



INVESTING IN A STRONG HUMAN SERVICES WORKFORCE

Every Iowan deserves access to quality services in their community. Most Iowans want to live as independently as possible, but some need a little extra help.

That's where Direct Service Professionals (DSPs) come in.

DSPs are not health care providers. Instead, they provide support and monitoring individuals with disabilities, mental and behavioral conditions in all 99 Iowa counties, allowing them to live independently, in their chosen communities. DSPs help individuals stay in their homes and reduce the need for in-patient hospitalization or residential care, resulting in **lower costs for their care**. And, these services enable these Iowans to be more engaged in their home communities!

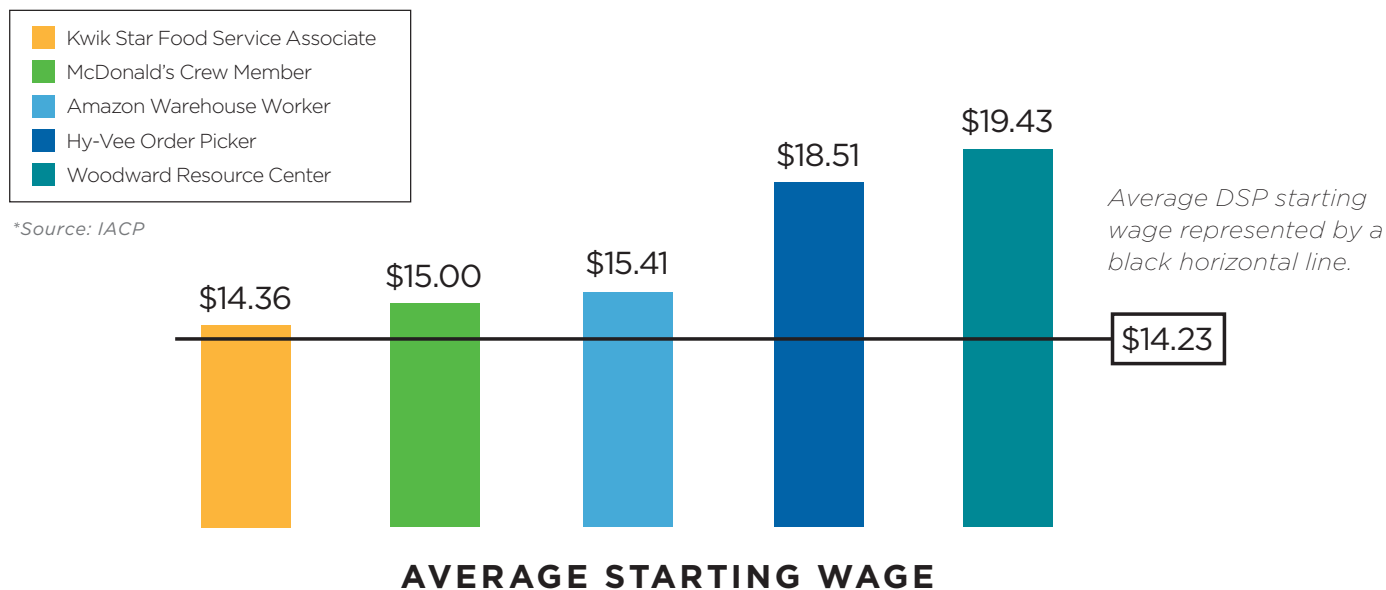
THE ISSUE

The rate increase in 2022 for Home and Community Based Services – which helps fund wages for Direct Service Providers (DSPs) – is appreciated.

But with the increased cost of inflation, gas prices, cost of living, childcare, and other expenses for Direct Services staff, the profession continues to lose dedicated employees to other entry-level jobs that pay more.

The average starting wage of a **DSP in Iowa is \$14.23**, and the only way to increase rates – which results in higher wages – is through legislative action. This means continued investments are needed!

Community partners recognize that state funds are limited, so they continually look for creative ways to stretch their staff and state resources.



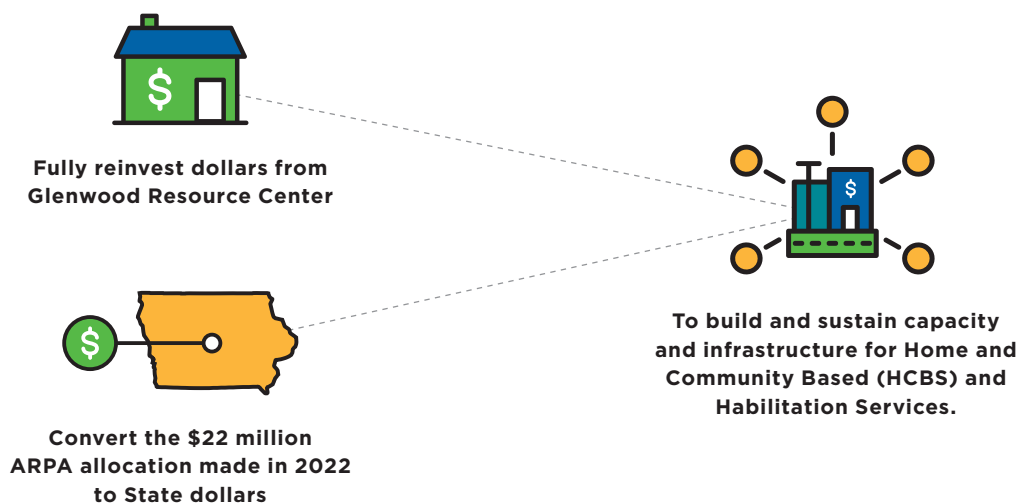
THE SOLUTION: ALLOW PROVIDERS FLEXIBILITY TO MAXIMIZE STAFF

Community partners recognize that state funds are limited, so LSI and its partners are not requesting extra state funds. Rather, we ask legislators to shift funds already allocated for serving this population, allow providers the flexibility to maximize staff, and to look for creative ways of serving Iowans based on their needs instead of their diagnosis.

RECOMMENDATION 1: Fully invest dollars from Glenwood Resource Center into Home and Community Based (HCBS) and Habilitation Services.

RECOMMENDATION 2: Convert the \$22 million ARPA allocation made in 2022 to State dollars for sustained funding of HCBS and Habilitation Services.

RECOMMENDATION 3: Invest in Virtual Home-Based Supports to allow providers to utilize the DSP workforce more efficiently.



LSI has initiated a pilot program that uses technology supports and monitoring to provide basic needs for individuals, increase community-based activities for individuals in their care, and to use limited DSP resources more efficiently.

Example: Required medication monitoring

LSI worked with a client who was required to have community-based medication monitoring in order to be released from in-patient hospital care.

Current Protocol:

DSP assigned to the individual travels to and from the individual's home each morning and night to observe medications are taken appropriately. DSP is paid hourly wage for travel, 15-minute visit and documentation. DSP is also reimbursed mileage to and from the visit.

LSI Technology Pilot:

DSP assigned to the individual connects with the individual via technology device to communicate with the individual and visually observe that medications are taken appropriately.