Community Support Provider Credential Program

THE
Community Equation
COMMUNITY SUPPORT PROVIDERS OF SOUTH DAKOTA

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Executive Summary

Community Support Providers (CSP) in South Dakota has a long and successful history of providing the best quality services and supports to those with Intellectual and Developmental Disabilities (IDD). This success has been in large part due to the dedication and hard work of frontline Direct Support Professionals (DSP) that make these services possible. The need for supporting our DSPs is even greater today!

Over the last several decades, SD CSP's have been entrenched in a battle to recruit and retain qualified and high quality DSPs. Despite the diligent efforts that SD providers have taken in addressing this workforce crisis, the reality of the situation has become even bleaker. In SD alone, the staff turnover rates average close to, or above, 50% and attracting quality workers fails on many fronts due to low wages and lack of meaningful career advancement. This, coupled with increasing training needs and technical knowledge required of DSPs, and the situation has compounded to crisis levels. The crisis is also not unique to SD, but extends across the entire US and has quickly become one of the most fundamental challenges facing disability services nationally. If not addressed quickly, services and supports will greatly suffer as a result.

The purpose of the following document is to provide an overall picture of the crisis, both nationally and within SD. Most importantly, it offers a proposal for how the SD State Legislature and the SD Department of Human Services can assist in addressing this critical issue. Central to the proposal, and at the foundation of all quality services and supports, is the DSP. Without their work, people with IDD would not experience the level of independence and inclusion, health, mental health, and vocational opportunities they currently experience. In other words, the DSP is the foundation that the house is built upon. If there are cracks in the foundation the entire home is affected.

It is the recommendation of Community Support Providers of South Dakota (CSP of SD) that the SD State Legislature and the SD Department of Human Services support the development of a robust DSP credentialing program dedicated to the professionalization of the position, improvement of DSP wages, and technical training for DSPs. This proposal is more than a simple request for increased funding; rather it fosters solid partnerships with both regulating entities and lawmakers, and offers a return on investment. With your support, the foundation of quality services will be firmly set for the future of SD's IDD services!

Workforce Solutions Workshop and CSP of SD Workforce Solutions Committee

The formation of the Workforce Solutions Committee (WSC) evolved from a workshop hosted by Black Hills Works in Rapid City, SD in November of 2015. Conference presenters Barb Kleist and Claire Benway from the University of Minnesota Research and Training Center on Community Living addressed workforce issues facing providers of Intellectual and Developmental Disability services on both the national and state level. Attendees of the conference included human resource professionals from state CSPs, CSP executives, CSP managers and other personnel, and SD State Legislators. The University of Minnesota compiled a report of observations and recommendations following the workshop.

Following the initial workshop, CSP of SD created three subcommittees to follow up on the University of Minnesota's report with the specific aim of researching current strategies that CSPs are utilizing in recruitment and retention of Direct Support Professionals (DSP), developing partnerships with the state Division of Developmental Disabilities (DDD) and Department of Human Services, researching successes in other states, and developing partnerships with the Governor's office and the SD State Legislature with the ultimate goal of creating a robust credentialing program for DSPs.

Description of the Problem

Over the course of several decades, staffing concerns have existed in long-term services. Over this past decade, the staffing concerns have increased to where providers for individuals with IDD are now experiencing a workforce crisis, specifically retention of front-line DSP positions. The crisis has affected the country as a whole and has reached pinnacle status in South Dakota, where very low unemployment numbers have exacerbated the issue. Multiple factors contribute to the issue (e.g. low wages, access to benefits, lack of career advancement opportunities, demographic challenges) and interventions addressing these factors routinely face limited resources. The end result is a cycle of DSP turnover and diminished quality of care to service recipients who rely on consistency and relationships more than anyone.

DSP Workforce Inadequate to Meet Future Service Demands: Contributing Factors

The crisis essentially delineates into four primary categories both nationally and on the state level: demographics, career image, wages and benefits, and training and professional development.

Increased Life Expectancy and Changing Service Demands. Demographically, the IDD population life expectancy has significantly increased in the last several decades alongside increased service demands of the Baby Boomer generation (Kleist & Benway, 2015; Larson & Hewitt, 2005; Parish & Lutwick, 2005). One estimate by Braddock et al

As people with I/DD live longer lives, service demands increase.

(2012) noted that between the years of 1999 and 2011, residential service capacity of IDD providers increased nationally by over 40% (p.56). Adding frustration to the increased demand for services, Kleist and Benway (2015) explained that many providers are experiencing a *care gap*, or shrinking of the IDD front-line workforce, which is primarily women age 25-44. This essentially means that labor pool replacement is inadequate in meeting service demands.

Negative Job Perception of the DSP. Further aggravating the situation is the negative perceptions of direct care as a profession. These front-line positions often have the reputation of being high stress positions characterized by emotionally and physically taxing job duties, poor hours of work, increasing responsibilities and technical knowhow, and an overabundance of part-time work (Hewitt & Larson, 2007; Seavey, 2010). The days of the position simply being a "caregiver" type of job are long over. Presently, DSPs are not only responsible for providing standard care, but also responsible for making sound judgments regarding behavioral, medical, individual rights, skill acquisition, and advocacy issues – with minimal supervision and lack of professional consultation (Hewitt & Larson, 2007; Larson & Hewitt, 2005). Sadly, policy makers and economists often relegate DSP work to the "secondary labor market that requires little skill" (Hewitt & Larson, 2007, p. 180).

Compared to related occupations, DSPs experience lower wages with a large population qualifying for government assistance.

Low Wages and Benefits. Low wages also intensify the workforce crisis. According to the U.S. Bureau of Labor Statistics (2016), the occupational category of Personal Care Aides, which includes DSP positions, has a national mean hourly wage of $10.20 or $21,210 annual salary. This figure has increased only $.20 since 2012 (Bogenschutz et al., 2014) and falls close to the Federal Poverty Level (FPV) for a family of three, and well below the FPV for a family of four (Poverty Guidelines, 2016). It's important to note that these guidelines apply to full-time workers and providers have a large part-time workforce. Thus, a part-time DSP making $10.20 per hour or $10,608 annually will fall below the FPV for an individual (Poverty Guidelines, 2016).

Perhaps the most disturbing trend regarding low wages is the propensity of DSPs requiring use of government benefits in order to make ends meet. Hewitt (2013) reported that (Means-tested) 49% of DSPs qualify for some type of government assistance, 39% qualify for Medicaid, and 34% qualify for food and nutrition programs. Essentially, the trend reduces to the government not only subsidizing those receiving services, but also those providing the care. Overall spending on people supported is actually much higher when this trend is considered.

Access to fringe benefits also plays a role within this factor of the problem. While there have been improvements to health insurance access via the Affordable Care Act, many part-time DSPs are still ineligible for, or cannot afford, supplemental insurance benefits due to the lack of

employer sponsorship (e.g. dental, vision, disability insurance) (Bogenschutz et al., 2014). Along the same lines, paid time off is perhaps the most common of fringe benefits, but as Bogenschutz et al points out, eligibility to participate in paid time off depends greatly on employee status within the organization.

DSP skills are more complex now than ever before.

Inadequate Training and Development. Training and development of DSPs is another critical element factoring into the overall picture of retention. While research is minimal on this topic (Bogenschutz et al., 2015; Hewitt & Larson, 2005), the challenges reduce to the themes of training outcomes and logistical factors. In terms of training outcomes, mandated trainings (e.g. abuse and neglect, CPR, health and safety, basic job responsibilities) make up the majority of training activities for providers (Hewitt & Larson, 2007; Larson & Hewitt, 2005). While these are certainly important topics, they fail to meet the increased DSP responsibilities and job complexities. Furthermore, Ejaz et al (2008) and Acker's (2004) research indicated a connection between lack of professional development with intent to quit and overall diminished job satisfaction (as cited in Bogenschutz et al., 2015).

Logistically, training is difficult to complete in provider settings due to the geographically dispersed nature of the services provided and 24 hours per day service delivery (Hewitt & Larson, 2007). Because of these two logistical factors, providers naturally focus on making training as efficient as possible, which in many cases means only training to the required mandate. Minimal training and professional development in turn correlates to staff burnout, high stress, overwhelming job duties, and ultimately – an *external locus of control* related to work stress (Gray & Muramatsu, 2013).

Significantly High DSP Turnover. Combined, the above factors result in high turnover of DSP positions. While the data regarding turnover rates will obviously vary across the U.S., the average is approximately 52% (Hewitt & Larson, 2007). Further supporting this figure, the American Network of Community Options and Resources' (ANCOR) (2009) DSP Wage Study found similar DSP turnover rates ranging from 38.2% to 45.9%. Turnover data will also vary according to DSP service area (i.e. residential, vocational, day services). Table 1 provides a breakdown of turnover rates nationally by DSP service area.

Table 1
Turnover rates by service area

Turnover Rates	
Service Setting	**Turnover Rate (range)**
Community Residential Settings	45% to 70%
Employment/Vocational Settings	33% to 86%
Multiple Service Settings	30% to 60%

Note. Data for Table 1 adapted from Hewitt and Larson (2007).

Residential services experience some of the highest rates of turnover.

DSP turnover translates to high costs for both CSP providers and for taxpayers. According to Hewitt (2013), costs associated with hiring a new DSP range from $6,000 to $10,000. A report provided by ANCOR (2010) estimated the cost at $4,872. With these figures in mind and an estimated 625,000 DSPs with an average turnover rate of 52%, spending potentially reaches a staggering "$784 million annually" (Hewitt & Larson, 2007, p. 180).

DSP Workforce Stability State and National Comparison

Comparing the national and state data regarding this issue is important in terms of perspective. The majority of state data used in the comparison came from the Workforce Solutions Workshop held at Black Hills Works in November of 2015. Demographic and specific wage and benefit information was not available at the workshop.

Negative Perception of the DSP Career: Statewide. The November 2015 workshop yielded much information regarding the perceived role of the DSP, or career image. The overall consensus of the group concluded, "That many DSPs do not feel valued, in their roles" (Kleist and Benway, 2015, p. 3). Table 2 illustrates the major themes associated with career image generated at the Workforce Solutions Workshop and compares them to the academic literature on the topic. Likewise, Table 3 examines the major themes raised at the 2015 Workforce Solutions Workshop associated with inadequate wages of DSPs compared to the literature on the topic.

Table 2
Workforce Solutions Conference Theme Comparison to National Academic Literature (Career Image)

DSP Career Image/Perception (State and Academic Literature Comparison)	
Workforce Solutions Conference Themes	Academic Literature
• Not seen as a career • Not viewed as a career by the larger public • Low value of this type of work • Positions viewed as non-professional • Stressful, high pressure positions	• Perception as low skilled labor • No available career paths • High burnout and workload • Not viewed as a professional career

Note. Academic themes generated from (Bogenschutz, 2014; Gray & Muramatsu, 2013; Hewitt & Larson, 2007; Powers & Powers, 2010; Seavey, 2011).

Table 3
Workforce Solutions Conference Theme Comparison to National Academic Literature (DSP wages)

DSP Wages (State and Academic Literature Comparison)	
Workforce Solutions Conference Themes	Academic Literature
• Pay does not compete with similar industries • Pay doesn't match the work • Money, Pay and benefits • Public Assistance • Frustrated with low wages	• State operated facilities have higher wages and benefits • Pay in similar industries is higher (e.g. CNAs, Psychiatric Aides, Home Health Aides)

Note. Academic literature themes generated from (ANCOR, 2009; Braddock et al., 2013; Hewitt & Larson, 2007).


As technology increases, the demand for technical training moves beyond mandating training.

Inadequate Training: Statewide. The Workforce Solutions Workshop (2015) noted above, also yielded some general information regarding training and staff development challenges. The two major themes regarding training that were generated at the workshop included training pertaining to services provided (i.e. technical skills and methods of delivering service) and a lack of training in organizational culture/dynamics (e.g. leadership, departmental relationships, staff empowerment). In terms of training involving technical skills, the information gleaned from the workshop was minimal. The primary statements made during the focus groups consisted of generalized statements such as "inadequate training", "lack of training", and "don't have competency based training" (Kleist & Benway, 2015, pp. 12-19). Despite the minimal nature of the information pertaining to technical skills training, it nonetheless highlighted the challenge facing SD providers with technical skills training.

On the other hand, strong evidence of training needs regarding organizational culture and dynamics surfaced throughout the workshop proceedings. Kleist and Benway's (2015) workshop report outlines these issues in four major areas: conflict between employees and supervisors, low morale, not feeling valued, and employees feeling isolated. Some of the more poignant statements include, "staff identifying with their assigned location and not the larger agency", "departments don't intermingle", "people not feeling included" and "don't feel empowered" (Kleist and Benway, 2015, pp. 12-19). Again, for perspective, Table 4 provides an illustration and comparison between the state experience and the literature on the topic.

Table 4
Workforce Solutions Conference Theme Comparison to National Academic Literature (DSP Training)

DSP Training (State and Academic Literature Comparison)	
Workforce Solutions Conference Themes	Academic Literature
• Inadequate training • Supervisors lack skills to improve workforce • Skills set will need to increase – hard to find time to do it • Lack of training on conflict resolution • Don't feel empowered • Us vs. Them • Job is very complex • Staff don't feel like they are in the loop • Lack of understanding between different roles • Administration expectations are not realistic or practical	• Role ambiguity/ poorly defined job responsibilities • Little opportunities for advancement and competency based training • Supervisor's role in training and support • Do not feel supported by the organization • Feel less in control • Coping with heavy workloads • Not feeling empowered or listened to by the organization

Note. Academic literature themes generated from (Bogenschutz et al., 2015; Gray & Muramatsu, 2013; Laws et al., 2014).

In summation, the importance of comparing the literature on the national level to the state experience cannot be underestimated. In essence, the grim picture of long-term care services for

people with I/DD on the national level is practically a mirror image of what's occurring in South Dakota. Long held predictions of this crisis are now coming to fruition in SD and are not the result of economic anomalies or minor regional differences. Failing to address the crisis threatens quality services and health and safety assurances in the state.

Proposed DSP Credential Program for South Dakota

While the above description of the problem is laden with complexity and daunting challenges, addressing the issue must occur immediately and the best place to begin is with those providing direct care. It's also important to note that simply throwing money at the problem is not the answer. Rather, proceeding forward with a balanced approached where funding is a part of the equation alongside a return on investment (i.e. increased DSP skills, professional development, and improved workforce sustainability). With that in mind, support from state agencies and the SD State Legislature is essential. The information below proposes a DSP credentialing program for CSPs in SD.

Why a Credential Program?

Credential programs offer DSPs a career path to remain in a vital field in need of professionalization.

Certification and credentialing programs have rapidly expanded in the U.S. over the last several decades from approximately 300,000 in 1996 to over 1,000,000 in 2010 (Hardiman & Hewitt, 2016; NY State Office for People with DD, n.d.). The number clearly indicates the demand for workers with demonstrated competencies, but also illustrates the rapidly changing work environments and a different avenue that workers can take in acquiring necessary skills. Most importantly, there is evidence that these types of programs help to increase wages (as cited in NY State Office for People with DD, n.d.). Moreover, the competency based training aspects of these types of programs has also shown to help increase perceptions of value among DSPs and decrease turnover. A recent study by Bogenschutz et al. (2015) regarding this specific topic showed that DSPs participating in credentialing programs felt more valued by their supervisors and reduced turnover by 16%. While 16% appears small, the financial implications of this amount of turnover decrease add up quickly. If an organization had 100 DSPs with an average turnover rate of 40% per year (40 DSPs), with an estimated cost of $6,000 to $10,000 to replace each of those employees (see Hewitt & Larson, 2013), the agency can expect replacement costs of $240,000 at the low end. If this hypothetical organization was to reduce their turnover 16% by instituting a robust credential program, the savings could potentially total $96,000. These kinds of savings for small and large providers in SD would have a profoundly positive effect.

Skills and knowledge of DSPs have a direct impact on the outcomes of those receiving services.

The financial implications are not the only factors as to why a credentialing program is a necessity. Ultimately, it's quality of outcomes and service that matters. The available research on the impact of credential programs has a direct correlation to improved outcomes. A 2006 report to congress by the US Department of Health and Human Services Assistant Secretary for Planning and Evaluation cited several studies that showed "what [direct care staff] 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" (as cited in NY State Office for People with DD, n.d., p. 6). Alongside this report, research by Woltmann et al. (2008) found that organizations that fail to implement evidence based practices experience increased turnover (2008, as cited in Bogenschutz et al., 2015).

If there is any reason alone to create a DSP credential program in SD, quality outcomes is at the base. While they have always been an element examined by regulators and accreditation organizations – they are the reason for the existence of CSPs. People receiving services come first in this field, and developing a DSP credential program is the foundation for quality outcomes! In many ways, such a program is a value added approach to service delivery. Figure 1 illustrates the concept.

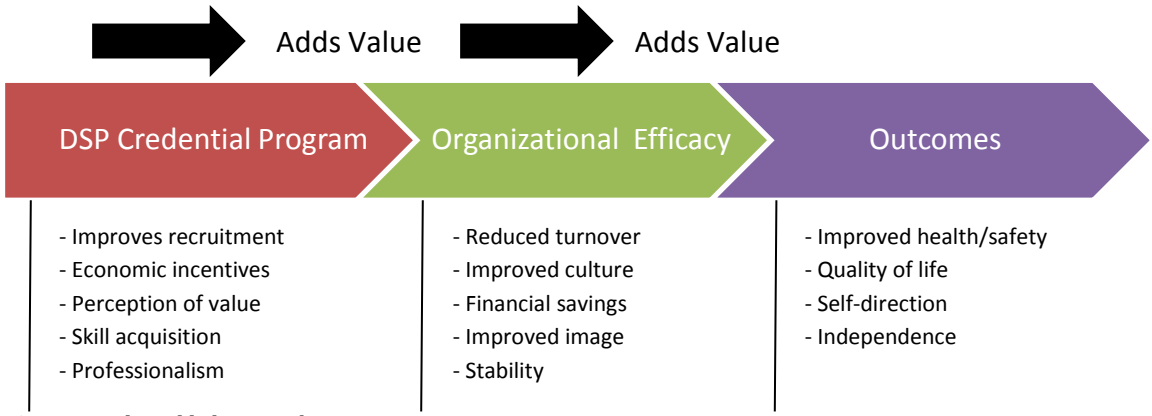


Figure 1. Value added approach

Credentialing Program Goals

The goals of the credential program directly correlate to the above value added model, and the vision of the program is professionalization of DSP work. First, considering the struggles that SD providers have in getting employees in the door, attractiveness to the occupation is paramount. Offering a credential program coupled with financial incentives and the potential for

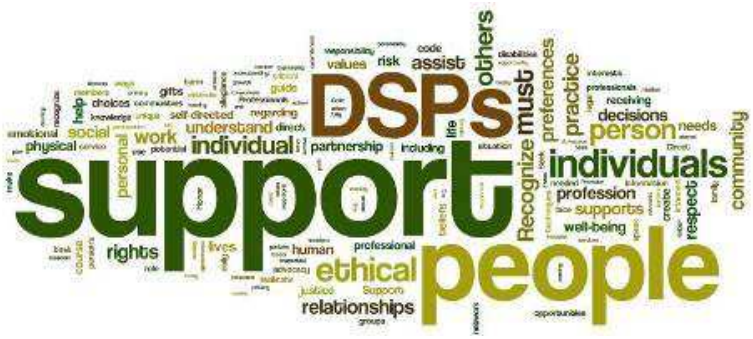
lateral advancement provides both a recruitment advantage, and hope for the potential applicant. Reducing turnover is the second goal of the credential program. Without this goal, meeting the ultimate goal of improving outcomes will fall short. Stability in DSPs has to be present in order for true quality outcomes to occur. Table 5 lists the four goals of the program.

Table 5
Credential Program Goals

Credential Program Goals
1. Increase recruitment of high quality DSPs
2. Retain high quality and competent DSPs
3. Create a long-term career path for DSPs
4. Increase the quality of outcomes for people receiving services

Credential Program Standards

Program standards are essential to the credential program development process and CSP of SD proposes participating in the credential program offered by the National Alliance for Direct Support Professionals (NADSP). The NADSP program is the preeminent DSP credentialing program in the U.S. and emphasizes competency-based training with several levels of skill and certification requirements.



Utilizing the NADSP program is a perfect fit for SD for several reasons. First, the overall vision of the credentialing program fits well within the realm of community based and person centered philosophies espoused by the SD Division of Developmental Disabilities. Secondly, the NADSP guiding principles are also congruent with those philosophies promoted by the accrediting body of all South Dakota provider agencies, the Council on Quality and Leadership (CQL). By becoming a part of the NADSP credentialing program, SD providers would strengthen their partnership with accrediting bodies, the DDD, and ultimately improve outcomes of those receiving services. Table 6 provides a basic outline of the credentialing program.

Table 6
NADSP Credential Program Outline

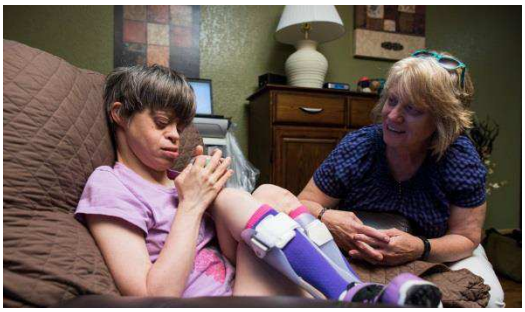
NADSP Credential Program Outline	
Credential Type	**Requirements**
DSP Registered (DSP – R)	• Complete all state and provider required trainings • 6 months of continuous & current employment with community provider agency • Good standing legally and able to work in the US • Letter of professional commitment • Signs and adheres to the NADSP Code of Ethics
DSP Certified Level 1 (DSP – C Level1) **Re-certification** • **Every 2 years** • **20 hours of continuing education** • **Signed adherence to the NADSP Code of Ethics**	• DSP-R credential • 100 instruction hours from NADSP accredited education and training programs • 1 year of continuous employment • Professional resume • Letter of professional commitment • Letter of recommendation from a person receiving services/family member/guardian • Portfolio of work samples demonstrating competence in 4 of 15 competency areas • Signed adherence to the Code of Ethics
DSP Certified Level 2 (DSP – C Level 2) **Re-certification** • **Every 2 years** • **20 hours of continuing education** • **Signed adherence to the NADSP Code of Ethics**	• DSP-R & DSP-C Level 1 credential • Additional 100 hours of instruction from accredited education and training programs • 2 years of continuous employment • Professional resume and letter of professional commitment • Letter of recommendation from person receiving services/family member/guardian • Portfolio of work samples that demonstrates competency in 4 of the remaining 11 competency areas • Signed adherence to the code of ethics
DSP Specialist (DSP – S) **Re-certification** • **Every 2 years** • **Re-certification of the DSP – Certified credential** • **5 hours of continuous education in the specialty area** • **Signed adherence to the NADSP Code of Ethics**	• DSP – Certified • 40 hours of approved continuing education in specialty area • Portfolio of work samples that show competency in specialty area • Proof of one year of continuous work in specialty area • Letter from employer in support of the DSP's competence and professional integrity in the specialty

Note. Each of the credential levels has associated fees and re-certification fees.

Financial Requirements

Critical to the success of this proposal is appropriate and adequate funding. The financial resources needed for the success of this proposal fall into two main areas: funding required in initiating and launching the credential program and funding raising the wages of DSPs participating in the credential program. Funding required for initiating and launching the program is already underway in the form of a grant awarded to CSP of SD by the SD Developmental Disabilities Council. Dollars from this grant will be used in covering the costs associated with initial training, implementation, and technical aspects of the credential program.

The NADSP will be largely involved in the initial stages of development and implementation. The grant totals $38,620.00, which also includes matching funds by CSPs across the state.


DSP credential programs offer varying levels of sophistication and skill requirements.

The second funding area, and most critical to the success of the proposal, is funding to increase DSP wages for those participating in the credentialing program. Determining the amount included the basic assumptions that participating DSPs would be full-time, average completion time for certification level is nine months, average DSP wage of $11.43 per hour, 1.5 hours of overtime per week for required portfolios and coursework, benefit calculation of 22%, and hourly raise increases of $1.50 for DSP – C level 1 and 2, and $2.00 per hour for DSP – S. Each of the 19 CSPs then completed a spreadsheet with the above assumptions formulated into the calculations covering a three-year period of time. In order for this proposal to come to fruition, CSP of SD is requesting $8,035,721 over a three-year period of time. Table 7 provides a more granular illustration of requested funding per year, and the number of predicted participants and certifications. It's also important to note that currently there approximately 3,200 DSPs in SD working in the IDD field and this proposal aims to register and/or credential approximately 46% of DSPs over the next three years.

Table 7
Funding per year & Predicted Participants and Certifications

Funding Per Year & Predicted Participants and Certifications					
Year	**DSP – R**	**DSP – C1**	**DSP – C2**	**DSP – S**	**Funding**
FY 2018	632	88	0	0	$651,732
FY 2019	455	299	86	0	$2,301,107
FY 2020	395	290	160	72	$5,082,882

Note. The following assumptions were included in the calculations: all participants are FT, average certification time is 9 months, average DSP wage of $11.43, 1.5 hours of over-time per week, and raise increases of $1.50 per hour DSP – C1 and C2, and $2.00 per hour for DSP – S.

Need for Ongoing Funding

Once the initial three-year phase-in period is completed, there will still be a need for additional, ongoing funding, above basic inflation, to continue to fund those DSPs who are moving up the credentialing career ladder.

It might be helpful to think of this in similar terms as the "move to market" or "market value" component included in the State employee compensation policy.


DSPs are more than about health and safety – they support people in becoming valued members of their community.

If we estimate that, for each subsequent year, we register 250 DSPs (@ $100 = $25,000) and another 250 DSPs achieve the next step on the credentialing ladder (@ $4,029 = $1,007,250), the

approximate annual cost would be slightly over $1,000,000 (not adjusting for inflation).

Ongoing costs for DSP credentialing would be paid by the provider agency, not the employee (registration costs, etc.), and those costs would need to be included in the rate reimbursement structure between the State agency and the providers.

Metrics and Implementation

In terms of tracking progress and measuring success, the NADSP highly recommends the establishment of regional centers that act as a resource center for CSPs participating in the NADSP credential programs. The regional center would provide education assistance, technical assistance, and assist in collecting data on the overall progress of SD's credentialing efforts. The center does not have to be a physical location, rather it can be web based and administered remotely. CSP of SD already has an existing infrastructure that will assist in the establishment of this important function. Initial data collection would include number of participants per agency, amount of time for certification, retention data, and recruitment data (e.g. number of applicants and if career advancement opportunities played a role in applying).

Conclusion

Since the onset of deinstitutionalization, services and supports for people with IDD have significantly advanced resulting in community lives rather than institutional lives. Numerous states have closed down institutions altogether, and SD has reduced their institutional numbers dramatically over the last several decades. Unfortunately, wages and career advancement opportunities for those DSPs providing community based services have not kept pace. Furthermore, SD CSPs are heavily reliant on Medicaid funding which vastly limits the amount of investment dollars available for wage increases and staff development. In many cases, CSP budgets rely on over 80% of operating costs on Medicaid dollars.

By supporting this proposal, the advantages to SD are three-fold. First, supporting this proposal will ensure that SD taxpayers and the state are getting something in return. This is an investment in improving the lives of SD citizens with disabilities and improving the lives of the workforce that provides the services. Moreover, supporting this proposal begins the important process of professionalizing the DSP career in SD, which will provide thousands of long-term career options for workers in this field. Secondly, there is no escaping the reality that CSPs operate with a finite amount of resources with little flexibility. Supporting this proposal will truly offer the needed flexibility for CSPs to invest in the development of their staff and the outcomes of the people they support.

Your time and consideration of this proposal is greatly appreciated! Approving this proposal will not only improve the lives of those receiving IDD services in SD, but provide hope to thousands of DSP workers in SD.

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