

Research

Fair Wages for People With Disabilities

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Fair-Wages for People with Disabilities: Barriers and Facilitators

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Reference:

Friedman, C., & Rizzolo, M. C. (2020). Fair-wages for people with disabilities: Barriers and facilitators. *Journal of Disability Policy Studies*. Advance online publication.

<https://doi.org/10.1177/1044207320919492>

Abstract

Subminimum wage is a prominent and problematic issue affecting the lives of many people with disabilities. For this reason, the aim of this study was to identify the correlates of fair-wages (at least minimum wage) for people with disabilities – which factors facilitate and hinder people with disabilities’ access to fair-wages. We utilized Personal Outcome Measures® interview data from approximately 1,500 people with disabilities to examine how individual, employment, and organizational level factors correlate with people with disabilities’ access to fair-wages. Binary logistic regression models revealed at the individual level support needs, guardianship, and residence type all significantly correlate with people with disabilities’ odds of receiving fair-wages. In addition, the ability to experience a number of employment options, as well as decide where to work, produce higher odds of having fair-wages. Finally, our findings also revealed the key role service organizations can play in facilitating people with disabilities’ access to fair-wages. Attention to the facilitators that promote access to fair-wages for people with disabilities, and the barriers that hinder this access is one of the first steps towards ending this discrimination against people with disabilities.

Keywords: Subminimum wage; fair-wages; employment; Fair Labor Standards Act

Fair-Wages for People with Disabilities: Barriers and Facilitators

According to the United Nations Declaration of Human Rights (1948), “everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment. Everyone, without any discrimination, has the right to equal pay for equal work” (n.p.). The Convention on the Rights of Persons with Disabilities also emphasizes:

States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall... prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment,... protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions,... [and] ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour. (n.d.)

In the United States, the Americans with Disabilities Act (1990) also enforces people with disabilities’ right to work without discrimination as a civil right. Yet, companies in the United States are able to pay people with disabilities subminimum wage because of Section 14(c) of the Fair Labor Standards Act (FLSA) (Maurer, 2011). Section 14(c) allows the Secretary of Labor to grant employers ‘special wage certificates;’ thus, allowing the practice (Maurer, 2011). In fact, a significant number of people with disabilities are currently working for one to two dollars a day

(Rogan & Rinne, 2011). People with intellectual and developmental disabilities in particular may earn as little as 10% of the federal minimum wage, with some reports estimating wages of \$175 a month (National Disability Rights Network, 2011).

Subminimum wage is supposed to be based on workers' productivity, but always ends up paying below the minimum wage (Maurer, 2011). Furthermore, only people with disabilities are judged on these criteria. Some companies pay people with disabilities a subminimum wage while doing the exact same job as nondisabled workers who are paid above minimum wage (Elk, 2013). This discrimination is based on misconceptions about the abilities of people with disabilities (Maurer, 2011).

People on subminimum wages also get stuck in a cycle of poverty. When people with disabilities make subminimum wage they cannot support themselves financially and, although they may also be supported by other state or Federal services, they still may need families to cover the gap. People with disabilities making subminimum wage are also significantly less able to contribute to the economy because they lack purchasing power and have no effective way to get out of this system and into the integrated work market.

Section 14(c) is "rooted in the premise that, in order 'to prevent curtailment of opportunities for employment,' a wage rate 'lower than' the otherwise applicable FLSA minimum may be justified" (Whittaker, 2005, pp. 35-36). Yet, findings from numerous Department of Labor, and General Accounting Office reports, and Congressional hearings have revealed that not only do employers not adequately pay people under subminimum wage, that is subminimum wage does not do what it set out to do in the 1930s, it is also inequitable (Whittaker, 2005). There is little evidence of subminimum wage's effectiveness, other than to the bottom line of organizations who wish to profit off cheap labor. For example, Goodwill

Industries, one of the employers of people with disabilities, get donations and government contracts that supplement their business model, while still paying people with disabilities subminimum wage; Goodwill has a total revenue of \$5.59 billion, with its CEO made almost \$1 million in 2015 (Dejean, 2017). Moreover, research has found many people who at one time were paid subminimum wage demonstrate their ability to work successfully in the community on normal wages once their job is appropriately matched with their skills (Butterworth, Hall, Hoff, & Migliore, 2007). Subminimum wage is a barrier to true community participation and productive societal citizenship. Moreover, supported employees in integrated employment actually generate fewer costs for organizations than those in sheltered workshops; they also do so while making more money and costing businesses less (Cimera, 2011). The aim of this study is to explore how individual, employment, and organizational level factors correlate with people with disabilities' access to fair-wages.

The History of Subminimum Wage in the United States and Attempts to End It

In a report for Congress, Whittaker (2005) provides a comprehensive overview of the history of subminimum wage. In the 1930s, FLSA Section 14(c) was introduced allowing special wage certificates to supposedly pay people with disabilities based on performance (Maurer, 2011; Whittaker, 2005). It was first introduced to support the employment and employment-related skill development of people with disabilities. However, since its introduction, Section 14(c) has been rife with conflict. For example, in 1967, at the urging of Congress, a United States Department of Labor report was conducted; its findings laid blame for reduced productivity largely on sheltered workshops themselves, rather than people with disabilities. In a Congressional hearing in 1977, the Department of Labor also noted subminimum wage was problematic because ““many of the managers of the sheltered workshops are not sufficiently

knowledgeable in costing and pricing... essential elements of a successful workshop operation” (Whittaker, 2005, p. 13).

A few years later (1980), in a House Subcommittee on Labor Standards hearing about Section 14(c), the Department of Labor also,

confirmed that its oversight of the [Section 14(c)] program had been inadequate...

The wage rate determination process, it was argued, was inadequate... The Wage and Hour Division [of the Department of Labor] did not have an accurate

barometer against which to measure the productivity of the handicapped worker...

Nor did employers of the disabled provide a totally clear picture of who they were and what their mission was. (Whittaker, 2005, p. 14)

Along these lines, a representative from the National Federation for the Blind (NFB), as well as others, such as House Representatives themselves, critiqued sheltered institutions for portraying people with disabilities as both clients (i.e., rehabilitation service recipients) and employees in different circumstances. The NFB representative argued, “the sheltered institutions were basically industries that ‘have covered their business activities with a veil of ‘social services’” and labeled their workforce as ‘clients’” thereby allowing them to argue for the benefits of special workshops, yet they do ““very little rehabilitation and a whole lot of business and industrial activity”” (Whittaker, 2005, p. 18). Moreover, these companies may benefit from public subsidies and Medicaid funding, while also serving as competitive private sector corporations. A year later (1981), the United States General Accounting Office also issued a report on sheltered workshops which found less than one-twentieth of sheltered workshops were investigated annually, yet, of those investigated, 60% underpaid their workers (Whittaker, 2005).

In attempt to recognize some of these problems, in 1986, Section 14(c) of the FLSA was amended and restructured so that wage floors – minimums – could be removed; doing so was an attempt to improve the wages of people with disabilities so they actually reflected their contributions. In support of the change to a commensurate wage and removal of the wage floor, the National Association of Rehabilitation Facilities argued minimum wage was a “unnecessary burden on the employers,” and required too many administrative tasks – they claimed “the administrative burden was unconnected to rehabilitation” (Whittaker, 2005, p. 26). It was also argued that the current wage floor discriminated against those with more severe impairments because it prevented them from working. Unfortunately, the move away from a wage floor did not improve the lives of people with disabilities – wages did not reflect their contributions, and it did not improve the employment of people with more severe impairments; ultimately the reform did not go as planned and, as a result, it failed to impact what is a structural problem.

In 1994, Congressional hearings declared productivity-based subminimum wage inequitable and unworkable; however, ultimately, no changes were made (Whittaker, 2005). Later in 2001, the General Accounting Office released another new study reporting the Department of Labor had “not effectively managed the special minimum wage program to ensure that 14(c) workers receive the correct wages;” yet still, no changes were made (Whittaker, 2005, p. 34).

Almost a decade later, another significant attempt was made was to remedy subminimum wage problems, this time through legislation. The Fair Wages to Workers with Disabilities Act (H.R. 3086), which was introduced to discontinue the issuing of special wage certificates, phase out existing special wage certificates, and repeal Section 14(c), had bipartisan support with 82 cosponsors (65 Democrats, 17 Republicans; Civic Impulse, 2016). The bill was also widely

supported by major national disability groups that advocate for people with different types of disabilities (Madrigal, 2011). However, the bill died in the House in 2011 shortly after being introduced by the sponsor and being referred to the House Committee on Education and the Workforce (Civic Impulse, 2016).

Purpose

While many people support eliminating subminimum wage, and findings from numerous government reports and hearings justify doing so, as discussed below, little traction has been made in repealing subminimum wage. Advocates for subminimum wage persist, arguing that subminimum wage “opens the door to employment” (Whittaker, 2005, p. 36); those same employers are often able to be competitive as a result of the subminimum wages they pay their employees. Moreover, subminimum wage employers “may be the beneficiaries of public subsidies (tax concessions, special marketing arrangements, charitable contributions, etc.)” while also participating in the private sector (Whittaker, 2005, p. 36). That is to say, they may benefit from the continuation of subminimum wage. Still, other organizations may be in favor of ending subminimum wage in theory but are unable to do so based on the rate structures of Medicaid – sheltered workshops often have better reimbursement rates than competitive employment services (Friedman, 2019).

Subminimum wage is a prominent *and* problematic issue affecting the lives of many people with disabilities. For this reason, the aim of this study was to identify the correlates of fair-wages for people with disabilities. Fair-wages was defined as at least minimum wage, although ideally, it would also be commensurate with the industry standard for the type of work provided. Our analysis of approximately 1,500 Personal Outcome Measures[®] interviews

explored which factors facilitate and hinder people with disabilities' access to fair-wages so attention can be drawn to these barriers and supports.

Methods

Instrument

The instrument used in this study was the Personal Outcome Measures[®] (The Council on Quality and Leadership, 2017a), developed by the international non-profit disability organization the Council on Quality and Leadership (CQL). The Personal Outcome Measures[®] is designed to determine people with disabilities' quality of life, including self-determination, choice, self-advocacy, and supports. The Personal Outcome Measures[®] includes 21 indicators divided into five factors: human security; community; relationships; choice; and, goals. The factor human security, includes the indicator rights, which includes data collection about fair wages.

Personal Outcome Measures[®] administration occurs in three stages. In the first stage, a trained Personal Outcome Measures[®] interviewer has in-depth conversations with the participant with disabilities about each of the indicators. For these conversations, the interviewer follows specific open-ended prompts. During the second stage of the Personal Outcome Measures[®] interview the interviewer speaks with someone who knows the participant with disabilities best, such as a direct support professional, and asks them questions about individualized organizational supports and outcomes to fill in any gaps. During the final stage the interviewer observes the participant in various settings if necessary and then completes the indicator questions about personal outcomes and individualized supports based on the information gathered in the three stages. Individual record reviews are also conducted as needed.

The Personal Outcome Measures[®] was developed over 25 years ago based on findings from focus groups with people with disabilities, their family members, and other key

stakeholders about what really mattered in their lives. The Personal Outcome Measures[®] has been continuously refined over the past two decades through pilot testing, 25 years of administration, commission of research and content experts, a Delphi survey, and feedback from advisory groups (The Council on Quality and Leadership, 2017a). The Personal Outcome Measures[®] has reliability and construct validity (The Council on Quality and Leadership, 2017b).

Participants

This is a secondary data analysis. Data were originally collected over a two-year period (January 2015 to January 2017) from disability services organizations that provide human services to people with disabilities, including: service coordination; case management; family and individual supports; behavioral health care; employment and other work services; residential services; and, non-traditional supports (micro-boards and co-ops). (77.1% of the data came from organizations that *directly* provided some type of day and/or employment services to the participant with disabilities.) In total, 1,473 people with disabilities participated¹. Although data represented 22 states, the states most prominently represented were Tennessee, New York, and South Dakota. Table 1 details participant demographics. (Complex medical support needs are those people who needed skilled nursing care twelve or more hours per day. The data defined comprehensive behavioral support needs as those people that required twenty-four hour supervision particularly due to risk of dangerous behavior, such as harm to themselves or others.)

Work/daytime activities included: school/education; competitive employment; supported community employment; sheltered work; enclave work; day program/activities; and, community-based day activities (see Table 2 for definitions). Approximately half of participants had day services (48.7% community-based; 46.2% segregated). In terms of employment settings, the

¹ As this was secondary data, we do not have clear data on how many organizations the 1,473 participants represent.

majority of participants were in sheltered work (20.7%), with fewer in supported community employment (11.8%), competitive employment (8.3%), or enclave work (5.9%) (Table 1).

Dependent Variable

In accordance with the study's aims, the dependent variable (DV) was the Personal Outcome Measures[®] item that asked if participants have access to fair-wages. Fair-wages was defined as at least minimum wage. The DV was coded as a dichotomous response (no (0) or yes (1)).

Independent Variables

Independent variables (IVs) were selected after reviewing the literature on wages and disability. In addition to the demographic variables described earlier, IVs included individual-level factors, employment-level factors, and organizational-level factors (see Table 1).

Individual-level factors centered on participants' support needs, and other contextual items such as living situations and guardianship. Employment-level factors asked about participants' work or daytime activities, their opportunities to experience different options, and if they decided where to work or what to do. As organizations can play an important role in supporting people with disabilities' access to employment, a number of IVs also centered on organizations.

Organization-level factors asked if the organization supporting the person with disabilities knew their interests regarding work, provided them with a variety of opportunities, helped them pursue career opportunities, addressed their employment barriers, and put individualized supports in place for choosing where to work. Other organizational questions related to organizations' support of rights and fair treatment issues² more broadly.

² Fair treatment is when "if [when] rights limitations are imposed, people are informed of options, consent is obtained and they are listened to. Due process procedures are applied when limitations on personal freedoms or

Analysis

After the applicable items were ‘dummy’ coded, descriptive statistics were run using IBM SPSS 23. Then binary logistic regressions were run in a series of separate regression models with each of the IVs to determine correlates with the DV, access to fair-wages. Bonferroni correction ($p = .002$) was used to account for running multiple models. Statistically significant models were also analyzed using univariate analyses to determine odds ratios.

Results

Approximately half of participants (54.0%, $n = 790$) had fair-wages (Table 1). Table 3 details differences in fair-wages by variable. Binary logistic regression models (with Bonferroni correction) were run to determine the relationships between different individual-level factors, employment-level factors, and organizational-level factors (IVs), and the DV, fair-wages. When binary logistic models were run, the following individual-level IVs significantly related to access to fair-wages: weekly hours of support; guardianship status; and, residence type (Table 4). Univariate analyses revealed those who receive six to 12 hours, or 24 hour/around the clock of support a day have lower odds of fair-wages than those who receive support as needed (on call). Those with assisted decision making, full/plenary guardianship, and other forms of guardianship have lower odds of having fair-wages than those with independent decision making. People with disabilities who live in a family home, provider operated house or apartment, and private ICF/DD have lower odds of having fair-wages than people with disabilities who live in their own home or apartment.

The following employment-related IVs also produced statistically significant models:
work/daytime activity: supported community employment; the person has opportunity to

rights have occurred or are contemplated...Regardless of the source or intent, people are entitled to have these [right] limitations removed” (The Council on Quality and Leadership, 2017a, p. 24).

experience different employment options; and, the person decides where to work or what to do. According to univariate analyses, those with supported community employment have significantly higher odds of fair-wages than those with other types of work/day activities. People with the opportunity to experience different employment options have higher odds of having fair-wages than those who do not. People who are able to decide where to work and what to do have higher odds of fair-wages than those who do not.

The following organization-level IVs also were significant: the organization knows the person's interest for work or efforts are being made to learn; the organization provides the person with access to varied job experiences and options; the organization responded to the person's desires for pursuing specific work or career options with supports; the organization supports the person to address any identified barriers to achieving choice of where to work; choose where to work – supports in place; the person's preferences about exercising rights was solicited by the organization; rights important to the person being/have been identified; the person is provided with the support needed to exercise their rights; and, the organization solicited information about rights violations or fair treatment issues from the person. Each of these items produced higher odds of fair-wages for people with disabilities than when the organizations did not do these things.

Discussion

Subminimum wage produces and maintains structural inequalities for people with disabilities. For this reason, the aim of this study was to explore correlates of fair-wages of people with disabilities to determine which factors facilitate people with disabilities' access to fair-wages and which factors hinder them. Because of the complexities of these issues we

explored three different levels of factors: individual-level factors, employment factors, and organizational-level factors.

At the individual level, those who live in family homes, provider operated homes, and private ICF/DD all have lower odds of having fair-wages than people who live in their own homes or apartments. This, coupled with the finding that those with more restrictive forms of guardianship have lower odds of fair-wages than those with independent decision making, may relate to impairment-related expectations about the abilities of people with disabilities. It may be that these people in our study had more trouble finding integrated competitive wage employment because employers inaccurately perceived an excess of accommodation/adaptation costs (Gould et al., 2015). Our findings did reveal participants with more support needs have lower odds of having fair-wages. For example, people who received the most daily support (24 hours a day) and mid-level support (six to 12 hours) also had lower odds of having fair-wages than those who only received support as needed. This mirrors previous research findings about the relationship between severe impairments and poor employment outcomes (Lukyanova, Balcazar, Oberoi, & Suarez-Balcazar, 2014).

Our findings regarding individual level factors that produce lower odds for fair-wages, especially those that relate to more support needs, may appear to be an obvious barrier to types of employment that result in fair-wages in the current United States employment model. However, we would suggest rather than these findings pointing to something problematic with these people, these findings indicate a greater need for individualized support to help make integrated fair-wage employment more accessible for people with complex needs. This is especially true as past research has found when jobs are appropriately matched with their skills,

people who at one time were paid subminimum wage are able to successfully work in the community in jobs that pay minimum wage or higher (Butterworth et al., 2007).

According to our findings, employment level factors also impacted people with disabilities' odds of having fair-wages. The odds of having fair-wages was eight times higher for people participating in supported community employment compared to other work/day activities. This finding reinforces the value of supported employment, which helps people with disabilities "bridge the gap between their skills and the requirements of their job to maintain competitive integrated employment" (Braddock et al., 2015, p. 45). Moreover, this finding also has implications because in our sample there was a relationship between work setting and the ability to choose where to work. When people decide where to work, their odds of selecting competitive employment and supported community employment were higher than when they could not choose. When people can choose where to work they were also significantly less likely to select sheltered work or day programs/activities. People who are able to decide where to work and what to do also have higher odds of fair-wages than those who do not.

Finally, our findings also revealed the key role service organizations can play in facilitating people with disabilities' access to fair-wages. When organizations know people with disabilities' interests for work, provide them with job opportunities, supports their career desires, and help them address employment barriers people with disabilities have higher odds of having fair-wages than when organizations do not do each of these tasks. Moreover, when organizations ask about the person's preferences towards their rights more generally, identify the rights important to the person, provide them with the support needed to exercise rights, and solicit information about rights violations, the person with disabilities has higher odds of having fair-wages than when organizations do not do these tasks. Direct support professionals (DSPs) are

often the people providing these organizational supports; given the DSP crisis – the extremely high DSP turnover rate due to near-poverty wages, stress, and lack of career path – the key role organizations play in facilitating access to fair-wages for people with disabilities is concerning (Bogenschutz, Hewitt, Nord, & Hepperlen, 2014; Firmin, Orient, Steiner, & Firmin, 2013; Friedman, 2018; Hasan, 2013; Hewitt & Lakin, 2001; Hewitt & Larson, 2007; Hewitt et al., 2008; Smergut, 2007; Taylor, 2008; Wolf-Branigin, Wolf-Brangin, & Israel, 2007). Agencies cannot simply raise the wages of DSPs to curb this crisis because the reimbursement rates they receive are set by the state (American Network of Community Options and Resources (ANCOR), 2014). Thus, to ensure people with disabilities' access to equal rights, including their access to fair-wages, attention must also be drawn to the DSP crisis. Moreover, it would also be fruitful for future research to examine employer's perspectives regarding barriers, in order to guide future solutions.

Limitations

A few limitations of our study should be noted. Our sample was not representative of people with disabilities in the United States as a whole because the majority of participants had intellectual and developmental disabilities and demographic groups were not representative of population demographics. Our sample was also recruited specifically through organizations that provide long term services and supports, particularly those who partnered with CQL to conduct Personal Outcome Measures[®] interviews and pursue accreditation. These organizations may not be representative of service providers in general. It should also be noted that few people in our sample who participated in supported community employment did not receive fair-wages, which could have affected the statistical analysis.

As this was a secondary data analysis, the researchers did not have the ability to ask additional questions or add additional research variables. It should also be noted while binary logistic regressions create models of expected odds or likelihood, causality should not be implied. Moreover, although Bonferroni correction was used to control for the use of multiple models, Bonferroni correction is a conservative measure.

Conclusion

As subminimum wage is outdated and problematic, the National Council on Disability (2012), an independent Federal agency which makes recommendations to the President and Congress, recommends phasing out subminimum wage and Section 14(c) of the FLSA. The National Council on Disability (NCD) recommends Congress should pass legislation formally phasing out the 14(c) program by ending the issuing of new certificates and phasing out the remaining certificates within six years. In the meantime, a number of other changes can also be made to encourage shifts to integrated employment.

The current service system must be more comprehensive so there is a better infrastructure in place to support people in integrated employment. Doing so includes also shifting existing resources to prioritize integrated employment models. For example, Medicaid Home and Community Based Services (HCBS) waivers, the largest funder of long-term services and supports of people with intellectual and developmental disabilities (Braddock et al., 2015), currently provide seven times more funding for day services for people with intellectual and developmental disabilities than supported employment services (Friedman, 2016). Moreover, prevocational services, which are not only segregated but do not provide a clear pathway to integrated employment, are also heavily funded by waivers (Friedman & Nye-Lengerman, 2018). In terms of service provision, the NCD also recommends providing better reimbursement rates

for integrated employment services to encourage providers to move toward that model (National Council on Disability, 2012).

Another suggestion for moving away from subminimum wage is to expand education services so that they provide better transition services to put people with disabilities on a path to integrated employment and/or postsecondary education (National Council on Disability, 2012). The NCD also recommends prohibiting sheltered workshops as a transition placement.

At the Federal level, the relatively new Medicaid HCBS Settings Rule, which requires people with disabilities have the same access to the community as nondisabled people (Medicaid Program, 2014), is one such mechanism for encouraging this shift away from segregated subminimum wage employment. Similarly, *Olmstead v. L. C.* (1999), also ruled segregation is a form of disability discrimination; while the *Olmstead* case originally related to residential settings, its scope also includes employment settings. As such, the NCD recommends the United States Department of Justice use its enforcement mechanisms to ensure people are transferred to integrated settings with competitive wages.

Finally, attention to the facilitators that promote access to fair-wages for people with disabilities, and the barriers that hinder this access is one of the first steps towards ending subminimum wage. Once subminimum wage practices are ended, systems can begin moving to a *true* fair-wage, one that is not only above the minimum wage but is actually a living wage that empowers “people with disabilities to achieve economic self-sufficiency, independent living, and inclusion and integration into all aspects of society” (National Council on Disability, 2012, p. 12).

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Table 1

Demographics and Descriptive Statistics (n = 1473)

Variable	<i>n</i>	%
Right to fair wages (present)	790	54.0
Individual factors		
Age range		
18 to 24	94	6.4
25 to 34	283	19.3
35 to 44	242	16.5
45 to 54	293	20.0
55 to 64	257	17.6
65 to 74	122	8.3
75+	39	2.7
Gender		
Man	759	51.9
Woman	672	45.9
Disability		
Intellectual/developmental disability	1337	91.4
Seizure disorder/neurological problems	297	20.3
Mood disorder	197	13.5
Anxiety disorders	179	12.2
Behavioral challenges	162	11.1
Other mental illness/psychiatric diagnosis	156	10.7
Personality/psychotic disorder	146	10.0
Physical disability	93	6.4
Impulse-control disorder	88	6.0
Hearing loss - severe or profound	68	4.6
Limited or no vision - legally blind	45	3.1
Brain injury	36	2.5
Alzheimer's disease or other dementia	32	2.2
Other disabilities not listed	50	3.4
Race		
White	1068	73.0
Black	262	17.9
Native American	52	3.6
Latinx	37	2.5
Asian	17	1.2
Native Hawaiian or other Pacific Islander	3	0.2
Other	10	0.7
Primary method of communication		
Verbal/spoken language	1191	81.4
Other	231	15.8
Guardianship status		
Independent decision making	406	27.8

Assisted decision making	509	34.8
Full/plenary guardianship	453	31.0
Other	40	2.7
Residence type		
Own home/apartment	311	21.3
Family's house	227	15.5
Host family/family foster care	25	1.7
Provider operated house or apartment	708	48.4
Private ICFDD	25	1.7
State operated HCBS group home	46	3.1
State operated ICFDD	25	2.7
Other	41	2.8
Complex medical needs	183	12.5
Behavioral support needs	285	19.5
Average daily support		
On call - support as needed	31	2.1
0 to 3 hours/day	72	4.9
3 to 6 hours/day	99	6.8
6 to 12 hours/day	171	11.7
12 to 23 hours/day	77	5.3
24/7 - around the clock	865	59.1
Other	51	3.5
Employment factors		
Work/daytime activity		
School/education	27	1.8
Competitive employment	122	8.3
Supported community employment	172	11.8
Sheltered work	303	20.7
Enclave work	87	5.9
Day program/activities	676	46.2
Community-based day activities	712	48.7
Person has opportunity to experience different employment options	632	43.2
Person decides where to work/what to do	524	35.8
Organizational factors		
Organization knows person's interests for work, or efforts being made to learn	758	51.8
Organization provides person with access to varied job experiences and options	480	32.8
Organization responded to person's desires for pursuing specific work/career options with supports	569	38.9
Organization supported person to address barriers to achieving choice of where to work	574	39.2
Choose where to work - supports in place	515	35.2
Preferences about exercising rights solicited by the organization	751	51.3
Rights important to the person being/been identified	740	50.6
The person is provided with the support needed to exercise their rights	744	50.9
Fair treatment issues have been identified by the individual	409	28.0

The organization solicited information about rights violations or fair treatment issues from the person	758	51.8
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Note. Participants could have more than one disability or work/day activity. HCBS = Home and Community Based Services. ICFDD = Intermediate care facility for people with developmental disabilities.

Table 2

Work/Day Activity Definitions

Category	Definition
School/education	"Educational services consist of special education and related services" ((Disabled and Elderly Health Programs Group, Center for Medicaid and State Operations, Centers for Medicare and Medicaid Services, & Department of Health and Human Services, 2015, p. 148).
Competitive employment	"Work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled" (State Vocational Rehabilitation Services Program, 2001).
Supported community employment	"Competitive integrated employment, including customized employment, or employment in an integrated work setting in which individuals are working on a short-term basis toward competitive integrated employment, that is individualized and customized consistent with the strengths, abilities, interests, and informed choice of the individuals involved, for individuals with the most significant disabilities— (A)(i) for whom competitive integrated employment has not historically occurred; or (ii) for whom competitive integrated employment has been interrupted or intermittent as a result of a significant disability; and (B) who, because of the nature and severity of their disability, need intensive supported employment services and extended services after the transition described in paragraph (13)(C), in order to perform the work involved" (State Vocational Rehabilitation Services Program, 2001, n.p.).
Sheltered work	"Facility-based work includes all employment services that occur in a setting where the majority of employees have a disability. These activities occur in settings where continuous job-related supports and supervision are provided to all workers with disabilities. This service category is typically referred to as a sheltered workshop, work activity center, or extended employment program" (Winsor et al., 2017, p. 20).
Enclave work	"A small group model consisting of not less than 2 but not more than 8 individuals [with disabilities] working at a company's work site. Persons in the enclave work as a team with training, supervision and support provided by a job coach/supervisor...[they] work as a distinct unit and [often] operates as a self-contained business, working at several locations within the community under the supervision of a job coach. The type of work usually includes janitorial or grounds keeping" (Florida Agency for Persons with Disabilities, 2013, p. 28).
Day program/activities	"Provision of regularly scheduled activities in a non-residential setting, separate from the participant's private residence or other residential living arrangement, such as assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living. Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice. Services are furnished consistent with the participant's person-centered service plan" (Disabled and Elderly Health Programs Group et al., 2015, p. 148). These services "are located in a [segregated] setting where the majority of participants have a disability. These services do not involve paid employment of the participant" (Winsor et al., 2017, p. 20).
Community-based day activities	Same as Disabled and Elderly Health Programs Group et al.'s (2015) definition of day program/activities above except these "services are focused on supporting people with disabilities to access community activities in settings where most people do not have disabilities. It does not include paid employment" (Winsor et al., 2017, p. 20).

Note. While categories represent different work/activities, people could participate in multiple.

Table 3

Descriptive Statistics: Fair-Wages

Variable	Fair-wages Present	Variable (cont).	Fair-wages Present (cont.)
Individual factors			
Age range		Average daily support	
18 to 24	79.2%	On call - support as needed	93.5%
25 to 34	78.9%	0 to 3 hours/day	85.7%
35 to 44	72.2%	3 to 6 hours/day	78.5%
45 to 54	75.6%	6 to 12 hours/day	66.4%
55 to 64	74.9%	12 to 23 hours/day	95.0%
65 to 74	79.8%	24/7 - around the clock	74.0%
75+	84.0%	Other	75.6%
Gender		Employment factors	
Man		Work/daytime activity	
Woman	74.2%	School/education	70.6%
Disability		Competitive employment	
Intellectual/developmental disability	75.6%	Supported community employment	94.5%
Seizure disorder/neurological problems	69.7%	Sheltered work	73.2%
Mood disorder	77.0%	Enclave work	81.5%
Anxiety disorders	78.9%	Day program/activities	74.8%
Behavioral challenges	75.2%	Community-based day activities	74.8%
Other mental illness/psychiatric diagnosis	78.6%	Person has opportunity to experience different employment options	
Personality/psychotic disorder	72.0%	Yes	82.2%
Physical disability	63.0%	No	70.3%
Impulse-control disorder	79.4%	Person decides where to work/what to do	
Hearing loss - severe or profound	70.0%	Yes	86.4%
Limited or no vision - legally blind	77.1%	No	68.5%
Brain injury	66.7%	Organizational factors	
		Organization knows person's interests for work, or efforts being made to learn	

CORRELATES OF FAIR-WAGES

Alzheimer's disease or other dementia	61.9%	Yes	80.8%
Other disabilities not listed	76.9%	No	68.4%
Race		Organization provides person with access to varied job experiences and options	
White	76.0%	Yes	89.5%
Black	72.9%	No	67.6%
Native American	90.0%	Organization responded to person's desires for pursuing specific work/career options with supports	
Latinx	78.6%	Yes	85.7%
Other	71.4%	No	67.4%
Primary method of communication		Organization supported person to address barriers to achieving choice of where to work	
Verbal/spoken language	77.4%	Yes	84.0%
Other	68.8%	No	69.3%
Guardianship status		Choose where to work - supports in place	
Independent decision making	84.0%	Yes	87.3%
Assisted decision making	71.7%	No	68.9%
Full/plenary guardianship	75.7%	Preferences about exercising rights solicited by the organization	
Other	47.8%	Yes	80.8%
Residence type		No	67.6%
Own home/apartment	85.8%	Rights important to the person being/been identified	
Family's house	65.5%	Yes	83.1%
Host family/family foster care	68.8%	No	64.7%
Provider operated house or apartment	75.9%	The person is provided with the support needed to exercise their rights	
Private ICFDD	38.9%	Yes	82.5%
State operated HCBS group home	77.1%	No	64.7%
State operated ICFDD	95.2%	Fair treatment issues have been identified by the individual	
Other	64.7%	Yes	76.8%
Complex medical needs		No	76.1%
Yes	79.5%	The organization solicited information about rights violations or fair treatment issues from the person	

No	75.5%	Yes	82.4%
Behavioral support needs		No	65.2%
Yes	82.2%		
No	74.4%		

Table 4

Binary Logistic Regression Models: Fair-Wages

Model	-2LL	df	χ^2	Odds ratio (95% confidence interval)
Individual factors				
Guardianship (ref: independent decision making)***	1097.73	1	20.52	
Assisted decision making (supported and limited guardianship)				0.49 (0.33 - 0.72)***
Full/plenary guardianship				0.62 (0.41 - 0.92)*
Other				0.22 (0.10 - 0.51)***
Average daily support (ref: on call - support as needed)***	1082.71	6	30.65	
0 to 3 hours/day				0.48 (0.10 - 2.43)
3 to 6 hours/day				0.24 (0.05 - 1.10)
6 to 12 hours/day				0.15 (0.04 - 0.67)*
12 to 23 hours/day				1.24 (0.20 - 7.85)
24/7 - around the clock				0.21 (0.05 - 0.87)*
Other				0.23 (0.05 - 1.13)
Residence type (ref: own home/apartment)***	1087.09	7	41.95	
Family's house				0.31 (0.19 - 0.50)***
Host family/family foster care				0.36 (0.12 - 1.09)
Provider operated house or apartment				0.51 (0.34 - 0.77)**
Private ICFDD				0.10 (0.04 - 0.29)***
State operated HCBS group home				0.55 (0.23 - 1.31)
State operated ICFDD				3.25 (0.42 - 25.04)
Other				0.54 (0.20 - 1.45)
Employment factors				
Work: Supported community employment***	1096.81	1	44.65	6.33 (3.18 - 12.60)***
The person has opportunity to experience different employment options***	1091.57	1	23.26	2.06 (1.53 - 2.77)***
The person decides where to work or what to do***	1054.1	1	51.18	3.11 (2.24 - 4.32)***
Organizational factors				
Organization knows the person's interests for work, or efforts being made to learn***	1098.84	1	22.29	2.02 (1.51 - 2.71)***
Organization provides the person with access to varied job experiences and options***	1041.41	1	75.57	4.30 (3.00 - 6.17)***
Organization responded to the person's desires for pursuing specific work or career options with supports***	1054.07	1	54.09	3.11 (2.27 - 4.26)***

Organization supported the person to address any identified barriers to achieving choice of where to work***	1071.3	1	36.98	2.52 (1.86 - 3.43)***
Choose where to work - supports in place***	1077.81	1	55.73	3.38 (2.40 - 4.76)***
Preferences about exercising rights solicited by the organization***	1104.19	1	23.76	2.07 (1.55 - 2.77)***
Rights important to the person being/been identified***	1077.66	1	45.24	2.72 (2.03 - 3.66)***
The person is provided with the support needed to exercise their rights***	1076.79	1	43.79	2.69 (2.01 - 3.62)***
The organization solicited information about rights violations or fair treatment issues from the person***	1084.83	1	40.26	2.58 (1.93 - 3.46)**

Note. * $p < .05$, ** $p < .01$, *** $p < .001$. Only significant models are shown.