



The Ohio Olmstead Task Force Direct Care Workforce Crisis Talking Points

Everyone has the right to live, work, and play in the communities of their choice. Many people with disabilities need the support of Direct Care Workers (DCW) to eat, bathe, dress, tend to medical needs, or complete other activities of daily living. These workers are essential to empowering people with disabilities to live independently. Low pay, complicated systems, and lack of recruitment and retention efforts within this workforce have led to an emergency-level workforce shortage, putting people who need these services at serious risk.

Legislators Should Establish a DCW Minimum Wage Floor at 125% of Ohio's Minimum Wage (currently \$20.93/hour)

- Ohio has an obligation to provide services and supports in home and community-based settings and currently the Medicaid system is failing to do so.
- It is almost half as expensive to serve people with disabilities in the community rather than in institutional settings, like nursing homes. Most individuals want to age in place and the number of aging adults 65 years and older, will double from 49.2 million to 94.7 million from the years 2016 to 2060¹.
- This workforce spans across the Department of Developmental Disabilities (DODD), Ohio Department of Medicaid (ODM), Ohio Department of Aging (ODA) and workers across all systems deserve fair and equitable wages.
- Despite their essential jobs, this workforce is severely underpaid. In Ohio, the average wage for a Direct Care Worker is \$12.51/hour and that average wage has only increased \$0.64 since 2010².
- In Ohio, the lowest livable wage is \$16.64/hour for one individual³ and \$31.60/hour to support one child⁴.
- One in eight DCWs lives in poverty and must rely on public benefits such as food stamps and Medicaid to get by.⁵ Increases in wages incentivizes work rather than dependence.
- In a recent survey, 54.43% of Respondents stated that there is high turnover for direct care workers and that their providers change often.⁶ 39.11% stated that they are sometimes left without an in-home provider for weeks at a time.⁷
- Nationally, turn-over of DCWs is 60-80 percent annually.⁸
- At least 12 states and the District of Columbia, have proposed DCW minimum wage: New York, Maryland, Colorado, North Carolina, Maine, Oregon, Rhode Island, Indiana, New Jersey, Michigan, Tennessee, and Louisiana

Ohio Should Form a Multi-Agency Commission to Fix the Direct Care Workforce Crisis

- There is no oversight of wages for direct care providers in Ohio, only reimbursement rates. Increases in reimbursement rates alone are not solving the crisis.
- Ohio should develop a bi-partisan, cross-agency commission to study long-term direct care workforce issues. The commission should focus on streamlining complex administrative systems that create barriers for DCWs.
- The commission should include people with disabilities, direct care providers, representatives from DODD, ODM, and ODA, representatives from the Ohio Department of Labor and Ohio Department of Education, Superintendent of Schools, Ohio Department of Commerce, legislators, etc.
- At least four states have an oversight/best practices committee and Ohio should join: Maryland, Colorado, Pennsylvania, and Maine.

¹ PHI, Direct Care Workers in the United States Key Facts, p3 (2021) available at <https://www.phinational.org/policy-research/key-facts-faq/>

² PHI, Workforce Data Center (2020) available at <https://www.phinational.org/policy-research/workforce-data-center/#var=Wage+Trends&states=39>

³ NLIHC, Out of Reach: The High Cost of Housing, p191 (2021) available at https://nlihc.org/sites/default/files/oor/2021/Out-of-Reach_2021.pdf?itid=ik_inline_enhanced-template

⁴ Living Wage Calculator available at <https://livingwage.mit.edu/>

⁵ Council on Medical Service, American Medical Association, Financing of Home and Community-Based Services, p3-4 (11/21) available at <https://www.ama-assn.org/system/files/n21-cms-report-4.pdf>.

⁶ The Ability Center of Greater Toledo, Ohio Statewide Disability Needs, Survey Report (2022).

⁷ Id.

⁸ Council on Medical Service, supra note 3, p4.