Iowa Direct Care Worker Advisory Council

FINAL REPORT

MARCH 2012

Iowa Department of Public Health
www.idph.state.ia.us/directcare/

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EXECUTIVE SUMMARY

The Iowa Direct Care Worker Advisory Council is pleased to submit this final report to the Governor and the Iowa General Assembly detailing progress to achieve their legislative charge and advise the Iowa Department of Public Health on implementation of education standards and credentialing for the direct care workforce in Iowa. This report outlines the final recommendations of the Advisory Council and the current status of implementation.

The work of the Advisory Council represents documented progress and outcomes to address critical challenges that the state must address to ensure that all Iowans have access to direct care services regardless of age, ability or geography.

The Iowa General Assembly has charged stakeholders, through the Iowa Direct Care Worker Advisory Council, to develop recommendations that would ensure a stable and qualified direct care workforce. The resulting recommendations balance the interests of consumers, direct care professionals, employers, and education providers.

The Iowa Direct Care Worker Advisory Council has defined a direct care professional as an individual who provides supportive services and care to people experiencing illnesses or disabilities and receives compensation for such services. Direct care professionals are the front line of Iowa's health, support, and long-term care workforce, providing hands-on care and support to individuals of all ages and abilities in settings that range from services in home- and community-based settings to acute care in hospitals.

Major components of the proposed solutions include the development of career pathways and standards for education for direct care professionals, all to be governed by a board of direct care professionals. These recommendations are designed to stabilize and strengthen the direct care workforce to **reduce turnover costs, improve quality, and ensure access to services**.

The Advisory Council represents committed direct care professionals, educators, employers, and associations with diverse interests who find common ground in the need to address:

- **Critical projected workforce shortages.** Iowa is conservatively estimated to need 12,000 additional direct care professionals by 2018.
- **Dramatic job growth.** Direct care professionals represent two of Iowa's four fastest growing occupations. Over the period 2006 to 2016, home health aides are projected to grow by 43.2%, and personal and home care aides are projected to grow by 36.4%.
- **Increased demand for direct care services.** Iowa's aging population will place critical stress on workforce capacity statewide and particularly in rural areas. In 2030, at least 20% of residents will be age 65 or older in 88 of Iowa's 99 counties. In 2000, only 30 of Iowa's counties had this makeup (Iowa Department on Aging, 2011).
- **Staggering turnover rates.** With an estimated statewide average turnover rate of 64% annually at a cost of $3,749 per worker, turnover in this workforce cost an estimated $189 million in 2011. (Revised estimates based on the Direct Care Worker Advisory Council, June 2011 Cost of Turnover Report)

In 2010, House File 2526, and in 2011, House File 649 provided a specific charge and planning activities for the Advisory Council. The General Assembly directed the Council to complete the following activities for which progress is summarized below and further detailed in the report.

- **Develop an estimate on the size of direct care workforce.** Based on data collection and analysis by the Advisory Council, Iowa Workforce Development, and Iowa Medicaid Enterprise, direct care professionals are the single largest workforce in the state. The Council conservatively estimates that there are more than 73,000 direct care professionals providing services in 2012.
- **Report on the results of a pilot.** The Iowa Department of Public Health (IDPH) secured a federal grant to conduct a three-year pilot of Advisory Council recommendations. Iowa is one of just six states selected to develop a model for education and credentialing the direct care workforce. Key activities completed or underway include: Seven pilot sites and partners, representing community colleges and providers, have been selected for the pilot; curriculum has been developed for testing; a mentoring program and resources have been developed; an information technology system to support credentialing is nearly complete; instructors will be trained in March 2012 and training will begin.
- **Report on activities for outreach and education.** The Advisory Council has outlined three global phases for outreach. These phases are basic public education, pilot announcement and activities, and system implementation. Major outreach accomplishments during the last year include establishing a one-stop website for information on the work of the Advisory Council and pilot project (*www.idph.state.ia.us/directcare*), building a distribution network of more than 900 members, conducting informational webinars and presentations, and establishing a statewide network of outreach ambassadors. More than 2,400 individuals representing employers, direct care professionals, nurses, consumers, and educators recieved information about the Initiative through outreach activities last year.
- **Recommend composition of the board of direct care professionals and the elements of its work and credentials it will oversee.** The Council has developed career pathways to provide the opportunity for direct care professionals to grow, advance, and specialize. The pathways will require minimal credentialing of direct care professionals, with a series of options for voluntary advanced or specialty credentials. Proposed recommendations will create a variety of opportunities for direct care professionals to access training and for employers to deliver training. The system would be governed by a nine-member board within the Iowa Department of Public Health and the current workforce would be "grandfathered" into the new system.
- **Identify the information management system needs required to facilitate credentialing and estimate the cost for development and maintenance.** The information management system will have three major components: application and renewal of credentials, comprehensive workforce data collection and tracking, and a public interface. System development is supported through a federal grant to IDPH and is scheduled for completion in September 2012.

For more information about the Advisory Council and to access previous reports, please visit: *www.idph.state.ia.us/directcare*

INTRODUCTION

Iowa, like the nation, is facing a mounting challenge to meet the needs of an aging population and ensure access to support services for people of all abilities. Direct care professionals play a critical role in supporting the independence, daily living, and health of Iowans.

The Iowa General Assembly charged the Iowa Direct Care Worker Advisory Council in House File 2526 (2010) and House File 649 (2011) to develop recommendations that would ensure a stable and qualified direct care workforce. A careful and deliberative process has resulted in recommendations that balance the interests of consumers, direct care professionals, employers, and education providers.

Major components of the proposed solutions include the development of career pathways and standards for education for direct care professionals, all to be governed by a board of direct care professionals. The board will protect the public and provide assurance that workers are qualified, offer portable credentials to reduce current duplication of training, and ensure the skills of the workforce stay current without placing additional regulation on employers.

These recommendations are designed to reduce the costs of turnover, improve recruitment and retention to address growth and demand for workers, and improve the quality of and access to direct care services. To ensure these results are achieved, recommendations are currently being piloted by employers and community colleges through a federal grant to the Iowa Department of Public Health. Iowa is one of just six states to be awarded such a grant to develop a national model for education and credentialing.

Legislation required the Advisory Council to report on the following to the General Assembly through an Interim Report in 2011 and this final report by March 2012.

- Estimate the size of the workforce.
- Identify information management system needs for the eventual board.
- Pilot training and credentialing recommendations.
- Conduct education and outreach.
- Recommend composition of the board of direct care workers and the elements of its work and credentials it will oversee.

The final report consists of two parts: the final recommendations of the Direct Care Worker Advisory Council and a report on progress implementing the recommendations.

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DEFINING THE DIRECT CARE WORKFORCE

Who are direct care professionals?

Direct care professionals (DCPs) are individuals who provide supportive services and care to people experiencing illnesses or disabilities. DCPs are the front line of Iowa's health, support, and long-term care professions, providing hands-on care and support to individuals of all ages and abilities in settings that range from services in home- and community-based settings to acute care in hospitals.

"Direct care professional" is the umbrella name for the workforce. DCPs are commonly called direct support professionals, direct care workers, supported community living workers, home health aides, certified nurse aides, and many other job titles.

What services do direct care professionals provide?

Direct care professionals provide a wide range of services and supports to individuals with intellectual disabilities, physical disabilities, and aging Iowans, including:

- Assisting with skill-building and achieving personal goals, including vocational, educational and career support; building and maintaining friendships; crisis prevention and intervention.
- Services that help someone live independently at home or in the community, such as managing money, grocery shopping, cooking, and cleaning.
- Services to help someone meet their basic needs, such as bathing, dressing and undressing, eating (includes meal assistance), toileting, and assistance moving around.
- Medically oriented services to help individuals maintain their health, including catheter care, ostomy care, checking vitals, and range of motion exercises.

Direct care is one of the fastest growing workforces in the state. Iowa Workforce Development projects the need for an additional 12,000 direct care professionals between 2008 and 2018. Nurse aides and home health aides rank in the top ten for number of new openings annually in Iowa. (Iowa Workforce Development, 2011)

Home- and community-based jobs dominate direct care employment. The majority of direct care professionals are currently employed in home- and community-based settings. By 2018, home- and community-based direct care professionals are likely to outnumber facility workers by nearly two to one.

Iowa's aging population will place critical stress on workforce capacity statewide and particularly in rural areas. In 2030, at least 20% of residents will be age 65 or older in 88 of Iowa's 99 counties. In 2000, only 30 of Iowa's counties had this makeup (Iowa Department on Aging, 2011).

High turnover plagues the profession. With an estimated statewide average turnover rate of 64% annually at a cost of $3,749 per worker, turnover in this workforce cost an estimated $189 million in 2011. (Revised estimates based on the Direct Care Worker Advisory Council, June 2011 Cost of Turnover Report)

Where do direct care professionals work?

Direct care professionals are employed in a range of settings: the consumer's or family's home; facility settings such as nursing facilities, hospitals, and large facilities for persons with intellectual and developmental disabilities; community-based residential settings ranging from group homes to assisted living facilities; plus a wide range of non-residential day programs and other community support services.

Current Employment, Growth and Demand

Direct care professionals are the single largest workforce in Iowa. In 2012, there are more than 73,000 estimated direct care professionals providing services (estimates developed by the Direct Care Worker Advisory Council in partnership with Iowa Workforce Development and Iowa Medicaid Enterprise). The chart below outlines the three current job categories for the workforce, and provides total estimated DCPs through 2014.

Occupational Title	Estimated Annual Employment Growth	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate
Home Health Aides	4.30%	12,568	13,108	13,672	14,260
Nursing Aides, Orderlies, and Attendants	1.90%	24,470	29,168	29,723	30,287
Personal and Home Care Aides	4.00%	29,748	30,938	32,175	33,462
Total Estimated DCPs		**66,786**	**73,214**	**75,570**	**78,009**
Estimate - 10%		60,108	65,893	68,013	70,208
Estimate + 10%		73,465	80,536	83,127	85,810

HOME AND COMMUNITY-BASED SERVICES

Community Supports (non-residential)	Supports to Individuals and Families	Community Residential
Day Services and Programs	Home Health	Assisted Living
Respite	Hospice	Group Homes
Supported Employment	Personal Assistance and Support	Semi-independent Living
	Personal Care	Individual Homes
	Respite	
	Supported Community Living	

FACILITY SETTINGS

Hospitals
Intermediate Care Facilities/ID
Nursing Facilities
Psychiatric Medical Institutes for Children (PMIC)
Residential Care Facilities
State Mental Health Institutes
State Resource Centers

RECOMMENDATIONS

The following section outlines recommendations of the Direct Care Worker Advisory Council related to training modules, career pathways, training delivery and instructors, continuing education, grandfathering the current workforce, and establishing a board of direct care professionals.

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TRAINING MODULES

The Direct Care Workforce Initiative will establish an innovative training approach based on the services needed by consumers regardless of setting. Training will:

- Be responsive to the needs of consumers.
- Meet statewide standards.
- Be portable across service settings and among employers.
- Be flexible and accessible for employers and direct care professionals.
- Provide choice in training format and delivery.
- Leverage the capacity of employers, community colleges, online and other training providers to deliver training that meets statewide standards.
- Utilize existing state and national curriculum and best practices, as well as align with federal and state regulations to ensure diverse requirements are met.

Training will consist of seven components outlined in the *Description of Training Modules* section that reflect the major functions and continuum of services delivered by direct care professionals. Training is grouped into three types: Core, Advanced, and Specialty Training.

Core will be completed by all direct care professionals prior to the start of work. Estimated to be approximately six hours of foundational training, the Core will be a standard curriculum available in multiple formats, including online.

Advanced Training modules will consist of two types:

1. Competency-based modules, where multiple curricula are approved by the Board of Direct Care Professionals.
   - Home and Community Living, Instrumental Activities of Daily Living, and Personal Support training modules will be approved based on criteria establish by the Board. *(Advisory Council Interim Report 2011 outlined recommendations for Criteria for Curriculum Approval)*
2. Standard modules, where only one curriculum will be approved by the Board.
   - Health Monitoring and Maintenance and Personal Activities of Daily Living training modules will be standard for consistency with current practices and to meet federal requirements associated with training for Certified Nurse Aides.

Specialty Endorsements will not be established by the Board, but will be recognized and approved. Specialty Endorsements will be developed by various disciplines and experts in those subject or professional areas or recognized according to existing regulations.

DESCRIPTION OF TRAINING MODULES

CORE

Core

Defined as basic foundational knowledge and introduction to profession. All DCPs complete Core as entry to the profession.

- DCP System
- Person-Centered/Directed Care
- Communication and Interpersonal Skills
- Infection Control
- Documentation
- Mobility Assistance and Worker Safety

HCL

Home and Community Living

Defined as enhancing or maintaining independence, accessing community supports and services, and achieving personal goals. Functions may include:

- Community and service networking
- Community living skills and supports
- Facilitation of services
- Education, training, and self-development
- Advocacy
- Crisis prevention and intervention
- Building and maintaining friendships and relationships
- Vocational, educational and career support

IADL

Instrumental Activities of Daily Living

Defined as services to assist an individual with daily living tasks to function independently in a home or community setting. Functions may include:

- Managing money
- Driving a car or transportation
- Using the phone
- Laundry
- Shopping
- Cooking
- Washing dishes
- Bed making
- Light housekeeping

PS

Personal Support

Defined as providing support to individuals as they perform personal activities of daily living. Functions may include:

- Supervising
- Coaching
- Prompting
- Teaching/Training
- Supporting

PADL

Personal Activities of Daily Living

Defined as services to assist an individual in meeting their basic needs. Functions may include:

- Bathing, back rubs, skin care
- Grooming – hair care, nail care, oral care, shaving, applying makeup
- Dressing and undressing
- Eating – includes feeding
- Toileting – includes urinal, commode, bedpan
- Mobility assistance – transfers to chair/bed, walking, turning in bed, etc.

HMM

Health Monitoring and Maintenance

Defined as medically oriented services that assist an individual in maintaining their health. Functions may include:

- Measuring intake and output
- Catheter care
- Ostomy care
- Collecting specimens
- Checking vitals – temperature, pulse, respiration, blood pressure
- Measuring height and weight
- Range of motion exercises
- Urinary care
- Application of TED hose, heat and cold packs

Examples of Specialty Endorsements

Specialty Endorsements will be developed by experts in those subject or professional areas and approved by the Iowa Board of Direct Care Professionals.

Autism; Alzheimer's/Dementia; Advanced Nurse Aide; Brain Injury; Mentoring; Crisis Intervention; Hospice and Palliative Care; Medication; Mental Health; Paid Nutritional Assistant; Positive Behavior Supports; Psychiatric Care; Wellness and Prevention

CAREER PATHWAYS

The Iowa Direct Care Workforce Initiative will establish career pathways for the direct care profession. Career pathways are a nationally recognized strategy that allow individuals to enter a profession by gaining basic skills and then build upon or add to those skills over time.

The recommended career pathways will provide a framework for training delivery and recognition of training. The model will allow choice for direct care professionals and employers in delivery and access to training, and what training is completed. This flexibility is an important component for all stakeholders, and will allow the model to remain flexible and agile for the future as service models evolve and consumer needs and preferences change.

Career pathways will consist of three components: Core, Advanced, and Specialty Training, resulting in Certification, Advanced Certification, and Specialty Endorsements, which are described in detail in the *Career Pathways Chart.*

Direct care professionals will have the opportunity to receive credentials as they complete certain training modules or grouping of modules. Credentials issued will reflect the services provided by the DCP to individuals served and their role in the continuum of services delivered by the workforce. Credentials include Direct Care Associate, Community Living Professional, Personal Support Professional, Health Support Professional, and a diverse range of Specialty Endorsements.

Credentialing will be applied as follows:

- The Core Training and resulting certification will be required for all direct care professionals according to established definitions.
- Requirements for Advanced Training and associated credentials will be determined based on existing provider/facility regulations.
- Advanced Training will be optional for all other workers in provider settings/facilities where training regulations do not exist.
- Worker credentials will be tracked through an information management system that will provide worker, employer, and public interfaces. Details regarding this system are outlined in detail in the *Information Management System* section of this report.
- Education and training completed by direct care professionals will be based on state-recognized competences and will be portable, avoiding duplication when DCPs change employment.
- Direct care professionals may hold multiple credentials. For example, a DCP may have multiple certifications in Advanced Training Areas and may have one or more Specialty Endorsements.
- Direct care professionals and employers have the option to group training in ways that best meet the need of individuals served.
- Current direct care professionals will be grandfathered into the credentialing system based on experience and skills.

DIRECT CARE PROFESSIONAL CAREER PATHWAYS

SPECIALTY ENDORSEMENTS

Autism, Alzheimer's/Dementia, Advanced Nurse Aide, Brain Injury, Crisis Intervention, Hospice & Palliative Care, Medication Aide, Medication Manager, Mental Health, Mentoring, Positive Behavior Supports, Paid Nutritional Assistant, Psychiatric Care, Rehab Aide, Wellness & Prevention

Specialty Endorsements will be developed by experts in those subject or professional areas and approved by the Iowa Board of Direct Care Professionals. Specialty Endorsements currently have or may have unique regulatory requirements.

Optional education open to all Certified Direct Care Associates. Some Endorsements may be required for workers based on regulations for those specialties.

Requirements: Active Certification status

Credential Received: Endorsement

Continuing Education: Determined separately for each Endorsement. Continuing education completed for a specialty will count toward hours to maintain Certification or Advanced Certifications.

Title: Determined separately for each Endorsement.

CORE TRAINING — CORE

Direct Care Associate

Basic foundational knowledge and introduction to profession.

Required for all direct care professionals, except individuals who are:

- » providing direct care services and are not paid for the services
- » providing direct care services to family and are paid through the Medicaid Consumer Choice Option

Requirements: Must meet minimum age for employment and pass a background check to be employed.

Credential Received: Certification; must be renewed every two years

Continuing Education: 6 hours every two years

Title: Direct Care Associate

ADVANCED TRAINING MODULES

HCL — Home & Community Living

Services to enhance or maintain independence, access community supports and services, and achieve personal goals.

IADL — Instrumental Activities of Daily Living

Services to assist an individual with daily living tasks to function independently in a home or community setting.

PS — Personal Support

Services to support individuals as they perform personal activities of daily living.

PADL — Personal Activities of Daily Living

Services to assist an individual in meeting their basic needs.

HMM — Health Monitoring & Maintenance

Medically oriented services to address health needs and maintaining health.

ADVANCED TRAINING CREDENTIALS

Community Living Professional

Optional education open to all Certified Direct Care Associates.

Requirements: CORE + HCL + IADL + PS + active Certification status
Credential Received: Advanced Certification; must be renewed every two years
Continuing Education: 18 hours every two years
Title: Community Living Professional (CLP)

Personal Support Professional

Optional education open to all Certified Direct Care Associates.

Requirements: CORE + PS + PADL + IADL + active Certification status
Credential Received: Advanced Certification; must be renewed every two years
Continuing Education: 18 hours every two years
Title: Personal Support Professional (PSP)

Health Support Professional

Optional education open to all Certified Direct Care Associates. Certification is required for individuals performing health support functions in nursing facilities and home health/care agencies.

Requirements: CORE + HMM + PADL + active Certification status
Credential Received: Advanced Certification; must be renewed every two years
Continuing Education: 18 hours every two years
Title: Health Support Professional (HSP)

TRAINING DELIVERY AND INSTRUCTORS

The Direct Care Workforce Initiative will establish an instructor network that utilizes a train-the-trainer approach for maximum flexibility and access to training statewide. Trainers and instructors may be employed by providers, educational institutions, or other organizations.

The network consists of the training coordinator, trainers, and instructors. Flexible instructor requirements will be established for Core Training and competency-based training modules. Instructor qualifications will align with federal Certified Nurse Aide instructor requirements for the equivalent training modules to maintain portability.

INSTRUCTOR QUALIFICATIONS AND REQUIREMENTS

The Iowa Board of Direct Care Professionals (Board) will establish criteria for trainers and instructors of direct care professionals.

Qualifications

- Instructors will complete the Instructor Course provided by a direct care professional trainer on Board-approved competencies and curriculum for direct care professionals.
- Instructors for Personal Activities of Daily Living and Health Monitoring and Maintenance Advanced Training Modules will be registered nurses who possess a minimum of two years of nursing experience, at least one of which shall be in the provision of long-term care. (Criteria are based on existing federal standards for Certified Nurse Aide (CNA) instructors.)
- Instructors for Core, Personal Support, Home and Community Living, and Instrumental Activities of Daily Living Advanced Training Modules – must possess a minimum of one year of experience in the delivery of direct care services and supports, which shall be in the provision of services related to content in which they are certified to provide instruction, AND a post-secondary degree OR a direct care professional credential.

Certification

- Trainers and instructors will be certified by the Iowa Board of Direct Care Professionals for each direct care professional training module for which they meet the qualifications to provide instruction.
- Individuals will complete an application for certification demonstrating that they meet qualifications outlined.

Continuing Education

- Trainers and instructors will complete four hours of continuing education units every two years for re-certification as established by the Board. Continuing education will be related to teaching strategies and/or the training content for which they are certified to provide instruction.

Instructor Ratios

- The ratio of certified instructors to students for demonstration of competency and skills shall not exceed one instructor for every ten students in a clinical, lab, or employment setting (does not apply to classroom instruction).

DIRECT CARE PROFESSIONAL (DCP) INSTRUCTOR NETWORK

The Instructor Network utilizes a train-the-trainer approach for maximum flexibility and access to training statewide. Trainers and instructors may be employed by providers, educational institutions, or other organizations. The Network consists of the training coordinator, trainers, and instructors.

Training Coordinator

- Shall be approved by the Iowa Board of Direct Care Professionals (Board), have experience developing curriculum for DCPs, and be a qualified educator as determined by the Board.
- Will regularly seek feedback from trainers and coordinate ongoing efforts to update curriculum at the direction of the Board.
- Will endorse direct care professional trainers by facilitating an Instructor Course on Board-approved competencies and curriculum for DCPs and a Trainer Course on principles of adult learning.

Trainers

- Will meet the required instructor qualifications, be certified by the Iowa Board of Direct Care Professionals, and complete continuing education requirements.
- Will have taught a minimum of 5 courses (for each module certified) as a Certified Instructor. The Board may waive this requirement for trainers for initial establishment of the train-the-trainer network.
- Will have completed the Trainer Course on principles of adult learning and the Instructor Course on Board-approved competencies and curriculum for DCPs.
- Will train instructors.

Instructors

- Will meet the required instructor qualifications, be certified by the Iowa Board of Direct Care Professionals, and complete continuing education requirements.
- Will complete the Instructor Course provided by a direct care professional trainer on Board-approved competencies and curriculum for direct care professionals.
- Will directly instruct direct care professionals.
- Will issue documentation of successful completion of education to direct care professionals.

CONTINUING EDUCATION FOR DIRECT CARE PROFESSIONALS

The Iowa Board of Direct Care Professionals will establish continuing education requirements for credentialed direct care professionals and standards to ensure that continuing education activities are appropriate for credit, advance the knowledge and skills of direct care professionals, and meet or exceed existing state and federal requirements.

Continuing education requirements, as outlined in the Continuing Education Requirements Chart, will:

- Ensure quality professional development opportunities for DCPs.
- Be flexible for ease of access and completing continuing education.
- Be the responsibility of direct care professionals, but employers may choose to offer continuing education opportunities through traditional or online learning.
- Recognize completed in-service, as long as it meets the goal of advancing the knowledge and skills of the DCP.
- Recognize additional hours of education and training completed in the career pathway.

Continuing Education Hours

Credentialed direct care professionals (DCPs) are required to complete continuing education hours every two years to maintain their credentials. Minimum hourly continuing education requirements for credentialed DCPs are as follows:

- Direct Care Associate – 6 hours
- Community Living Professional – 18 hours
- Personal Support Professional – 18 hours
- Health Support Professional – 18 hours
- Specialty Endorsements – Hours will be determined by each specialty. Continuing education hours obtained for Endorsements will count toward overall hours needed for Certification and Advanced Certification.

Note: Hours of education and training completed to obtain another DCP credential or to obtain a Specialty Endorsement will qualify as continuing education. If a DCP holds multiple credentials, the maximum number of continuing education hours required will be 18 hours.

Complete

Direct care professionals will participate in classes, trainings, conferences, and/or in-services. Continuing education should:

- Advance the knowledge, professionalism and/or skills of a DCP.
- Include subject matter that relates to direct care.
- Be conducted by individuals who have specialized education, training, and experience concerning the subject matter of the program.

Format

Direct care professionals can complete continuing education in a variety of formats:

- Group learning setting
- Online programs that issue a post test will qualify for continuing education hours.

Providers

Direct care professionals will select continuing education based on their interests and relevance to their work. The Board will not approve continuing education providers, consistent with the practice of other state boards. Providers may include:

- Educational institutions, such as schools, colleges, or universities
- State or national associations
- Employers

Document

Direct care professionals must document the continuing education they have completed. Documentation is an individual certificate of completion or evidence of participation provided by the course sponsor. This documentation must contain the program title, date, contact hours, sponsor, and name of the credentialed DCP.

Renew

Direct care professionals will report that they have completed required continuing education when they renew their credential(s) every two years. Credentials will be renewed online.

- A percentage of DCPs will be audited every two years to ensure that continuing education requirements are met. DCPs who are audited will provide the documentation for continuing education they have completed.
- DCPs may apply to the Board for an exemption from continuing education for special circumstances.

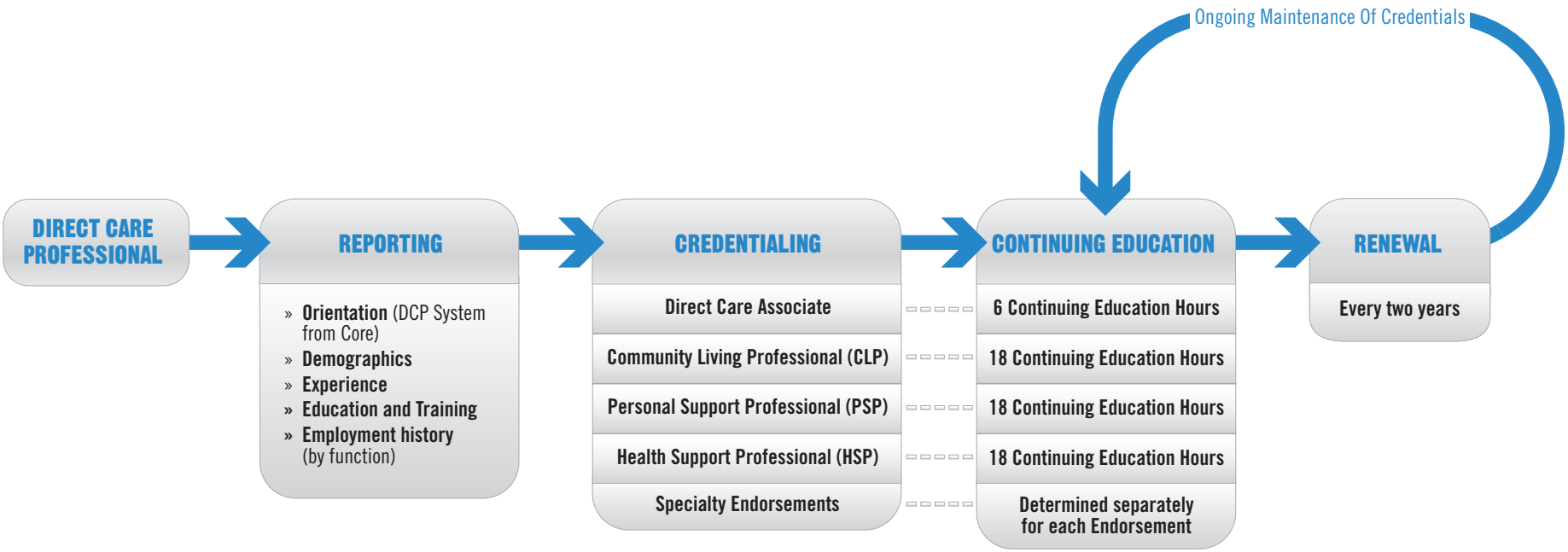
GRANDFATHERING

The Iowa Direct Care Workforce Initiative will implement a process that allows the existing workforce to transition as simply and seamlessly as possible into the new education and training system. The process will recognize the skills and experience held by existing direct care professionals, while also preparing them adequately for new educational opportunities available and new responsibilities for certification and maintenance of certification.

Direct care professionals will report their skills using an online tool that will align their experience to the career pathway. DCPs will be informed of credentials for which they are eligible to apply. DCPs may be eligible for multiple credentials, including Specialty Endorsements, when grandfathering.

DCPs will apply for and be issued credentials based on their reported employment history, experience, and training. All applications for credentials, grandfathered or new, will be subject to a background check. A percentage of DCP applications for grandfathering will be randomly audited to verify accuracy.

GRANDFATHERING PROCESS FOR CURRENT DIRECT CARE PROFESSIONALS



REPORTING

- The reporting period for current direct care professionals will last two years.
- Individuals who are working or who have worked in the direct care field and received compensation (paid employment) during the previous five years will be eligible to receive credential(s) that best match their skills and experience.

CREDENTIALING

- Direct care professionals will receive the credential(s) that most closely match the skills and job duties they report having performed in their employment positions.
- Workers may receive multiple credentials, including certifications and endorsements.

CONTINUING EDUCATION

- Credentialed direct care professionals will have two years from the date they report and receive their credential(s) to complete their continuing education.

RENEWAL OF CERTIFICATION

- Renewal of credentials for all direct care professionals must be completed every two years.
- All DCPs will be required to report online that they met the continuing education requirements necessary to maintain their credentials.

BOARD OF DIRECT CARE PROFESSIONALS

The General Assembly charged the Advisory Council with recommending the composition and functions of a board that would be established within the Iowa Department of Public Health.

The board will:

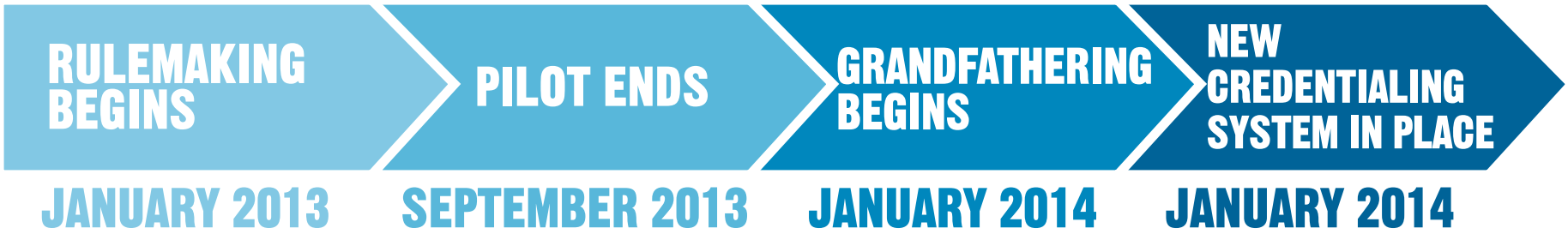
- protect the public and provide assurance that workers are qualified,
- offer portable credentials to reduce current duplication of training, and
- ensure the skills of the workforce stay current without placing additional regulation on employers.

The board will also provide essential infrastructure that is currently lacking for efficient tracking of training and credentials, consumer and public look-up and verification of training and credentials, and critical workforce data to support planning.

The Advisory Council majority recommends that the board be known as the Iowa Board of Direct Care Professionals, and be composed of 9 members consisting of 5 direct care professionals (3 representing different categories of credentials and 2 to provide additional balance among settings and populations served), 2 members of the public, 1 registered nurse who serves as a direct care professional instructor, and 1 human services professional. The Advisory Council recommends that individuals representing consumer interests be a priority for public representation on the board.

The 9-member board will be appointed by the Governor and will be given the authority, in legislation, to credential direct care professionals in Iowa. The Board will work closely with IDPH and other partners, including the Department of Inspections and Appeals, to accomplish its role. Among the early responsibilities of the Board will be administrative rulemaking to guide credentialing and grandfathering, adoption of competencies/curriculum, and adoption of recommended standards and qualifications for instructors.

The Advisory Council, in collaboration with the Iowa Department of Public Health, has drafted and forwarded legislation to the Iowa General Assembly to establish the board during the 2012 legislative session. Establishing the board in 2012, as shown in the implementation timeline, will allow the project and partners to fully leverage the resources and activities associated with the federally funded pilot and build upon that momentum. The federal grant has allowed for development of infrastructure and key Initiative components including the development of the IT system, curriculum, and instructor training to support implementation.



IMPLEMENTATION PROGRESS

The Iowa Department of Public Health and Direct Care Worker Advisory Council have made significant progress implementing recommendations of the Council through a federally funded pilot project. The following section describes specific progress and activities related to the pilot project, including curriculum development, training, development of an information management system, evaluation, and outreach.

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FEDERAL GRANT PILOT PROJECT

The Iowa General Assembly charged 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 $2,244,000 federal grant from the Health Resources and Services Administration – the Personal and Home Care Aide State Training (PHCAST) Grant – to test the recommendations developed 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 IDPH. The state investment in the Council's activities provides the framework and direction necessary for implementation of the federally-funded pilot project.

The pilot allows IDPH to test recommendations and make necessary changes before implementing training or credentialing activities statewide. Activities include curriculum development, implementation of training, establishment of the information management system, DCP 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 is piloting 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 high demand among all professions in the state. In Iowa, home health aides and home care aides rank as the fourth and fifth fastest-growing occupations generating the most jobs between 2008 and 2018 (Iowa Workforce Development, 2011). This growth comes at a time when the direct care workforce continues to age. In 2010, 89 percent of direct care professionals were women and the average age was 42 years old, with a slightly higher average age for those employed in home care settings (PHI, 2011). Although this pilot project focuses on the home health aides and personal and home care aides, Northeast Iowa Community College was recently awarded a Department of Labor grant (Trade Adjustment Assistance Community College and Career Training Grant), which includes a partnership with IDPH to pilot the remaining training and credentialing for the other sector of the workforce – DCPs who provide health supports in facilities and home settings.

Iowa just entered its second year of the three-year project. IDPH has contracted with seven pilot sites, including two community colleges, in two regions of the state. The DCPs participating in the pilot project work in a variety of settings, including homes, residential care facilities, supported employment, and adult day programs. Direct care professionals participating in the project provide services and care to individuals with health conditions as well as disabilities. Project participants will receive an interim credential to be fully recognized by the state when the credentialing system is implemented statewide.

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. Council members are aware of the Money Follows the Person grant led by Iowa Medicaid Enterprise, and they have stayed informed of the progress of the Mental Health and Disability Redesign meetings led by the Department of Human Services. IDPH is working closely with Iowa Medicaid Enterprise to ensure alignment with the new online training available for disability and home and community-based providers, College of Direct Support. It is important to the work of the Council that efforts be aligned to avoid duplication and ensure seamless coordination and flexibility of training among the various stakeholders.

Curriculum Development

IDPH is using a three-phase approach for curriculum development and review. Each of the five training modules (Core, Home and Community Living, Instrumental Activities of Daily Living, Personal Support, and Personal Activities of Daily Living) is first drafted by a work group made up of between five and eight individuals representing the settings in which those skills are used. After the initial drafting, the Direct Care Professional Education Review Committee, a selected committee of six DCPs, provides feedback.

Then, a resource review committee made up of additional stakeholders (mostly employers) reviews the training module and provides feedback. The pilot sites are also offered an opportunity to review and provide feedback before implementing the training. Instructor training for all modules will take place in March and April of 2012, with training expected to begin right away. Instructors in the pilot sites will play a key role in adding value to the curriculum by providing additional resources as well as direct feedback about the curriculum. Quarterly instructor meetings are set to begin in June of 2012.

Training, Credentialing and Supports

In partnership with the selected pilot sites and their leadership teams, IDPH is planning to support the training of 800 direct care professionals between March of 2012 and September of 2013. At least 10 instructors in each of the two pilot regions will be trained during the project. Pilot sites are provided the opportunity to use the pilot curriculum or apply to use existing curriculum that meets competencies. New and existing DCPs will be trained and provided with interim credentials that will be fully recognized once the Board is authorized.

Research demonstrates the value of peer mentor programs for direct care professionals. Mentor programs, in which a DCP mentors another DCP, can improve recruitment, retention, and work environment, and provide opportunities for career advancement. As a component of the federally funded project, all pilot sites are developing or enhancing a peer mentor program. To support employers in this endeavor, Iowa CareGivers Association developed a Mentor Program Management Toolkit (accessed here: *http://www.iowacaregivers.org/programs_and_events/mentor_program.php*), which provides a step-by-step guide, resources, and templates for developing and maintaining a peer mentor program. The project evaluation will measure outcomes related to retention and job satisfaction for mentors and mentees participating in the project.

Evaluation

The project evaluation is comprehensive and includes state-level and national-level desired outcomes. Using qualitative and quantitative methods, the evaluation focuses on four primary project areas:

- Project implementation
- Training
- Workforce changes and
- Collaboration with the national cross-site evaluation

The partnership with employers is essential to collecting data that informs primary, secondary, and tertiary outcomes. The data collected by the pilot participants will be compared with control groups. DCPs participating in both the project and control groups will, at key times in the project, take a job satisfaction survey. The survey results, combined with retention data collected by the employers, will inform impact of training, credentialing and supports on job retention. Pre- and post-tests will accomplish two things: measure knowledge gained by DCPs in the pilot and control groups, and demonstrate the curriculum's ability to teach the established competencies.

Evaluators will also conduct interviews and focus groups with key participants of the project, including instructors, DCP mentors and mentees, employers, and consumers and family members. Ultimately, besides the direct outcomes of knowledge gained and improved retention, IDPH hopes to measure the impact on quality of care and services delivered by DCPs participating in the project.

Outcomes being measured include:

Primary Outcomes	Secondary Outcomes	Tertiary Outcomes
Knowledge	Job satisfaction	Consumer and family satisfaction
Behavior Skills	Retention	Quality of care
Training Satisfaction	Wages	

Information Management System Development

The information management system will provide IDPH with a sophisticated way of tracking the workforce and allowing individuals to apply for and maintain credentials online. At the time of application, DCPs will be asked to provide demographic and other information to assist Iowa in tracking and making projections for the workforce. Consumers and employers will utilize the public look-up function to determine the qualifications and credentials of DCPs. Workers will receive recognition for the training they have received, and be able to demonstrate competency and qualifications to potential employers and consumers.

A vendor, CSDC Systems, was selected for development of the system, and initial planning and design have taken place. A prototype of the system will be delivered early in 2012, with the final system to be complete by September of 2012. Total costs for software, implementation, and training for the new information management system are estimated to be $280,000.

The table below provides a breakdown of system costs.

Product/Service	Cost
AMANDA Software	$40,000
Implementation Services	$230,000
Training Service	$10,000
Total	$280,000

The vendor will provide new software and utilize the existing software already purchased by the State for other licensing and regulatory functions. CSDC will provide implementation services consisting of project management, software installation, analysis, design, configuration, testing, training and “go live” support. CSDC will also provide training services, utilizing a train-the-trainer model, to enable DAS Information Technology Enterprise (ITE) staff to support the system once it is implemented. In addition to the costs estimated above, the system will require ongoing annual hosting and maintenance conducted by DAS ITE at a cost of approximately $19,000 per year. Financing for the information management system will be provided by a combination of federal grant funding and the State of Iowa IOWAccess Revolving Fund. This IOWAccess Revolving Fund provides start-up support for applications that provide citizens with ready online access to state data and services.

COMPONENTS OF THE DIRECT CARE INFORMATION MANAGEMENT SYSTEM

The Direct Care Information Management System will have three major components – application and renewal of credentials, comprehensive workforce data collection and tracking, and an interface allowing members of the public to look up information about credentialed workers.

Application and Renewal

Application and renewal of credentials will occur through a one-stop website that will provide an efficient, user-friendly process for applying for and renewing direct care credentials online. Direct care professionals will be able to:

- Complete new and grandfathering applications
- Report continuing education and submit for renewal
- Upload continuing education
- Update personal and employer information
- Pay fees

The information management system will support the functions performed by Board staff to successfully complete the application and renewal processes and other Board functions, including the ability to:

- Request background checks (criminal, abuse)
- Confirm completed education and view exam results (linked system with instructors and test centers)
- Perform random audits to ensure completion of continuing education
- Issue documents and communications to credentialed DCPs

Workforce Data Collection and Tracking

The information management system will collect comprehensive data on the direct care workforce for the first time. The data will assist the Iowa Department of Public Health, Iowa Workforce Development, and other state agencies in making projections about workforce trends and demand.

Data will be collected during application and renewal and will include:

- Demographics
- Criminal history
- Education
- Employment
- Additional information, including
  - formal education
  - race/ethnicity
  - languages spoken
  - employment status
  - practice setting
  - type of position
  - wage/salary
  - career plans

Public Information

Look-Up: The Direct Care one-stop website will have a simple look-up function so that members of the public can verify workers' credentials and check for history of discipline with the Board. The website will also detail for the public the process for registering complaints.

Reports: The Board will regularly issue public reports regarding workforce estimates and projections, and Board activities and budget.

Opportunities: The Department of Public Health plans to research additional opportunities for expanded functions of the website, including options for DCPs to allow employers access to continuing education history, and capabilities for consumers to search for workers that match their criteria.

OUTREACH

The Advisory Council outlined three global phases for outreach. These phases are 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 members of the workforce. The Council has developed branding for its work and the pilot activities, named the Iowa Direct Care Workforce Initiative.

IDPH unveiled a new website in early 2011 – *www.idph.state.ia.us/directcare* – that is used as a communication tool and provides updated announcements and information about the Initiative. The Initiative distribution list now has more than 900 members and is being used to inform stakeholders and individuals of opportunities to participate in the project. Numerous publications have been developed including informational flyers, a display stand, graphics with descriptions of Council recommendations, template presentations for outreach, and a toolkit to support project partners as they conduct their own outreach.

Council members, IDPH, and partners have participated in numerous presentations, peer-to-peer education and informational trainings as the first two phases of outreach are implemented – basic public education and pilot announcement and activities. Webinars were conducted in November of 2011 with more than 60 direct care professionals participating. Direct care professionals co-led the informational sessions to educate their peers about the Council, the pilot project, and how DCPs can be involved in the project. During the last year, more than 2,400 individuals representing employers, direct care professionals, nurses, consumers, and educators received information on the Initiative through outreach efforts. Of the estimated 2,400, approximately 1,500 received a presentation on the Initiative and 900 received email communications.

Through the federal grant, a statewide network of direct care professionals and employers, known as Direct Care Workforce Initiative Ambassadors, is being established. Ambassadors will conduct local outreach to prepare for implementation, will support the Department with stakeholder expertise related to implementation, and will provide local technical assistance and respond to information requests. Outreach about the program was conducted and applications were collected from interested individuals. Approximately 25 were selected to serve as Ambassadors around the state. The program kicked off with orientation meetings for new Ambassadors in November and December 2011. Ambassadors have already begun leading outreach efforts across the state as they meet with their peers, hold informational sessions, and act as a local resource for the Initiative.

NEXT STEPS

While this report fulfills the official legislative charge of the Direct Care Worker Advisory Council, the involvement of the individuals and organizations represented on the Council remains critical to successful implementation of the recommendations. The subject matter expertise and leadership of Advisory Council members will be needed to support IDPH with the following activities:

- Review pilot activities and evaluation outcomes regularly throughout the federal grant period, and adjust Council recommendations as needed.
- Serve as a resource for development of administrative rules.
- Assist with testing of the information management system from direct care professional, employer, instructor, and public perspectives.
- Continue and expand statewide outreach to support grandfathering and system implementation.

For more information about the Advisory Council and to access previous reports, please visit *www.idph.state.ia.us/directcare*