

Addressing the Workforce Crisis ***Critical Disability Care Services are Scarce***

The American system of Developmental Disability Services (DD) relies on an extensive workforce of caregivers. In addition to the highly trained doctors, dentists, psychiatrists, nurses, and behavioral and physical therapists who work with people with intellectual disabilities and autism (ID/A) and the aging populations, there is a vast workforce of Direct Support Professionals (DSPs) who perform the daily tasks of caring for, and caring about, our most vulnerable citizens.

DSPs are truly the backbone of the DD system.

There is a critical shortage of DSPs. The national turnover rate, with people leaving the job in less than one year, stood at around 45% nationally from 2016 -2020, and was as high as 80% in some states.^{1, 2} Across the country, providers of Long-Term Supports and Services (LTSS) including nursing homes for the aging population, group homes and in-home services, intermediate care facilities (ICFs), day programs for people with ID/A, and nursing homes for the aging population have been forced to cut back services or close facilities due to this shortage. According to a 2023 report from ANCOR, 83% of providers are turning away new referrals, 63% are discontinuing programs and services, and 55% are considering closing additional services. 92% of providers are struggling to achieve quality standards.³

Long hours, the lack of any defined career path or opportunity for advancement, poor training and lack of certification standards, and the ever-present risk of personal injury when a client has an aggressive or violent behavioral episode all contribute to the high turnover rates.

The biggest deterrent to hiring new DSP workers is the low pay.

Many DSPs are paid through the Centers for Medicare and Medicaid Services (CMS) and only receive the federal minimum wage of \$7.25 per hour.

That's about the average cost of a cheeseburger in the U.S., and it is not a living wage. Even when state legislatures vote every two years to bring the wage up to their state minimum wage, or higher, to try to remain competitive, they still fall short of what fast food chains or big box stores offer. These workers deserve more. They help with personal hygiene, toileting and diapering adults, brushing their teeth, shaving, feeding special diets and pureeing food, inserting J-tubes and G-tubes, monitoring for Pica and self-injurious behaviors, handling seizures and violent outbursts. They offer love, devotion, and understanding to people who don't easily communicate. DSPs deserve pay that reflects their work.

The Build Back Better Act and the HCBS Access Act have provisions that would increase salaries and provide training for DSPs who work in HCBS-funded settings *only*. This leaves out a considerable number of DSPs, those who work in ICFs, non-HCBS nursing facilities, non-HCBS day programs, and more. These service providers all draw from the same pool of workers. Non-HCBS providers would be unable to compete for employees against the higher wages offered by HCBS providers – leaving our most medically complex individuals with I/DD and our elderly population without the care they need.

Policy changes should ensure necessary services are available to all within the aging and disability community. Policy changes should provide the stability this system needs to avoid costly consequences for the government, providers, and most importantly beneficiaries.

VOR urges you to strengthen this healthcare sector by amending the above legislation to ensure the severely disabled and elderly have DSPs care in ALL the settings where they receive services.

How Congress Can Help:

1. Increase wages and pay scales equitably for ALL Direct Support Professionals who work with people receiving services through Medicaid.

DSP employees should be treated equally regardless of the type of facility in which they serve, or which funding stream, or silo, within the CMS system supports them. Current legislation should be amended to reflect this.

Further, since wages for DSPs are currently tied to the federal minimum wage, there are several approaches for updating this policy. VOR supports dialogue that works to develop the policy and legislation that supports employees, employers, patients, and the states.

2. Support a career path and certification programs for Direct Support Professionals.

Serving as a caregiver is more than a job. It is a profession. A profession within the American Health Care System. Let's treat it as such. As with any other professional service, there should be rewards for experience and length of service. There should be certifications for training in different methodologies and for gaining understanding of how different intellectual disabilities manifest and change through life stages. And there should be a career path into other health care professions, such as credit towards a nursing degree or an administrative position.

3. Create a Standard Occupational Classification for Direct Support Professionals.

We ask Congress to enact legislation that will direct the Bureau of Labor Statistics and the Office of Management and Budget to establish a standard occupational classification (SOC) for Direct Support Professionals. SOCs enable the DOL to collect data and influence policymaking to establish standards and improve the ability of providers in recruitment, training, retention, and advancement of a quality workforce.

4. Require best practices for high standards in hiring Direct Support Professionals.

Background checks are required in all states, but the standards vary greatly. More thorough background checks reduce the potential for instances of abuse and neglect of clients. They also help reinforce the safety of other caregivers and give them assurance that their coworkers have everyone's best interests at heart.

We suggest that all states use the FBI's IAFIS database, and that there be a uniform code for hiring DSPs, so that all people in all states have equal protection against abuse and neglect. One example of a well-designed system is currently in use in Ohio.⁴

We cannot emphasize enough how drastic this situation is. Aging parents and guardians leaving the workforce to be caregivers is not an answer to this crisis. Please act now.

¹ *President's Committee for People with Intellectual Disabilities, Report to the President 2017, Full Report, p. 5*
https://acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report_0.PDF

² *National Core Indicators, National Association of State Directors of Developmental Disabilities Services (NASDDDS) and Human Services Research Institute (HSRI) - 2020 Staff Stability Report, p. 30*

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewiP-bWO2af-AhUtF1kFHQOIBOIOFnoECBYOAAQ&url=https%3A%2F%2Flegacy.nationalcoreindicators.org%2Fupload%2Fcore-indicators%2F2020StaffStabilitySurveyReport_FINAL.pdf&usq=AOvVaw0tYbPr2wZJ5z3QoNAjwEgg

³ *The State of America's Direct Support Workforce Crisis 2022*. Alexandria, VA: ANCOR, 2022.

<https://www.ancor.org/resources/the-state-of-americas-direct-support-workforce-crisis-2022/>

⁴ Ohio Administrative Code (OAC): 5123:2-2-02: Background investigations for employment.

<https://codes.ohio.gov/ohio-administrative-code/rule-5123-2-02>

Available for download at: <https://dodd.ohio.gov/forms-and-rules/rules-in-effect/5123-2-02>