

## DIRECT SUPPORT PROFESSIONALS (DSP) THINK TANK RECOMMENDATIONS

### Executive Summary and Recommendations

In February 2022, the U.S. Department of Labor’s Office of Disability Employment Policy and its LEAD Center convened a Think Tank of national experts to identify and make recommendations regarding challenges faced by the Direct Support Professional (DSP) workforce and possible federal actions that could mitigate the challenges. **DSPs** are skilled professionals who support people with disabilities to attain and retain employment. They may serve as job coaches who provide direct employer assistance and other services such as help with daily living activities when needed.

The event covered four topics:

- *DSP Career Pathways and Training;*
- *Professionalization of DSPs as a Distinct Occupation;*
- *Enhancing Wages and Benefits; and*
- *DSPs as a Career Path for People with Disabilities.*

In preparation for the Think Tank, the LEAD Center drafted a report, *Valuing Women’s Direct Care Work* (attached on page 3) that helped to frame the conversation about these topics by discussing current policies programs, practices, proposals, and activities. What follows is a summary of the recommendations from individual participants that emerged from that conversation.

Think Tank Experts recommended the following strategies for action in response to the question: “*How Could Federal Departments Address the DSP Crisis?*”

<u><a href="#">DSP Career Pathways and Training</a></u>
<b>Recommended Actions</b>
Develop policy guidance that identifies minimum requirements for competency-based credentialing for different categories of DSPs to ensure that competency-based credentialing is consistent across and within states.
Explore restructuring of Medicaid reimbursement rates to reflect credential-based pay for DSPs and to support state investments in training and career pathways.
<u><a href="#">Professionalization of DSPs as a Distinct Occupation</a></u>
<b>Recommended Actions</b>

Differentiate and standardize occupational categories that are similar to and/or overlap with DSP work (e.g., home health aides) to improve data quality.

- Decide whether to categorize DSPs as a distinct primary category (either with or without subcategories) or as a subcategory of another primary category (e.g., direct care workers).
- Integrate DSP occupation tracking into federal systems and data collections (e.g., SOC, O\*NET, OEWS) to improve accuracy of DSP workforce data.

### DSP Wages and Benefits

#### **Recommended Actions**

Ensure that standards for state reimbursement rates support adequate wages and benefits, differentiation of wages by specialization, and a pay scale based on levels of training and experience. Standards for state reimbursement rates should also leverage existing legislative and regulatory authority to affect how programs operate, and encourage state and corporate cooperation.

Support DSP unionization, where needed, to improve wages, working conditions, and staff turnover.

- Provide guidance to states on accommodating unionization of DSPs and the benefits thereof, including in consumer-directed services.
- Increase engagement with DSPs and inform relevant groups on paths to unionization.

Improve DSP job quality in consumer-directed services.

- Expand employers-of-record systems such as the public authority model to promote collective bargaining for DSPs and provide them with additional supports and protections.
- Encourage improved state standards and provide training for consumers of self-directed services on their role as employers in achieving their personal goals while creating a supportive working environment for their DSPs.

### DSP as a Career Path for People with Disabilities

#### **Recommended Actions**

Create, invest in, and promote/disseminate models that support existing and aspiring DSPs with disabilities.

Disseminate resources/information about successes, and support research and pilot projects in which people with disabilities successfully enter and advance in DSP careers.

Clarify how existing funding sources can be used to support DSPs with disabilities.

- For example, develop guidance identifying best practices to increase the efficacy of funding and quality of programs using braiding and blending of resources across programs such as Medicaid and workforce development.
- Encourage braiding and blending by state- and local-level entities, including pilot projects that can inform future policies and efforts.

Eliminate rules, service definitions, and requirements that create barriers for people with disabilities becoming DSPs (e.g., the ability to lift a certain amount of weight either when it is not required for all clients or where lifting could be accomplished using mechanical assistance). Replace criteria-based requirements with competency-based requirements.

Develop a national campaign about employment for people with disabilities in the DSP profession to recruit, train, and expand the DSP workforce, raising awareness about the need for and value of DSPs.

Permit reimbursement at regular rates for remote DSP services on a permanent basis where appropriate (e.g., job and life coaching and providing clients with daily reminders).

# Valuing Women's Direct Care Work



July, 2022

## **“Women’s Work” in Direct Care Provision is in Critical Need Yet Increasingly Underpaid**

A nationwide shortage of direct care workers adversely affects millions of workers, people who urgently need services, and employers. [Of the 4.6 million direct care workers in the US, 87% are women and 53% are women of color.](#) They are skilled professionals who address a wide variety of critical areas including helping people with disabilities attain and retain employment. They may serve as job coaches and, depending upon people’s needs, provide ongoing training and support, in addition to direct employer assistance and other services such as help with daily living activities.

The labor shortage is a result of [chronically high staff turnover rates, low wages and benefits, barriers to collective bargaining, surges in demand due to COVID-19](#), and a [history of racism and sexism that has led to the direct care segment of the care economy being undervalued](#). Wages remain low with the median hourly wage at [\\$13.56](#) in 2020. [Nearly half of direct care workers live in poverty and rely on some form of public assistance such as Medicaid and the Supplemental Nutrition Assistance Program \(SNAP\).](#) Despite high and growing demand for direct care workers, women working in low-paying healthcare jobs have made [little to no gains in real wages since 2000](#).

In response to the crisis, a convergence of political will and outcries over shortages in services have spurred new legislation, notable innovative practices, and, potentially, significant new public investments. All of these opportunities aim to increase the availability and quality of direct service provision.

## **Framing Possible Solutions**

Several key questions serve to focus attention on direct care occupations. We must ask what strategies and practices hold the best promise for making direct care occupations more stable, attractive, well-staffed, and skilled. Moreover, we must understand how increasing skills and job quality—including higher wages, benefits, safety, and economic mobility—can be achieved. Thus, evidence points to a need for further exploration of the following questions:

- a) [How can training and career pathways be improved?](#)
- b) [What will facilitate professionalization?](#)
- c) [What are the avenues for setting and raising standards for pay, benefits, and working conditions?](#)
- d) [How can people with disabilities be supported to enter direct care professions in customized and competitive jobs?](#)

Framing this memo with questions encourages us to continue learning as we identify promising practices and policies.

Below we provide current, corresponding actions, policies, and/or practices as well as supporting evidence related to these four probing questions. We focus specific attention on Direct Support Professionals (DSPs) as a subset of the direct care workforce, with approximately [1.3 million workers](#) nationally, who support people with disabilities.

### Strategy I: Expanding and Improving Training and Career Pathways for DSPs

*Improved training and career pathways will lead to higher-quality care for clients, prepare workers for movement upward in their career pathways, and, in some instances, modestly improve wages.*

#### Setting the Stage: The Current Situation

1. The DSP profession, while largely entry-level, requires a wide range of skills that are transferable to other care-related sectors.
2. The DSP position can be a starting point for a career pathway for many occupations including childcare worker, physical and occupational therapist, social worker, registered nurse, or dental hygienist.
3. Job training for DSPs varies widely depending on the position, employer, and location. Some employers provide training and/or require certifications. Agencies that manage consumer-directed services, such as in-home support services, may offer and/or require skills trainings. Some consumers train DSPs directly. Several organizations offer their own certification and training programs.
4. Apprenticeships can improve job quality and wage outcomes, though few programs exist. Trainees learn while being paid in [Tennessee](#), [Maryland](#), and [Alaska](#) apprenticeship programs, some resulting in \$2-3/hour wage gains after completion of the programs.

#### What's Happening: Policies, Programs, and Proposals

1. The [Administration for Community Living \(ACL\)](#) announced it will spend \$150 million to “increase the public health workforce’s disability and aging expertise” and “directly support wages and benefits for public health professionals within the disability and aging networks.” (November 10, 2021).
2. California will launch an [In-Home Supportive Services Career Pathways Program](#) in late 2022. The program will incentivize DSP participation by paying those who attend the training and meet certain benchmark criteria.
3. The Build Back Better Act included several items that would have supported DSP workforce development. (See the [House Rules Committee's Section-by-Section summary](#)).

#### Food for Thought: Potential Policy Recommendations

- Invest in and implement DSP training and establish skill standards.
- Expand DSP apprenticeships and certification programs.
- Intentionally and explicitly value credentialing and skill development. Ensure that mechanisms for wage gains are commensurate with skill gains.
- Encourage states to develop and implement DSP career pathways programs.

- Advocate for training and career pathway development in existing workplaces and programs, specifically those with little or no formal training or opportunities for career development.
- Develop informational resources on career pathways for current or potential DSPs. Include an array of healthcare jobs with good pay and benefits. Distribute these resources widely.

### Strategy II: Facilitating DSP Professionalization Through Improved Data Collection

*Creating a distinct job category for DSPs could improve available data on the DSP workforce. This in turn can expand data analysis that supports DSP workforce development efforts and, by extension, strengthens DSP career pathways.*

#### Setting the Stage: The Current Situation

1. States and organizations use several standard occupational codes (SOC) for DSPs, making it difficult to gather consistent data across states for similar jobs.
2. Bureau of Labor Statistic reports classify DSPs as Personal Care Assistants or Home Health Aides. These classifications do not adequately represent specialized DSP skill requirements. ([NADSP, 2020](#))
3. Nineteen percent of caregivers serving someone over the age of 18 provide unpaid care. As such, they are not represented in formal employment data. ([AARP, 2020](#))

#### What's Happening: Policies, Programs, and Proposals

1. The [Recognizing the Role of Direct Support Professionals Act \(S.1437\)](#) was introduced in the 2021 –2022 session of Congress. This bi-partisan legislation, if enacted, will require the U.S. Bureau of Labor Statistics (BLS) to revise the Standard Occupational Classification to establish a separate code for DSPs.

#### Food for Thought: Potential Policy Recommendation

- Consider developing a SOC classification for DSPs that aligns with their skills, knowledge, and abilities. A specific DSP classification would allow DOL to gather data on workforce trends.
- Improved data is needed to track what is happening in this field and make informed decisions.

### Strategy III: Setting and Raising Standards for DSP Job Quality, Pay, and Benefits

*Fair pay, benefits, and career advancement opportunities will increase job quality, decrease employee turnover, and reduce poverty, thereby reducing the need for public subsidies for DSPs. Enforcing employment standards and supporting the conditions which enable collective bargaining in all states will improve job quality. Higher quality DSP jobs can help alleviate the current labor supply crisis by attracting more people to care professions, thereby expanding the labor pool.*

#### Setting the Stage: The Current Situation

1. DSP wages are low:
  - a. A 2020 [analysis by the Paraprofessional Healthcare Institute \(PHI\)](#) shows that “direct care worker median wage is lower than the median wage for other

occupations with similar entry-level requirements, such as janitors, retail salespersons, and customer service representatives” by between \$1.15 and \$4.67/hour.

- b. [State median wages for home care workers](#) ranged from \$9.05 to \$16.66 per hour in 2020, with a national median of [\\$13.56](#). Most DSPs are paid through Medicaid-funded programs and rates vary. Many DSPs themselves qualify for Medicaid and other government assistance, such as SNAP.
  - c. In 2015, DOL extended federal minimum wage (\$7.25) and overtime pay protections of the [Fair Labor Standards Act](#) to most direct care workers.
2. [Fourteen states have a DSP unionized workforce](#). Some states, including Massachusetts, Michigan, Missouri, Oregon, and Washington, use the Public Authority model [started in California](#), either at the county or state level, whereby public agencies serve as employers of record for direct care workers. Unions negotiate with their relevant Public Authority. Other states, including Illinois and Ohio, do not employ the Public Authority model and instead use other designs for negotiations between a DSP worker union and the state.

### What’s Happening: Policies, Programs, and Proposals

1. President Biden’s [Executive Order on Worker Organizing and Empowerment](#) encourages worker organizing and collective bargaining. The Executive Order highlights sectors of the economy and workers who have not historically been able to unionize, or whose ability to effectively collectively bargain or organize has been undermined, which often applies to the DSP workforce. Union membership [increases wages](#), increases the likelihood of receiving employer-provided [health benefits](#), and decreases use of [public benefits](#).
2. The [Raise the Wage Act of 2021 \(S.53\)](#) seeks a federal minimum wage increase to \$9.50 per hour in the first year and to \$15.00 per hour progressively over a period of 5 years.
3. The [Better Care Better Jobs Act \(S.2210\)](#), a bill introduced in the 2021–2022 session of Congress, would raise federal reimbursement rates for HCBS and other relevant Medicaid services. Among its other benefits, this bill would invest in training and expanding the home-care workforce, including DSPs.
4. A federal [Domestic Worker Bill of Rights Act \(H.R. 4826\)](#) was introduced in the House of Representatives in July, 2021, and as of March 29, 2022 has 123 cosponsors.

### Food for Thought: Potential Policy Recommendations

- Increase DSP wages through broad legislation (e.g., raising the minimum wage), targeted policies (e.g., for Medicaid reimbursement rates), and/or other means. Support DSP wage increases as experience and skill levels increase.
- Improve benefits, worker protections, and labor law enforcement (e.g., sick days, meal and rest breaks, and occupational health and safety) for DSPs. Address structural barriers to worker protections, for example in jobs where DSPs are classified as independent contractors.

- Support unionization and collective bargaining for DSPs.
- Expand the Public Authority model for consumer-directed services to more states, where agencies serve as employers-of-record; which allows for collective bargaining of wages, benefits and more; and provides additional services to DSPs and their clients.
- Highlight the many career opportunities available to DSPs, both by showing the range of DSP jobs and by emphasizing that becoming a DSP can be a starting point for multiple career paths (e.g., in healthcare, social services, career/rehabilitation counseling or human services management).

#### Strategy IV: Supporting People with Disabilities to Enter the DSP Profession in Customized and Competitive Jobs

*People with disabilities can work as DSPs. Increased training opportunities, targeted grants, partnerships with disability-related employment groups, customized employment, expanded worker protections, and access to reasonable accommodations, could increase the number of people with disabilities employed as DSPs.*

#### Setting the Stage: The Current Situation

1. Many people with disabilities can work as DSPs using customized employment and/or reasonable accommodations. Aspects of the job, such as one-on-one or small group support, may be desirable for some potential workers with disabilities.

#### What's Happening: Policies, Programs, and Proposals

1. Revitalizing Community Membership (RCM) of Washington, Inc. operates a [DSP Academy](#) that trains people with disabilities for DSP jobs. RCM provides employment, community living and nursing services to the community and hires Academy graduates.
2. DOL operates the [Office of Disability Employment Policy Alliance Program](#) for organizations committed to improving disability workplace practices and policies to increase recruiting, hiring, advancing, and retaining workers with disabilities. The Program partnered with the National Organizations of Nurses with Disabilities to share expertise and information on hiring, advancing, and retaining healthcare professionals with disabilities.
3. The Job Accommodation Network's [Accommodating Employees in Health Care Fields](#) and [Accommodating Nurses with Disabilities](#) provide information about DSP-related duties and accommodations.

#### Food for Thought: Potential Policy Recommendations

- Expand training and apprenticeship programs for people with disabilities to become DSPs. State governments can build partnerships with community organizations and employers to do so.
- Emphasize training people with disabilities through DSP career pathways programs that provide paths to related industries (e.g., health care or social services).
- Emphasize outreach and training for people with disabilities in workforce development initiatives that target demographic groups with above-average reported



rates of disability (e.g., older workers, low-income groups, women and communities of color).

- In the case of consumer-directed services and other services, share information on any accommodations that may be needed by the DSPs with disabilities.