

2025 Legislative Agenda

Proposed Statutory Definition of Direct Support Professional to Boost Recruitment Disabilities

Prepared by The Arc of Florida 12/10/24

Federal Definition: A Direct Support Professional (DSP) is defined by as an individual who provides services to people with disabilities to support their independence and community participation. These services can include job coaching, assistance with daily living activities, and emotional support.

Discussion: DSPs deliver habilitation services and other supports to enable people with intellectual and developmental disabilities (I/DD) to live full and independent lives. From employment coaching and career development, to assistance with relationship building and decision-making, studies estimate that DSPs provide services to more than 1.4 million individuals with I/DD in the United States. Medicaid is the primary funder of habilitation services and covers a wide range of personalized activities designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in their home and in community-based settings.

Accurate data collection on the direct support workforce is more important than ever. The U.S. Bureau of Labor Statistics (BLS) reports that the health care and social assistance sector is expected to grow the most rapidly of any job sector in the country with projections indicating it constitutes about 45% of all the projected job gains from 2022 to 2032. Other projections indicate that the workforce supporting older adults and people with disabilities will add more than 1 million new jobs by 2031. Despite this rapid growth, there is currently no way to accurately collect data specific to the DSPs who are an integral part of that workforce.

The Office of Management and Budget (OMB) is in the process of revising their 2018 SOC Manual to include a distinct “Direct Support Professional” code. A major category in the 2018 SOC Manual is Healthcare Support Occupations (31-0000) which includes the occupational code Home Health and Personal Care Aides (31-1120). The required duties, function, training, and scope of activities performed by DSPs do not fit this occupation code. As the U.S. Department of Labor and U.S. Department of Health and Human Services recently acknowledged in a joint report on the workforce that delivers home and community-based services, the role of a DSP is distinct from a home health aide or personal care aide.

Unlike home health aides and personal care aides, which exclusively address a person’s medical and health-related needs, DSPs support people with I/DD in autonomous skill-development to live independently in their homes and in their communities. While this may include skill-development with essential daily tasks, depending on the needs of the person receiving support, it is not the exclusive activity of DSPs and is always approached under a different scope of supports focused on helping individuals achieve greater independence. This broad and unique scope approaches services from the lens of supporting people to make informed decisions about their own lives, developing and maintaining relationships, and experiencing community living and social participation.

In contrast to other healthcare support occupations, a DSP’s work is interdisciplinary. DSPs perform tasks geared toward supporting self-determination and independence, such as 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 them connect socially and participate in recreation activities, education, cultural events, spiritual activities, and civic functions. DSPs receive comprehensive training centering on a social model rather than a medical model, as well as focusing on supporting independence, teaching decision-making skills, and fostering community living and social participation. Such differentiations, not only in required duties but also in training, point to the distinction between DSPs and other occupations currently represented in the federal occupational classification system and the necessity for creating a new code.

Incorporating DSPs into other healthcare support occupations fails to adequately distinguish between habilitation and other tasks, leading to inconsistent and inaccurate data collection. According to BLS’s national employment data, which tracks the occupations contained in the current SOC Manual, there were more than 3.6 million home health aides and personal care aides in 2023. Because DSPs are not recognized in the current SOC Manual, it is impossible to know whether DSPs were included in this data set, thus inflating the total number of home health aides and personal care aides, or whether they were excluded and not counted. The inclusion of “Direct Support Professional” as a distinct occupation will support the SOC Manual’s purpose of ensuring accurate, comparable data across federal agencies. State government agencies will greatly benefit from this inclusion, allowing them to track DSP employment trends and to develop a better understanding of how DSP compensation compares to other occupations with similar skill and educational requirements. In addition, there is bipartisan support.

Accurate and comprehensive data on DSPs is crucial for understanding the workforce and developing effective solutions to address an ongoing workforce shortage. Designating DSPs into a distinct occupational code will provide the necessary granularity to capture their unique contributions, challenges, and workforce trends. Without this data, the totality of the workforce crisis cannot be accurately assessed. A unique DSP occupational code will ensure BLS can accurately capture employment and wage data specific to the occupation, which will in turn assist federal and state policymakers when making policy decisions.



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