Iowa Direct Care Worker Task Force

Recommendations for Establishing a Credentialing System for Iowa's Direct Care Workforce

iowa direct care worker
TASK FORCE

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CONTENTS

Overview 4

Background 5

The Direct Care Worker Task Force 8

Who are Direct Care Workers 11

Current Structure of Classifications, Education, and Training 12

Challenges 13

Recommendations 15

Remaining Issues 26

Implementation Plan 28

Resources 31

Definitions 32

References 33

Overview

The Direct Care Worker Task Force was established in 2005 by the Iowa General Assembly to make recommendations regarding education and training of direct care workers in Iowa. This is especially timely for Iowa for several reasons, including predicted workforce shortages in health care and other fields, significant increases in the elderly population in the state, and an increased focus on consumer choice and home and community based care. The work of the Task Force in 2005-2006 and then again in 2007-2008 involved multiple stakeholders, including direct care workers, consumers, family members, health care providers, long term care providers, disability providers, mental health providers, and all state agencies impacted by these issues. Information and feedback was sought through outreach activities across the state in the form of focus groups and surveys.

The Task Force members understand the complexity of the undertaking, considering the size of the workforce in Iowa, the multitude of settings in which they work, and the diverse needs of populations they serve. And, the challenges are only exacerbated by high turnover, low wages, and inflexible regulations that require the employer, not the direct care worker, to ensure training needs are met.

The Task Force members continually focused their work on one essential overarching theme – that all Iowans will have access to quality care. The ultimate goal of the Task Force was to develop recommendations to create an accessible, comprehensible, flexible, quality system of education and training for all direct care workers in Iowa. This goal drove their decision to recommend direct care worker classifications based on function (not setting) to allow for consistency and portability of education and training. The Direct Care Worker Task Force recognizes that this is a significant undertaking, and cannot be done hastily, but with deliberation and in partnership with all stakeholders. This report is a result of the comprehensive, thoughtful, and often challenging work led by the Direct Care Worker Task Force. The work is ongoing, and this report reflects that. This process will continue to involve stakeholders and seek feedback from all impacted by the direct care worker system as recommendations are developed and refined for implementation of a new credentialing system.

Background

As health and long term care systems of service delivery continue to evolve, significant changes have occurred that will continue to require a broad range of skills and services in caring for Iowans in the spectrum of care settings. Innovative models of care will increasingly involve a greater focus on non-institutional services to meet the needs of individuals. More Iowans are receiving services in their homes and communities, and increased options are providing older individuals and individuals with disabilities greater choice in services and setting. As Iowa's aging population continues to grow, the state will be challenged to meet their health and long term care needs. Currently twenty-two percent of the state's total population is over age 60, and as more than 800,000 Iowans reach retirement by 2030, many more of them will seek long term care services in some type of setting (National Clearinghouse on the Direct Care Workforce, n.d.).

The demand for systems of care to meet the growing needs of Iowans is further complicated by Iowa's predicted workforce shortage of 150,000 workers by the year 2012 (The Iowa Works Campaign, 2006). According to Workforce Needs Assessment 2008, the Iowa Statewide Vacancy and Skills Assessment, health care is the industry in Iowa with the highest current vacancy estimates. Also in the report, "nursing, psychiatric, and home health aides" was sixth among the top twenty vacancy categories reported by Iowa employers (Workforce Needs Assessment, 2008).

In addition, the direct care workforce shortage is exacerbated by high turnover, which is often a result of low pay, lack of health care coverage, a lack of opportunity for professional advancement, and a need and desire for more education and training. According to the Direct Care Alliance, over 90% of workers that fill the more than 2.25 million direct care positions in the US are women aged 22 to 45 and are disproportionately women of color ("Who are Direct Care Workers?" n.d.). The population of women in the US aged 22 to 45 will significantly decline in the coming decades.

The above factors, as well as ongoing work and advocacy of the Iowa CareGivers Association, have demonstrated the need for Iowa to take steps to address issues related to education and training, credentialing, turnover, employment benefits, and many other issues of the direct care workforce. In 2003, the Iowa CareGivers Association (an association of direct care workers established in 1992) was awarded, in

partnership with several other organizations, a Better Jobs Better Care Grant from The Robert Wood Johnson Foundation and The Atlantic Philanthropies. The research and demonstration program was established to increase recruitment and retention of direct care workers and provide a more qualified and stable workforce in long term care settings. The $1.3 million, 3½ year grant increased awareness about the services that direct care workers provide, the role they play in the continuum of care, and the need for improved training, mentoring, and benefits.

Direct care workers serve a critical role in health and long term care settings now and into the future. With the increased focus on consumer choice, predicted workforce shortages, and increases in the elderly population in the state, it is appropriate and timely for Iowa to focus on long term strategies to recruit and retain a quality direct care workforce and create accessible systems of care for workers, employers, and consumers.

The Direct Care Worker Task Force

As a result of the growing health care needs of Iowans and the impending shortage of workers to meet those needs, the Iowa General Assembly in 2005 established the Direct Care Worker Task Force. Issues related to the direct care workforce and system can be considered in two broad categories. Issues of the role, relationships, and emerging prominence of direct care workers within the larger health care system are one category. These are global, systemic issues that have implications for the larger health and long term care system, costs, quality of care, and workforce shortages. Clearly, these issues go far beyond the direct care workforce, but cannot be ignored in the longer term.

The second category includes those issues that the Iowa Direct Care Worker Task Force was designed to address. These issues are no less complex than the former, but they are more narrowly focused on solutions to education and training elements of direct care workers. Because no element of the health and long term care system is independent of others, the recommendations of the Task Force will also have a positive impact on the issues in the first category.

The charge of the Direct Care Worker Task Force was to "review the education and training requirements applicable to and to make recommendations regarding direct care workers" (HF781, 2005). Specifically, the Direct Care Worker Task Force was charged with:

- Identifying the existing direct care worker classifications
- Reviewing and outlining the corresponding educational and training requirements for each direct care worker classification identified
- Determining the appropriate educational and training requirements for each direct care worker classification identified
- Recommending a process for streamlining the educational and training system for direct care workers
- Recommending a process for establishing a direct care worker registry by expanding the Iowa Nurse Aide Registry to integrate direct care workers, and consider moving administration of the registry to the Iowa Department of Public Health

The Task Force membership, listed in Table 1, consisted of key stakeholders appointed by the Governor, including direct care workers, consumers, employers, other health care professionals, state agency representatives, and elected state officials, and was

facilitated by State Public Policy Group (SPPG) . The Task Force issued a report of its recommendations to the Governor, the Iowa General Assembly, and the Iowa Department of Public Health in December of 2006. The recommendations were related to education and training, governance, and certification, with emphasis placed on the need to fully implement and integrate the initiatives recommended by the Task Force. Most significantly, the Task Force recommended establishing direct care worker classifications based on function (not setting or population served) to allow for consistency and portability of education and training. In addition, the Task Force recommended development of a governing body, a single approved curriculum, and certification of all direct care workers. The full report can be found here: http://www.idph.state.ia.us, search for "direct care worker"

In 2008, the Iowa Department of Public Health re-convened the Iowa Direct Care Worker Task Force in response to 2007 legislation (HF 909) directing the implementation of the 2006 Task Force recommendations. With the assistance of State Public Policy Group, the Direct Care Worker Task Force got back to work in January 2008. Additional members included experts in the areas of governance and curriculum development. The charge of the re-assembled Task Force, provided by the Iowa Department of Public Health was to "develop, implement, and evaluate a collaborative plan of action to achieve and sustain a qualified direct care workforce in Iowa that assures public protection." Specifically, the plan was to include recommendations, a timeline, and necessary resources for:

- Standardized curriculum for initial practice as a direct care worker in Iowa
- Educational equivalency for other health care professions
- Standardized qualifications for educators and trainers
- Continuing education requirements for direct care workers, educators, and trainers
- Governance

This report is a result of the comprehensive, thoughtful, and often challenging, work led by the Direct Care Worker Task Force.

Table 1: Task Force Membership

Name	Years Served		Affiliation	City
Task Force Membership				
Kealy Anderson		2008	Home Health Aide, Shenandoah Medical Center	Shenandoah
Ann Aulwes-Allison		2008	Registered Nurse, Iowa Board of Nursing and Indian Hills Community College	Ottumwa
Cindy Baddeloo		2008	Executive Director, Iowa Center for Assisted Living, and Registered Nurse	West Des Moines
Pam Bradley		2008	Iowa Community College Association and Dean of Health and Natural Sciences, Southeastern Community College	West Burlington
Anthony Brenneman	2006	2008	Physician Assistant and Assistant Professor, University of Iowa Physician Assistant Program	Kalona
Robert Campbell	2006		Director of Quality Management/Risk Management, Skiff Medical Center	Newton
Di Findley	2006	2008	Executive Director, Iowa CareGivers Association	Des Moines
Diane Frerichs	2006	2008	Certified Nursing Assistant, Restorative Nursing Assistant, Good Samaritan Society of Estherville	Estherville
Vicky Garske		2008	Resident Treatment Worker and Certified Medication Aide, Iowa Veterans Home	Montour
Judy Haberman	2006		Home Care Aide Supervisor, Buena Vista County Health and Home Care	Marathon
Larry Hertel	2006		Registered Nurse, President of Health Facility Consultants	South Amana
Cynthia Kail	2006		2006 Task Force Co-Chair and Registered Nurse, Advanced Registered Nurse Practitioner, Associate Administrator and Public Health Director, Greene County Medical Center	Farnhamville
Mary "Ginny" Kirschling	2006	2008	Registered Nurse, Iowa Health Care Association and Program Director, Health Education and Continuing Education Division, Kirkwood Community College	Cedar Rapids
Ivan Lyddon	2006	2008	Consumer Advocate, former Administrator, Iowa Health Foundation	West Des Moines
Lin Salasberry		2008	Certified Nursing Assistant	Des Moines
Susan Seehase		2008	Service Director for Community Support, Exceptional Persons, Inc. and MH/MR/DD/BI Commission	Waterloo
Marilyn Stille		2008	Iowa Community College Association and Health Occupations Coordinator, Northwest Iowa Community College	Sheldon
Anita Stineman		2008	Clinical Assistant Professor, University of Iowa College of Nursing	Iowa City
Suzanne Russell	2006	2008	2008 Task Force Chair, Registered Nurse, and Executive Director, Home Caring Services	Burlington
Mike Van Sickle		2008	Iowa Association of Homes and Services for the Aging and Administrator, Bethany Lutheran Home	Council Bluffs
Anthony Wells	2006		2006 Task Force Co-Chair and Certified Nursing Assistant, Community Memorial Health Center	Hartley

State Representatives			
J. Bennett	2006		Iowa Department of Inspections and Appeals
Lin Christensen	2006	2008	Medicaid Program Manager, Iowa Department of Human Services
Eileen Gloor		2008	Bureau Chief for Professional Licensure, Iowa Department of Public Health
Mark Haverland	2006		Former Director, Iowa Department of Elder Affairs
Michelle Holst		2008	Workforce Planning Coordinator, Iowa Department of Public Health
Terry Hornbuckle		2008	Community Service Coordinator, Iowa Department of Elder Affairs
Karen Hyatt		2008	Emergency Mental Health Specialist, Iowa Department of Human Services
Julie McMahon	2006	2008	Director, Division of Health Promotion, Iowa Department of Public Health
Mary Mincer-Hansen	2006		Former Director, Iowa Department of Public Health
Tom Newton		2008	Director, Iowa Department of Public Health
Susan Odell		2008	Training Officer, Iowa Department of Inspections and Appeals
Catherine Vance		2008	Iowa Department of Education
Ben Woodworth		2008	Brain Injury Services Program Manager, Iowa Department of Public Health
Jeanne Yordi	2006	2008	State Long Term Care Ombudsman, Iowa Department of Elder Affairs
Steve Young	2006		Former Director, Iowa Department of Inspections and Appeals
Beverly Zylstra		2008	Deputy Director, Iowa Department of Inspections and Appeals

Who are Direct Care Workers?

Most likely, you know or have interacted with direct care workers. They assist the elderly in nursing homes, work with children with physical and mental disabilities, support individuals who need assistance in their homes, monitor vital signs in hospitals, help with grocery shopping, administer medications, and provide decision-making and emotional support, among many other things.

There are somewhere between 75,000 and 100,000 direct care workers in Iowa with upwards of 40 different job titles. Examples of the various job titles were compiled by the Direct Care Worker Task Force. Here are a few: domestic aide, home helper, Home Care Aide, Certified Nurse Aide, companion, direct support professional, patient care technician, personal care attendant, resident treatment worker, universal worker, unlicensed assistive personnel, advanced nursing assistant, behavioral specialist, hospice worker, dementia specialist, medication aide, medical assistant, medication manager, oral medication technician, psychiatric technician, rehabilitation aide, and restorative nursing assistant. Many of these job titles are differently defined depending on the setting, and clearly many of the titles provide no information to consumers and family members about the responsibilities and training required of individuals filling the positions.

Direct care workers are employed in a variety of settings, including long term care facilities (which includes nursing homes), residential care facilities, intermediate care facilities, hospitals, assisted living programs, home care agencies, supportive community living settings, other community-based settings, and individual homes.

Considering the number of job titles with unclear definitions, the variety of settings in which an individual can work, and the tens of thousands of individuals filling these positions, it is easy to see how and why the definition of "direct care worker" is evasive. The first task of the Direct Care Worker Task Force in 2006 was to establish a definition. **The Task Force defined a direct care worker as an individual who provides services, care, supervision, and emotional support to people with chronic illnesses and disabilities.** This definition does not include nurses, case managers, or social workers.

Current Structure of Classifications, Education, and Training

Like other large systems, the current education and training system for the direct care workforce is full of inconsistencies and is fragmented. Education and training requirements are not consistent based on which services are being provided and are instead dependent on the work setting. Some functions and training are regulated by Federal or state policy, such as Certified Nurse Aides (CNAs) and Home Care Aides. Existing code and rules related to education and training requirements vary among work settings, types of workers, and oversight required. For some positions or settings, there is no training or limited training required in law or by the employer. Ultimately, the responsibility for ensuring that the appropriate requirements are being met falls almost completely upon the employers of direct care workers, disempowering workers and leaving them with little or no management of their own training needs. Different reporting expectations and requirements among state and Federal policies complicate the process for employers, and force the responsibility upon them to ensure regulations are met.

In addition to the inconsistencies in regulation and monitoring of direct care worker training requirements, curriculum is often developed and implemented by employers based on the unique needs of the setting and population served. The current system requires an over-reliance on employer-directed training, which contributes to the lack of self-direction and career mobility often cited as key reasons for high turnover among direct care workers. According to the Direct Care Alliance, because of various factors, including high turnover, the "mandated curricular areas often focus on discrete clinical tasks, while glossing over the deeper core competencies in interpersonal communica-

tion, clinically-informed problem-solving and decision-making skills that most often guide a competent caregiver in her interactions with clients" (Issue Brief 3: A Poorly Trained Paraprofessional Workforce).

Most significantly, the current system defining direct care workers, their functions, and their education and training, is not comprehensible to consumers and family members. They are often unable to explain the role of a direct care worker or the education and training required for that person to perform her/his job. An AARP member opinion survey on direct care worker quality and long term care access found that eight in ten survey respondents believe it is important that the State of Iowa test and certify all people who provide hands-on care in nursing homes (88%) and in the home (79%) (Silberman, 2006).

The Department of Inspections and Appeals (DIA) maintains the Iowa Direct Care Worker Registry, which includes information about CNAs. The registry is updated and accessed by employers, and direct care workers do not directly provide information, other than their own demographic information, for the registry. Recently, the DIA worked with the Iowa Department of Public Health and the Iowa CareGivers Association through the Better Jobs, Better Care Project to expand the capability of the Registry to include other types of direct care workers. The remaining challenge is to ensure that the appropriate information is collected about all direct care workers and that it is usable to employers, direct care workers, and consumers and family members.

Challenges

Most individuals familiar with Iowa's direct care worker education and training system will readily admit that it has flaws. However, finding a solution that meets the needs of direct care workers, employers, policymakers, and consumers and family members seems, at best, incredibly daunting, and sometimes even impossible. The multiple challenges, many unique to Iowa, were acknowledged and considered by the Direct Care Worker Task Force. The key challenges to creating an accessible, comprehensible, flexible, quality system of education and training include:

- **Inconsistencies in the definitions of direct care workers and the education and training required** – The Direct Care Worker Task Force identified more than 40 different job titles in multiple settings. Some education and training requirements and oversight are stipulated in Federal and state policy. However, much of direct care worker training is led and provided by the employer and is dependent on the

setting and populations being served. The lack of a common understanding of basic direct care worker job duties or education requirements presents a significant challenge to creating a single system of education and training delivery and oversight.

- **Size and diversity of the workforce** – Since there is no formal education system in place for all direct care workers, it is difficult to estimate the total number of direct care workers in Iowa. There are tens of thousands of them – the Direct Care Worker Task Force estimates between 75,000 and 100,000 – and they work in various settings across the continuum of care. The sheer numbers and diversity of job positions and duties makes any effort to categorize direct care workers a significant challenge.
- **Diversity of populations served and types of services delivered** – Direct care workers provide services to adults and children with disabilities, mental illness, brain injuries, chronic illness, and aging Iowans. They serve individuals in a variety of capacities from assisting with eating and toileting to implementing behavioral interventions and decision-making techniques. The wide span of health and long term care knowledge and experience of direct care workers creates challenges in defining a single credentialing system for all direct care workers.
- **Roles in relation to other health professionals** – The Direct Care Worker Task Force acknowledged early in its process the need to acknowledge the roles direct care workers play in relation to other health professionals – especially nurses. Other health professionals have long-established governance, accountability measures, and education requirements. A discussion about formalizing the title of "direct care worker" naturally raises concerns about title protections and preserving distinctive roles for certain functions.
- **Influence on recruitment and retention efforts**– Iowa has a direct care worker turnover rate of 80 percent (National Clearinghouse on the Direct Care Workforce, n.d.). High turnover is often caused by low pay, lack of health care coverage, a lack of opportunity for professional advancement, within the field of direct care and a need and desire for more education and training. In the process of developing a system that provides increased professionalism and career mobility, the system must positively impact recruitment and retention efforts. In other words, increased responsibility, costs, and education requirements for direct care workers should not be over-burdensome and impact the already vulnerable workforce situation.
- **Need for accessible, flexible, and affordable education and training** – Among the identified direct care workers in Iowa, the average pay is $10.05 per hour (National Clearinghouse on the Direct Care Workforce, n.d.). Some direct care workers work more than one job or simultaneously attend school for a post-secondary degree, and many direct care shifts are evenings, nights, and weekends. A new system which creates ownership of credentials must be affordable and accessible for direct care workers. The current system of education and training is primarily delivered by employers, making it easy for direct care workers to attend. Any shift in delivery of education must be flexible enough to meet the needs of individuals who work varied shifts, work in low-paying jobs, and often live in rural communities with limited access to transportation.
- **Shift in thinking about how services are delivered** – A mantra of the Direct Care Worker Task Force was – "we are not creating a system for today; we are creating a system for the future." It is important to recognize the significant shift in health and long term care toward non-institutional settings and increased consumer choice. The disability community has advocated for these options for decades, and older Iowans are now also voicing their interest in finding ways to stay in their homes and communities. As we approach service delivery more innovatively, there will be an increased need for direct care workers to have comprehensive skill sets that function in a variety of settings and with multiple populations. All while meeting a consistent standard of quality.

Iowa Direct Care Worker Task Force Recommendations

The Iowa Direct Care Worker Task Force has made the following recommendations to achieve and sustain a qualified direct care workforce. These recommendations build upon the recommendations from the Task Force in 2006, providing the framework to implement a credentialing system for Iowa's direct care workforce.

1. **Establish an Advisory Council to the Iowa Department of Public Health**

   The Iowa Department of Public Health (IDPH) should convene an Advisory Council to continue the work of the Iowa Direct Care Worker Task Force to provide additional recommendations regarding implementation of the direct care workerforce credentialing system. The Task Force was created by the Iowa General Assembly in 2005, charged with making recommendations to improve the training and education of direct care workers. The Task Force has been an essential deliberative body, comprised of diverse stakeholders working toward consensus on challenging and complex issues. Elevating the Task Force to the level of an advisory council will provide IDPH with continued guidance and input from stakeholders on remaining issues, including the incorporation of the existing direct care workforce into the new credentialing system. The Advisory Council will also be positioned well to assist the Department with monitoring implementation in its early phases. The composition of the Advisory Council will be determined by IDPH and will continue as long as the Department needs assistance with implementation.

2. **Establish Iowa Board of Direct Care Workers**

   The Iowa General Assembly should establish the Iowa Board of Direct Care Workers within the Iowa Department of Public Health Bureau of Professional Licensure. The Board 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.

3. **Establish Certification Levels for Direct Care Workers**

The Iowa Board of Direct Care Workers should establish a credentialing system for direct care workers. Consistent with the work of the Iowa Direct Care Worker Task Force since 2006, the new credentialing system will certify direct care workers according to the services they provide to consumers, allowing for portability across agencies, facilities, institutions, and community settings.

A credentialing system where the education of direct care workers is related to the type of work they do will ensure the system is responsive to the needs of consumers and will provide a critical common language and definitions of their work. Currently, job setting and job title drives how and if direct care workers are trained, not the functions or services they provide. This makes it difficult to understand what services direct care workers are qualified to provide based on the education and training they have completed. The new credentialing system will allow for portability of direct care workers among various job settings and ensure consistency and quality among the entire workforce. Consumers, employers, and other health care professionals will understand what level of care a direct care worker is qualified to provide.

In 2006, the Iowa Direct Care Worker Task Force identified six classifications of direct care workers based on function that can be understood regardless of setting or job title. With continued work of the Task Force, it has been determined that three of the classifications of direct care workers should be certified by the Iowa Board of Direct Care Workers. Other education and training needed for specialty skills will be available through endorsements. Core competencies for the certification levels will be developed by a multidisciplinary work group in the next phase of work directed by the Advisory Council.

The Task Force recommends the following three levels of certification for direct care workers in Iowa, which are progressive in level of job responsibilities and educational requirements.

Certified Direct Care Worker 1:
Instrumental Activities of Daily Living

The Certified Direct Care Worker 1 (CDCW 1) will assist individuals to function independently. Responsibilities of the CDCW 1 may include assisting individuals with food preparation and selection, home management (using the phone, laundry, shopping, cooking, washing dishes, bed making, and light housekeeping), money management, and transportation.

Certified Direct Care Worker 2:
Personal Care Activities of Daily Living

The Certified Direct Care Worker 2 (CDCW 2) will provide care to assist individuals in meeting their basic needs. Responsibilities of the CDCW 2 may include assisting individuals with bathing, skin care, grooming, dressing and undressing, eating and feeding, toileting, and mobility assistance. The CDCW 2 may also perform functions of the CDCW 1, as they will have completed the required training and education and demonstrated competency as a perquisite for CDCW 2 education and training.

Certified Direct Care Worker 3:
Health Monitoring and Maintenance (CNA)

The Certified Direct Care Worker 3 (CDCW 3) will provide medically oriented care to assist individuals in maintaining their health. Responsibilities of the CDCW 3 may include checking vitals (temperature, pulse, respiration, blood pressure, pain assessment); measuring height and weight; handling/collecting specimens; monitoring food and liquid input/output, catheter care, ostomy care, urinary care; applying TED hose, heat and cold packs; and range of motion exercises. The CDCW 3 may also perform functions of the CDCW 1 and 2, as they will have completed the required training and education and demonstrated competency as a perquisite for CDCW 3 education and training.

4. **Certify Direct Care Workers**

The Iowa Board of Direct Care Workers should certify all workers performing the functions outlined in the established certification levels and specialty skills. Direct care workers will be certified upon demonstration to the Board that they have satisfactorily completed the required education and training and will be listed on the Directory of Certified Direct Care Workers managed by the Iowa Department of Inspections and Appeals. Certified Direct Care Workers will be required to renew their certification with the Board every two years. The transition and certification of the existing direct care workforce, estimated to be as large as 100,000 workers, will be addressed in the next phase of work. Recommendations related to the existing workforce will be developed by the Advisory Council with appropriate stakeholder input during state fiscal year 2009.

The Iowa Direct Care Worker Task Force believes that in order for the credentialing system to be successful and achieve the goal of a qualified direct care workforce that assures public protection, the system must be mandatory and apply to all direct care workers performing the functions outlined in the certification levels and specialty skills. The implementation of this system will mark a fundamental shift in the direct care worker profession by placing responsibility for credentials on the workers themselves, where employers currently bear this responsibility.

5. **Exempt Consumer Choice and CDAC**

The Iowa Direct Care Worker Task Force understands that the environment in direct care is evolving. New employment arrangements are emerging from the emphasis on consumer choice and the US Supreme Court Olmstead Decision. The Consumer Choice Option is part of a new system for Iowa Medicaid members that receive home and community based services waivers, where individuals who need support services are able to hire, direct, and pay someone of their choosing to provide those services.

There was consensus among Task Force members in 2006 that these programs created a gray area where the recommendations of the Task Force were concerned. The Task Force has emphasized their concern about the quality of care individuals can provide without adequate education and training, and the implications for consumers and workers by exempting them from the requirements of the new direct care worker credentialing system. However, consistent with the recommendation of the Task Force in 2006, individuals performing direct care services to individuals as part of the Consumer Choice Option or Consumer Directed Attendant Care may be exempt from certification requirements. This will be addressed to a greater extent by the Advisory Council as discussions occur regarding incorporation and transition of the existing workforce. The Task Force recommends involvement of case managers and other system professionals in educating and advising consumers about the importance of hiring Certified Direct Care Workers. In this approach, consumers will still exercise consumer choice, but there would be information provided about the importance of that person receiving appropriate education and training to the level of service needed.

6. Provide Endorsements for Specialty Skills

The Iowa Board of Direct Care Workers should provide endorsements to Certified Direct Care Workers for specialty skills. Certified Direct Care Workers will receive endorsements upon demonstration to the Board that they have satisfactorily completed the required education and training. Specialty skills endorsements will offer direct care workers opportunities for additional education to increase their knowledge, skills, and understanding related to the setting in which they work, the population for which they provide assistance or care, and the development of advanced level skills. Specialty skills will also provide career ladders for direct care workers to advance in their profession and increase their level of responsibility. Endorsements will be listed on the Directory of Certified Direct Care Workers along with certifications, allowing consumers, employers, and other health care professionals access to information about an individual worker's unique credentials.

It is expected that the need for specialty skills will be presented by various disciplines related to setting and population served. These groups may also bring forward associated competencies and curriculum. It is important to note that certain specialty skills must be delegated by licensed or registered nurses in specific settings. (Specialty endorsements may require prerequisite training, which will be determined as competencies and curriculum are developed.)

The Iowa Direct Care Worker Task Force has identified the following specialty skills for which direct care workers may receive endorsements. (This list of potential specialty endorsements is not intended to be final or exhaustive, but to provide an indication of the possible endorsements that might be available for Certified Direct Care Workers.)

- **Advanced Nurse Aide**
- **Alzheimer's and Dementia Care**
- **Behavioral Intervention**
- **Community Living Support**
- **Hospice and Palliative Care**
- **Medication Aide**
- **Mental Health**
- **Mentoring**
- **Personal Care Support**
- **Protective Services**
- **Psychiatric Care**
- **Restorative and Strengthening Exercises – Ambulation**
- **Simple dressing changes; drawing blood, sputum and cultures; injections; giving enemas; respiratory management**

7. **Establish Competencies for Certified Direct Care Workers**

A multidisciplinary group of experts related to different settings and populations served should be engaged to identify core competencies for each direct care worker certification level. These competencies will be the basis for development of one standard curriculum. The Task Force recommends competency-based education to create a qualified direct care workforce with the knowledge, skills, and abilities required to successfully perform work functions. Competencies will be developed at the direction of a work group assembled by IDPH. The work group will include others in Iowa that are currently working to enhance the knowledge and skills of the direct care workforce, including the Iowa Department of Human Services, the Iowa Department of Inspections and Appeals, and the Iowa Department of Elder Affairs. Development of competencies by the work group is the first recommendation after establishing the Advisory Group that must begin for other components to progress.

8. **Develop a Standardized Curriculum for Direct Care Worker Education**

To create consistency statewide in the content and delivery of direct care worker education and training, only one standard curriculum should be developed. Training and education requirements currently vary by job setting and are not consistent among direct care workers performing the same functions. Direct care workers, no matter where they work, need to be able to provide services in a safe and consistent manner. The Iowa Direct Care Worker Task Force recommends the curriculum be developed in modules that correspond with direct care worker functions and certification levels. The curriculum will be developed by a work group of curriculum experts with input from stakeholders using previous work of the Task Force as a starting point. The standard curriculum will contain an appropriate balance and blend of different models of care that reflects the diversity in philosophy and practice in different settings.

The work group will also develop curriculum or incorporate curriculum from other sources for specialty skills. Part of the curriculum development process will be seeking an appropriate level of input from stakeholders including direct care workers, employers, subject matter experts, and others as determined by the work group. The matrix in Table 2 illustrates requirements for each direct care worker classification, certification status, education and training requirements, and potential specialty endorsements. The curriculum developed will meet or exceed existing federal or state requirements.

Table 2: Education and Training Matrix

Direct Care Worker Classification	Certification Status	Education & Training Requirements				Potential Specialty Endorsements*
		Overarching Orientation	Module 1: Instrumental Activities of Daily Living	Module 2: Personal Care Activities of Daily Living	Module 3: Health Monitoring & Maintenance	Specialty Skills
Environmental/ Chore	None					Advanced Nurse Aide; Alzheimer's and Dementia Care; Behavioral Intervention; Community Living Support; Hospice and Palliative Care; Medication Aide; Mental Health; Mentoring; Personal Care Support; Protective Services; Psychiatric Care; Restorative and Strengthening Exercises – Ambulation; Simple dressing changes; drawing blood, sputum and cultures; injections; giving enemas; respiratory management
Instrumental Activities of Daily Living	Certified DCW 1					
Personal Care Activities of Daily Living	Certified DCW 2					
Health Monitoring and Maintenance (CNA)	Certified DCW 3					

* The list of potential specialty endorsements is not intended to be final or exhaustive, but to provide an indication of the possible endorsements that might be available for Certified Direct Care Workers. Certification at a certain level may be a prerequisite for some endorsements, which will be determined as competencies and curriculum are developed.

9. Establish Continuing Education Requirements for Direct Care Workers

The Iowa Board of Direct Care Workers will establish continuing education requirements for Certified Direct Care Workers. Continuing education will be required to maintain certification and specialty endorsements. These requirements will ensure that direct care workers remain competent and adapt to the changing needs of the health and long-term care system, the direct care workforce, employers, and consumers. Continuing education also provides an opportunity for direct care workers to advance their knowledge and skills through quality professional development. The following continuing education requirements are recommended by the Task Force with consideration of balancing the need for professional development with costs incurred and time invested by the direct care worker.

- Continuing education compliance period – Certified Direct Care Workers will be required to complete specified continuing education units every two years.
- Minimum hourly continuing education requirements for Certified Direct Care Workers –
  - **Certified Direct Care Worker 1 – 6 hours**
  - **Certified Direct Care Worker 2 – 12 hours**
  - **Certified Direct Care Worker 3 – 24 hours**
- Specialty Endorsements – Hours will be determined for each specialty individually by the Board based on recommendations from the curriculum work group. Continuing education hours obtained for endorsements will count toward overall hours for the certification level of the direct care worker.
- Responsibility for financing –The Certified Direct Care Worker will be responsible for completing continuing education hours every two years and will be responsible for costs to attend or participate in continuing education opportunities.

10. Establish Standards for Continuing Education

The Iowa Board of Direct Care Workers will establish continuing education standards to ensure that continuing education activities are appropriate for credit, advance the knowledge and skills of direct care workers, and meet or exceed existing state and federal requirements. The Task Force has outlined specific recommendations regarding the source of continuing education to ensure that continuing education activities are of high quality and increase the skills and knowledge of the direct care worker. The number of options available to obtain continuing education is meant to provide broad access and flexibility to comply with the standards. The recommendations also allow employers to issue a portion of continuing education directly to Certified Direct Care Workers. Additionally, employers will have the flexibility to bring outside instructors or presenters to their agency or facility for programs if they choose to do so.

Providers of continuing education will not be approved by the Iowa Board of Direct Care Workers, which is consistent with the practice of other professional boards within the Iowa Department of Public Health. Also consistent with the practice of other professions, all Certified Direct Care Workers will not be required to report continuing education, rather a percentage of those certified will be audited on a biennial basis to ensure compliance with requirements and standards. Given the size of the direct care workforce, this was determined by the Task Force as the most feasible means to ensure compliance. The Iowa Direct Care Worker Task Force recommends the following standards for continuing education.

- A continuing education activity is appropriate for continuing education credit if the continuing education activity:
  - Constitutes an organized program of learning which contributes directly to the professional competency of the Certified Direct Care Worker
  - Pertains to subject matters which integrally relate to the practice of the profession
  - Is conducted by individuals who have specialized education, training, and experience concerning the subject matter of the program
  - Fulfills stated program goals, objectives, or both
  - Provides an individual certificate of completion or evidence of successful completion of the course by the course sponsor. This documentation must contain the course title, date, contact hours, sponsor, and name of the Certified Direct Care Worker
- Source of continuing education:
  - A minimum of one-third of continuing education hours shall be obtained in a group learning setting, which may include a work site.
  - Continuing education can be met through the employer, however, no more than one-third of the total continuing education hours can be issued directly from an employer. Current in-service hours required by state and Federal law will not qualify for continuing education hours, with the exception of in-service related to dependent adult abuse.
  - Continuing education can be obtained online. Only online programs that issue a post test will qualify for continuing education hours.
  - Hours of education and training completed to advance to a Certified Direct Care Worker 2 or 3, or to obtain a specialty endorsement will qualify as continuing education.
- Compliance with continuing education standards and requirements:
  - The Iowa Board of Direct Care Workers will audit a percentage of Certified Direct Care Workers every two years to ensure compliance with requirements and standards for continuing education. Audited direct care workers will be required to provide the Board with records that demonstrate compliance.
  - The Iowa Board of Direct Care Workers will adopt provisions consistent with other professional boards within the Iowa Department of Public Health that allow for exemption for special circumstances and outline grounds for disciplinary action.

11. Develop a Direct Care Worker Instructor Training Course

As part of the curriculum development process, the work group will develop an accompanying training course for direct care worker instructors. Individuals meeting requirements for qualified instructors outlined by the Iowa Board of Direct Care Workers will be eligible to participate in the course, allowing them to train additional direct care worker instructors. This structure of delivery will ensure that an appropriate number of instructors are trained and available statewide to provide education and training to individuals entering or advancing in the direct care profession. Qualified trained instructors will be able to deliver the curriculum in any setting including colleges, agencies, or facilities, allowing for maximum flexibility to meet the needs of individuals, direct care workers, and employers.

12. Establish Standardized Qualifications for Instructors and Trainers

The Iowa Board of Direct Care Workers will establish criteria for instructors of direct care workers that meet or exceed existing state and Federal requirements. The Direct Care Worker Task Force recommends that primary instructors be Registered Nurses and complete training on the direct care worker curriculum provided by a direct care worker instructor trainer. (See Definitions Section for definitions.) The registered nurse will be the primary instructor and will delegate instruction for modules/levels 1 and 2 to supplemental instructors with experience serving disability populations and working in home and community based settings. The multidisciplinary competency and curriculum development work group will recommend types and qualifications of supplemental instructors. The network of direct care worker instructors is illustrated in Figure 1. The Task Force recommends the following criteria as qualifications for primary instructors of the single approved direct care worker curriculum:

1. The primary instruction of direct care workers shall be performed by or under the general supervision of a registered nurse who possesses a minimum of two years of nursing experience, at least one of which shall be in the provision of long-term care.
2. Instructors shall have completed a course in teaching adults, or have experience teaching adults or supervising direct care workers.
3. Personnel from other health or human services professions will supplement the primary instructor in teaching modules associated with levels one and two certification. Supplemental personnel shall have at least one year of experience in their fields.
4. The ratio of qualified instructors to students shall not exceed one instructor for every ten students in the clinical setting.

The above criteria are based on existing Federal standards for Certified Nurse Aide (CNA) instructors. Consistent qualifications for instructors of all Certified Direct Care Workers will result in consistency in the quality and delivery of education. The Direct Care Worker Task Force recognizes the need for a multidisciplinary approach to direct care worker instruction, which will require the incorporation of different models of care in the training of primary instructors. The following diagram illustrates the proposed model for direct care worker instruction.

Faculty

- will be representative of the higher education community and shall be approved by the Direct Care Worker Advisory Council
- will be a member of the work group developing competencies, curriculum, and the instructor training course
- will endorse Direct Care Worker Instructor Trainers by facilitating a 16 hour "Principles of Adult Education" course

Instructor Trainers

- will train and certify the DCW primary instructors
- will be affiliated with an institution of higher education
- will meet the qualifications outlined by the Task Force
- will have completed the DCW Instructor course and the 16 hour "Principles of Adult Education" course

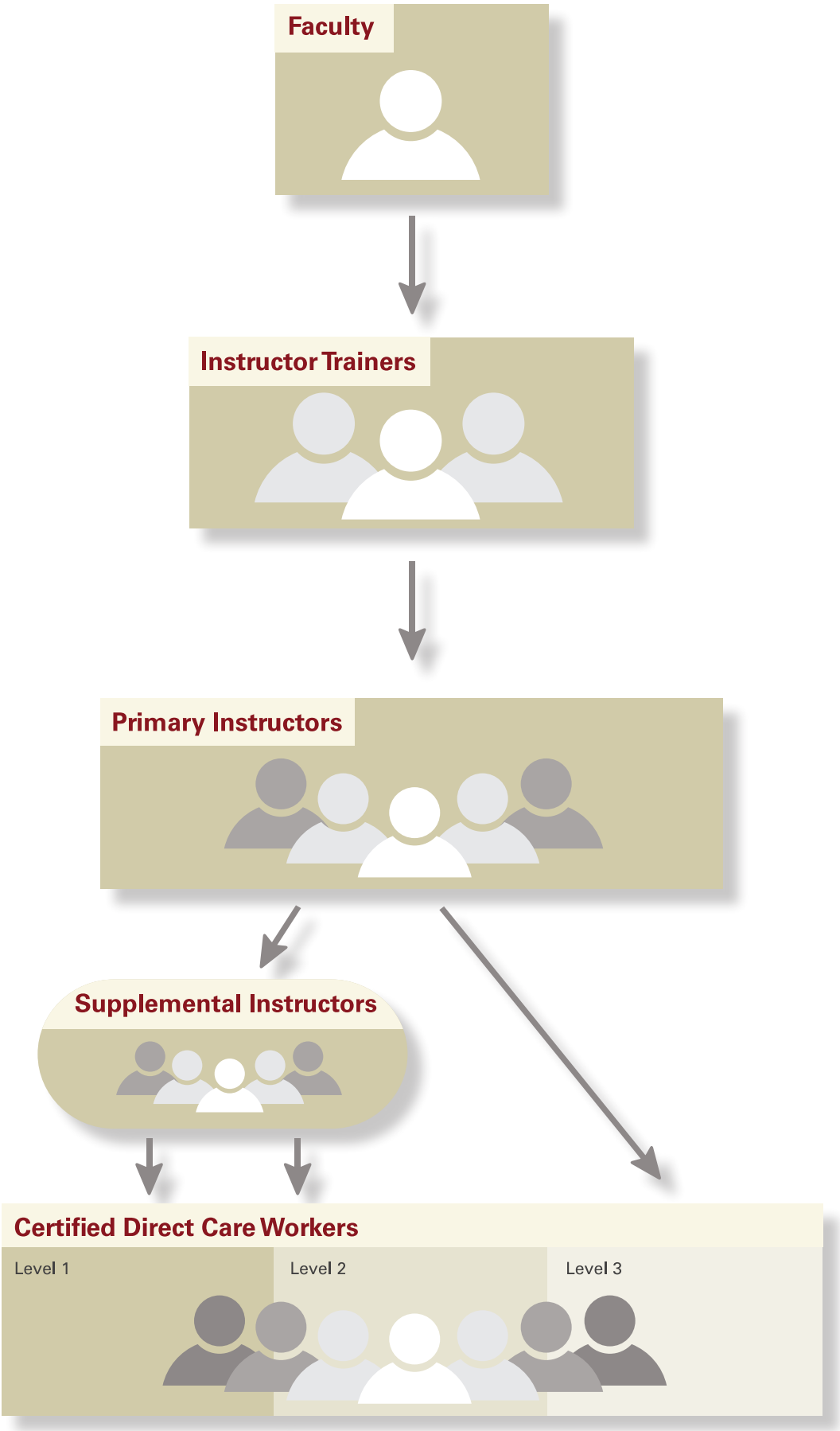
Primary Instructors

- will directly instruct or supervise the instruction of direct care workers (DCW)
- will meet the qualifications outlined by the Task Force
- will coordinate instruction for direct care worker levels 1 and 2 with supplemental instructors
- will issue documentation of successful completion of education for levels 1, 2, and 3

Supplemental Instructors

- will provide education and training for levels 1 and 2 under the general direction of a certified primary instructor
- will have expertise that supplements the educational background and training of primary instructors that provides balance related to setting and population served
- may be employed directly by agencies, providers, or facilities to meet internal staffing and training needs
- qualifications of supplemental instructors will be developed by the Advisory Council as core competencies are developed for certification levels

Figure 1: Direct Care Worker Instructor Network



13. Certify Instructors

Consistent with existing practice, the Iowa Direct Care Worker Task Force recommends that primary instructors of direct care workers be certified by institutions of higher education. Each certifying institution will be required to report this information to IDPH for recording. Although the institutions of higher education will coordinate training, certify instructors, and may also provide courses for direct care workers, any agency or organization may hire or employ a certified instructor to deliver curriculum in a site independent of the institutions of higher education.

The standard curriculum for direct care worker education will be designed to be delivered in a variety of settings for ultimate access and flexibility for direct care workers and employers. Ultimately, institutions of higher education such as Regents Universities and Community Colleges will be responsible for training and certifying instructors. The Direct Care Worker Advisory Council along with the curriculum development work group will be responsible for establishing targets for the number of certified instructors statewide to ensure adequate training capacity and access.

14. Establish Continuing Education Requirements for Instructors

The Iowa Board of Direct Care Workers should establish continuing education requirements for primary instructors. The Direct Care Worker Task Force recommends requiring all primary instructors to complete four hours of continuing education units every two years for re-certification. Continuing education will ensure the skills and knowledge of instructors of direct care workers are up-to-date based on changes in the curriculum and needs of the workforce, as well as changes in state and Federal regulations. This requirement will also maintain consistency in quality among the network of instructors delivering the direct care worker curriculum through a variety of settings.

15. Equivalency for Other Health Care Professions

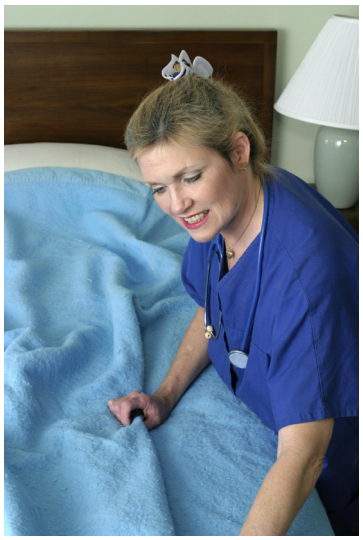
The Iowa Direct Care Worker Task Force recommends that all individuals performing functions of a Certified Direct Care Worker receive the prescribed education and training regardless of education or experience in another health profession. Like many professions, the skills required and culture are unique to the direct care workforce. This requirement will also make training uniform and transferable. Consideration should be made for individuals in special circumstances by the Iowa Board of Direct Care Workers.

16. Establish an Appeal Process for Educational Equivalency

The Iowa Direct Care Worker Task Force recommends the Iowa Board of Direct Care Workers establish a process for appeals related to equivalency. An established process for appeals will allow the Board to consider special circumstances and situations.

17. Establish a Plan for Education and Outreach

As significant as planning and recommendations in this report for implementation is the development of a comprehensive education and outreach plan. The Task Force recommends that a plan be developed in conjunction with continuing work of the Advisory Council. The plan will include activities to share information about the new credentialing system with all levels and types of stakeholders including direct care workers, employers, stakeholder and professional associations, educators, policymakers, other health care disciplines, and human service disciplines. IDPH and the Advisory Council will take the lead in beginning outreach and education activities, but it will ultimately require a coordinated effort in which stakeholders communicate with their constituencies.



Remaining Issues

The Task Force has spent five months advancing recommendations toward implementation provided in this report. There are remaining policy recommendations made by the Task Force in 2006 that must still be addressed for implementation and other issues that have emerged to be addressed through continued work of the Advisory Council. Following are components that require development and further consideration.

Ensure Competence of Existing Direct Care Workforce

Provide guidelines and establish standards to incorporate the existing direct care workforce into the new system based on their education, training, current certifications, and/or demonstration of core competencies. The system will allow each direct care worker to demonstrate competence and become certified.

Develop Certificate Program Criteria for Direct Care Worker Classifications

Determine criteria for successful completion of the program of education related to each certification level. Individuals who successfully meet the criteria will be issued a certificate or endorsement for specialty skills. This component will be addressed along with establishing core competencies and developing curriculum.

Ensure Title Protection for Certified Direct Care Workers

Establish title protection for the term Certified Direct Care Worker.

Standardize Supervision of Direct Care Workers

Establish a standardized condition for supervision based on the functions being performed for each certification level regardless of setting. The roles and responsibilities of direct care worker supervisors (nurses and other supervisory positions) shall also be established and meet or exceed existing Federal or state requirements for supervision.

Shift Responsibility for Credentials to Individual Direct Care Workers

Change current policy to assign responsibility of maintaining credentials and continuing education and training to the individual direct care worker and shift that responsibility from the employer.

Provide Information to Home and Community Based Waiver Participants About Direct Care Worker Training and Education

Work with the Iowa Department of Human Services to provide information about the education and training direct care workers should receive to provide care and services according to the consumers needs under the home and community based waiver options.

Expand the Iowa Direct Care Worker Registry

The Iowa Direct Care Worker Registry shall be called the Directory of Certified Direct Care Workers and will include all certified direct care workers as well as their completed education and training.

Establish Education Requirement for Administering Medication

The 2006 Task Force recommendations called for eliminating the existing Medication Manager course, requiring any direct care worker assisting an individual with prescribed medications to complete the Medication Aide course. The Medication Manager course is a shortened version of the Medication Aide course, which allows direct care workers to perform similar services as individuals who have completed the Medication Aide course. A direct care worker's ability to assist an individual with prescribed medications is considered a specialty endorsement. The Task Force recommends further discussion on this issue to strike the appropriate balance between ensuring that direct care workers are qualified to dispense medications and current practices in home and community based settings. The Advisory Council will seek input from direct care workers and providers to determine an approach that meets the needs of all stakeholders.

This section outlines some of the major activities identified by the Task Force to be completed in the next four years.

The implementation plan is a living document that will be adjusted and supplemented as work continues by the Advisory Council.

The complete implementation plan produced by the Task Force is available at:

Implementation Plan

As a supplemental piece to the recommendations outlined in this report, the Iowa Direct Care Worker Task Force developed an initial plan for implementation. Through the Implementation Plan, the Task Force identified early steps to begin implementing a credentialing system for direct care workers. The plan was developed with consideration of the transition to the new system for workers, employers, providers, consumers, government agencies that will regulate and interact with direct care workers, and the general public. Since there is no formal education system in place for all direct care workers, it is difficult to estimate the total number of direct care workers in Iowa. The sheer numbers and diversity of job positions and duties makes this effort a significant undertaking, which underscores the need for a slow, incremental, thoughtful plan for implementation.

The Implementation Plan outlines tasks in the process that will culminate in the certification of direct care workers in the state of Iowa. The tasks outline the activities associated with implementation to be completed by the Direct Care Worker Advisory Council, the Iowa Board of Direct Care Workers, the Iowa Department of Public Health, and other stakeholders and partners. Each task includes a brief description of activities, a timeline for completion, and estimated resources. It is the intention of the Task Force that the Iowa Board of Direct Care Workers be self-supporting from certification fees and other fees upon complete implementation. The Iowa Department of Public Health Bureau of Professional Licensure is funded solely through fees associated with the professional boards it supports, and the Iowa Board of Direct Care Workers will not be an exception. Upon the certification of the first cohort of direct care workers, state resources will be incrementally phased out.

Next Steps

Early work toward implementation is expected to begin in July 2008 under the direction of IDPH and the Direct Care Worker Advisory Council. Core competencies and curriculum development will be underway while the Council completes further planning and work to identify the timeline, resources needed, and tasks associated with issues that require further development and consideration. One of these remaining issues includes the incorporation of the existing direct care workforce. Although the Task Force has spent five months advancing recommendations toward implementation,

the work has largely focused on infrastructure and timelines for training and education of new direct care workers. The Advisory Council will develop a plan to incorporating the existing workforce, address other recommendations remaining from the 2006 Direct Care Worker Task Force recommendations, and monitor early implementation activities.

Timeline

To enable the Iowa Department of Public Health to further the implementation work of the Iowa Direct Care Worker Task Force, Table 3 includes a timeline of implementation activities as they should occur chronologically. The following table lists tasks, an estimated timeline for the tasks, and a compilation of estimated financial resources needed by year. The timeline is meant to serve as a guide for implementation activities and will be subject to adjustments as progress is closely monitored. Any delays in the progress or completion of activities will impact the timeline for subsequent activities.

Table 3

Year 1 (2008) Tasks	Year 1 Timeframe	Year 1 Resources Needed
Pass legislation to establish the Direct Care Worker Advisory Council and convene the Advisory Council to continue implementation	March 2008 – November 2008	Resources to support the work of the Advisory Council and work group developing core competencies and curriculum. Resources for outreach and education.
Develop a comprehensive plan for outreach and education	July 2008 - November 2008	
Assemble work groups to develop competencies and curriculum	July 2008	
Develop core competencies for certification levels	August 2008 – January 2009	
Year 2 (2009) Tasks	Year 2 Timeframe	Year 2 Resources Needed
Pass legislation directing IDPH to establish the governing board and draft rules	January 2009 – May 2009	$300,000- IDPH staff (estimated) Resources to support the work of the Advisory Council and work group developing core competencies and curriculum. Resources for outreach and education. Resources for DIA for infrastruce development of the Directory.
Request federal waiver for CNA work requirements	January 2009 – May 2009	
Develop curriculum and corresponding tests	February 2009 – October 2009	
Appoint board and hire initial staff	July 2009 – February 2010	
Develop train the trainer materials	November 2009 – May 2010	
Recruitment and marketing for educators and trainers	November 2009 – June 2010	
Infrastructure development, including web and database capabilities, and expansion of the CNA Directory	December 2009 – September 2010	

Table 3: Implementation Timeline

Year 3 (2010) Tasks	Year 3 Timeframe	Year 3 Resources Needed
Continuation of infrastructure development, web and database capabilities, and expansion of the CNA Directory	December 2009 – September 2010	$300,000 - IDPH staff (estimated) Resources for outreach and education. Resources for DIA for infrastruce development of the Directory.
Continuation of appoint board and hire additional staff	July 2009 – February 2010	
Continuation of develop the train the trainer materials	November 2009 – May 2010	
Continuation of recruitment and marketing for educators and trainers	November 2009 – June 2010 (May be ongoing)	
Draft rules and hold public hearings	March 2010 – November 2010	
Train the trainer course administered	July 2010 – Ongoing	
Develop and approve guidelines for appeals process	October 2010 – December 2010	
Adopt curriculum and instructor qualifications	December 2010 – January 2011	
Year 4 (2011) Tasks	Year 4 Timeframe	Year 4 Resources Needed
Switch to new direct care worker curriculum	August 2011	$300,000 - IDPH staff (estimated) Resources for outreach and education. State resources will begin phasing out as direct care workers become certified. The system will eventually be supported entirely through certification and other fees. Resources for DIA for staffing and maintaining the Directory.
First direct care workers certified by Board under new curriculum	October 2011	

Resources

For more information about the work of the Iowa Direct Care Worker Task Force, contact:

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Reports and Publications

- **Direct Care Worker Task Force Reports**

  http://www.idph.state.ia.us, search for "direct care worker"

- **Iowa Better Jobs Better Care Program**

  http://www.iowacaregivers.org/programs_and_reports/better_jobs_better_care_program.php

Definitions

Direct Care Worker

The Iowa Direct Care Worker Task Force has defined a direct care worker as an individual who provides services, care, supervision, and emotional support to people with chronic illnesses and disabilities. This definition does not include nurses, case managers, or social workers.

Instructor/DCW Instructor for DCW I, II & III

The individual who will directly instruct or supervise the instruction of direct care workers (DCW). DCW instruction shall be performed by or under the general supervision of a registered nurse with a minimum of two years experience at least one of which shall be in the provision of long term care (LTC). Instructors shall have completed a course in teaching adults*, or have experience teaching adults or supervising direct care workers.

*This course shall be referred to as the DCW Instructor Course – 12 to 14 hours.

Trainer/DCW Instructor Trainer

The individual who will train the DCW instructor. The trainer shall be experienced in the instruction or have supervised the instruction of DCWs and shall have completed the DCW Instructor course. In addition, the trainer shall be required to complete the 16 hour "Principles of Adult Education Course".**

** This course shall be referred to as the DCW Instructor Training Course.

Faculty/ "Principles of Adult Education"

The individual who endorses the DCW Instructor Trainer by facilitating the 16 hour "Principles of Adult Education" course. This individual shall be a representative of the higher education community, and shall be approved by the Direct Care Worker Advisory Council.

References

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