⊘ What Is the SOC — A Guide for Intake and DSP Service Planning

Understanding the SOC Manual

The Standard Occupational Classification Manual (2018) is a government manual maintained by the Office of Management and Budget (OMB). It provides the official list of all recognized occupations in the United States.

Each job in the U.S. is assigned a **SOC code** — like a label — and this manual gives the description for every label. It explains:

- What the worker does
- What services are provided
- What tasks and responsibilities are included

With **867 detailed occupations**, the SOC Manual is **not a list of job titles** — it is a structured classification of occupations, each defined by the actual work performed, not by the job titles used by employers. It serves as a **catalog of services**, including those provided to individuals with **intellectual and developmental disabilities (IDD)**.

Example:

- If someone helps individuals with disabilities find and keep jobs, their SOC code might be **21-1015**(*Rehabilitation Counselor*), especially if their role involves counseling and planning.
- If someone supports this work by handling scheduling, documentation, or recordkeeping, their SOC code might be 43-6014 (Secretaries and Administrative Assistants) or 43-9061 (Office Clerks, General), depending on their tasks.

Inclusion and Equity in the SOC Manual

Inclusion for individuals with intellectual and developmental disabilities (IDD) means ensuring they receive equitable services alongside everyone else.

The Executive Office of the President, Office of Management and Budget (OMB) maintains the SOC Manual with broad, flexible service definitions that apply to all people — including those with IDD. The SOC doesn't separate services by population. Instead, it defines services based on what is done — not who receives it.

This approach promotes fairness and inclusion and allows support professionals to be recognized within national classifications.

For example, the **American Support Standards Institute (AMSI)** develops standards for **support services provided to people with IDD**, helping to define what high-quality, person-centered services look like in real-world settings.

Who Are Direct Support Professionals (DSPs)?

The **Standard Occupational Classification Manual** is not a catalog of job titles — it is a catalog of **occupations** officially recognized by the U.S. government. Each occupation includes a definition, key duties, and examples — but not all of the many job titles used in everyday business.

Direct Support Professional (DSP) is one of the widely used job titles in the support services field. It is an **umbrella term**, as referenced in an administrative memorandum by **OPWDD in New York State**, used to describe frontline workers who assist individuals with **intellectual and developmental disabilities (IDD)**.

DSPs may include, among others:

- Job coaches
- Employment specialists
- Personal or residential aides
- Day service support staff
- Behavior support staff

During the development of the **2018 SOC Manual**, a proposal was submitted to create a new, dedicated SOC occupation for DSPs. However, the **Office of Management and Budget (OMB)** — with input from 12 federal departments — **rejected the proposal**. Their decision stated that DSP duties already exist across many recognized SOC occupations, depending on the actual functions performed.

- **Step 1**: Identify the main types of work performed (e.g., personal care, job coaching, documentation, behavior support).
- Step 2: Refer to the SOC definitions and choose the occupation that represents the **primary duty** the one performed most frequently or requiring the highest level of skill.

- Step 3: If duties are truly mixed, use SOC guidelines for combination jobs: code the position under the occupation with either the most time spent or the highest skill level required.
- This method is outlined in the **SOC User Guide (2018)**, which instructs coders to classify combination roles based on skill level, time spent, or primary function. It helps ensure clarity and fairness in how complex roles are officially recognized.

So, while DSP is a commonly used and important job title, it is **not a standalone occupation** in the SOC. Instead, DSP roles are represented within existing SOC occupations such as:

- **21-1015** Rehabilitation Counselors
- 31-1121 and 31-1122 Personal Care Aides
- 21-1093 Social and Human Service Assistants
- And others, depending on the scope of tasks

This classification approach ensures that the work of DSPs is recognized within national labor systems — even if the title "DSP" itself is not formally listed.

SOC and the Intake Process

The **intake process** is often the first step when someone starts receiving employment services. **When intake specialists understand SOC codes (definitions of services), they can**:

- Use the correct job titles in service plans
- Match individual goals to real-world job categories
- Write clear, standardized records
- Communicate with vocational and funding agencies using shared language

This leads to stronger plans and better outcomes for the people we support.

The SOC also connects directly to tools like the **Occupational Outlook Handbook** from the U.S. Department of Labor. This online resource provides helpful, updated job information for each SOC occupation, including:

- Typical job duties
- Salary ranges by state or region
- Projected job growth
- Required education, licenses, and certifications
- The number of people working in the occupation
- Common workplace settings

This supports intake specialists in offering realistic, goal-oriented planning that reflects both individual interests and job market trends. It also helps families understand career options, certification needs, and what employment outcomes are possible. When we use SOC-aligned resources like this, we bring **clarity**, **consistency**, **and opportunity** to the intake process.

ℰ Example Occupations and SOC Codes (from the SOC Manual)

Occupation Name	Common SOC Code(s)
Social and Human Service Assistant	21-1093
Eligibility Interviewer, Government Programs	43-4061
Rehabilitation Counselor	21-1015
Home Health and Personal Care Aide	31-1121, 31-1122
Secretaries and Administrative Assistants	43-6014
Office Clerks, General	43-9061

These SOC occupations are often found in support services for people with IDD. They include many jobs commonly called "DSP" or "intake specialist" in daily work. Each SOC code describes what the job does — not just the title. These occupations, among others, match many of the tasks done by staff who support people with IDD.

We list them here to show that support roles like DSPs are not in one single SOC occupation. Instead, they are part of a **bunch of different SOC occupations**, depending on the work being done.

III Why SOC Codes Matter for Medicaid Reimbursement and Budget Planning

For example, consider how aligning SOC classifications with Medicaid billing codes works in practice. An employment coaching service (like a job coach) falls under a specific SOC occupation — such as **21-1015 Rehabilitation Counselor** — and is often billed to Medicaid with code **H2023**. If that billing code is explicitly linked to the SOC job role, it becomes clear that the funds from H2023 are paying for employment support — and nothing else.

Similarly, a personal aide or day support staff role (classified under 31-1121 or 21-1093) might use Medicaid codes T2021 or T2020. When we match these Medicaid codes to their proper SOC-defined occupations, states can see exactly which job roles the money goes to.

This alignment makes funding transparent and ensures that direct support workers are fairly reimbursed for the specific services they provide. In plain terms, every dollar is traceable to the right job — so an aide's wages come from personal care funds, a job coach's pay comes from employment support funds, and so on.

Without SOC alignment, funding can be **misdirected or invisible** — for example, money meant for frontline caregiving might quietly be used for admin overhead. That's why linking SOC occupations with Medicaid billing codes is so important: it **shines a light on where public funds are spent**, promotes equity, and supports **fair and accurate reimbursement**.

And from the budgeting side, SOC classification is just as important. When states and agencies plan future Medicaid budgets — or any government funding and reimbursement for DSP services — using SOC coding alongside clear service support standards gives a fair and realistic picture of what services actually cost. This helps decision-makers allocate the correct reimbursement levels for DSP services in the next budget cycle, rather than relying on outdated or vague estimates.

By combining SOC data with service standards, public budgets can be based on the real cost of real services — ensuring DSP roles are sustainably funded and equitably valued across all government-supported programs.

Concluding Reflection: SOC Adoption — National Trends and Local Implementation at SEMP Provider

National and State-Level Use of SOC

The **Standard Occupational Classification (SOC)** system is a federal framework for describing occupations based on the actual work performed. While it is used for federal labor statistics, its use at the state level is not mandatory across all sectors.

As of early 2023, a few states — including Alaska, Indiana, Louisiana, South Carolina, Washington, and West Virginia — have adopted SOC reporting as a requirement for specific employer filings, such as unemployment insurance. These mandates help improve workforce data collection and alignment with federal systems.

In New York State, there is currently no regulation requiring all businesses or service providers to use SOC codes, though some government agencies (e.g., NYSDOL, OPWDD, and ACCESS-VR) use SOC in workforce tracking or service descriptions.

New York at a glance:

- Population: ~19.8 million (2024)
- GSP: ~\$2.3 trillion
- Business Entities: Over 2 million

Given this scale, adopting SOC statewide would involve a complex transition. However, **voluntary use** of SOC codes — especially in human services — offers major benefits even without a formal mandate.

☑ Pros and Cons of Voluntary SOC Use

Benefits:

- Promotes consistency in workforce data
- Links services to appropriate reimbursement
- Supports advocacy for DSP recognition
- Aligns with Medicaid billing practices
- · Allows cross-agency collaboration

Challenges without regulation:

- Inconsistent application
- Lack of standard terminology
- Incomplete job tracking and budgeting
- No statewide accountability

The SEMP Provider's Intake Project: A Local Model for SOC Integration

At the SEMP provider, the Intake Project focuses on standardizing intake operations across multiple service locations. The project is specific to the Supported Employment (SEMP) program and is not yet implemented across other departments within the provider organization. Its primary goal is to unify documentation, workflows, and workforce understanding related to supported employment services for individuals with IDD.

While SOC codes are not currently integrated with **billing systems** within the provider's other departments, this initiative introduces **SOC-based classification at the job title level** as a critical first step. By aligning job titles — such as **intake specialists**, **employment specialists**, **job coaches**, **and benefits and entitlements staff** — with their corresponding SOC occupations, the project is building a standardized framework that improves internal consistency and service quality.

SOC Benefits in the Intake Project:

- Common Language: Staff use the same occupational definitions across sites
- Clearer Role Mapping: Job titles are linked to SOC-defined functions
- **Data Accuracy**: Supports quality assurance and service tracking
- Supports transparent service documentation by showing how roles classified
 under the umbrella term Direct Support Professional (DSP) including intake
 specialists (whose responsibilities may include job coaching), employment
 specialists, job developers, and benefits and entitlements staff relate to
 SOC-defined services
- Establishes a foundation for future integration with billing, reimbursement, and workforce reporting systems

Implementation Considerations:

- **Staff Education**: Staff will be introduced to SOC concepts through internal job title mapping, not billing codes
- **Digital Alignment**: Forms and internal documents may include SOC job codes for quality tracking and planning
- **Practical Entry Point**: Starting with job title coding allows progress without requiring full billing system changes
- **Scalable Model**: This approach provides a tested framework that could later be expanded across other departments or providers

○ Why Linking SOC Codes to Payroll and Billing Systems Matters

Today, state and federal Medicaid systems only see that a provider billed for a service — not which type of worker delivered it. If SOC codes are added to provider payroll and billing systems, it becomes possible to track how many staff work under each SOC-defined role — such as those included under the umbrella term Direct Support Professional (DSP), including intake specialists (whose responsibilities may include job coaching), employment specialists, job developers, and benefits and entitlements staff — without tracking names or personal identifiers.

This approach allows state agencies and the federal government to see the actual workforce behind Medicaid services such as those billed under **H2023**. It supports **transparent workforce planning**, **fair reimbursement**, and **data-driven funding decisions** — all while protecting individual privacy. Including SOC codes in workforce systems is a **practical way to make the DSP role visible and valued nationwide**

⊀ Final Note

New York State has not yet adopted SOC as a regulatory requirement. But initiatives like the Intake Project led by this SEMP provider show that **voluntary integration of SOC codes** — even starting only with job title classification — can bring real benefits. It improves service planning, quality, workforce alignment, and funding transparency. This model may help pave the way for broader adoption across the state and serve as a reference point for other human service agencies.