

Direct-support Professional Workforce in Crisis



- When there is no direct support worker, Wisconsin individuals with disabilities describe these common impacts on their daily lives: **missing employment or having to leave employment altogether (38%), missed medical appointments (24%), missed meals (26%), missed medications or treatments (26%), being confined to bed all day (17%), and potential changes to housing (22%)¹.**

In 2016, a statewide survey of more than 500 people who rely on direct care services and their families found

95%

95% had trouble finding workers

85%

85% did not have enough workers to cover all their shifts

43%

43% couldn't find a worker 7 or more times per month

60%

60% said they get sick more often when they don't have enough staff²

- In Wisconsin, the workforce shortage is a crisis now, and the need for these workers is projected to increase by an additional 20,000 workers by 2026³.
- National turnover rates for these critical positions top 45% (range 18-76%). **In Wisconsin, the annual turnover rate is more than 50% and can be as high as 67%⁴.**
- Currently, 70% of personal care agencies are unable to staff all hours needed, and 93% of agencies find it difficult to fill job openings⁵.
- 50% of the nation's caregiver workforce⁶ rely on government-funded and means-tested benefits⁷ (like Medicaid, FoodShare, and Public Housing)
- **25% of Wisconsin's caregiving workforce is living below the federal poverty level.** More than half rely on some form of public assistance, including SNAP (35%) and Medicaid (29%)⁸.



A 2017 national analysis⁹ found most workers have two or three jobs and have an average wage of \$10.72 per hour (below the federal poverty level for a family of four). In Wisconsin, the average worker's wage is \$10.47 per hour.

Factors that contribute to direct service workforce turnover and vacancies

- Few or often no benefits (health insurance, retirement, paid leave, dependent care, commuter benefits etc.)
- Job stability, location of work, schedule, number of hours worked, clients served (especially as workers are required to fill-in and respond to crises) are all subject to change.
- Physically challenging work (physical injury rates)
- Insufficient training/preparation
- Transportation needed to get to client's homes, transportation costs are borne by worker.
- High accountability for actions (responsibility without authority)
- Isolation of location/work (lack of oversight, supervisor support, and camaraderie/belonging)
- Lack of career ladder/learning
- Low Wages

Recommendations



Support H.R. 6042/S. 2897, which delays the Electronic Visit Verification deadline until 2020.



Require private insurers to cover long-term care workforce services in all private insurance plans.

Medicaid funds—with a low, fixed rate structure—are the primary source of payment for services provided by the long-term care workforce. Requiring all insurance plans to cover long-term care services would diversify and increase the funding base, saving the state Medicaid dollars and stabilizing provider's budgets.



Direct CMS to implement tiered reimbursement rate structures “that provide enhanced reimbursement for services rendered by workers who are able to serve beneficiaries with more complex needs or have other advanced skills”, and cover provider's costs for other benefits offered to workers, such as tuition assistance, performance-based bonus payments or higher wages for shiftwork.



Create a fund that allows workers to obtain matching funds for a down payment down on a house or enough funds to meet 1st/last month's rent and deposit requirements.



Create a fund that allows direct support provider agencies to acquire and **maintain a fleet of loaner cars** direct support staff can access when their transportation falls through.



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¹ In 2016, a statewide survey of more than 500 people who rely on direct care services and their families found 95% had trouble finding workers, 85% did not have enough workers to cover all their shifts, 43% couldn't find a worker 7 or more times per month, and 60% said they get sick more often when they do not have enough staff. Survival Coalition Consumer Survey, November 2016. <http://www.survivalcoalitionwi.org/wp-content/uploads/2016/11/SurvivalSurveyFactSheet.pdf>

² National Center on Caregiving <https://www.caregiver.org/caregiving-across-states-50-state-profiles-2014>

³ National Alliance for Caregiving 2015 Report on Caregiving in the U.S.

⁴ National Center on Caregiving <https://www.caregiver.org/caregiving-across-states-50-state-profiles-2014>

⁵ Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017. <http://stateofthestates.org>

⁶ Family & Individual Needs for Disability Supports Community Report 2017. https://www.thearc.org/file/documents_finds/FINDS_report-2017-FINAL-VERSION.pdf

⁷ Family & Individual Needs for Disability Supports Community Report 2017. https://www.thearc.org/file/documents_finds/FINDS_report-2017-FINAL-VERSION.pdf

⁸ Family & Individual Needs for Disability Supports Community Report 2017. https://www.thearc.org/file/documents_finds/FINDS_report-2017-FINAL-VERSION.pdf

⁹ The Cost of Family Caregiving: Out-of-Pocket Spending Surprisingly High. AARP. 2016 <https://www.aarp.org/caregiving/financial-legal/info-2017/out-of-pocket-cost-report.html>