



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

September 16, 2022

The Honorable Gary Peters
Chair, Senate Homeland Security and
Governmental Affairs Committee
724 Hart Senate Office Building
Washington, DC 20510

The Honorable Rob Portman
Ranking Member, Senate Homeland
Security and Governmental Affairs
Committee
448 Russell Senate Office Building
Washington, DC 20510

Dear Chair Peters and Ranking Member Portman:

The undersigned members of the Consortium for Constituents with Disabilities (CCD) Long-Term Services and Supports (LTSS) Task Force write in support of the *Recognizing the Role of Direct Support Professionals Act (S. 1437)*, which would require the Office of Management and Budget (OMB) to revise the Standard Occupational Classification (SOC) system to create a distinct classification for direct support professionals (DSPs). We urge you to schedule S. 1437 for a markup in the Homeland Security and Governmental Affairs Committee.

CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society. The LTSS Task Force focuses on ensuring that people with disabilities and aging adults have access to the LTSS, particularly Home and Community Based Services (HCBS), they need to live, work, and participate in their communities.

The creation of an occupational classification for DSPs is a necessary first step in addressing a decades-long workforce crisis that threatens individuals with disabilities' access to critical supports and services through the Medicaid HCBS program. The HCBS program supports individuals with disabilities to live full and independent lives in the community. The backbone of these services are the DSPs who not only provide essential caregiving services, but also promote independence and community inclusion through services that range from coaching and career development to assistance in pursuing personal goals and aiding activities of daily living, such as meal preparation, medication management, and supporting communication.

The supports provided through the Medicaid HCBS are threatened by a longstanding workforce crisis that has only been exacerbated by the COVID-19 pandemic. According to the most recent Staff Stability Survey conducted by National Core Indicators® Intellectual and Developmental

Disabilities (NCI), the national turnover rate among DSPs is approximately 44%, but ranges as high as 79.5% in some states.¹ In addition, vacancy rates for DSPs have increased from 8.5% in 2019 to 12.3% in 2020—a roughly 45% increase.

The loss of DSPs across the field has left many individuals without stable access to home and community-based supports. In fact, a 2021 survey of community providers across the country indicated that the devastating impacts of the COVID-19 pandemic and continued exodus of DSPs from the field have forced providers to stop accepting new referrals, delay the implementation of new programs and, in too many instances, shutter existing services altogether.² As a result, individuals with disabilities are left without consistent access to critical support and at a higher risk for hospitalization and institutionalization.³

The current occupational classification system directly impacts state and federal agencies' Medicaid HCBS policy decisions, including the determination of payment rates, which has negative longstanding effects on the retention and recruitment for the DSP workforce. Under the Medicaid HCBS system, each state is responsible for demonstrating that payment for home- and community-based services is consistent with efficiency, economy, and quality of care and sufficient to enlist enough providers. To demonstrate compliance with this standard, most states use SOC codes to determine DSP wages. And unlike other industries where employers can raise employee wages and offset costs, employers in the Medicaid HCBS program are bound by these rates—meaning DSPs are uniquely impacted by the SOC or lack thereof.

Since there is no DSP SOC, states blend a variety of current and retired SOC codes in an attempt to account for the wide array of DSP activities.⁴ For example, states may cherry pick from current classifications blending an array of codes such as Personal Care Aides, Home Health Aides, and even Recreation Workers. This has led to further inconsistency in DSP wage trends. A unique SOC for DSPs will aid in the retention of DSPs by providing a foundation for rate-setting and stabilizing wages.

The lack of a specific SOC for DSPs also impairs data collection. There is currently no mechanism to comprehensively collect employment and wage data specifically for DSPs. Without comprehensive data, the totality of the workforce crisis cannot be properly assessed. By designating the DSP as its own SOC, the U.S. Bureau of Labor Statistics will be able to more accurately capture employment and wage data specific to the profession, which will in turn assist federal and state policymakers to inform and impact future policy. A new SOC for DSPs will also assist in the professionalization of the DSP workforce, thereby increasing retention of DSPs. The current classification system falls short of adequately

¹ National Core Indicators Intellectual and Developmental Disabilities 2020 Staff Stability Survey, available at https://www.nationalcoreindicators.org/upload/core-indicators/2020StaffStabilitySurveyReport_FINAL.pdf.

² American Network of Community Options & Resources, *The State of America's Direct Support Workforce 2021*, available at https://www.ancor.org/sites/default/files/the_state_of_americas_direct_support_workforce_crisis_2021.pdf.

³ Dan Goldberg, POLITICO, 'People Will Die Waiting': America's System for the Disabled is Nearing Collapse (Aug. 10, 2022) <https://www.politico.com/news/2022/08/10/americas-system-for-the-disabled-is-nearing-collapse-00050713>.

⁴ Health Management Associates, *Review of States' Approaches to Establishing Wage Assumptions for Direct Support Professionals When Setting I/DD Provider Rates*, July 6, 2022.

capturing the complexity of the role DSPs play in the lives of the people they support. The closest current proxy classification for DSPs is Home Health Aides and Personal Care Aides. However, this merged classification does not encompass the full and unique spectrum of work performed by DSPs. For example, it does not capture the role DSPs fulfill in supporting community integration, person-centered goal setting, vocational or career planning, or in empowering and advocating for the individuals supported.

The Medicaid HCBS program has grown exponentially since its inception 40 years ago and plays a critical role in ensuring people can be supported in their homes and communities. However, absent the necessary policy changes to sustain the DSP workforce, Medicaid HCBS programs will continue to fail to reach everyone in need. We urge you to support S. 1437 to address the ongoing DSP workforce crisis by elevating the DSP profession and ensuring there is adequate data collection to inform future policymaking. Please support the creation of a standard occupational classification for DSPs.

Thank you for your consideration of this issue. For questions, please contact Elise Aguilar, Director of Advocacy at ANCOR, at eaguilar@ancor.org.

Sincerely,

American Association on Health and Disability
American Network of Community Options and Resources (ANCOR)
Association of People Supporting Employment First (APSE)
The Arc of the United States
Association of University Centers on Disabilities
Autism Society of America
Autism Speaks
Autistic Self Advocacy Network
Caring Across Generations
CommunicationFIRST
Cure SMA
Easterseals
Epilepsy Foundation
Family Voices
Lakeshore Foundation
National Alliance for Direct Support Professionals, Inc.
National Association of State Directors of Developmental Disabilities Services (NASDDDS)
National Association of State Head Injury Administrators
The Viscardi Center