



# IOWA'S

## DIRECT CARE WORKER REGISTRY

# Iowa's Direct Care Worker Registry



## Introduction:

A stable direct care workforce is essential to over 600,000 older Iowans,<sup>1</sup> with some estimates that at least 40% will require some form of care or support; over 300,000 family caregivers; thousands of people with disabilities; and more than 2,000 health; long-term care (LTC), and home and community-based service (HCBS) providers.

This Issue Brief explores: 1) what may be an outdated federal law that impedes the efficiency of the State's infrastructure needed to build a strong and credentialed direct care workforce, and the overall employability of the workforce.

In 2021 Iowa CareGivers (IC) conducted a survey of direct care workers (DCWs) to assess their level of understanding about the purpose of the DCW Registry and what they are required to do to remain active on the Registry. In 2019 an environmental scan of Iowa's community colleges' DCW curriculums and career pathway programs was conducted which included a survey of Health Occupation Educators and nurse aide instructors. These findings along with previous multi-stakeholder outreach activities are the impetus behind a series of three Issue Briefs and informed the topics, all of which are distinct but interrelated:

1. Defining Iowa's Direct Care Workforce;
2. Iowa's Direct Care Worker Registry;
3. Reducing the Regulatory Burden on Direct Care Workers.

For this Brief, the primary segment of the direct care workforce referenced is Certified Nurse Aides (CNAs) because they are the only DCWs required by federal law to be on the Registry. Also mentioned are all DCWs, who in the broadest terms, are defined here: *Direct Care Worker/Professional (DCW/DCP) is an umbrella name for one of the largest sectors of the workforce in Iowa.* Direct care professionals are defined as individuals who provide supportive services and care to people experiencing health conditions, illnesses, or disabilities and receive compensation for such services. They work in home-based, community-based, or facility settings. They may have job titles such as direct support professional, supported community living worker, home health aide, universal worker, hospice aide, personal assistant, patient care technician, consumer directed attendant care provider, senior helper/companion, and certified nursing assistant. (See Brief #1 Defining Iowa's Direct Care Workforce).

The Federal regulation that dictates what CNAs must do to remain active on the DCW Registry and eligible to work are in part explained in this portion of the federal law.

(42 CFR 483.156), the Omnibus Budget Reconciliation Act of 1987 (OBRA '87),<sup>2</sup> required nurse aides who worked in nursing homes to become certified by completing a minimum of: 75 hours of training, and every state to establish a Nurse Aide Registry for the purpose of: 1) maintaining a list of all Certified Nurse Aides (CNAs) or those who successfully completed the 75 hours of required training to become certified, making them eligible to work in a nursing home; and 2) maintaining a list of those who are ineligible for employment. Specifically:

**42 C.F.R. 483.156(b)(3)(iii) states that**

The State must determine which individuals who have had their requirements waived by the State do not qualify to remain on the registry because they have performed no nursing or nursing-related services for a period of 24 consecutive months.

**483.156(c)(2) states that**

The registry must remove entries for individuals who have performed no nursing or nursing-related services for a period of 24 consecutive months, unless the individual's registry entry includes documented findings of abuse, neglect, or misappropriation of property.

Nursing homes are required by the same federal law to check the standing of a CNA on the Registry before hiring and to inform the Registry of any new hires. Many of those who have been removed from active status on the Registry are those who began their careers as a CNA. After they completed the nurse aide training and passed the written and skills test they were added to the Registry. They may now be working in home care, hospice, group home, or hospital as CNAs but under a different title such as Home Care Aide, Patient Care Technician, or Direct Support Professional.

## Registry Names – Locations – Funding:

Nurse Aide Registries, throughout the country exist under various names and are administered by different state agencies including Public Health, Aging and Disability, Human Services, and Regulatory agencies; Boards of Nursing; and third-party entities.<sup>3</sup> In Iowa, the DCW Registry is housed at the Iowa Department of Inspections and Appeals.<sup>4</sup> In Washington, it is named the OBRA Registry; Illinois -- the Health Care Worker Registry; Texas -- the Nurse Aide Registry; and in Iowa -- Direct Care Worker Registry.

In 2005, consideration was given to expanding the Iowa Nurse Aide Registry to include not only CNAs in nursing homes who are required to be on the Registry, but other DCWs to, in part, establish a central location to record and make portable their certifications or credentials. At that time, the name was changed to the Iowa Direct Care Worker Registry. State funds were not appropriated to make those changes so the Registry expansion did not occur, but the name remains.

Nurse Aide Registries in their various compositions are federally funded. Federal funds support only activities directly related to complying with the federal minimum requirements. With state appropriations or other sources of funding, many states have chosen to go above and beyond the minimum standards by increasing the amount of required training for CNAs or to enhance or expand Registries.

For example, in 2017 Illinois passed legislation (Illinois Statute 225 ILCS 46/26; Act 100-432)<sup>5</sup> which focused on criminal background checks for health care workers; but in essence also expanded their Health Care Worker Registry to include Home Care Aides and other health care workers. The legislation required all Illinois health care employers to report CNA and other DCW employment. (Source: Illinois Legislative Reference Bureau, July 26, 2022). For CNAs, and other DCWs this is an important step to the portability of their credentials since they can't report their own employment in Iowa. In Iowa, only nursing homes are required to report employment.

## Enhancements to Iowa's Registry and Accommodations for Expansion

In 2021, the Iowa Department of Inspections and Appeals (IDIA), through the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding, upgraded their antiquated website, including the DCW Registry. Enhancements made would have accommodated an expansion of the Registry had legislation ([HF692](#)) calling for the same had passed. The legislation included two key components... to plan and implement: 1) modernization and expansion of the existing DCW Registry to include other DCWs; and 2) establishment of a voluntary public portal of caregivers that older Iowans, people with disabilities, family caregivers, and employers could access. HF692 passed unanimously out of the House subcommittee and Human Resource Committee but was not placed on the debate calendar. The legislation was not pursued in 2022 because the Iowa

Department of Health and Human Services (IHHS) included the *expansion of the current Registry (in HF692) and/or create a platform to include the personal care service providers such as CDAC and CCO employees to record their service area, hours of work, experience, training, credentials, availability for work and waiver program enrollment if applicable*, in the American Rescue Plan Act (ARPA) Spending Plan submitted to the Centers for Medicare and Medicaid Services (CMS).<sup>6</sup> In 2022, the Department announced plans to implement a new Jobs Board rather than expanding the DCW Registry. The existing Registry was not expanded at this time due to the CMS funding constraints requiring Iowa to focus only on home and community based service providers.

## Once Proposed National Registry to Track Certified Nurse Aides (CNAs) With Abuse Histories

In 2004/2005 the U.S. Office of Inspector General investigated State Nurse Aide Registries to determine their level of compliance in maintaining timely data on the Registry of CNAs with substantiated findings of abuse and removing them from active status. One of the recommendations CMS proposed was that they could seek legislative authority to create a national nurse aide registry for the purpose of tracking substantiated findings on CNAs across states.<sup>8</sup> According to an inquiry to CMS by the Iowa Department of Inspections and Appeals (IDIA), no steps were taken in that direction and in the report, cost was a factor.

## Numbers and Designations of DCWs on Iowa's Registry:

The only DCWs required by federal law to be placed on the Registry are CNAs who work in nursing homes. However, CNAs working in nursing homes are **not** the only DCWs listed on the Registry. A DCW may fall into any of the following categories or designations:

- ✓ **"Active"** Registry, on which there were 39,572 and included those eligible for employment.
- ✓ **"No Employment"** or **"Expired"** contained 131,150 names. These individuals were moved to the "no employment" status because they had no record of working as a CNA in the previous 24 months. Many of these individuals are now working in home and community-based settings or hospitals. See Brief #3 for more explanation.
- ✓ **"No Test"** designation included 1,648 names of those who hadn't yet taken or passed the state tests. These are sometimes individuals enrolled in a licensed nursing program for which the CNA class was a pre-requisite to be accepted into the nursing program.
- ✓ **"Abuser"** 2,350 and **"Out of State Abuser Flag"** 13,655.

\*Numbers were accessed June 28, 2022.

## 2017 New Guidelines Expand the Work Settings to Satisfy CNA Work Requirement:

In 2017 the Centers for Medicare and Medicaid Services (CMS) released new guidelines on the CNA work requirement, approving four additional work settings in which CNAs could work to meet the requirement of working in a nursing home within a 24 consecutive month period to remain active on the DCW Registry. They include Certified Hospitals, Home Health Agencies, Hospice Programs, and Ambulatory Surgical Centers. But still only nursing homes are required to report employment to the Registry.<sup>8</sup> The newly approved settings “may” report employment but are not required to do so. This change did not apply to the thousands of CNAs already moved to the “no employment” or “expired” section of the Registry prior to the rule change even though they have worked for years in home care, hospitals, residential care facilities and other settings.

*"My employer doesn't report employment, so I was no longer active on the registry and I missed a job opportunity."*

Direct care worker registry survey – See Brief #3

## Does the 35-Year Old Federal Law Need a Formal Review?

In 1987, when the federal government required nurse aides in nursing homes to be certified and every state to establish a Nurse Aide Registry, the main options for extended care were nursing homes or county homes. Today, older Iowans and people with disabilities of all ages have far more options for care or supportive services ranging from in the homes of persons served, community living, adult day services, and assisted living facilities to group homes, residential care facilities, and hospices. Those who work in direct care/support positions have approximately 30 different job titles, yet again, only CNAs who work in nursing homes are required to be listed on the DCW Registry. The current system is woefully outdated, hampering the ability of DCWs to move between workplace settings or populations served and, in some cases, causing them to, unnecessarily and unfortunately, lose an employment opportunity, and an employer to miss a hiring opportunity, all of which calls into question the inequities imbedded in the language.



# Conditions of Participation for Home Health Agencies and the DCW Registry

For Home Health Agencies to qualify for Medicaid they must comply with Conditions of Participation (COP). The COP indicate one definition of a Home Health Aide is an individual who has completed nurse aide training and a competency evaluation program approved by the state as meeting the requirements of § 483.151 through § 483.154<sup>9</sup>, and is currently listed in good standing on the State Nurse Aide Registry. This raises the question, if only CNAs are required to be listed on the Iowa DCW Registry, and only nursing homes are required to report employment, how then can home health aides maintain their active status on the Registry? And what, if any, impact does that have on the thousands of home health aides who began their careers as a CNA and were active on the Registry, but after working in home care, lost their active status? Home care wasn't considered an eligible employment setting until 2017 by CMS.

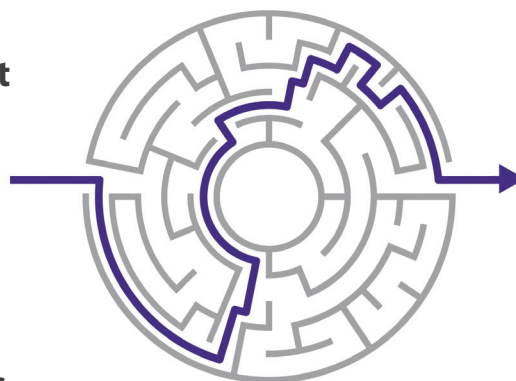
*"It is Time to Solve Iowa's Direct Service Workforce Crisis: The Case for Strengthening and Stabilizing This Essential Workforce"*

by the Lewin Group and PHI National

The Iowa Department of Health and Human Services recently shared a Report prepared for Iowa by The Lewin Group and PHI and funded by CMS, entitled "It is Time to Solve Iowa's Direct Service Workforce Crisis."<sup>10</sup> The Report outlined six solutions, some based on existing bodies of work that could be brought to scale; examples of innovative steps taken by other states; and proposed strategies for each solution. Three of the six solutions could relate to an expanded Registry. They are:

## 6 Solutions to the Workforce Crisis

1. Raise wages
2. **Enhance training and career advancement**
3. Raise the profile of direct service jobs
4. Support workforce innovation
5. **Strengthen connections between self-directing consumers and workers**
6. **Gather data to inform workforce solutions**



## CONCLUSION - Through the Lens of Direct Care Workers

If you managed to read the entire contents of Brief #2 and believe you have a comprehensive understanding of the Iowa Direct Care Worker Registry, the law and rules that govern it and how it functions, you are to be commended. While compiling the contents, there was concern that the information related to this issue would be far too complicated to entice many readers to delve more deeply. These kinds of policy issues often go unaddressed because the very complexity and enormity of the issues become the reason to do nothing. The true magnitude extends far beyond what the selected references or resources can begin to convey. And the extent cannot be realized until viewed through the lenses of DCWs and the lowans they serve.

Iowa and its citizens face daunting direct care workforce challenges. The shortages and high turnover of DCWs and other health care workers impact access to care and supports; the quality of life and care, and threatens the economic stability of our rural and urban communities. This Brief is presented to provoke further thought, consider how a single DCW Registry system in the future can serve the needs of all stakeholders, and encourage action.

With the heightened attention to direct care workforce challenges, an influx of short-term federal COVID relief funding, and several policy and practice initiatives already in the works, Iowa is poised to bring about significant changes to ensure the care and support needs of all lowans are met now and in the future.

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## Considerations for Action:

- 1) Viewing the functionality of the Direct Care Worker Registry Through the Lens of the Direct Care Worker and the lowans they serve.
- 2) Sharing The Lewin Group and PHI report, "It is Time to Solve Iowa's Direct Service Workforce Crisis: The Case for Strengthening and Stabilizing This Essential Workforce." with all stakeholders and follow the recommendations to build upon existing bodies of work.
- 3) Continuing to pursue enhancements to the existing DCW Registry without impeding the work of the new Jobs Board. (See Brief #3: Reducing the Regulatory Burden on Iowa's Direct Care Workforce).
- 4) Calling upon the Centers for Medicare and Medicaid Services or contract with the Lewin Group and PHI National to assess the regulatory burden of the 35-year-old OBRA'87 law on CNAs, other DCWs, consumers, employers, and other stakeholders.
- 5) Requiring all health and long-term care/home and community-based service employers to report CNA employment to the DCW Registry (see Illinois statute)<sup>5</sup>.
- 6) Charging Department of Management with conducting a cost analysis of merging and administering the existing DCW Registry and the new Jobs Board in the future.
- 7) Including all CNAs who have worked in any other settings in the past five years and can produce verifiable employment back on the active DCW Registry; develop criteria for recertification of those who have been out of the field longer than five years; and develop and implement an information campaign targeting DCWs and all stakeholders to ensure understanding of the system, and enhance participation. (See Brief 3 re: change in federal law)

## RESOURCES

<sup>1</sup> U.S./Iowa 2021 Census, <https://www.census.gov/quickfacts/IA>

<sup>2</sup> Omnibus Budget Reconciliation Act of 1987, United States Congress, <https://www.congress.gov/bill/100th-congress/house-bill/3545>, Part 2, Subtitle C

<sup>3</sup> Directory of Nurse Aide Registries, released by National Council of State Boards of Nursing, 2021, [https://www.ncsbn.org/Directory\\_of\\_Nurse\\_Aide\\_Registries\\_2021.pdf](https://www.ncsbn.org/Directory_of_Nurse_Aide_Registries_2021.pdf)

<sup>4</sup> Iowa's Direct Care Worker Registry, Iowa Department of Inspections and Appeals, <https://dia.iowa.gov/health-facilities/direct-care-worker-registry-cnas>

<sup>5</sup> Illinois Legislative Reference Bureau, Phone Interview,

<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1303&ChapterID=24>

<sup>6</sup> American Rescue Plan Act Spending Proposal, Iowa Department of Health and Human Services, [https://dhs.iowa.gov/sites/default/files/Iowa\\_Medicaid\\_ARPA\\_HCBS\\_Spending\\_Plan.pdf?071920211323=&utm\\_medium=email&utm\\_source=govdelivery](https://dhs.iowa.gov/sites/default/files/Iowa_Medicaid_ARPA_HCBS_Spending_Plan.pdf?071920211323=&utm_medium=email&utm_source=govdelivery)

<sup>7</sup> Nurse Aide Registries: State Compliance and Practices, 2005, Investigation by Office of U.S. Inspector General <https://oig.hhs.gov/oei/reports/oei-07-03-00380.pdf>

<sup>8</sup> Good News Bad News – 8 Hour Work Rule, Iowa CareGivers Hub Newsletter, Jan/Feb 2018 Issue, <https://www.iowacaregivers.org/hub-newsletter/2018/2018-02.php>

<sup>9</sup> Code of Federal Regulation, HHA Conditions of Participation,

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-484>

<sup>10</sup> It is Time to Solve Iowa's Direct Service Workforce Crisis: The Case for Strengthening and Stabilizing This Essential Workforce, September 22, 2021, The Lewin Group and PHI National, Funded by the Centers for Medicare and Medicaid Services (CMS) for Iowa Department of Health and Human Services and Iowa Medicaid Enterprise, [https://www.iowacaregivers.org/uploads/pdf/DSW\\_Coaching\\_Iowa\\_Business\\_Case\\_9.22.21.pdf](https://www.iowacaregivers.org/uploads/pdf/DSW_Coaching_Iowa_Business_Case_9.22.21.pdf)

