Who Are Direct Service Workers?

Direct service workers (DSWs) provide hands-on support to help people with disabilities and older adults to perform everyday activities and live independently and with dignity. The direct service workforce is segmented into four major subgroups, reflecting the different settings in which services are provided and the distinct service delivery and funding streams:

(1) Nursing facility aides,

(2) Direct support professionals,

(3) Personal and home care aides, and

(4) Home health aides.

Many similarities exist across these groups in the nature of the work and skills required and in current recruitment and retention issues.

Nursing facility aides

- DSWs working in nursing facilities currently total about 656,000 and are now far outnumbered by DSWs working in HCBS.[i] DSWs working in nursing facilities continue to have the highest rate of turnover of any group of DSWs, averaging about 66 percent nationally.[ii]
- The nursing facility direct-service workforce is increasingly non-white (about 52 percent). Nationally, about a fifth of this workforce is foreign born but in high-immigration, large states such as Florida, New York, and California, the percentage of the DSW nursing facility workforce that is foreign born ranges from 38 percent to 63 percent.[iii]
- The wages and benefits received by nursing facility aides are on average higher than those received by their counterparts in non-institutional settings.[iv] But still, in 2007 nearly 50 percent of aides have household incomes under 200 percent of the federal poverty level.[v]

Direct support professionals (DSPs)

- Direct support professionals (DSPs) provide services and supports to individuals with developmental and intellectual disabilities, substance abuse challenges, and serious and persistent mental health issues.
- The majority of DSPs work in home and community settings, including in in-home services, supported living arrangements, and small group homes. This decentralization of community support services has greatly increased the challenges faced by DSPs in fulfilling their roles compared to when DSPs worked primarily in congregate care settings and institutions. Today, DSPs are called on to provide medication supports, implement behavioral plans, teach new self-care skills, design and implement augmentative communication systems, support friendships and self determination, and provide a wide range of other sophisticated supports that require substantial skills, judgment, and personal accountability.[vi]

- De-institutionalization *per se* has not solved recruitment and retention problems for DSPs. Average wages for DSPs in private sector community services for persons with developmental disabilities range from $7.30 to $15.18, with a mean of $8.68.[vii]

Personal and home care aides (PHCAs)

- PHCAs provide services and supports to older individuals and people with physical disabilities.
- Like DSPs, PHCAs face growing challenges in fulfilling their roles and increasing responsibilities for care requiring greater skill and judgment. The tasks performed by PCHAs range from companionship and help with IADLs such as shopping, transportation, meal preparation, and light housekeeping, to assistance with ADL /self-care activities. PHCAs increasingly provide services to nursing facility-eligible consumers in home- and community-based settings. Like DSPs, PHCAs typically work under conditions that offer little supervision and access to professional consultation, although many of the tasks performed are not considered skilled or health maintenance activities.
- A growing number of PHCAs are "independent providers," meaning that they are directly employed by consumers and not by agencies. Often these arrangements are part of Medicaid programs that allow for consumer direction and permit the payment of family members, friends, and neighbors. The work of more than 400,000 independent providers is now organized under state- or county-based public authorities.[viii]
- Nationally, the median age of PHCAs is 44, and increasing numbers of these aides are working full-time full-year. About a fifth of PHCAs live in households with incomes below the federal poverty level, and over 40 percent of PHCA households receive some kind of public assistance.[ix]

Home health aides (HHAs)

- Home health aides (HHAs) typically are employed by Medicare-certified home health agencies and deliver more clinically-oriented services under the supervision of a Registered Nurse or Physical Therapist.
- Until recently, HHAs were the core of the traditional home- and community-based workforce serving older individuals. However, in 1997, in response to rapid growth of home care expenditures in the prior decade, Congress moved to reign in Medicare home care spending and establish a new prospective payment reimbursement system. These changes had major repercussions in the home care industry causing a significant contraction in the number of Medicare-certified agencies and a corresponding reduction in the HHA workforce.[x] At the same time, LTC service delivery systems began to shift to increasingly rely on PHCAs and non-agency based consumer-directed arrangements.
- In contrast to the last decade, demand for HHAs is predicted to increase significantly in the near future. According to the U.S. Bureau of Labor Statistics, HHAs are now the third fastest growing occupation in the economy, projected to increase by nearly 50 percent over the decade ending in 2016.[xi] In part, this demand

reflects the growing need for DSWs who can attend to home-based consumers whose conditions are debilitating enough that they meet Medicaid eligibility criteria for nursing-facility admission. In addition, individuals who are not financially eligible for Medicaid but who have similar support needs are increasingly hiring HHAs privately, often at pay scales that are higher than those offered under Medicaid programs.

Table 1: Settings in which DSWs Work

INSTITUTIONAL SETTINGS		HOME AND COMMUNITY-BASED SETTINGS						
		Community Residential		Supports to Individuals and Families			Non-Residential Community Supports	
Nursing facility & residential rehabilitation	**State operated institutions & large private institutions**	**24-hr residential supports & services**	**Less than 24-hr residential supports & services**	**Home health care service s**	**Personal care services (agency-directed)**	**Personal care services (consumer directed)**	**Day programs, & rehabilitative or medical supports**	**Job or vocational services**
(e.g., SNFs, ICFs)	*(e.g., ICF-MR, residences with 16 or more people, residential rehabilitation)*	*(e.g., group home, hospice, supported living arrangement, supervised living facility, assisted living)*	*(e.g., semi-independent living services)*				*(e.g., day services for seniors, adult day programs, rehabilitation for working age adults)*	*(e.g., supported employment, work crews, sheltered workshops, job training)*

Table 2: DSW Wages across Sectors

Sector	Data source	Hourly median wage	Hourly mean wage	Hourly range 10th percentile to 90th percentile
Nurse aides	U.S. DOL, 2007	$11.14	$11.50	8.10–15.52
Home health aides		$ 9.62	$10.03	7.41–13.47
Personal and home care aides		$ 8.89	$ 9.11	6.34–12.01
Institutional	Polister et al, 2003;		$11.67	
	Larson et al, 2007		$13.17	
Community residential and vocational	Polister et al, 2003		$ 8.68	

Sector	Data source	Hourly median wage	Hourly mean wage	Hourly range 10th percentile to 90th percentile
Substance abuse counselors (not limited to, but inclusive of, DSWs)	Kaplan, 2003;		$13.71	
	Johnson and Roman, 2002		$16.41	

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