



Iowa Direct Care Worker Advisory Council
RECOMMENDATIONS

MARCH 2012



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

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.

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.

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.

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)

Day Services and Programs
Respite
Supported Employment

Supports to Individuals and Families

Home Health
Hospice
Personal Assistance and Support
Personal Care
Respite
Supported Community Living

Community Residential

Assisted Living
Group Homes
Semi-independent Living
Individual Homes

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.

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 established 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



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



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



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



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.



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



Home & Community Living

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



Instrumental Activities of Daily Living

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



Personal Support

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



Personal Activities of Daily Living

Services to assist an individual in meeting their basic needs.



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)

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:

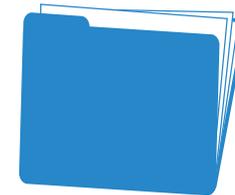
- » Ensure quality professional development opportunities for DCPs.
- » Be flexible for ease of access and completing continuing education.
- » Be the responsibility of direct care professionals, but employers may choose to offer continuing education opportunities through traditional or online learning.
- » 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.

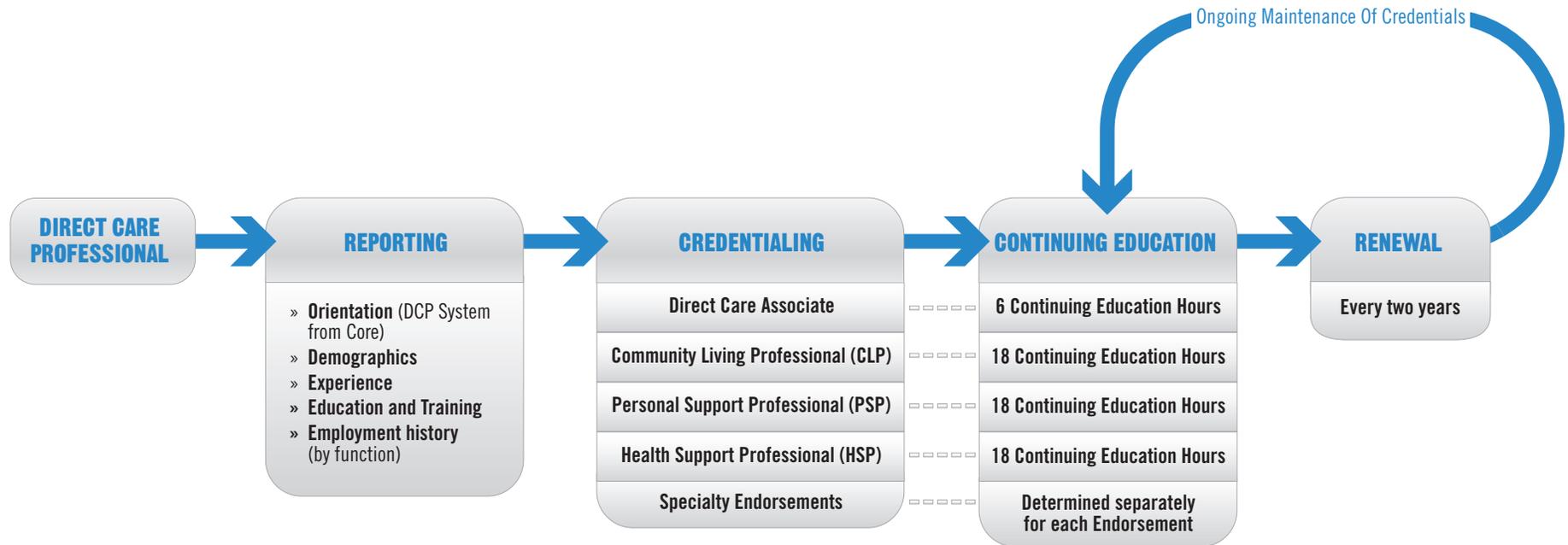
GRANDFATHERING

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.

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.

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.

