

Editorial: This year, Harrisburg must lock in recent improvements to system of disability care

Opinion by The Editorial Board / Pittsburgh Post-Gazette

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Last year's moves from the Shapiro administration to stabilize the state's system of care for people with intellectual disabilities and autism (ID/A) have borne fruit. For the first time in several years, Pennsylvania's wait list for essential services — services it is legally and morally obligated to provide — has shortened, in part due to service providers being able to hire more staff at more reasonable wages.

Yet one structural solution remains elusive: The Medicaid reimbursement rates paid by the state for direct support professionals (DSP) should be indexed to inflation. This would ensure they are no longer subject to opaque state boards or a legislature where people with ID/A have to compete with corporate lobbyists for attention. As one of this issue's most energetic advocates, Rep. Dan Miller, D-Mt. Lebanon, prepares to leave the legislature, there must be urgency to fix the DSP rate problem for good.

People with ID/A receive services, up to and including 24/7 supervision, through nonprofit providers, who are reimbursed for the wages they pay their DSPs by the state's Office of Developmental Programs (ODP). These are Medicaid funds, which ODP administers, paying rates set by a bureaucratic panel every three years.

After taking office, Gov. Josh Shapiro ordered a spot review of DSP rates due to increases in inflation and overall cost of living, which led to a boost in 2024. But ODP's rates continue to lag inflation overall, making it difficult for providers to pay competitive wages for the difficult but rewarding work of caring for people who struggle to care for themselves.

Last year, providers paid an average wage of \$17.85, which is a few dollars per hour more than what ODP reimburses. The nonprofits foot the bill for the overage. It's better than it was a few years ago, when DSP wages compared unfavorably with some fast-food wages, but it's still not enough to support a sustainable workforce. Annual turnover is over 30%.

Despite these headwinds, Mr. Shapiro did make progress last year, asking for and receiving from the General Assembly a historic boost to funding that allowed providers to staff up. The overall waiting list for services has shortened from over 13,000 people to about 12,400, while the emergency waitlist — which means adults over 21 years old considered immediately at-risk — has gone from 6,000 to just under 4,000. This is a real accomplishment, and represents the partial fulfillment of Mr. Shapiro's pledge to work through the entire waitlist.

Meanwhile, the additional funding has allowed providers to reduce their vacancy rate — that is, unfilled DSP positions — from 23% to 14% in one year.

In his 2025 budget, Mr. Shapiro has proposed to maintain last year's investment in the system, which should allow the waitlist to be whittled down some more. But the surest way to make the system work for the long haul would be to index ODP rates to inflation. Mr. Miller, the retiring Minority Whip, has pursued this goal for several years. Now, his Senate colleagues Carolyn Comitta, D-Chester, and Lindsey Williams, D-Allegheny, are sponsoring such a bill in their chamber.

There's no reason to keep these reimbursement rates dependent on an every-three-years bureaucratic review, or to the whims of the legislature, when they can simply be tied to an objective measurement of the cost of living. Passing such a bill would honor Mr. Miller's years of commitment to the cause of people with ID/A, and would ensure the system doesn't backslide, resulting in a cascading failure of our responsibility to society's most vulnerable members.