



**To:** Chair Patty Murray and Ranking Member Richard Burr, Health, Education, Labor and Pensions (HELP) Committee

**From:** Doris Parfaite-Claude, Federal Advocacy and Research Manager, ANCOR

**Subject:** Stakeholder feedback on workforce policies.

**Date:** April 8, 2021

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In response to the Senate HELP Committee's request for feedback on workforce policies, the American Network for Community Options and Resources (ANCOR) has drafted some preliminary thoughts for your consideration as you begin to draft legislation.

ANCOR is a national, nonprofit trade association representing more than 1,600 private community providers of services to people with disabilities who are funded almost exclusively by Medicaid, particularly the HCBS program. Combined, we support over one million individuals with intellectual / developmental disabilities (I/DD), and work to shape policy, share solutions and strengthen community. The Direct Support Professionals (DSPs) our members employ have been on the frontlines of the pandemic. DSPs help people with I/DD remain safe at home rather than in congregate settings where they are more likely to contract COVID-19, by assisting with essential tasks such as grocery shopping, daily hygiene and making good health decisions.

We will be happy to give more details on the workforce policy recommendations below as your drafting process unfolds. Please contact Sarah Meek, Senior Director for Legislative Affairs, at [smeek@ancor.org](mailto:smeek@ancor.org) if you have any questions.

*1. How to enhance or improve workforce training in direct relation to the COVID-19 pandemic and economic recovery, including ways to address workforce needs of the health care and public health sectors;*

Based on conversations we had with our members, during the pandemic the DSP workforce would benefit from the development of best practices or training on topics such as:

- How to minimize risk of contagion when the intimate nature of some tasks (e.g. daily hygiene) do not allow for physical distancing.
- How to alleviate mental health concerns for people with I/DD who might not understand social distancing measures and struggle with isolation.
- How to craft person-centered and meaningful virtual content.
- How to use new telehealth and other virtual technologies (within the framework of what is allowed under Medicaid or under COVID-19 emergency waivers).
- Training to increase cultural competency within the DSP workforce (e.g. helping immigrant DSPs learn English, helping native DSPs address the needs of an increasingly linguistically and culturally diverse population). Obtaining trust is a critical part of the work of a DSP that became even more essential during the pandemic.

Organization leadership would benefit from workforce-related training and best practices on:

- Organizing the testing and vaccination of large groups of staff and individuals supported.
- Ensuring the stability of supports as COVID-19 cases occur among staff and individuals, as quarantine, etc. procedures reduce availability of staff.
- Maintaining virtual cultures in their organizations.
- Ensuring compliance with staff, individual, etc. privacy protections in an increasingly virtual world.

Additionally, because of a [chronic recruitment and retention crisis](#) within the DSP workforce, training is a significant cost component for Medicaid disability providers – training a new DSP can cost between \$3,000 to \$5,000 per DSP, and turnover occurs most often in the first six months. We encourage the Committee to consider creating funding streams that could address this in future health crises, when decreased revenue and other additional expenses will further strain an already vulnerable branch of the Medicaid safety net.

*2. Ways to develop, modernize, and diversify the national apprenticeship system, including innovative approaches such as youth apprenticeship and pre-apprenticeship;*

ANCOR is actively developing, in partnership with the office of Senator Gillibrand, proposals to strengthen the DSP workforce. We encourage the HELP committee to reach out to Gil Ruiz on her staff to potentially collaborate. Specific to apprenticeship programs, these proposals include:

- Re-aligning / diversifying existing state registered apprenticeships, dislocated worker, and / or community/economic development programs to leverage employment opportunities in the DSP field, or collaborate with job placement centers to direct unemployed workers to providers. Programs would place a special emphasis on recruiting underemployed populations (e.g. people with disabilities, communities of color, veterans, older Americans, at-risk students, etc.).
  - For example, an ANCOR member state association in Ohio created a program in partnership with school districts which recruited students at risk of dropping out to work part-time as DSPs. Upon graduation, they received a job offer. All recruited students graduated from high school.
- Fostering partnerships between institutions of higher learning and Medicaid disability providers – e.g. externship programs, programs akin to [legal clinics](#) but tailored to the DSP workforce, etc.

### 3. Strategies to encourage innovation to address worker and industry needs.

Key challenges to innovation in recruitment and retention in disability supports include fixed, non-negotiable Medicaid rates that limit how much providers can spend on staff, and a regulatory framework that, while being important to preserving the safety and well-being of individuals, can also be a barrier because of red tape. In addition to the apprenticeship programs mentioned above, we encourage the HELP Committee to consider grants and pilot programs that would incentivize states to:

- Allow more flexibility in how much DSPs in training can do while awaiting their background checks. Due to a backlog at the Federal Bureau of Investigations, it can take months for DSPs to be cleared, during which time in many states they can only be trained or perform job shadowing.
- Recruit older workers who might otherwise retire with incentives such as tax deductions or flexible schedules, as well as people with disabilities who have the skills to perform the work but might not meet regulatory requirements such as having a GED.
- Explore the feasibility of exempting certain non-violent returning citizens who have completed their prison sentences and probation periods.
- Pay family caregivers. Family caregivers often experience greater poverty because their caregiving work limits their ability to participate in the labor market. Paying them would both reduce strain on the fragile Medicaid disability supports system while ensuring greater financial equity for this population.
- Study processes and technologies that have been successful in other areas (such as telehealth in Medicare) and apply them in disability supports. Due to the overall national shrinking of the labor pool, investing in technology will be essential to ensuring DSPs are physically present where they are most needed.
- Engage Workforce Investment Boards to invest in direct care services by subsidizing certain trainings, etc.

We elaborate more on most of these solutions in our [workforce crisis report](#), and are happy to provide more information if any of these ideas seem promising to you.