



March 20, 2023

Bernard Sanders	Bill Cassidy, M.D.
Chair	Ranking Member
Senate HELP	Committee Senate HELP Committee

Dear Chair Sanders and Ranking-Member Cassidy,

On behalf of the Consortium for Constituents with Disabilities (CCD) Long-Term Services and Supports (LTSS) Task Force, the undersigned co-chairs thank you for the opportunity to respond to your recent request to stakeholders on healthcare workforce shortages.

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 free from racism, ableism, sexism, and xenophobia, as well as LGBTQ+ based discrimination and religious intolerance. 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.

Although this letter details recognition and recommendations specific to the direct care workforce crisis and its impact on LTSS, CCD is also separately submitting comments which focus on areas in which the health care workforce shortage has impacted veterans with disabilities through the CCD Veterans Task Force.

The Crisis in the Direct Care Workforce

Many Americans with disabilities and older adults rely on direct care workers, a defined field within the broader healthcare workforce that provides assistance with activities of daily living and support for community integration and inclusion. This includes a wide range of individualized services from support with showering, dressing, and eating to support maintaining relationships, building decision-making skills, and finding and maintaining employment. Direct care workers provide these services and supports in a range of settings, though older adults and people with disabilities primarily receive these services at home or in the community through the Medicaid Home and Community Based Services (HCBS) program.

Medicaid is the primary payor for these services which are not covered by Medicare or private health insurance.

There is, and has been for many decades, a direct care workforce crisis due in large part to stagnant reimbursement rates and the inability of providers to offer wages that enable them to compete with industries offering entry-level positions, such as fast-food restaurants or retail and convenience stores. This crisis is one of the greatest barriers to accessing LTSS. The effects of underinvestment in the direct care workforce can be seen in turnover rates of approximately 44% nationally.¹ With the onset of COVID-19, new pressures and hazards of providing essential, close-contact services further exacerbated and accelerated the workforce crisis with full-time vacancy rates rising to 16.5% in 2021—a roughly 94% increase from 2019.

Without sufficient staffing, providers have been forced to close programs and reject referrals. A recent survey of community-based providers² found that 83% of providers are turning away new referrals, 92% of providers are struggling to achieve quality standards, and 71% of case managers are struggling to find available providers to connect families with services. As a direct consequence of the workforce crisis, 63% of providers are discontinuing programs and services now with 55% of providers considering additional service discontinuations at the current rate of turnover and vacancy. This represents a staggering 85.3% increase in service closures since the beginning of the COVID-19 pandemic.

The preexisting workforce crisis will only be worsened with the termination of the public health emergency, which will phase out increased federal Medicaid funding generally and end the regulatory flexibilities that states have relied on to ensure continued access to home and community-based services. In addition, states face a spending deadline of March 2025 for the additional temporary HCBS funding authorized by the American Rescue Plan Act (ARPA). This confluence of events creates a perfect storm, risking access to HCBS and leaving individuals with disabilities without consistent access to critical support and at a higher risk for hospitalization and institutionalization.

Recommendations to Address the Direct Care Workforce Crisis

The LTSS taskforce urges Congress to consider legislation to address the direct care workforce crisis and its impact on access to services and supports, including:

Career Pipelines for Direct Care Workers

¹ *2021 State of the Workforce Survey Report*. Alexandria, VA: National Core Indicators, 2021 available at <https://idd.nationalcoreindicators.org/wp-content/uploads/2023/02/2021StateoftheWorkforceReport-20230209.pdf>

² *The State of America's Direct Support Workforce 2022*, Alexandria, VA: ANCOR, 2022 available at <https://www.ancor.org/resources/the-state-of-americas-direct-support-workforce-crisis-2022/>

The demand for direct care workers is rapidly increasing more than any other single occupation in the country. The direct care workforce added nearly 1.5 million new jobs from 2011 to 2021 and the need is projected to increase by another 1.2 million new jobs from 2020 to 2030.³ It is crucial that Congress authorizes funding to support the recruitment, training, and retention of the direct care workforce, and creates a true pipeline for direct support workers, peer support workers, and community health workers.

Investments in the Direct Care Workforce Infrastructure

Federal investments, whether through grants or increases in the Medicaid federal matching percentage (FMAP), are necessary to addressing and stabilizing the direct care workforce crisis and its impact on access to HCBS. Almost every state is reliant on HCBS funding authorized through ARPA to address the impact of the workforce crisis and faces a service and fiscal cliff with the expiration of those funds. We support the Committee's attention to the need for greater investment in the workforce.

The CCD LTSS Task Force is also working with offices on several proposals that fall outside this Committee's jurisdiction, such as the Better Care Better Jobs Act (S. 100) and the HCBS Access Act (S. 762), which include investments in the direct care workforce supporting HCBS.

Direct Care Workers and the Standard Occupational Classification System

The Standard Occupational Classification (SOC) system is the federal statistical standard used by federal agencies to classify workers into occupational categories and for collecting, calculating, or disseminating related data. The current SOC system directly impacts state and federal agencies' HCBS policy decisions impacting access and payment by providing workforce trend and wage data. Unfortunately, many critical direct care providers lack a SOC code that covers the work of their profession.

For example, there is no SOC code for Direct Support Professionals (DSP) supporting community engagement for people with disabilities and as a result, states blend a variety of current and retired SOCs in an attempt to account for the wide array of DSP activities. We urge support for legislation which would direct the Office of Management and Budget to establish a separate category within the SOC system for direct care workers, such as *The Standard Occupational Classification for Direct Support Professionals Act* which is anticipated to be reintroduced later this year.

We appreciate the bipartisan focus to address the health care workforce shortage and urge legislation to address the direct care workforce crisis. We look forward to continuing to work with you on policies to strengthen and ensure access to LTSS.

³ *Direct Care Workers in the United States: Key Facts*. New York: PHI, 2022 available at <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

Sincerely,

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