to SF 232 to address the importance of accommodations for DCPs; think about what more specifics are needed.

Lauer: Specifics haven't been fleshed out in the legislation regarding accommodations for people with cognitive disabilities. He would want that fleshed out for a voluntary system.

Shelly Chandler: IACP suggested that credential stays with the DCP even if employer pays the fee. Regarding the burden being on provider, in the Medicaid system, if there is a requirement that in order to bill for services an employee must be credentialed, the employer holds the risk of Medicaid fraud if employees aren't credentialed. The employer has a legal liability; the employer holds the risk, not the DCP, in a mandatory system. Yes, a voluntary system alleviates that concern. If it's made mandatory, the burden will always be on the employer.

Ramer via chat: I believe that Iowa was one of the few states that were included in this [PHCAST pilot grant] and that we are giving input toward eventually making it nationwide standards.

Findley: In conversations with provider groups, there is always talk of unintended consequences. I respect that, but remind everyone that the current system also has unintended consequences of previous decisions that negatively impact DCPs, for example, who don't have portable credentials. Here are some clarifications on other misinformation. A legislator told us he'd been told that Iowa CareGivers will be the board; that is a ridiculous notion and not true. There has been concern about distinction between the Advisory Council's proposals and College of Direct Support: College of Direct Support is an

online training program administered by IACP. The Board will not change this; College of Direct Support will be incorporated as one training option. The Council has worked hard to ensure choice of training options and flexibility.

Lauer: We understand there may be unknown consequences, but the things that have been thought about are basis for concerns.

### **Summary of Council Feedback**

We would like to have the system recommended by Council, but if reality is that a voluntary system is the only option now, we can compromise and accept that. The Council has invested a lot and does not want its efforts to be in vain. We are open to moving forward with discussions on a voluntary system. To make it succeed, there will need to be additional emphasis on education and outreach, incentives for DCPs to participate, grandfathering, a plan to transition over time to the mandatory system, and transparency. There are additional considerations in making sure this is working, and there needs to be tracking of the impact of voluntary credentialing on the direct care workforce and the resulting quality of care they provide.

### **Next Steps**

This discussion will be summarized as stated above for Senate Democratic leadership in a memo from the Advisory Council. Staff will draft a memo and send it to you for your information. The Council agreed to this process. The Coalition list will also be included with the Council memo to legislators. There is much additional work to be done to prepare a new proposal.

The Advisory Council isn't in control of legislation, but are key stakeholders and will continue to advise elected officials. But the decision is not ultimately in the hands of the Council. Language will be drafted by the legislative staff. The Council will be informed of developments and engaged as much as possible. It is an extremely fluid process and timeframes cannot be predicted. The Council can expect to receive an emailed statement by tomorrow morning.