Implementing Direct Support Professional Credentialing in New York

Executive Summary

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Introduction and background

Governor Andrew M. Cuomo and the New York Legislature have charged the New York Office for People with Developmental Disabilities (OPWDD) to provide recommendations for the design and implementation of a Direct Support Professional (DSP) credential pilot program. To fulfill this charge, the OPWDD funded and engaged in a comprehensive project that included four main components: 1) An environmental scan and literature review, 2) A statewide series of structured focus groups to gather input about the development, utility, design and implementation of a credentialing program for DSPs from multiple stakeholder groups, and 3) A comprehensive statewide survey of New York licensed organizations that provide community services to people with intellectual and developmental disabilities (I/DD) and employ DSPs and Frontline Supervisors (FLS), and 4) Recommendations for NYS DSP credentialing design based on 1–3.

The Direct Support Workforce

DSPs are one segment of a vast national cadre of Direct Support Workers (DSWs) who provide daily assistance to fragile elders, people with physical, intellectual, developmental or behavioral disabilities, and those with other chronic conditions affecting their ability to live independently in the community. This workforce is rapidly expanding in all four major sectors of the long term service and support systems (LTSS) in the United States including: a) Intellectual/ Developmental Disabilities Services; b) Elder Services; c) Behavioral Health Services; and, d) Physical Disabilities Services. Several factors, particularly the aging of the American population, are creating a significant demand for expansion of this workforce. Currently, an estimated 364,400 New Yorkers are employed in direct service roles providing regular assistance to fragile elders, people with disabilities (physical, behavioral, intellectual and developmental) and others who need long term support.

The estimated number of DSPs funded by OPWDD to support people with I/DD is 97,382 in the private sector, and 13,024 public employees – about 30% of the direct service workforce in the state (New York State Office for People with Developmental Disabilities, 2015). In New York, demand for Personal Care Assistants (PCAs) and Home Health Aides is estimated to grow by 50.6% from 2008 to 2018. This is higher than the national average, and these classifications rank second and fifth respectively among New York's fastest growing occupations from 2008 to 2018.

Training DSPs

Training DSPs is most often left to the employer's discretion and in the case of PCA training, the content, like nurse assistant training content, focuses primarily on body care with scant attention to other important skills that support self-determination, choice, person-centered support and teamwork. In NY, OPWDD requires 100 hours training covering a range of topics. Some areas of required training occur during pre-service and the rest must be completed during the employment probationary period. Health and safety topics, such as medication administration, CPR, physical intervention protocols, first aid, infection control, choking, fire prevention/response and vehicle safety compose almost 80% of the mandated training. Some of these also require annual re-certifications. Service recipient rights and potential violations of those rights—abuse, neglect, reporting procedures—are required in the early weeks of employment and are repeated on an as-needed bases. Finally, there are areas of training that are usually covered only once; for example, the introduction to developmental disabilities, ethics, human growth and development, organizational personnel policies and corporate compliance.

In New York and across the country, the system of passing responsibility for training along to DSP employers is not working well. Due to the extensive decentralization of service locations, many employers are unable to pay DSPs for travelling to a central location for training, also chronic job vacancies make it difficult to find coverage for DSPs released during work hours to attend educational programs. Without national or state guidance on effective practices and knowledge that DSPs must bring to the job, employers train in silos and often lack the resources and information to provide updated or advanced content (Hewitt, Larson, Edelstein, Seavey, Hoge & Morris, 2008). Few employers provide professional development programs that reach beyond state minimums, or are organized into a series of award levels linked to a career path or wage advancement within the organization.

The effects of low wages and turnover

Among New York's private providers in the DD sector of LTSS, the average adjusted DSP wage of $13.25 is significantly less than workers providing direct support in other human service sectors in New York. For example nurse assistants that typically work in the elder service sector of LTSS have an average wage of $15.87 per hour while entry-level aides and technicians in the behavioral health sector make on average $15.36 (PHI, 2013). Without adjusting rates to support comprehensive preparation beyond minimum requirements and family sustaining wages accorded to others in direct support roles in New York such as nurse assistants, many DSPs will remain the working poor with income so low that half qualify for means-tested benefits such as food stamps. This leaves tenured DSPs with few incentives or opportunities to advance their knowledge, skill and to remain in the field leading to continued insufficiency and instability of this crucial workforce.

In New York's private sector of providers in the I/DD field, the DSP turnover rate averaged 28.8%. This means that in a calendar year 28,046 of the estimated number of the known 97,382 DSPs employed by private providers in NY will leave their positions within the first year. Annual turnover costs in the I/DD sector alone are conservatively estimated at $79,804,549. Reducing turnover by 10% would save the system $7,980,618 each year.

In this project, we heard hundreds of inspiring stories about the many important ways that DSPs support people with I/DD, and we heard the pride and meaning that DSPs find in their work. We also heard their discouragement with those co-workers who are not sufficiently skilled or suited for the job coupled with a strong desire for robust professional development programs that would improve the skills and weed out poor performers. DSPs are a precious commodity growing in demand and essential to an aging nation. They are the working poor (making less than many other DSWs in New York). Despite this, they informed us in Focus Groups that they are anxious to learn, grow, and continue to serve in the field, but have insufficient education and credentialing opportunities. While people with I/DD know who they are, the public does not – there are few commonly recognized certificates for this work in our high schools and colleges leaving them without professional recognition.

Educational and workforce policy rationale for credentialing

Credentialing and certification programs have expanded significantly and rapidly in the United States for several decades because technology and research advancement have accelerated the creation of knowledge, and the pace at which workers must adapt to changes at work (Knapp & Knapp, 2002). Well-designed credentialing programs provide targeted educational opportunities that help people master increasingly specialized or rapidly changing content areas in professions without necessarily investing in a longer-term degree program. The number of certificates awarded in the United States is estimated to have jumped from 300,000 in 1994 to 1,000,000 in 2010, and that year-long certificate programs provide a wage premium to completers that matches the premium attached to an Associate's Degree (Carnevale, Rose, Hanson, 2012). Targeted skill certificate programs are an essential and practical response to the nation's increasing demand to prepare workers for the "knowledge intensive" jobs of the 21st century (Davenport, 2013) (Kalleberg, 2011). As the fastest growing sector of low wage jobs in the country, by 2022 LTSS DSPs will surpass the food service labor sector to attain the unwanted distinction of the largest sector of low-wage workers. The high prevalence of women in these jobs makes this both a women's issue and an economic challenge. A growing body of evidence indicates that certificate programs will be one powerful solution to consider in closing the wage gap. The Carnevale, et al. (2012) report identifies that certificate holders on average earn 20% more than high school graduates– about $240,000 over a high school diploma in lifetime earnings.

Potential for credentialing to improve quality outcomes, affordability of LTSS and quality support

Credentialing is an important tool to strengthen the LTSS workforce by providing a strategy to: (a) update knowledge and skills needed to achieve quality, affordable support; (b) attract applicants by increasing society's awareness of direct support as an entry to human services work, and services; and (c) create a bridge to higher education and wages for the low wage LTSS workforce.

Well designed studies of the relationship between DSP education and the quality of support that DSPs provide are few in number, but several investigations that meet rigorous research criteria demonstrate that comprehensive training/educations programs that one would need to master the requirements of a robust credential program do make a difference. In a recent randomized controlled study, Hewitt, Nord & Bogenshutz (in press) found that when DSPs were supported by organizations to complete a comprehensive training program that included on-line training, in person group discussion, and mentoring by supervisors or lead workers the workers gained knowledge and skill and felt more valued by their supervisors. This study also found that the sites within the organizations that participated in the intervention had a 16% decrease in turnover rates. More importantly, the individuals who received services from trained DSPs experienced more improvement in outcomes such as employment, social relationships, inclusion and health and safety than their peers supported by DSPs who did not receive the comprehensive training. In a report to Congress in 2006 (US Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, 2006), LTSS workforce challenges were discussed in depth and identified five studies that demonstrated that what LTSS professionals know and do on the job has a direct effect on outcomes in the areas of challenging behavior, communication, treatment success and the success of moves to community living arrangements.

Focus Group summary: Views of DSPs, FLs, individuals with intellectual and developmental disabilities, families and employers

New Yorkers with varied stakeholder lenses volunteered to participate in the project Focus Group activities (N=141). On average, participants were stakeholders with substantial levels of experience with DSP work. Most Focus Group participants supported the development of a credential program stating their views that such a program would be likely to improve support quality and give service recipients and families a greater level of confidence in the integrity, ethics and skills of DSPs. Only two people did not support a credential and several others were undecided reporting that they would need more information to support or oppose the program. Participants often mentioned that a credential program would provide a higher and consistent standard for DSP work performance across the state, improve the skills of DSPs, and help all stakeholders gain a better understanding of what DSPs should know and do.

The Focus Group participants were united in their views that the most important work skills to address in a credentialing program are "putting people first" and "building and maintaining positive relationships." "Putting people first" covers a range of skills focused on learning each person's strengths, gifts and preferences and helping service recipients achieve goals they have defined for themselves, and live lives where their preferences are solicited and respected. The skill of "building and maintaining positive relationships" was the other competency area that all groups agree must be a through-line of the content of any credentialing program. This covers the ability to help people connect with others and live a full life enriched by relationships with friends, family and life partners; relation-ships are particularly important to people with disabilities who are at risk for isolation and loneliness.

DSPs were united in their view that a credentialing program would improve the skills of co-workers and would likely eliminate those workers who were not knowledgeable or committed to the profession. The DSP participants were also hopeful that a credential program would result in higher wages and greater respect for their role.

Concerns that were frequently articulated by multiple stakeholders were the fear that a credentialing program would limit the pool of people eligible to work as DSPs, and that it could potentially restrict the ability of families

and service recipients to employ the people they wanted as DSPs noting that a "credential" does not always translate to good work. Another major concern was the worry that limited public resources would rob funds from important services to pay for the credentialing program, and increase training and salary costs.

Many participants emphasized the need to assure funding for the program and for tuition (as applicable), that the program is designed to be accessible both physically and academically, designed to provide the support that busy working professionals need to be successful and supports learners from disadvantaged educational backgrounds. Participants reported a clear preference expressed for what is described as a "hybrid" instructional model that provides learning content both onsite and online. There was also strong support for providing wage and promotion incentives for credential completers and to allow for the use of work-based learning approaches such as internships, mentoring, and other methods of learning in the actual work place.

Community private sector provider survey outcome summary

The project advisory group developed the survey based on previous survey instruments used at the University of Minnesota. It was administered using a University of Minnesota on-line survey product called Qualtrics. In order for providers to complete the survey, individual links to the online survey were sent to each organization. A final sample of 206 providers completed the online survey. It is important to note that completing this survey took a lot of time for the providers and often required three or more professionals within the organizations (e.g. accountant, human resources, trainer, executive director) to work together to ensure completion of all of the items. Data were submitted by the provider via the survey on-line and downloaded into SPSS, Version 21, which was used for all analyses. All data were encrypted and maintained on secure servers at the University of Minnesota.

Overall description of the providers in the sample

Size and scope of services

Of the 206 organizations that participated, 50 (24.3%) were located in Region 1, 33 (16.0%) were in Region 2, 59 (28.6%) were in Region 3, 45 (21.8%) were in Region 4, and 19 (9.2%) were in Region 5. The sample was representative of the provider population by region. Organizations served individuals with I/DD in multiple setting types (e.g. in-home, group home, congregate, sheltered work). On average 42.32% of an organization's programs and services were delivered in agencies or facilities, 36.15% were delivered in family or individual homes, 14.81% were delivered at community job sites, and 3.25% was in other site types. The average number of services provided was 4.22 out of eight possible services, defined as: (1) 24 hour residential supports and services in a nursing home, ICF, state operated community program or institution, large private institution, ICRMR with 16 or more people, (2) Community – based 24 hour residential supports and services (e.g., group home, supported living arrangement, supervised living facility) with 15 or fewer people, (3) Agency Sponsored Family Care, (4) Less than 24 hour residential supports and services (e.g., semi-independent living services, supported living), (5) In-home supports and services (family support, home health care services, personal care services), (6) Nonresidential community supports (adult day services, rehabilitative services, and medical supports), (7) Job, or vocational, services (e.g., supported employment, work crews, sheltered workshops, job training) and (8) Other.

Across the 206 organizations, a total of 269,253 individuals (across all disability types) were provided services and supports. When defining organization size by the number of people with disabilities that the organization served, 5.6% were small (less than 50 people served), 30.5% were medium (51-250 people served), and 64.0% were large in size (251 or more people served). For organization size based on annual revenue, 9.5% had annual revenue under $1 million, 27.0% were between $1 million to $9,999,999 in annual revenue, 21.0% had $10 million to $19,999,999 for their annual revenue, 28.0% had annual revenue between $20 million to $49,999,999, 10.0% had $50 million to $99,999,999 in annual revenue, and 4.5% organizations had $100 million or more in annual revenue.

Staffing

Across the 206 organizations, a total of 55,449 DSPs were employed (including both part time and full time). Of the total sample, the average percent of full-time DSP employees was 56.9%. The average percent of part-time employees was 29.7%. And, the average percent of on-call, temporary or relief employees was 18.1%.

Turnover and vacancy

The average DSP turnover rate across all providers and regions was 28.8%, and it ranged from 0 to 123.1%. The average percent of DSP leavers within 6 months of tenure was 32.7% with a range of 0 to 100%. The average DSP vacancy rate for the entire sample was 9.6% with a range of 0 to 39.2%. The average FLS turnover rate was 13.0%, and it ranged from 0 to 50%. The average FLS vacancy rate for the entire sample was 5.3% with a range of 0 to 33.3%.

Wages

With respect to wages, the average starting hourly wage was $10.84 with a range of $4.08 to $22.00. For average hourly wage, the mean was $12.74 with a range of $4.08 to $30.00. And, the average highest hourly wage for the total sample was $17.85 with a range of $4.88 to $43.27. FLS starting salary was $33,598.67 with a range of $8,000 to $75,000. For average hourly salary, the mean was $38,690.45 with a range of $9,000 to $80,000. And, the average highest FLS salary was $50,156.79 with a range of $9,600 to $170,000.

In 2015, DSP and FLS wages were increased by 2% on two occasions: January 1, 2015 and April 1, 2015. With these two wage increases applied, the mean adjusted starting hourly DSP wage is $11.28. The mean DSP average hourly wage is $13.25, and the mean DSP average highest hourly wage is $18.57. The FLS starting salary is $34,956.06. The mean FLS average salary is $40,253.54, and the mean FLS highest salary is $52,183.12.

Benefits

Many benefits are offered to employees including paid sick leave, paid vacation time, and health insurance. With respect to offering paid sick leave, 91.8% did for their full-time DSPs, and 66.3% did for their part-time DSPs. For offering paid vacation, 83.0% did for their full-time DSPs and 60.5% did for their part-time DSPs. Of the organizations, 94.6% offered health insurance to their full-time DSPs and 43.1% offered it to their part-time DSPs. Overall, 41.9% of DSPs are enrolled in their organization's health plans.

The minimum number of hours a DSP had to work per week to be eligible for health insurance was 28.15 hours. For 29.3% of the organizations, the number of hours worked in a week to be eligible for health insurance had changed in the past two years. For 25 of these organizations, the number of hours worked per week in order to be eligible for health insurance decreased. However, for the other 31 organizations, the number of hours worked weekly to meet the eligibility requirement increased. Those organizations who indicated that there had been a change within the last two years in the number of hours a DSP had to work to be eligible for health insurance were also given the opportunity to explain why this change occurred. Three of the organizations indicated that saving money on insurance premiums, cost savings during OPWDD budget cuts, and union negotiations were the instigator of change. Another stated that agency funds prohibited the agency from paying health insurance benefits for part-time employees working less than 35 hours a week. One organization became an affiliate of a different organization and had to adapt to its policies. One organization cited very few staff hired at 20 hours a week with most at 16 hours or less or 30 hours or more a week. Another organization said they only had one individual who took the part-time benefit. However, the overwhelming reason given by 48 of the organizations for making a change in hours worked per week for DSPs to be eligible for health insurance was compliance with the Affordable Care Act, which defines full-time hours as 30 hours per week.

Both organizations and employees made monthly contributions to health insurance premiums. This was done for individual, two person and family coverage. Organization's averaged $560.02 for monthly premium payments for individual health insurance coverage, and payments ranged from $0.00 to $6,131.98. For 2-person coverage, the average monthly contribution for organizations was $847.07 with a range from $0.00 to $8,198.22. Organization's average contribution, for family coverage was $1,295.21 and had a range from $0.00 to $15,875.84. Employees averaged $96.94 for monthly premium payments for individual health insurance coverage, and payments ranged from $0.00 to $562.00. For 2-person coverage, the average monthly contribution for employees

was $241.26 with a range from $0.00 to $1,060.23. And, for family coverage, the average monthly contribution for employees was $385.24 and had a range from $0.00 to $1,568.00.

Benefits other than paid sick leave, paid vacation time, and health insurance were offered to DSP workers. Overall, the top three other benefits offered were Other (55.2%), Retirement Match (50.3%), and Tuition (48.6%). The top benefit for Regions 1 and 2 was Retirement Match (60.9% and 65.6%, respectively), Regions 3 and 5 was Tuition (58.8% and 68.8%, respectively), and Region 4 was Other (75.0%). Other responses included other types of insurance (e.g., Supplemental Insurance, Pet Insurance, Credit Union Membership, life insurance, vision and dental insurance) other types of leave (e.g., short-term and long-term disability, maternity and paternity leave, bereavement leave), other types of investments (e.g., 401k profit sharing), flex spending and health reimbursement accounts, floating holidays, preschool for children, cell phones, restaurant coupons, and more.

Recruitment

Organizations provided the percent of their DSP new hires that came from various sources. Of an organization's new DSP hires, on average, 17.0% of new DSP hires came from newspaper or circular ads, 26.5% were from referrals given by current employees, 31.4% came from websites such as Craig's List, 1.5% were from private employment or temporary staffing agencies, 2.9% came from school or training placement programs, 1.6% were from social media such as LinkedIn and Facebook, and 6.8% came from other sources. There were 12.8% of the organizations that did not track this information.

Organizations also provided the percent of their FLS new hires that came from various sources. On average, 8.9% of new FLS hires came from newspaper or circular ads, 41.6% were from promotion of existing employees, 9.7% were from referrals given by current employees, 17.1% came from websites such as Craig's List, 0.8% were from private employment or temporary staffing agencies, 0.3% came from school or training placement programs, 0.7% were from social media such as LinkedIn and Facebook, and 5.4% came from other sources. There were 13.9% of the organizations that did not track this information.

Workforce stability interventions used

Organizations were asked which interventions they had used and found beneficial for improving their recruitment of DSPs. The top three included use of inside recruitment sources (75.1%) such as existing staff, board members, volunteers and families, using internet job postings such as LinkedIn and Craig's List (56.7%), and attending job fairs to exhibit their organization and seek new hires (55.2%). Other methods provided included social media, advertising in newspapers or circular advertisements, radio advertisements, open houses, a sign in the front of the building, walk-in interviews, and email notifications sent to other agencies and to colleges.

Significant differences by region, provider size and setting type

A number of analyses were conducted to identify the relationships between certain variables (e.g. size of provider, status of the DSP worker, FLSs and setting type) and DSP workforce outcomes (e.g. wages, turnover, vacancy). These are summarized here and explain in detail in the full project technical report.

The region in which a DSP is employed makes a difference. There were significant differences in starting and average wages, offering part-time DSPs paid sick leave, and employee monthly health insurance contribution to 2-person coverage between the New York regions. There were significant differences in average percent of DSP leavers within 6 month tenure, highest DSP wages, offering paid sick leave to full-time employees, and pre-service training hours between the organization sizes when organization size was distinguished by the number of people served. When size of an organization was defined by annual revenue, there were also significant differences in the proportion of employees offered paid sick leave to full-time employees, in the proportion of employees offered paid vacation time to part-time employees, in employee monthly health insurance contribution to 2-person coverage and family coverage, and in the number of pre-service training hours.

The relationship between the total number of services provided and starting hourly wage was positive and statistically significant. There were two positive and significant relationships with DSP highest wage. There were two significant findings for percent of employee type and percent of setting type served. As the percent of full time employ-

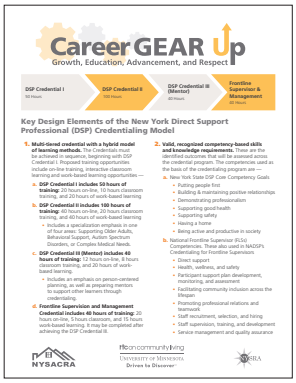
ees increased, the percent of family or individual home service sites decreased and the percent of job service sites increased. As the number of part-time DSP employees increased the percent of family or individual home service sites increased while the percent of job service sites and total services provided decreased.

For full-time DSPs, there was a significant difference between those offered paid sick leave and those not with respect to the percentage of other setting types served and total number of services provided. There was a significant difference between those organizations that offered part-time DSPs paid sick leave and those who did not for total number of services provided. For part-time DSPs, there was a significant difference between those organizations who offered paid vacation time and those who did not with respect to the percentage of agency and family or individual homes setting sites served.

For relationships between the organization's monthly health insurance contribution and total services provided, there was one significant relationship. As the total number of services increased, the organization's contribution to the health plan family coverage increased. For the employee's monthly health insurance contributions, there was a positive and significant relationship with 2-person coverage meaning that as the percent of other settings served increased the employee's monthly contribution to the health plan 2-person coverage option increased.

When examining the relationships between DSP turnover and percent of degree type, there was only one significant relationship. The higher the percent of DSPs with bachelor's degrees, the lower the DSP turnover rate. Additionally, there was one significant relationship for referrals from existing employees. As the percent of source from referrals from existing employees increases, the vacancy rate decreases. Lastly, for turnover, there was a significant difference between organizations who used and found internet job postings such as LinkedIn and Craig's List helpful in improving DSP recruitment and those who did not use this source. For vacancy rate, there was a significant difference between organizations who used and found using inside recruitment helpful in improving DSP recruitment and those who did not use this source.

Costs and potential offsets/return on investments



The financial model developed for this project represents the project advisors' and staff estimates of the costs of the New York DSP Career GEAR Up Credential Program if it were implemented in both private and public sector organizations statewide. Costs are projected over five years, and include incremental annual growth enrollment targets for DSPs in both sectors. Annual enrollment is targeted to grow from 3% to 20% of DSPs statewide in five years. Currently, there are 97,382 DSPs in the private sector and 13,024 in the public sector. Demand for services is expected to grow at a rate of 9% each year. In five years, the New York DSP Credential aims to award credentials to 24,008 DSPs in the private sector and 3,211 DSPs in the public sector.

The financial model includes training costs for targeted enrollment based on learning in various methods: online training, interactive classroom based learning, and work-based learning. Costs are estimates based on existing national DSP training programs. Estimates for Frontline Supervisors' wages to cover supervisor and work-based learning on sites are based on average reported wages from the provider survey. Estimates of frontline supervisors in the public sector (called Developmental Assistants) are based on average wage data provided by OPWDD. Total costs for the DSP Credential program include costs in the private and public sector, and the costs of establishing and running an administrative governing organization. These total costs are $415,029,895.27. The state portion of these costs total $207,514,947.63. The financial mode assumes that the State of New York will draw down Federal Medicaid Assistance Percentage (FMAP – also sometimes referred to as federal financial participation in state assistance expedentiures) from the federal government by building the costs of the credential program into the Medicaid rate structures for HCBS. It is advised that this credential model be initially implemented in a fee for service long term services and supports (LTSS) model but simultaneously be built into contracts as NY moves toward managed long term services and supports (MTLSS). Both fee for service LTSS and MLTSS can maximize federal dollars to support the credential program.

Career GEAR Up
Growth, Education, Advancement, and Respect

Recommendations to the Legislature and OPWDD: NY DSP Career GEAR Up Credentialing Program

1. Make a long-term **structural commitment** to a statewide DSP credentialing program and strengthening the DSP workforce. Phase in the program statewide by FY 21/22 achieving the credential for 20% of this workforce.
2. Create a state **statutory requirement** for OPWDD to offer a statewide voluntary credential with incentives for participation through salary increases for targeted enrollments.
3. Develop and implement a mechanism to pay for the DSP credentialing program by ensuring NY uses **Medicaid** to offset the costs through federal medical assistance plan **(FMAP).**
4. **Implement** and publicly fund the NY DSP credential program beginning FY 16/17.
5. Build the DSP credentialing program into **the HCBS rule community transition** implementation plan ensuring the content of the credentialing program is consistent with the systems changes created by the transition plan.
6. **Build upon the statewide DSP Core Competencies** by moving this credentialing program forward.
7. Ensure that the DSP credential program is built into **managed care contracts** for long-term services and supports.
8. Ensure the DSP workforce is comprehensively included in the NY state and OPWDD **"transformation" agenda.**
9. Establish an independent representative **advisory council** for the DSP credentialing program that is formed by OPWDD to advise and oversee the administrative body.
10. Be certain that the credential program is accessible, applicable and **relevant for** individuals and families that **self-direct** in the state of NY.
11. Develop and solicit responses to a **request for qualifications (RFQ)** for an independent entity to manage the DSP credential administration no later than July 1, 2016.
12. Conduct systematic **evaluation** and improvement of the DSP credential and make modifications to the program based on the evaluation results.
13. Mandate systems to ensure the credential program gets **updated regularly** to reflect the service system and changes in the field of long term services and supports to people with intellectual and developmental disabilities.

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