



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

U.S. SENATE SPECIAL COMMITTEE ON AGING
Uplifting Families, Workers, and Older Adults: Supporting Communities of Care
Hearing Testimony
Thursday, March 9, 2023

Dear Chair Casey and Ranking Member Braun:

The undersigned co-chairs of the Consortium for Constituents with Disabilities (CCD) Long-Term Services and Supports (LTSS) Task Force thank you for the opportunity to provide testimony in support of this Committee's efforts to highlight the importance of the Medicaid Home and Community Based Services (HCBS) program.

The Consortium for Constituents with Disabilities (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.

The supports provided through the Medicaid HCBS program are threatened by a longstanding workforce crisis that has only been exacerbated by the COVID-19 pandemic. With direct support professionals earning a median hourly wage of \$14.50¹, community-based service providers are struggling to compete for labor against other industries such as convenience stores, retail, and fast food. Unlike other businesses that were able to quickly adapt to the pandemic economy by offering increased wages and hazard pay, community providers remain primarily reliant on state-determined Medicaid reimbursement rates and often have not had these options.

The resulting exodus of direct support professionals from the field has left beneficiaries without consistent access to critical support and at a higher risk for hospitalization and institutionalization. For example, a 2022 survey of community-based disability service providers

¹ National Core Indicators, *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>

confirms the negative impacts of high turnover on access to services.² The survey found that 83% of providers are turning away new referrals and 63% of providers are discontinuing programs and services—an 85.3% increase since the beginning of the pandemic. With providers increasingly finding themselves in the position of discontinuing certain programs or closing their doors altogether, it is clear the workforce crisis has reached the tipping point of denying access to services.

The preexisting workforce crisis will only be worsened with the termination of the public health emergency, which will phase out the increased federal Medicaid funding generally and allowed for regulatory flexibilities that states have relied on to ensure continued access to home and community-based services. The increased funding will soon end, as will the regulatory flexibilities. In addition, states face a spending deadline of March 2024 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.

The LTSS taskforce urges Congress to pass legislation to address the direct care workforce crisis including:

- **Recognizing the Role of Direct Support Professionals Act** - This bill would direct the Office of Management and Budget to establish a separate category within the Standard Occupational Classification (SOC) system for direct support professionals (i.e., individuals who provide services to promote independence in individuals with a disability) for data reporting purposes. The lack of an SOC is problematic because SOCs are heavily used to inform policy-making. SOCs are used to help all levels of government (local, state, federal) identify employment trends and design policies including: state rate setting for Medicaid supports, investment decisions by Workforce Investment Bureaus, and targeted recruitment programs. The current classification does not reflect the true nature of DSP work, preventing policy-makers from making the most informed decisions in these areas.
- **Better Care Better Jobs Act (S. 100)** -The Better Care Better Jobs Act would provide a much needed investment in HCBS, including investing in the direct care workforce by: addressing insufficient payment rates; increasing the availability of personal care services; expanding access to community-based behavioral health services; providing support to family caregivers; improving coordination of HCBS with housing, transportation, and employment supports; and permanently reauthorizing Money Follows the Person and HCBS spousal impoverishment protections.
- **HCBS Access Act** - HAA would address institutional bias in the Medicaid program and place community-based services on equal footing with nursing facility services by making HCBS a mandatory Medicaid benefit. People with disabilities and older adults eligible for services in their own homes and communities often must wait on years-long

² Am. Network of Cmty. Options & Res., *The State of America's Direct Support Workforce 2022*, available at <https://www.ancor.org/resources/the-state-of-americas-direct-support-workforce-crisis-2022/>.

waitlists for HCBS. HAA would ensure people with disabilities and older adults receive the services they need to avoid unnecessary institutional services and remain in their communities.

We appreciate the Committee's focus on highlighting the direct care workforce crisis. We look forward to continuing to work with members of this Committee on policies to strengthen the direct care workforce and ensure access to HCBS.

Sincerely,

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