



August 12, 2024

Richard L. Revesz
Administrator
Office of Information and Regulatory Affairs
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

RE: Standard Occupational Classification (SOC)—Updates for 2028 *Docket ID BLS-2024-0001*

Dear Administrator Revesz:

The American Network of Community Options and Resources (ANCOR) writes in response to the notice of solicitation for comments as the Standard Occupational Classification Policy Committee (SOCPC) begins its review of the 2018 Standard Occupational Classification (SOC) Manual for potential revisions. We appreciate the opportunity to provide input to the SOCPC, especially as it relates to this agency's invitation for comments detailing the need for new occupations or occupational groups for care workers. It is crucial that revisions to the 2018 SOC Manual include the creation of a new occupational code for direct support professionals (DSPs).

Founded more than 50 years ago, ANCOR is a national, nonprofit association representing more than 2,500 private community-based providers of long-term services and supports to people with intellectual and developmental disabilities (I/DD), as well as 62 state provider associations. Combined, our members support more than one million individuals with I/DD across their lifespan and are funded almost exclusively by Medicaid. Our mission is to advance the ability of our members to support people with I/DD to fully participate in their communities.

ANCOR supports the creation of a new occupational code for DSPs to ensure accurate data collection of this critical and rapidly growing workforce. Creation of an occupational code will further the goal of the SOC, ensuring consistency and comparability among federal agencies and data collection systems. Moreover, the resulting data is necessary for providing clear metrics of workforce numbers and trends which will inform efforts to address an ongoing workforce shortage.

Given the focus of this SOPCPC, we limit our comments to respond directly to the prompts outlined in the guidance¹ as well as to offer a definition for direct support professional in the 2028 SOC Manual.

Reponses to the Input Requested by the SOPCPC

Occupation Title: The SOC Manual Should Include an Occupation Title for Direct Support Professionals

Individuals providing habilitation supports and services to enhance independence and community inclusion for people with I/DD are known as direct support professionals. Accordingly, the occupation title of Direct Support Professional should be included in the 2028 SOC Manual under the major category of Healthcare Support Occupations (31-0000).

Nature of the Work Performed: DSPs Provide Unique Supports for People with I/DD

DSPs perform work that is critical to supporting individuals with I/DD to live as fully and independently as possible in their communities. In doing so, DSPs help individuals with I/DD avoid unnecessary institutionalization and hospitalization. A DSP supports individuals through habilitation services,² meaning that a DSP not only provides any essential caregiving services, but also skill building supports, which promote independence and community inclusion through services that range from employment coaching and career development to assistance with relationship building and decision-making. As a joint report from the U.S. Department of Labor (DOL) and the U.S. Department of Health and Human Services (HHS) notes, DSPs “often help connect individuals to jobs, volunteer opportunities, friends, religious groups, and civic life, and may assist individuals with daily living tasks (if needed), and the implementation of therapeutic programs.”³

Relationship to Other SOC Occupations: DSPs Are Distinct from Other Healthcare Support Occupations

DSPs are distinguishable from the other occupations currently represented within the Healthcare Support Occupations category. The 2018 SOC Manual contains an occupational code for Home Health and Personal Care Aides (31-1120)—occupations

¹ U.S. Bureau of Labor Statistics, Revising the Standard Occupational Classification, https://www.bls.gov/soc/revising_the_standard_occupational_classification_2028.pdf (last visited July 31, 2024).

² Habilitation services are defined in federal statute as “services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community based settings.” 42 U.S.C. §1396n(c)(5).

³ U.S. Department of Labor & U.S. Department of Health & Human Services, Improving Data on the Workforce Delivering Home and Community-Based Services (2024), available at <https://aql.gov/sites/default/files/Direct%20Care%20Workforce/improving-hcbs-workforce-data-issue-brief.pdf> (Report published in response to Executive Order 14095, *Increasing Access to High-Quality Care and Supporting Caregivers*, which requires that “the Secretary of Labor and the Secretary of Health and Human Services shall . . . jointly conduct a review to identify gaps in knowledge about the home- and community-based workforce serving people with disabilities and older adults . . .” Exec. Order 14,095, 88 Fed. Reg. 24,669 (Apr. 21, 2023)) [hereinafter DOL/HHS Joint Report].

which may provide a similar, yet narrower, scope of supports as DSPs—but those occupational codes do not accurately capture the full array of activities performed by DSPs, nor do they capture the habilitative nature of the supports DSPs provide.

Unlike home health aides and personal care aides, which focus on supporting an individual’s physical needs through a medical model of supports, DSPs support people with I/DD in autonomous skill-development to live independently in their homes and communities. This approach centers on supporting people to make informed decisions about their own lives, developing and maintaining relationships, and experiencing community living and social participation. While DSPs may provide supports that resemble home health or personal care services, such as helping individuals with essential daily tasks, these activities are incidental to the provision of habilitation services and are approached as part of the larger scope of activities that centers on promoting independence and integration.

A DSP’s work is person-centered and individualized to the person being supported. DSPs help individuals with supports including but not limited to developing and implementing effective strategies to teach people new skills, helping to communicate with and use assistive technology devices, supporting individuals to find and retain jobs and work toward their personal career goals, and helping people connect socially and participate in recreation activities, education, cultural events, spiritual activities, and civic functions. Unlike home health and personal care aides, DSPs perform these tasks and activities in a variety of settings, which may change daily with the needs and interests of the person being supported. Just as both DOL and HHS have recently acknowledged that the role of a DSP is distinct from a home health aide or personal care aide,⁴ so too must the SOC Manual include a separate and distinct occupation title for DSPs.

Job Titles: A Distinct Occupational Title for DSPs Is Necessary for Accurate Data Collection

The inaccurate inclusion of DSPs into broader occupational categories points to the need for a discrete SOC for DSPs. For example, the Office of Disability Employment Policy notes that “DSPs are part of the broader workforce of Direct Care Workers (DCWs)”⁵ and a recent issue brief from HHS and DOL refers to “habilitation or rehabilitation aides” as alternative job titles for DSPs.⁶ While these titles accurately depict DSPs as part of a broader category of professionals, including those that provide habilitative services, they also underscore how easily DSP data can be inconsistently captured under multiple broad-reaching occupational titles due to the breadth of services offered by DSPs. An overly broad title risks pulling in other related, but distinct, occupations such as nursing assistants or physical therapists.

⁴ DOL/HHS Joint Report.

⁵ U.S. Department of Labor, Office of Disability Employment Policy, Direct Support Professionals (DSPs), <https://www.dol.gov/agencies/odep/program-areas/individuals/DSP> (last visited July 31, 2024).

⁶ DOL/HHS Joint Report.

DSPs need a specific occupational title to ensure data collection of those individuals providing community-based habilitation supports to people with I/DD is adequately and consistently captured. The danger of incorporating DSPs into other broader occupational categories is that it leads to inconsistent and inaccurate data collection—a result that directly undermines the purpose of the SOC. Further, inclusion of DSPs into different occupational categories has the impact of inaccurately capturing the total number of workers included in BLS’s employment data and can skew the reporting of employment metrics. According to BLS’s most recent national employment data, which tracks the occupations contained in the current SOC Manual, there are more than 3.6 million home health aides and personal care aides. Yet, it is unclear whether DSPs were included in this data set, or whether they were counted as a different healthcare support or other occupation.

It is likely that occupational data for DSPs is spread across a wide range of current occupational codes. A recent report that reviewed how states utilize the SOC system to determine wages for DSPs indicated there is wide variance in the occupational codes that states assign for DSP wage assumptions. Because there is no DSP SOC, the majority of states blend a variety of current and retired SOCs in an attempt to account for the wide array of DSP activities.⁷ Among the SOCs that states use to determine Medicaid payment rates include: Social and Human Service Assistants, Recreation Workers, Rehabilitation Counselors, Psychiatric Aides, Psychiatric Technicians, Medical Assistants, Residential Advisors, Passenger Vehicle Drivers, Physical Therapist Aide, Community and Social Services Specialist, and Healthcare Support Worker. This lack of consistency and coherence not only highlights the likelihood that DSPs are often miscategorized and only partially represented in existing codes, but also demonstrates the need for a SOC specific to DSPs.

Indications of the Number of Workers in the Occupation: DSPs Constitute a Growing Workforce

The lack of SOC presents challenges for accurate nationwide data collection of DSPs. The most robust data collection on the direct support workforce is the annual State of the Workforce Survey (Workforce Survey) published by the National Core Indicators® Intellectual and Developmental Disabilities (NCI®-IDD).⁸ However, there are limitations in reliance on this survey. For example, because the Workforce Survey is a voluntary sample survey completed most recently by only 29 states including the District of Columbia, it does not provide a comprehensive metric of the total number of DSPs. Similarly, because the Workforce Survey indicates that it relies on inconsistent methodologies with which states maintain their workforce data, direct comparisons across all states cannot be made.

⁷ Health Management Associates, *Review of States’ Approaches to Establishing Wage Assumptions for Direct Support Professionals When Setting I/DD Provider Rates* (July 6, 2022) available at <https://www.ancor.org/wp-content/uploads/2022/08/Review-of-States-Approaches-to-Establishing-Wage-Assumptions-for-Direct-Support-Professionals-When-Setting-IDD-Provider-Rates.pdf>.

⁸ National Core Indicators® Intellectual and Developmental Disabilities, *State of the Workforce 2022*, available at idd.nationalcoreindicators.org/wp-content/uploads/2024/02/ACCESSIBLE_2022NCI-IDDStateoftheWorkforceReport.pdf.

Yet even without a comprehensive mechanism to collect employment data on DSPs, it is clear that DSPs comprise a significant portion of the nation's workforce. In 2017, the President's Committee for People with Intellectual Disabilities estimated that DSPs provided supports to more than 1.4 million individuals with I/DD across the country who were receiving or were waiting to receive long-term services and supports through a state agency, and also estimated that "[m]ore than 4.5 million people do the work of direct support."⁹ And these numbers will only continue to rise. As the U.S. Bureau of Labor Statistics (BLS) reports, the health care and social assistance sector is expected to grow the most rapidly of any job sector in the country, with projections indicating that it will constitute about 45 percent of all the projected job gains from 2022 to 2032.¹⁰

Yet despite this rapid growth, there is currently no way to comprehensively collect data specific to the DSPs who are an integral part of that workforce. The creation of a SOC for DSPs will ensure the accurate data collection that is needed now more than ever.

Types of Employers, Education, and Training:¹¹ Varied Employment Settings and Trainings for DSPs Reinforce the Unique Nature of DSPs

DSPs are predominantly employed by Medicaid-funded provider agencies who are primarily engaged in providing services for people with I/DD.¹² These providers support individuals through a variety of services, from in-home supports and residential supports such as community-based group homes or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) to other non-residential supports such as day supports, community support programs, supported employment services, career planning services, prevocational services, or out-of-home habilitation.

While there are no federal education and training requirements for DSPs, many states independently mandate training through policy, regulation, and statute. Generally, states require DSPs to hold at least a high school diploma or GED and receive training in first aid, CPR, the rights of people with I/DD receiving services, and handling of confidential protected medical information. Because habilitation services are individualized to the person being supported, so too are DSP trainings. Beyond the minimum required trainings, DSPs receive skills training specific to the needs of each person served including implementation of the person-centered plan and any necessary medical or adaptive behavioral support necessary to meet the person's individualized needs.¹³ In addition, because a DSP's work is interdisciplinary and distinct from other healthcare

⁹ President's Committee for People with Intellectual Disabilities, Report to the President 2017: America's Direct Support Workforce Crisis, available at https://acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report_0.PDF.

¹⁰ U.S. Bureau of Labor Statistics, Employment Projections: 2022-2032 Summary, <https://www.bls.gov/news.release/ecopro.nr0.htm>.

¹¹ Numbers 6 through 10 of the SOCP's categories for requested information focus on the types of employment settings and professionalization of the occupation and are consolidated here.

¹² According to data from NCI, 67.7% of provider agencies who responded to the survey indicated they provide direct support exclusively to adults with intellectual and developmental disabilities. idd.nationalcoreindicators.org/wp-content/uploads/2024/02/ACCESSIBLE_2022NCI-IDDStateoftheWorkforceReport.pdf

¹³ See 42 C.F.R. § 441.301(c)(4).

support occupations, DSPs often receive distinct and comprehensive training that centers on a social model rather than a medical model and focuses on supporting independence, teaching decision-making skills, and fostering community living and social participation.¹⁴

Employers and professional associations may also provide optional training or may require participation in national credentialing programs designed for DSPs. One organization that provides trainings and credentialing opportunities for DSPs is the National Alliance for Direct Support Professionals (NADSP).¹⁵

Proposed SOC Definition

ANCOR recommends revising the SOC Manual to include a definition for Direct Support Professional. The proposed definition follows:

Direct Support Professional

Provides habilitative supports and services to assist individuals with intellectual and developmental disabilities in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings. Tasks and activities include but are not limited to assistance with community inclusion, transportation, adult educational supports, social and leisure skill development, building positive social behavior and interpersonal competence, exercising personal choice, and achieving greater independence that assist the person to reside in the most integrated setting appropriate to meet their needs. May provide assistance with medical and behavioral needs, activities of daily living, and instrumental activities of daily living such as meal preparation, shopping, light housekeeping, and laundry as a component of broader habilitative support. Includes work in residential, in community, and facility-based settings. Excludes Home Health and Personal Care Aides (SOC 31-1120), Nursing Assistants, Orderlies, and Psychiatric Aides (SOC 31-1130).

Illustrative examples: Habilitation Aide, Autism and Behavioral Support Professional

Conclusion

We are grateful for the opportunity to provide input into the SOC revision process. We ask that the committee recommend revising the SOC Manual to include the occupational title of Direct Support Professional. Doing so will provide DSPs with the federal recognition necessary to support accurate data collection and provide

¹⁴ See PCPID Report *supra* note 9.

¹⁵ See e.g., National Alliance for Direct Support Professionals, NADSP Trainings, <https://nadsp.org/services/training/>.

policymakers with the necessary information to strengthen the long-term services and supports that help millions of individuals with I/DD every day in our communities.

Sincerely,

A handwritten signature in grey ink, appearing to read "Elise Aguilar".

Elise Aguilar
Director of Federal Relations