IOWA DIRECT CARE ADVISORY COUNCIL

Report to the Iowa Department of Public Health Regarding Implementation of a System for Certification of Direct Care Workers

November 2008

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November 26, 2008

Director Newton:

On behalf of the Direct Care Worker Advisory Council, we respectfully submit a report of progress on implementation of a system for certification of direct care workers in the state. As required by House File 2539, this report includes recommendations to the Iowa Department of Public Health that build upon the recommendations provided by the Direct Care Worker Task Force established in 2005. Specifically, the report recommends adoption of a process for certifying the existing direct care workforce, a plan for communication and outreach to all stakeholders, and next steps to ensure that resources are assessed and available to successfully implement the direct care worker credentialing system.

First, we would like to extend our appreciation and commendation to you for addressing a critical issue and need in Iowa. As our residents and workforce age and retire, and consumers increasingly seek services in their homes, we must build a direct care workforce that is prepared to meet the needs of the future. The Department of Public Health began supporting discussions several years ago about how to ensure quality care and services to individuals who need it, while supporting and embracing the experienced professionals who assist people every day in their homes, community-based settings, and facilities across Iowa.

The recommendations of the Direct Care Worker Advisory Council are the result of years of work by current members and members of the previous Direct Care Worker Task Force. Advisory Council Members embraced their role, and spent many long and intensive hours discussing elements of this new and innovative approach for credentialing direct care workers. Despite the numerous challenges faced by the Advisory Council, members found common ground in the need to develop a system for the future – one that embraces the notion that consumers want to direct decision-making about their daily living, health, and long term care, and that the system must ultimately benefit all consumers, direct care workers, and employers.

As individuals who work in the field of direct care, we recognize the need to ensure a high level of communication and outreach with stakeholders, as well as an appropriate level of caution as it moves forward to ensure success of this effort. The recommendations included in this report reflect the best case scenario for implementation, which will require adequate resources for personnel, technology, and support. To the extent possible, the Advisory Council developed timeframes that allow for flexibility in response to needs as they arise.

We look forward to the ongoing work of the Advisory Council, and future discussions about how the Council can best support the Department as it moves forward with implementation of the system for credentialing of direct care workers.

Sincerely,

Diane M. Frerichs

Diane Frerichs, Co-Chair

Suzanne Russell

Suzanne Russell, Co-Chair

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Introduction

Iowa's direct care workforce has emerged as a component of the state's overall efforts to implement 2008 health care reform legislation and improve access to health and long-term care. Issues facing direct care workers and individuals seeking care and support services exist within the broader context of health workforce needs in Iowa and nationally, considering overall health workforce shortages statewide, changing demographics that will place greater demand on the health delivery system, and a growing desire by consumers to receive services and supports in the home and community.

Iowa is taking a proactive approach to address these health workforce needs and changes in how individuals receive direct care services and supports through the work of the Iowa Direct Care Worker Advisory Council. The Advisory Council was established in House File 2539 passed during the 2008 legislative session. The Advisory Council is charged with advising the Iowa Department of Public Health (IDPH) regarding regulation and certification of direct care workers. The work of the Advisory Council builds on recommendations from the Iowa Direct Care Worker Task Force that provides a framework for statewide standards for training and education for the direct care workforce.

The Advisory Council members understand the complexity of the undertaking, considering the size of the direct care workforce, the multitude of settings in which they work, and the diverse needs of the populations they serve. The Council has emphasized the importance of creating a system that balances the unique needs and embraces the common values of both the aging and disability systems. To guide their decision making around these very complex issues, they Advisory Council established the following guiding principles:

Guiding Principles

The Direct Care Worker Advisory Council believes that Iowa's education and training system for direct care workers and implementation should:

- **Increase access to quality care for consumers.**
- **Ensure a positive impact on direct care worker recruitment and retention.**
- **Establish a common knowledge base and consistency for direct care workers.**
- **Recognize the value of the contribution of the direct care worker.**
- **Support and enhance the capability of direct care workers to lead their profession.**
- **Promote a collaborative approach and spirit.**
- **Inform and involve the public in the process.**
- **Recognize that a diverse direct care workforce benefits the professional and the consumer.**

This report provided by the Advisory Council addresses several key issues related to implementation of a new education and training system for direct care workers in Iowa, including recommendations to grandfather the existing direct care workforce and recommendations for communication and outreach to stakeholders statewide over the course of implementation.

The Direct Care Worker Advisory Council recommends that, as with other professions, the existing direct care workforce is allowed to transition as simply and seamlessly as possible into the new direct care worker education and training system, recognizing their skills and experience while also preparing them adequately for new educational and professional opportunities. The recommended process includes a regional phased-in approach to accommodate the large number of direct care workers and to allow for the Department of Public Health to identify, assess, and manage costs and capacity for grandfathering.

The Direct Care Worker Advisory Council also recommends a phased approach for communication and outreach that corresponds with the overall plan for implementation. Outreach will begin with an introduction to the work of the Task Force and Advisory Council and will build in level of detail as components of the system are further developed.

The Advisory Council has made supplemental recommendations to support ongoing work and implementation including expanding membership on the Direct Care Worker Advisory Council, conducting an assessment of existing technology resources and capabilities, completing estimates of resources needed for technology, personnel, and partners to continue implementation, and requesting support for legislation establishing the Iowa Board of Direct Care Workers.

The recommendations of the Advisory Council build on recommendations from the Iowa Direct Care Worker Task Force that outline the following components of a new education and training system for direct care workers.

- **Governance** – This system will be governed by direct care workers themselves through the establishment of a professional board, much like other health professions. The board will have authority to certify workers and provide public protection.
- **Standards for Education and Training** – The Board will establish statewide standards for training and education of direct care workers, providing new professional opportunities for direct care workers by creating three levels of certified direct care workers. Certified direct care workers will also have opportunities to develop advanced or specialty skills through professional development and continuing education in areas of interest or associated with setting of practice or population served.
- **Coordinated Instruction and Increased Capacity** – As part of the development of standards for education and training, an accompanying training course for direct care worker instructors will be developed. The recommended structure will capitalize on the need expressed by employers to provide on-site training, but instructors will be certified so all training and education is recognized by the state.

Reports of the Iowa Direct Care Worker Task Force as referenced in this report are available on the Iowa Department of Public Health website, www.idph.state.ia.us.

The Direct Care Worker Advisory Council is facilitated by SPPG, www.sppg.com

Grandfathering Recommendations

Overview

Estimates of the number of direct care workers in Iowa suggest up to 100,000 Iowans currently work in the direct care field. The Direct Care Worker Advisory Council recommends that, as with other professions, the existing workforce is allowed to transition as simply and seamlessly as possible into the new direct care worker education and training system. It is important to recognize the skills and experience held by existing direct care workers, while also preparing them adequately for new educational opportunities available and new responsibilities for certification and maintenance of certification. The Direct Care Worker Advisory Council recommends a process that honors current skills and functions performed by direct care workers, and provides sufficient, but not overwhelming, continuing education to assist in transitioning to the new system.

The Direct Care Worker Advisory Council recommends a regional phased-in approach to grandfathering the existing workforce. Because of the size and diversity of the workforce, this approach will allow the Department of Public Health to identify, assess, and manage costs and capacity for grandfathering. The grandfathering process will begin with online reporting. Individuals will receive certification as a Certified Direct Care Worker (CDCW) at one of the three levels, depending on the work functions reported by the direct care worker.

Once certification is received, the CDCW will have two years to complete transition continuing education, which must be readily available and easily accessed. The transition education will assist the newly grandfathered certificate holders in understanding the new system and learning about new elements of the curriculum that might benefit them in their everyday work. Maintenance of certification will be the same for grandfathered direct care workers as for newly trained direct care workers (continuing education requirements for each level of direct care worker).

The Direct Care Worker Advisory Council recommends the adoption of two components, detailed below, to ensure grandfathering existing direct care workers is a simple and seamless process. The two recommendations are adoption of a regional phased-in approach to grandfathering and implementation of a process to certify the existing direct care workforce.

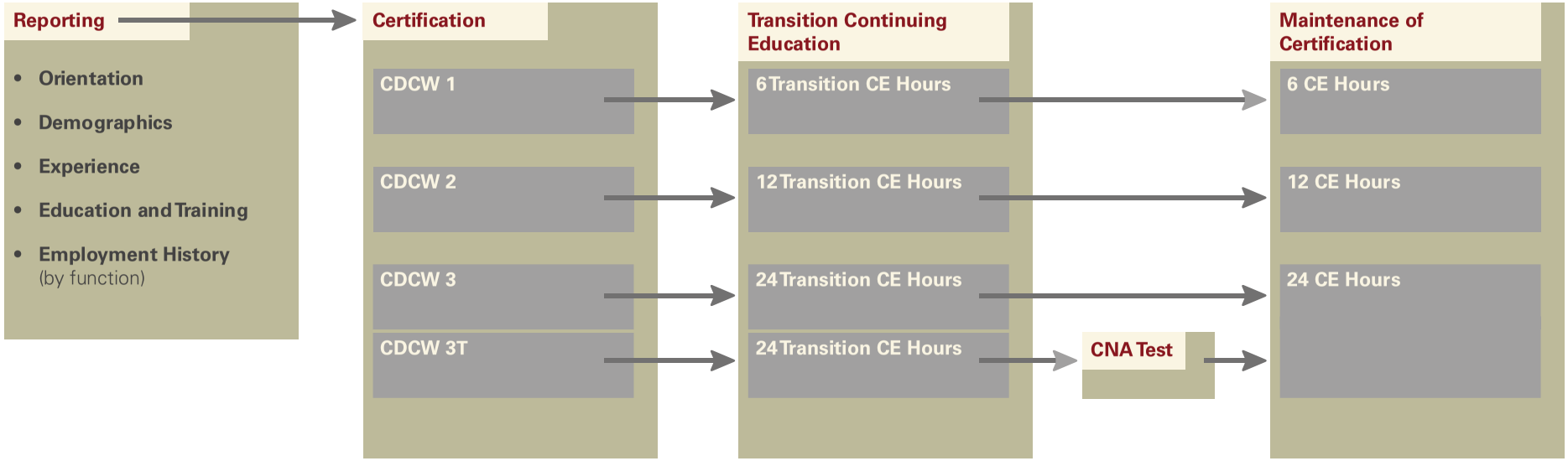
Implement a Process to Certify the Existing Direct Care Workforce

The Direct Care Worker Advisory Council recommends an established reporting and certification period of four years for grandfathering. During the four-year period, direct care workers who are working or who have worked in direct care field during the previous five years will be eligible to report current education and experience and receive certification at a level that best matches their skills and job functions. The components of the reporting and certifying process for existing direct care workers includes reporting, certification, transition continuing education, and ongoing maintenance of certification.

Timing and completion of other key activities to launch the direct care worker training and education system will be crucial to ensure that grandfathering is successful. The grandfathering process can only begin once the online reporting infrastructure is in place, the transition continuing education is available and accessible, and the appropriate level of outreach has been conducted with existing direct care workers and employers. The Direct Care Worker Advisory Council strongly recommends an ongoing monitoring and evaluation component to track outcomes and ensure the process is being implemented effectively.

Direct Care Worker Advisory Council

Proposed Grandfathering Process



Reporting

The reporting period for current direct care workers will begin August 2011, and reporting will continue until August 2014. During the three year period, direct care workers who are working or who have worked in direct care during the previous five years will be eligible to report current education and experience and receive certification at a level that best matches their skills and job functions. Reporting will be online, and will be available to geographic regions as they are phased in to the new system.

Certification

Direct care workers will be grandfathered into three different certification levels based on the functions they report having performed in their employment positions. Level 3 has two tiers – a Certified Direct Care Worker 3 and a 3T (Transitional). All individuals reporting a current certification as a Certified Nursing Assistant (CNA) will be certified as a Level 3. All other direct care workers reporting functions that match Level 3 criteria, but who do not have a CNA, will be grandfathered in as a Level 3T.

Transition Continuing Education

Transition continuing education will be available beginning in August 2011. Once certified, grandfathered direct care workers will have two years to complete transition continuing education. The transition continuing education, available online and in-person, will be developed based on the new curriculum and will include an orientation to the new system.

Maintenance of Certification

Recertification for all direct care workers must be completed every two years. All CDCWs will be required to report that they met the continuing education requirements necessary to maintain their certification.

Reporting

The reporting process for existing direct care workers will be online and will be available to each region as they are phased into the system. The recommended components of the reporting process are consistent with other professions licensed by the IDPH Bureau of Professional Licensure. The Advisory Council recommends that the reporting process be tested thoroughly by a diverse pool of direct care workers before launching the system. The testing will help identify any issues prior to utilization. Reporting will include:

- **Demographics**

  The reporting process will collect basic demographics for purposes of maintaining contact information for all certificate holders, including:

  - **Full name**
  - **Mailing address**
  - **County of residence**
  - **Email address**
  - **Phone number**
  - **Date of birth**
  - **Social Security number**
  - **Gender (optional)**
  - **Previous names of record**

- **Criminal history**

  Criminal history questions are asked of all current licensees governed by the Bureau of Professional Licensure within the Department of Public Health. The criminal history questions, much like many components of the grandfathering reporting process, are consistent with what will be reporting requirements of all new certificate holders.

  - **Misdemeanor or felony**
  - **Malpractice suit or claim**
  - **Investigated or been disciplined by a licensing, registration, or certification authority or organization**
  - **Convicted or charged with illegal or improper use of drugs or other chemical mood altering substances**
  - **Child and dependent adult abuse registry**

- **Experience**

  The Direct Care Worker Advisory Council determined that there should be no limit on amount of time worked in direct care, but that individuals can only be grandfathered if they have worked in direct care within the previous five years (five years prior to the start date of the reporting period). People leave the workforce for a variety of reasons, and since direct care workers are overwhelmingly women and low wage earners, there may be higher

incidences of leaving to care for children or elderly parents, or leaving for higher paying positions. The five year period defines a reasonable timeframe to ensure skills are up to date without jeopardizing public safety or protection.

- **Education**

  The reporting process will not ask for formal education. Direct care workers will be asked to report any certificates or licenses held, and completion of any additional Board-approved trainings. A review of all potential endorsements and related trainings and curriculums will need to be conducted, and the Board of Direct Care Workers will need to determine what endorsements may be grandfathered. For example, the Board may approve the Alzheimer's and Dementia curriculum currently being developed by the Department of Elder Affairs as an endorsement for grandfathering since the curriculum will have been administered prior to reporting.

  - **Career specific – professional certificates/licenses and where they were received (include certificate number, if applicable)**
    - Certified Nursing Assistant
    - Home Health Aide
    - Advanced Nurse Aide
    - Certified Medication Aide
  - **Endorsement training – Board-approved endorsement trainings received and where they were received**
- **Employment History**

  The employment history section will require direct care workers to report relevant, paid employment in the field of direct care during the previous five years, and specific functions performed in each position. Functions will be listed below each employment history description, and direct care workers will be asked to check or highlight functions performed. The functions will be developed based on the competencies and curriculum developed by the Curriculum Committee of the Direct Care Worker Advisory Council. The reporting of functions is the most significant technology and infrastructure building aspect of the grandfathering process. The purpose of reporting functions performed is to allow for a determination of a direct care worker's certification level in the new system. Depending on the functions that they report, the reporting system will automatically generate a response informing the direct care workers of their certification level.

  - **Dates employed**
  - **Name of organization**
  - **Address of organization**
  - **Phone number of organization**
  - **Job title**
  - **Shift worked/full-time or part-time**
  - **All activities/functions performed**

- **Additional Information – Optional Survey**

  Since all direct care workers have not existed as a part of a formal system prior to the introduction of the education and training initiative, there is limited information available about the workforce in general. An additional optional survey will allow for collection of more detailed information about the workforce, such as formal education, employment status, practice setting, and type of position. This information could benefit the Department of Public Health in numerous ways as it projects needs and capacity of the health and long term care workforce.

  - **Formal education**
  - **Gender**
  - **Race/ethnicity**
  - **Primary language**
  - **Employment status**
  - **Practice setting**
  - **Type of position**
  - **Wage/salary**
  - **Student and in what type of program**
  - **Career plans in five years**

Certification

Direct care workers will be grandfathered into three different certification levels based on the functions they report having performed in their employment positions. This process recognizes the experience and education already held by existing direct care workers, and provides an avenue for ongoing education and training to advance current skills.

The third level of certification has two tiers – currently labeled as a Certified Direct Care Worker 3 and a 3T (Transitional). All individuals reporting job functions that match Level 3 will be grandfathered into one of the two Level 3 tiers. All individuals reporting a current certification as a Certified Nursing Assistant (CNA) will be certified as a Level 3. All other direct care workers reporting functions that match Level 3 criteria, but who are not a CNA, will be grandfathered in as a Level 3T. The rationale for this unique two-tiered certification for Level 3 is that, in the new system, a CDCW 3 will also be a CNA. Some individuals who currently perform functions that match a Level 3 will need to become a CNA to transition into a fully Certified Direct Care Worker 3. CDCW 3Ts will become CDCW 3s by taking the CNA written and skills competency tests.

Since the three levels build upon each other in the education and training system, the grandfathered CDCW 2 will also automatically be grandfathered in as a CDCW 1, and the CDCW 3 will also automatically be grandfathered in as a CDCW1 and CDCW 2.

Transition Continuing Education

Because of the significant number and diversity in types of direct care workers that will be grandfathered into the three levels of certification, there will be natural gaps in some workers' education and skills to meet the new definition of their role. In addition, the new curriculum may include new information for some grandfathered positions that will be useful to provide them as they transition into the new system and a new certified level.

Certified Direct Care Workers will have two years from the date they report and receive their certification to complete their transition continuing education. Requirements for transition continuing education will be the same as ongoing continuing education requirements – 6 hours for CDCW 1, 12 hours for CDCW 2, and 24 hours for CDCW 3. The transition continuing education will be available and accessible statewide, ideally mostly online with some options for in-person trainings. Grandfathered Certified Direct Care Workers will be informed of the transition continuing education opportunities when they receive their certification. Based on individual functions and skills provided in the reporting section, grandfathered CDCWs will receive recommendations about training and education specific to their certified level and needs.

Maintenance of Certification

Renewal of certification for all Certified Direct Care Workers must be completed every two years. CDCWs will use an online reporting system similar to the current system used by licensees within the Department of Public Health's Bureau of Professional Licensure to maintain certification. Grandfathered CDCWs, as part of the recertification reporting, will be required to report completion of their transition continuing education. All CDCWs will be required to report that they met the continuing education requirements necessary to maintain their certification.

Adopt a Regional Phased-In Approach to Grandfathering

The Direct Care Worker Advisory Council recommends a regional phased-in approach to grandfathering the existing workforce. With a workforce population of up to 100,000 individuals in diverse positions and settings statewide, the Department of Public Health's Bureau of Professional Licensure will be supporting a profession possibly four times as large as any it currently supports. A phased-in approach will allow the Department of Public Health to identify, assess, and manage costs and capacity for grandfathering existing direct care workers.

The Council recommends using regions already established by Iowa Workforce Development or Iowa community colleges (a total of 15 regions statewide) to define regions to be phased in for grandfathering. As each region is phased in, dedicated resources and staff will provide technical assistance and support during the phase-in and for three months prior to the phase-in. The technical assistance and support will include communication with providers and direct care workers, education and outreach, identification and management of concerns and challenges, regular updates and information sharing with stakeholders and media, and other assistance as needed.

The recommended timeline for implementation of grandfathering of the existing workforce is four years. The Direct Care Worker Advisory Council recommends first implementing grandfathering in one region for a time period of six months, with an additional three month evaluation period before the next regions are implemented. The additional three month time period will allow the Department to evaluate progress and outcomes, and adjust approach and timelines as necessary before implementing the next phase of regions.

The first region has not been identified, but would likely not be a highly populated region, and would have some easily identifiable resources (supporters, partnerships, information-sharing networks) to assist in the effort. Groups of multiple regions will then be implemented in six-month increments, with the exception of urban centers and highly populated regions, which may need to be implemented as a single region to allow for enough resources and capacity dedicated to grandfathering in that area. The timeframe for each region or group of regions provides a specific window of time when those regions are targeted for entering the new system, and allows for dedicated resources to assist existing direct care workers and employers with the process.

Despite the targeted timeframe for each region to grandfather, all direct care workers statewide will need to report and receive certification into the new system by the final deadline at the end of the four year grandfathering period. Each individual direct care worker will have a timeframe of two years to complete transition into the new system. Whether you enter into the system as a grandfathered Certified Direct Care Worker in the first month or the last month, you will have two years after receipt of your certification to complete transitioning continuing education.

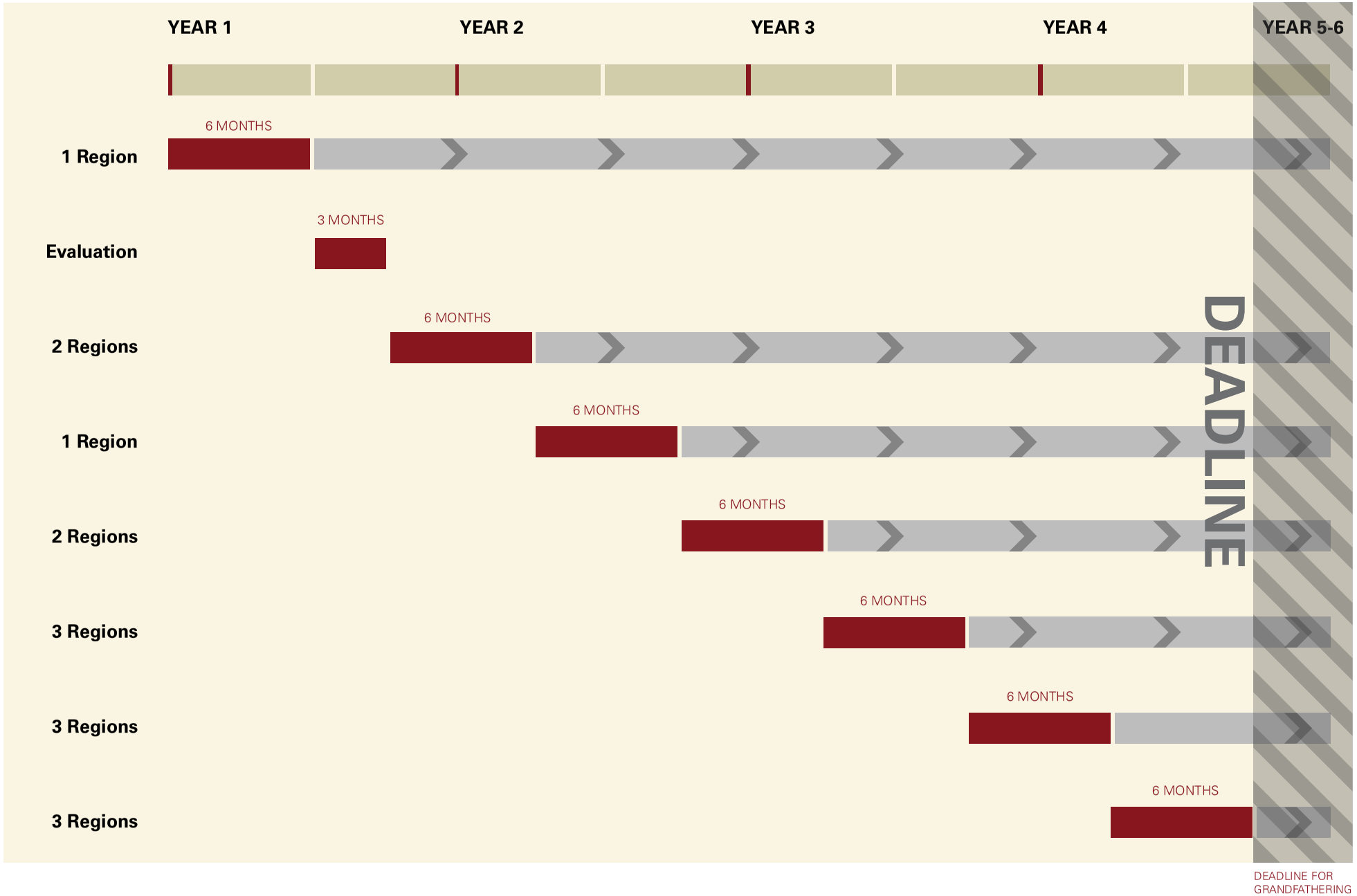
The following table and chart represents a sample timeline for implementation of groups of regions for a four-year grandfathering period. The timeline may be adjusted as needed to ensure the process is effective and efficient. Note that, although there is a defined date for entry into the grandfathering process for each region, all regions are subject to the same final deadline of grandfathering into the new system.

Sample Timeframe for Grandfathering

6 Months	1 Region
3 Months	Evaluation of Grandfathering Process
6 Months	2 Regions
6 Months	1 Region
6 Months	2 Regions
6 Months	3 Regions
6 Months	3 Regions
6 Months	3 Regions

Direct Care Worker Advisory Council

Grandfathering Timeline



Key

Targeted time frame for reporting and certification.

Timeframe for completing transition continuing education and additional opportunity for reporting and certification.

Final deadline for grandfathering is the end of year 4. All CDCWs will have 2 years to complete transition continuing education, regardless of date of entry.

Communication and Outreach Recommendations

Overview

Due to the wide-ranging impact of the new system for credentialing direct care workers, a comprehensive plan for communication and outreach is essential for successful transition and implementation. The Direct Care Worker Advisory Council recommends the following plan for communication and outreach in response to and to build upon recommendations from the Direct Care Worker Task Force. The Council recommends a phased approach for communication and outreach that corresponds with the overall plan for implementation developed by the Task Force.

The recommended phased approach is designed to share information incrementally as implementation progresses with key stakeholders including direct care workers, employers and providers, associations and interest groups, the public, and policymakers. The Advisory Council established a broad timeframe and purpose for each phase of outreach to guide activities and key messages. Timeframes and activities for each phase are approximate and should be adjusted as necessary according to implementation progress. Each phase includes the following components: timeframe and purpose; outreach products and materials; method of delivery for products and materials; and input needed from stakeholders to support implementation. The phases are meant to be cumulative in that activities of each distinct phase will continue as outreach efforts from subsequent phases are launched. Identification of resource needs and responsibilities will be completed as part of the supplemental recommendations of the Advisory Council to identify resources for both grandfathering and outreach and incorporating these into the overall implementation plan.

Establish a Phased Plan of Communication and Outreach to Support Implementation

Phase 1

Timeframe: Implementation Plan Years 1 -2
Purpose:

- **Establish a communication and outreach infrastructure for activities in Phases 1, 2, and 3.**
- **Create broad awareness about the need for change and the work of the Task Force, Council and coming changes.**

Due to the wide-ranging impact of the new system for credentialing direct care workers, as well as the significant number of workers estimated to transition, it will be imperative that a broad awareness campaign is begun immediately to inform stakeholders and the public about the need for change and how the new credentialing system will impact quality of care in Iowa. The Direct Care Advisory Council recommends that a communication and outreach infrastructure be established statewide that will allow for communication to diverse stakeholders in the transition to a new credentialing system, including, but not limited to, direct care workers providing services in a number of settings, employers, consumers, and the general public.

Products

- **Develop a brand for initiative.**
  - **Name**
  - **Logo**
- **Develop early informational materials targeted toward various interests: direct care workers, employers, the public, policy makers, and other health professions/organizations.**
  - **Initiative summary**
  - **Issue briefs**
  - **Frequently Asked Questions**
  - **Electronic progress updates – monthly or as needed.**
- **Develop materials for recruitment and marketing for instructors and trainers. Include specific materials for providers/employers, institutions of higher education, professional and membership associations.**

In this first phase of outreach, it will be integral to create a brand for the new direct care worker credentialing system that is easily identifiable and reflects the underlying values of the direct care workers themselves. This brand, which includes a name, logo, and corresponding design element, will be used throughout the implementation timeline on all products and communication materials. The term "direct care worker" has been used consistently in the work of the previous Task Forces and Advisory Council. However, the Council recognizes the need to establish professional terminology that reflects the diversity of the workforce and follows national trends.

The communication products will be essential in providing information and context to stakeholders about the new system. Each stakeholder group has unique interests, and will therefore desire different information related to the new system. Communication products will be designed with specific stakeholder groups in mind and will provide unique details related to the new system that will strive to communicate the need for and benefit of the new system to each stakeholder group individually.

Near the end of Phase 1, communication to potential direct care worker instructors and trainers must begin. Specific strategies will be developed for recruiting instructors and trainers with the intention of early and consistent messaging to these potential resources for the new system. The strategies must be well designed and intentional – sufficient instructors and trainers will be necessary for the roll-out of the curriculum in Year 4.

Delivery Methods

- **Compile a database of stakeholders for regular distribution of updates.**
  - **Include a mechanism to sort by constituency type for targeted information and messages.**
- **Determine Advisory Council Members' ability to share information with their**

constituencies/peers.

- **Identify key spheres of influence, associations, and interest groups that provide a venue for information sharing.**
  - **Conferences**
  - **Seminars**
  - **Websites**
  - **Newsletters**
  - **Distribution lists**
- **Continue updates to the IPDH website page and include new reports and products. Add information to the Iowa Department of Inspections and Appeals (DIA) direct care worker site and link to IDPH.**

Multiple modes of message and information delivery will be required for an effective outreach campaign, especially considering the diversity and sheer number of stakeholders in the new system. A coordinated strategy of in-person and electronic distribution of the above mentioned communication products will be necessary for the broadest impact. Direct Care Advisory Council members will be integral in this effort. Along with the Iowa Department of Public Health, the Advisory Council will play a significant role in in-person communications at such events as conferences, seminars, and other industry events, as well as distribution of products such as progress updates and issue briefs.

It will also be vital that regular electronic communications are provided to a large and diverse distribution list compiled from a regularly updated database of stakeholders. Such a list could be narrowed to target specific stakeholder groups depending on the message and information being shared. This form of communication is most cost-effective for Phase 1 as resource needs are identified and prioritized.

IDPH currently posts information on a dedicated page of its website related to the work of the Advisory Council and implementation progress. Stakeholders will be encouraged to visit the site as it is updated as new information is developed. This resource will be utilized until a more permanent site can be established either as a stand-alone resource or as part of the framework of the IDPH Bureau of Professional Licensure. The Advisory Council identified other websites to post information such as the Iowa Department of Inspections and Appeals, as well as organizations represented by Advisory Council members.

Input

- **Seek input on key system elements as they are developed.**
  - **Competencies and curriculum**
  - **Instructor training**
  - **Administrative rules**

Seeking input from stakeholder groups as components of the system are developed and refined will be essential for successful implementation and, ultimately, creating a system that meets the needs of consumers, direct care workers, and employers.

The standard curriculum is the foundation of this system, and therefore will need broad input to ensure that the training and education that will be provided meets the core needs of individuals that receive care and support from direct care workers. While stakeholders have been involved in development of competencies, disability interests continue to be underrepresented. These groups will be a targeted to provide input that will ensure a curriculum that balances philosophy and practice across settings.

Instructor training will be another element that requires input in Phase 1 to ensure that the network of instructors is appropriately trained to provide the broad education and training to direct care workers. The instructor network proposed for this system includes instructor trainers, primary instructors, and supplemental instructors. Some instructors will likely specialize and provide training as an employee of an agency or facility, but all instructors should have a level of preparation and knowledge that represents the diversity of settings and populations served by direct care workers.

As the Board of Direct Care Workers is established and Administrative Rules are developed to guide the system, they will go through the regular process for public and stakeholder input.

Phase 2

Timeframe: Implementation Plan Years 3-4

Purpose:

- **Communicate specific information about system components.**
- **Inform each stakeholder group of responsibilities, impact, and timeframe.**

Much of the early activities for implementation require building components of the system and developing an infrastructure such as the curriculum for new direct care workers and the technology for grandfathering existing direct care workers. Phase 2 outreach activities are designed to support an important shift as implementation moves from development to a more visible presence statewide. This shift will also include more specific information about system components as they have matured in development, are approved by the Iowa Board of Direct Care Workers, and as Administrative Rules are adopted. Grassroots outreach led by system stakeholders will be characterized by peer-to-peer information sharing and preparation for the launch of the new curriculum and the start of grandfathering in Phase 3.

Products

- **Initiative website**
- **Products for system components as Administrative Rules for the system are developed by the Iowa Board of Direct Care Workers.**
  - **Curriculum**
  - **Certification Level and Specialty Endorsements**
  - **Grandfathering Process**
  - **Continuing Education**
- **Update informational materials targeted toward various interests: direct care workers,**

employers, the public, policy makers, and other health professions/organizations.

- **Brochure**
- **Initiative summary**
- **Issue briefs**
- **Frequently Asked Questions**
- **Electronic progress updates – monthly or as needed.**

Phase 1 activities utilized existing websites, primarily IDPH, for information and updates on the system and implementation. Phase 2 activities necessitate a website dedicated to this effort that will serve as a one-stop resource for all stakeholders. All printed and electronic materials will reference this website for information, updates, and details on the system and implementation.

The Advisory Council has emphasized the need for transparency and availability of materials that provide stakeholders details on system components. The Council also recognizes that there must be a balance in terms of actively disseminating information until it has gone through the legislative process to avoid misinformation. Both the Task Force and Advisory Council have made extraordinary efforts to carefully develop the details of each element of the system, but understand that adjustments may take place as Administrative Rules are established. As components take more final forms, materials will be developed that provide details for each component of the system that communicate responsibilities, timeframes, and impacts to stakeholders.

As progress on implementation continues, updates will be made to the informational materials that were developed and disseminated as part of Phase 1. In addition to these materials, a brochure will be developed for statewide distribution with the primary purpose to provide basic awareness and to drive individuals to the website for more in-depth information.

Delivery Methods

- **Organize, educate, and train a statewide implementation team comprised of direct care workers, employers, and other leaders to provide grassroots and state level leadership.**
  - **A cohort of direct care workers and employers representative of the existing workforce, each level of certification, and setting will be engaged to serve as local leaders in disseminating and providing information to their peers. They will also serve as a pilot group to test components of the grandfathering process and will be a ready resource for input on other system components.**
  - **Policy Council – Key associations and interest groups will be engaged for policy level monitoring, coordination, and advocacy. This group will link back with their constituencies at the grassroots level for input, feedback, and local leadership. This group can also serve as a resource for resolving implementation challenges.**
- **Utilize database of stakeholders for regular distribution of updates.**
- **Continue sharing information with key spheres of influence, associations, and interest groups identified in Phase 1 through the following venues.**

- **Conferences**
- **Seminars**
- **Websites**
- **Newsletters**
- **Distribution lists**

While continuing activities and methods of delivery established during Phase 1, it will be vital to balance leadership at the state level by establishing grassroots leadership to support implementation. Like the development of the system through the Task Force and Advisory Council, implementation and outreach must also be led by stakeholders. The Advisory Council recommends an implementation team comprised of direct care workers and employers that will drive implementation at the local level and support the regional approach recommended for grandfathering the existing direct care workforce. As the Board is established and the Advisory Council has fulfilled its purpose, the Council recommends establishing a policy council comprised of and led by key associations and interest groups that have been actively involved or will be impacted by the implementation of this new system.

Input

- **Seek input on key system elements as they are developed.**
  - **Grandfathering technology systems for reporting and transition continuing education.**
  - **Administrative rules.**
- **Seek regular input from leadership team on local implementation progress and needs.**

Seeking input from stakeholder groups as components of the system are developed and refined will be essential for successful implementation and, ultimately, creating a system that meets the needs of consumers, direct care workers, and employers.

The recommended process for grandfathering utilizes technology to certify the existing direct care workforce. Input through testing will be necessary to ensure that systems are easy to use and serve their intended functions. The implementation teams will be utilized for this input related to grandfathering and technology.

As the Board of Direct Care Workers develops and approves Administrative Rules, they will go through the regular process for public and stakeholder input.

Phase 3

Timeframe: Implementation Plan Years 5-10

Purpose:

- **Train and certify new direct care workers.**
- **Incrementally certify the existing direct care workforce.**

The transition to Phase 3 occurs when both the curriculum has been rolled out statewide for new direct care workers and the infrastructure is ready to grandfather existing direct care workers in the first targeted region. The goal of outreach in this phase will be to incrementally drive direct care workers into the system. Following the recommended timeframe for

grandfathering on a regional basis, outreach efforts will attempt to saturate a region prior to and during the specified timeframe. Materials will also be developed during this timeframe that create an identity for the direct care profession that increases interest in the profession and, thus, has a positive impact on recruitment of direct care professionals.

Products

- **Initiative website**
- **Materials targeted toward direct care workers to encourage certification and explain the grandfathering process.**
  - **Brochure**
  - **Posters**
  - **Flyers**
  - **Postcards**
  - **Radio advertisements**
  - **Newspapers articles/advertisements**
- **Materials that outline components of the system along with responsibilities of direct care workers and the role of the employer. These materials are one example of what will be numerous efforts to orient stakeholders to the new system.**

Products developed in Phase 3 will strive to encourage certification during the timeframes established for grandfathering and, thus, will include messages that are promotional in nature. Products developed in the previous phases of outreach will be adapted during this timeframe. Other products will be developed with simple messages that direct stakeholders to the website and/or other systems developed for grandfathering.

Delivery Methods

- **Mail to known direct care workers and employers (many direct care workers will be reached through their employer, as there is no information available to contact a portion of the workforce directly).**
- **News media can be used on an ongoing basis for outreach and on a larger more intense scale as regions of the state are targeted for grandfathering.**
- **Utilize database of stakeholders for regular electronic distribution of updates.**
- **Continue sharing information with key spheres of influence, associations, and interest groups identified in Phase 1 through the following venues.**
  - **Conferences**
  - **Seminars**
  - **Websites**
  - **Newsletters**
  - **Distribution lists**
- **State implementation teams and the policy council.**

Multiple modes of delivery will be necessary during Phase 3 to reach all stakeholders. There

will be challenges in reaching a workforce that is partially unknown from both an overall and individual perspective. Employers will play an important role in disseminating information and encouraging workers to become certified during the grandfathering period. When possible and appropriate, attempts will be made to reach workers directly, such as CNAs currently registered with the Iowa Department of Inspections and Appeals. Outreach efforts will attempt to saturate each region prior to and during the timeframe outlined for grandfathering by reaching direct care workers and employers, communicating through the news media, and, if possible, paid media, and sharing information through implementation teams, in addition to continuing approaches established during outreach Phases 1 and 2.

Input

- **Seek regular input on key system elements and implementation progress from the implementation team.**

Implementation will be closely monitored to ensure a smooth and positive transition to the new system. Regular input on key system elements and implementation progress will be critical in determining the success of the transition. The Board, implementation teams, and the policy council will be sources of input on how implementation and grandfathering, specifically, are progressing. The number of direct care workers entering the new system will indicate successful outreach during this phase.

Supplemental Recommendations

Expand Membership on the Direct Care Worker Advisory Council

The Direct Care Worker Advisory Council recommends that the Iowa Department of Public Health expand membership on the Council to include greater diversity of stakeholders, specifically those representing disability and home and community based services interests. Suggested additions include a service provider, a direct care worker, and others the Department might deem necessary to provide additional balance with consideration of setting of practice and population served.

The Direct Care Worker Advisory Council has evolved from the Direct Care Worker Task Force, for which members were appointed by the Governor in 2005. Gaps in representation by disability interests were noted at the time and attempts were made by IDPH to balance membership when the Task Force reconvened in 2008. Upon establishment of the Advisory Council, additional participation from disability interests has been sought, but during the Task Force and Advisory Council process attendance and participation has not been at an ideal level.

Achieving balance on the Council and active participation by all stakeholders is a top priority of the Council members to ensure that all perspectives are considered in developing a system that prepares a direct care workforce of the future.

Conduct an Assessment of Existing Technology Resources and Capabilities

The Direct Care Worker Advisory Council recommends that the Iowa Department of Public Health and partner agencies assess existing technology resources and determine their capabilities to support implementation and the recommended process for grandfathering. The recommendations for grandfathering provided in this report rely heavily on technology and will require sophisticated capabilities to perform the functions outlined. The Advisory Council determined technology as the most feasible means to certify the existing workforce given its size and diversity. The Advisory Council was introduced to current systems that may support grandfathering and ultimately the regular functions needed by the Board and certificate holders. These systems include the Learning Management System, the Iowa Direct Care Worker Registry within the Department of Inspections and Appeals, and licensure systems currently used by the Bureau of Professional Licensure. To move forward with grandfathering recommendations and other implementation activities, IDPH and other state partners should determine the capabilities of these systems in their current state and determine which would be best suited for enhancements and additional investment of resources.

Complete Estimates of Resources Needed for Technology, Personnel, and Partners to Continue Implementation

With the series of recommendations provided in this report, enough is now known about the system to determine resources needed for technology, personnel, and partners supporting implementation. The Advisory Council requests assistance from IDPH in determining these resource needs. These estimates are essential for developing a plan to secure resources for

implementation including public and private resources, as well as fees to ensure sustainability. The Advisory Council recognizes that the recommendations set forward to IPDH are a best case scenario and that adjustments and flexibility will be necessary.

Once a determination is made on which technology systems will be utilized, estimates can be made for enhancements. Another factor that has proven difficult for estimates is that the size of the workforce remains elusive. The Advisory Council and partners have identified some additional opportunities to estimate the size of the workforce that will be undertaken as part of continuing work in 2009. The recommended process for grandfathering includes a regional phased-in approach to assist in identifying, assessing, and managing costs and capacity for grandfathering.

Other resource needs that must be identified include but are not limited to costs associated with curriculum development, instructor training, transition continuing education, consultation with the Attorney General's office, and complaint investigators at the Department of Inspections and Appeals.

Support Legislation Establishing the Iowa Board of Direct Care Workers

Based on recommendations and the implementation plan developed by the Direct Care Worker Task Force, the Advisory Council and stakeholders seek the Department's support of legislation establishing the Iowa Board of Direct Care Workers. This action is also in response to HF 2539 that established the Advisory Council and set July 1, 2009 as a start date for implementation of certification for direct care workers. While implementation has already begun, progress will not continue without the creation of the Board.

The Advisory Council is drafting legislative language to establish the Board in accordance with the recommendations of the Task Force. The Board will be located within the Iowa Department of Public Health Bureau of Professional Licensure and will be given the authority, in legislation, to certify direct care workers in Iowa. The Board will be comprised of nine members consisting of five direct care workers—three representing different levels of certification and two to provide additional balance among settings and populations served, two members of the public, one registered nurse who serves as a direct care worker instructor, and one human services professional. The nine-member board will be appointed by the Governor and will be tasked with ensuring public protection through its activities. The Board will work closely with IDPH and other partners, including the Attorney General's Office and the Department of Inspections and Appeals, to accomplish its role. Among the early responsibilities of the Board will be administrative rulemaking to guide the new system, adoption of one standard curriculum, and adoption of recommended standards and qualifications for instructors.

Implementation Progress and Next Steps

The Direct Care Worker Advisory Council has focused efforts in 2008 on developing additional recommendations as requested by IDPH and in response to HF 2539. The Council has also begun early implementation activities as set forth in the Direct Care Worker Task Force Implementation Plan. The Implementation Plan called for the development of competencies as a basis for development of a curriculum that will ensure a qualified direct care workforce with the knowledge, skills, and abilities to successfully perform work functions. A subcommittee of the Council, comprised of educators, employers, and direct care workers has developed draft competencies for two of the three proposed levels for direct care worker certification. The subcommittee expects to have drafts completed by 2009 to share with the full Advisory Council for discussion. Stakeholders representing disability service providers, direct care workers, and consumers will also be asked to review competencies to ensure an appropriate balance is provided for direct care worker core education.

The Advisory Council recognizes that the curriculum is the foundation of this system, and therefore will need broad input to ensure that the training and education that will be provided meets the needs of individuals that receive care and support from direct care workers in all settings. While stakeholders have been involved in development of competencies, disability interests continue to be underrepresented. These groups will be a targeted to provide input that will ensure a curriculum that balances philosophy and practice across settings.

The Direct Care Worker Advisory Council expects to meet approximately monthly through June 20, 2009 to refine recommendations, address issues that have yet to be resolved, and continue implementation according to the established timeline as appropriate, allowing for considerable flexibility and adjustments based on direction from IPDH and with consideration of the many stakeholders in this system.

Key activities for the Advisory Council in 2009 include:

- **Continuing development and refinement of direct care worker core competencies, leading to the development of curriculum.**
- **Updating the Direct Care Worker Task Force Implementation Plan with grandfathering recommendations, communication and outreach recommendations, and time and resource estimates associated with technology, personnel, and partners for implementation. Recommendations provided in this report may have a significant impact on the overall plan for implementation.**
- **Supporting passage of legislation to establish the Board of Direct Care Workers within the Iowa Department of Public Health Bureau of Professional Licensure.**
- **Beginning outreach to stakeholders regarding the work of the Direct Care Worker Task Force and Advisory Council.**

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