



Pennsylvania Advocates and Resources  
for Autism and Intellectual Disabilities



January 7, 2026

Kristin Ahrens  
Deputy Secretary, Office of Developmental Programs  
Department of Human Services  
Office of Developmental Programs  
625 Forster Street, Room 510  
Harrisburg, PA 17120

Re: Recommended Improvements for Community Participation Support Services

Deputy Secretary Ahrens,

As associations we are writing to share concerns and solutions regarding Community Participation Support (CPS) in respect to planning and coordination billing, educational requirements for program specialists, and the dual licensing requirement for programs operating under 55 Pa. Code Chapter 2380 (Chapter 2380) serving older adults. We respectfully urge the Office of Developmental Programs (ODP) to consider the challenges outlined below and to make the billing and regulation changes needed in support of person-centered and efficient CPS services by:

- Allowing providers to bill for planning and coordination while participants are receiving CPS services
- Permitting providers supporting individuals requiring a 1:1, 1:2, or 1:3 staffing ratio in the community to bill for planning and coordination at a 1:2 or 1:3 ratio
- Allowing program specialists working in a CPS setting, including those working in 2380 and 2390 facilities, to have a high school degree plus six years of experience in the field of ID/A in lieu of higher education courses or degree
- Eliminating the need for providers to be dual licensed when providing services to 4 or more individuals in a 2380 setting that are 60 years of age or older for providers that do not bill the Department of Aging for services in the 2380 facility by:
- Allowing individuals over the age of 59 to participate in 2380 programs by changing regulation 2380.3 or by applying a blanket waiver for individuals over the age of 59 without a primary diagnosis of dementia to be able to participate in 2380 programs.
- Working collaboratively with the Department of Aging to eliminate the dual license requirement for Chapter 2380 programs that bill exclusively ODP for participants over the age of 59.
- Making the changes necessary to allow providers to round 15-minute units.

**Planning and Coordination**

Effective planning and coordination are essential components of CPS services for individuals with ID/A. These activities are not administrative extras – they are foundational to ensuring the health, safety, and meaningful participation of individuals in their communities.

Planning and coordination must occur during times that individuals receive service delivery, typically business hours, because that is when staff are able to gather the information needed to plan safe, engaging activities that are relevant to the individual's interests and goals for community participation. This type of information and accessibility assessment cannot be conducted safely or adequately by a staff member who is simultaneously providing CPS services to the individual. These preparations are critical to preventing risk and ensuring that individuals can engage confidently and safely in community life.

Key areas that require advanced planning and coordination include:

- *Accessibility and mobility:* Determining whether parking areas are accessible, assessing the condition and surface of walkways, and determining whether routes to and within the location can be safely navigated by someone using a wheelchair or who has mobility concerns
- *Sensory and environmental factors:* Assessing the noise level, crowd density, lighting, and the best times or days to attend to accommodate individuals with sensory sensitivities or anxiety related to crowds
- *Meaningful learning opportunities:* Identifying appropriate and safe locations in the community that prepare CPS participants for potential volunteer and employment opportunities as outlined in the CPS service
- *Cost and logistics:* Identifying admission fees, available discounts, food options, and typical costs for meals or snacks so that activities can fit within an individual's budget
- *Comfort and safety preparations:* Planning for appropriate dress, indoor or outdoor conditions, and the availability and accessibility of restroom and adult changing facilities

Without thoughtful, proactive planning and coordination, individuals could face unsafe or exclusionary situations that compromise their well-being, dignity, and ability to fully participate in community life. ODP should also take into consideration that to provide truly individualized services, one on one supports are commonly needed.

Currently, planning and coordination cannot be billed during times when individuals are receiving CPS services, typically Monday through Friday. However, many planning activities, such as contacting community organizations, venues, or volunteer sites, must occur during regular business hours, which often overlap with the hours when CPS services are being delivered. This limitation creates significant barriers for providers, restricting their ability to effectively plan and coordinate individualized community activities in real time.

Additionally, per ODP Announcement 25-087, 100% Community CPS providers are required to bill for planning and coordination at the lowest group facility rate (1:4 to 1:6), regardless of the staffing ratio used during direct service. This policy fails to recognize the increased complexity and safety considerations involved in planning for individuals who receive 1:1, 1:2, and 1:3 support. These individuals often have complex medical, behavioral, or mobility needs that require intensive, individualized coordination to ensure their health and safety in community settings.

The associations urge ODP to act without delay to resolve the barriers surrounding billing for planning and coordination within CPS services. The inability to bill for these essential activities during times when individuals are receiving CPS services is creating significant operational and safety challenges for providers and limiting meaningful community participation for individuals with ID/A. ODP should move swiftly to implement a clear and sustainable approach that enables providers to bill appropriately for planning and coordination during service hours.

Potential solutions include:

- Establishing a new billing code or modifier specifically for planning and coordination activities conducted during CPS service hours; or
- Issuing a formal statewide announcement affirming that ODP authorizes and supports providers to bill for planning and coordination while individuals are receiving CPS services.

In addition, we are urging ODP to immediately address the inequity in billing rates for individuals who require 1:1, or 1:3 support. Given the heightened complexity and safety considerations involved in serving these individuals, providers should be permitted to bill for planning and coordination at a 1:2 or 1:3 ratio, rather than a low group rate that they would never receive services at.

ODP action is essential to protect the health and safety of individuals, uphold the intent of CPS services, and ensure that providers have the necessary flexibility and resources to plan, coordinate, and deliver high-quality, person-centered support in the community.

Recognizing planning and coordination as a distinct, essential, and billable component of CPS, with rates that reflect the level of support required, is critical to achieving the goals of CPS: supporting individuals ID/A to become active, valued members of their communities and participating meaningfully and safely alongside people without disabilities.

### **Program Specialist Education Requirements**

ODP's education requirements for program specialists vary significantly depending on the service model. For example, Life Sharing specialists and program specialists in unlicensed residential habilitation services are qualified for the position with a high school diploma or GED and six years of direct experience supporting individuals with ID/A. This flexible, experience-based model recognizes the value of real-world skills in delivering person-centered care.

In contrast, program specialists in Adult Training Facilities must meet stricter criteria: a minimum of an associate's degree or 60 college credits plus four years of experience (§ 2380.33). Requirements for Vocational Facilities are even more rigid, demanding a minimum of a specialized associate's degree in a human services field and three years of experience (§ 2390.33). These elevated educational standards create unnecessary barriers to hiring highly capable professionals who possess both the practical and "soft" skills needed to succeed in these roles. This discrepancy is concerning given the nature of the work. Being a successful program specialist requires real-world skills often not taught in educational settings such as trust-building, adaptive leadership, crisis management, and team coordination.

Governor Shapiro's administration has already recognized that excessive educational requirements can impede hiring efforts. Since taking office, the governor has systematically lowered or removed college-degree requirements for most Commonwealth jobs, embracing a skills-first hiring model. His approach aligns with a national movement toward competency-based employment, prioritizing experience and ability over formal education.

ODP currently allows providers to apply for a regulatory waiver of the educational requirements for program specialists on a case-by-case basis, but the process is burdensome to providers and the state, can take an excessive amount of time to get a decision, and results in inconsistent approvals. Additionally, many waivers that are granted come with additional requirements concerning training, mentoring, and increased oversight of the program specialist.

To support hiring efforts and increase efficiency, we recommend that ODP revise the educational requirements for program specialists in Adult Training and Vocational Facilities to mirror those of life sharing specialists and program specialists working in unlicensed residential settings. We suggest that this change be made via a blanket

waiver of the regulation announced through an ODP Bulletin, as changes to the Chapter 2380 and Chapter 2390 regulations would be a very lengthy process. This change would expand the pool of qualified candidates, promote equity across service models, and ensure that hiring practices reflect the real-world demands of the role.

## **Dual Licensure**

We urge the ODP to consider the challenges outlined below and to work with the Department of Aging to eliminate the dual licensing requirement for 2380 programs. Eliminating this requirement would support 2380 providers in offering person-centered services to aging adults with ID/A, some who have been successfully receiving 2380 services for decades, reduce administrative and financial burdens, and eliminate conflicting requirements. We also encourage ODP to remove the age limitation of 59 years from the 2380 code, or to utilize a blanket waiver of the regulation announced through an ODP Bulletin, as changes to the Chapter 2380 regulations would be a very lengthy process.

The 2380 regulations currently define Adult Training Facilities as a “building or portion of a building in which services are provided to four or more individuals, who are 59 years of age or younger and who do not have a dementia-related disease as a primary diagnosis, for part of a 24-hour day, excluding care provided by relatives...”

Additionally, according to the Pennsylvania Department of Aging, programs licensed under the 2380 regulations providing services to four or more individuals aged 60 or over are required to also be licensed by the Department of Aging:

*“ATFs are licensed by DPW under 55 Pa. Code Chapter 2380 regulations. If an ATF serves four or more clients age 60 and over it is required to also be licensed as an OADLC by PDA per 6 Pa. Code Chapter 11 regulations.”*

The associations are proposing that this dual licensure requirement be waived and that only the Chapter 2380 regulations be required for 2380 programs that bill ODP exclusively and that serve any number of individuals over the age 59 with a primary diagnosis of ID/A as long as health and safety needs are met and the individual’s preferred choice is to attend a 2380 program. The dual licensure requirement in such cases does not add value to individuals receiving services but does place additional burden on 2380 direct support professionals, nurses, program specialists, and administrative staff. We strongly believe that the dual licensing requirement for Chapter 2380 programs is not necessary to ensure the health and safety of participants and is overly burdensome to Chapter 2380 programs due to the following reasons:

1. 6 Pa. Code Chapter 11 (Chapter 11) regulations that govern Older Adult programs have already exempted the following similar day programs from Chapter 11 licensure:
  - a. *“Vocational facilities as defined in 55 Pa. Code Chapter 2390 (relating to vocational facilities)*
  - b. *Partial hospitalization facilities as defined in 55 Pa. Code Chapter 5210 (relating to partial hospitalization)*
  - c. *Summer recreation programs, camping programs and socialization clubs.*
  - d. *Adult day care facilities located in nursing homes that serve only their own clients*
  - e. *Adult developmental training facilities operated by the Department of Public Welfare or the Department of Education”*
2. The Department of Aging has already granted onsite inspection waivers to many providers who are dually licensed by ODP and the Department of Aging. This indicates that the Department of Aging recognizes that there are many redundancies that do not need to be inspected by multiple departments.
3. The Office of Developmental Programs and Department of Aging have conflicting and/or duplicative requirements for dually licensed programs. This creates confusion for providers, individuals and their families, and licensing inspectors and does not add value to participants. Additionally, these requirements add a financial burden to providers due to the additional work required that is not included in the rate assumptions. Some of these inconsistencies/competing regulations include:

- a. **TB Testing** – The Office of Developmental Programs has communicated that initial TB tests are required upon admission or hire, and thereafter only if recommended by a physician. The Department of Aging has communicated that they continue to require TB testing completed every two years.
  - i. Testing individuals and employees upon admission or hire and thereafter as recommended by a physician is a person-centered, sensible approach that reflects individual needs, does not subject individuals to unnecessary testing, and reduces burden on both medical and Chapter 2380 providers.
  - ii. Many of the individuals supported in dually licensed programs live in residential sites that are licensed by the Office of Developmental Programs. This inconsistency creates confusion when residential staff are supporting individuals at their annual physical appointments when the question of TB testing arises.
  - iii. Staff working in non-dually licensed locations are not required to receive regular TB testing. This limits providers' ability to bring in substitute staff to the dually licensed program, when necessary, due to staffing shortages.
- b. **Annual Assessments** – While annual assessments are not a requirement for the Department of Aging, they are required by ODP and are reviewed during ODP inspections, even if the individual is over the age of 60.
- c. **Enrollment Procedures** – A Chapter 11 intake screening and enrollment agreement is required once the individual participating in a Chapter 2380 program has turned 60, even if they have been successfully supported in a Chapter 2380 program for many years. Additionally, the annual assessment and Individual Support Plans (ISPs) required in 2380 programs address the majority of items included in Chapter 11 intake screening and enrollment.
- d. **Incident Management** – Incidents occurring for individuals over the age of 60 have duplicative reporting requirements. It is a burden for staff to ensure accurate and timely reporting to two separate entities with two separate methods of reporting. Additionally, the incident categories do not match, which creates confusion. ODP has developed a robust and extensive Incident Management system that is committed to the health and safety of individuals, and dual reporting does not significantly increase safety nor add value.
- e. **Nursing Requirements** – Chapter 2380 programs provide person-centered services that are directed by individuals' ISPs. Health needs, including nursing, are addressed in ISPs. Additionally, program directors at 2380 programs review and update the needs of each individual, as needed, at least quarterly. Chapter 2380 providers also have access to regional Health Care Quality Units (HCQUs) for training and consultation on physical and behavioral healthcare needs. Hiring part-time nurses that may not be needed and yet are required by Chapter 11 is difficult and costly given the ongoing nursing shortage. Many individuals attending 2380 programs live in residential settings, where they receive nursing services as required by ODP in homes licensed by the Chapter 6400 and 6500 regulations. Others live with their families who are responsible for maintaining their health. Furthermore, the nursing services required by Chapter 11 are not sufficiently funded through ODPs rates for day programs and thus become a great financial burden for providers.
- f. **Fire Safety Training and Fire Drills** – In order to meet both sets of requirements, programs must complete fire safety training quarterly (Chapter 11 requirement) and fire drills monthly (Chapter 2380 requirement). This confuses licensers during yearly audits, as ODP questions the quarterly training and the Department of Aging questions the monthly drills.
- g. **Training Requirements** – Ensuring that both the ODP and Department of Aging training curriculum are met can also be cumbersome for providers and their staff. The training required by ODP for 2380 programs is extensive and is designed to meet the specific training needs of staff supporting individuals with ID/A as their primary diagnosis.

Providers are faced with a dilemma if they are unable to take on the additional work and financial burden of becoming dually licensed if their program has more than three individuals over the age of 60. The unfortunate alternative to becoming dually licensed is to discharge individuals over the age of 60, even if those individuals wish to continue participating in their 2380 program. This can lead to individuals having no meaningful activities during the day, the loss of friendships, and additional burdens on families.

Daily activities offered by Chapter 2380 programs help adults of all ages to remain physically healthy, maintain their cognitive skills, build community, and maintain emotional wellness. These programs can provide safe, meaningful, and person-centered services to individuals over the age of 59 with a primary diagnosis of ID/A without being dually licensed. We ask that ODP remove the maximum age limit of 59 years of age in the 2380 regulations and work collaboratively with the Department of Aging to eliminate the dual license requirement for Chapter 2380 programs that do not bill the Department of Aging for services provided to 2380 participants over the age of 59. To expedite the process of removing this dual licensure requirement, we suggest that this change be made via a blanket waiver of the regulation announced through an ODP Bulletin, as changes to the Chapter 2380 regulations would be a very lengthy process. We also ask that the dual license option remain available for those providers billing both ODP and the Department of Aging for participants in their 2380 facilities.

### **Allowing Rounding of 15-Minute Units**

The current prohibition on rounding service units creates unnecessary administrative complexity and often requires specific software and significant additional staff time to aggregate partial units into a billable 15-minute unit. We request that ODP make the changes required to permit rounding for CPS 15-minute unit services, as well as all other 15-minute unit services. This would align ODP policy with practices already in place in the Office of Long-Term Living, streamline the billing process, and reduce administrative burden.

### **Conclusion**

As a group of associations, we appreciate the opportunity to share these concerns and proposed solutions regarding Community Participation Support services. We believe that the recommended changes will enhance the quality, accessibility, and sustainability of CPS programs across Pennsylvania. By addressing billing limitations, revising educational requirements, and eliminating duplicative licensing barriers, ODP can better support providers in delivering person-centered services that reflect the diverse needs of individuals with ID/A.

Sincerely,



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