Comments of the Independent Regulatory Review Commission

Department of Human Services Regulation #14-559 (IRRC #3483)

Residential Services for Children and Youth

August 6, 2026

The Independent Regulatory Review Commission (Commission) submits for your consideration the following comments on the proposed rulemaking published in the May 9, 2026 *Pennsylvania Bulletin*. Our comments are based on criteria in Section 5.2 of the Regulatory Review Act (RRA) (71 P.S. § 745.5b). Section 5.1(a) of the RRA (71 P.S. § 745.5a(a)) directs the Department of Human Services (Department) to respond to all comments received from us or any other source.

1. Legislative comments. – Determining whether the regulation is in the public interest.

Representative Kate Klunk, the Republican Chairperson of the House Children and Youth Committee, expresses concerns raised by providers throughout the state, including the requirement for increased staffing, ratios, and training; the cost to implement the proposed rulemaking; the absence of any consideration for the differences between large and small providers; and the lack of clarity, inconsistent use of terms, and the need for clearer definitions of terms in the rulemaking. In addition, the representative conveys concerns about the following specific sections of the rulemaking:

- Section 3900.54 – Residential program supervisor;
- Section 3900.55 – Additional staff responsibilities;
- Section 3900.57 – Staff training;
- Section 3900.83 – Bedroom accommodations;
- Section 3900.88 – Video surveillance system;
- Section 3910.12 – Residential program worker;
- Section 3910.14 – Supervision; and
- Section 3920.11 – Residential program worker.

In addition, Representative Paul Takac expresses concerns that the proposed rulemaking is more applicable to large residences than to small ones, especially in Centre County located within his legislative district. The representative is specifically concerned about the proposed staffing changes and administrative burdens, such as new documentation requirements. He urges the Department to establish a waiver system or the introduction of allowances "for smaller programs

and small providers separate and apart from the large residential systems that these new recommendations seem most aligned to support."

Finally, Senator Michele Brooks, the Republican Chairperson of the Senate Health and Human Services Committee, raises concerns about the following issues in this rulemaking:

- *The staffing requirements and their impact on existing workforce shortages as well as access to care and treatment.* The senator argues that the Department has provided limited information demonstrating why existing staffing ratios are unsafe and how documented deficiencies regarding the current staffing system justify new staffing ratios;

- *The fiscal and operating costs imposed on facilities, especially those operating in rural communities and providers operating smaller facilities*;

- *Section 3910.44's requirement that the facilities' staff "provide information and support youth access to all legally available options and support services related to pregnancy, without bias or pressure."* The senator is concerned that certain providers under this proposed regulation would be required to participate in and facilitate services that are contrary to their moral or religious principles. She also contends that this requirement runs afoul of existing case law and existing statutes and questions whether it will expose the Commonwealth to litigation;

- *Provisions that embed concepts of gender identity into facility operational requirements, such as Section 3900.42(e)(8).* The senator conveys legal, operational, and safety questions and concerns regarding these provisions, citing case law, statutes, and the Pennsylvania Constitution; and

- *The RRA's criteria not being satisfied in this regulation.* The senator raises fundamental concerns about the Department's statutory authority for this rulemaking and contends that other criteria of the RRA have not been met. For example, she states: "I respectfully submit that the proposed regulations do not satisfy the Regulatory Review Act's standards of reasonableness, clarity, or feasibility, and are not in the public interest." The senator urges the Commission to disapprove this rulemaking if it is not substantially revised based on her concerns prior to the promulgation of the final-form regulation.

We will consider the Department's responses to these legislative concerns as we determine whether the regulation is in the public interest.

2. Determining whether the regulation is in the public interest; Economic or fiscal impacts; Protection of the public health, safety, and welfare; Clarity, feasibility, and reasonableness; Need; Implementation procedures and timetables for compliance.

Section 5.2 of the RRA (71 P.S. § 745.5b) directs the Commission to determine whether a regulation is in the public interest. When making this determination, the Commission considers criteria such as: economic or fiscal impacts; protection of the public health, safety, and welfare; clarity, feasibility, and reasonableness; need; and implementation procedures and timetables for compliance. To make that determination, the Commission must analyze the text of the preamble and proposed regulation and the reasons for the new or amended language. The Commission

also considers the information a promulgating agency is required to provide under Section 745.5(a) in the Regulatory Analysis Form (RAF).

While we acknowledge the benefits of the proposed regulation described by the Department in its responses to the RAF, and note that commenters support the Department's intent of protecting the health, safety, and well-being of children and youth receiving care and treatment under this rulemaking, we agree with commenters that a one-size-fits-all approach may not be appropriate. Commenters assert that providers vary significantly, and there will be practical challenges to implement these regulations in rural and underserved regions and in facilities operated by smaller providers.

Two of the primary concerns of commenters relate to staffing, including the lack of availability of qualified staff, and funding for the many new requirements contained in the proposed regulation. Commenters raise the possibility that implementation of the regulation could reduce the availability of services if providers are forced to close their doors or reduce services because of the lack of staff and/or funding. We offer examples of comments from the regulated community that indicate the significant impacts of the proposed staffing requirements and question the need for the requirements.

- "The proposed model represents a workforce structure that the children's residential service providers have not been able to meet for more than a decade. The national shortage of psychiatrists, mental health professionals, nurses, and direct care staff, coupled with inadequate Pennsylvania funding models show that, even if these staff were available, residential service providers are not adequately funded to hire them."

- "Finding staff is just one problem with the proposed regulations, the other is cost. A 25% increase in staffing will lead to a significant increase in program costs."

- "Without a significant increase in funding, the small number of residential providers will decrease – programs will close because they will not be able to meet the new requirements."

- "The staffing ratios in Regulation #14-559 will be extremely difficult to meet and without sustainable new funding, providers will be severely challenged."

- "The proposed reduction in staffing ratios, combined with additional supervisory requirements and overnight staffing expectations, would require many agencies to add multiple full-time positions simply to remain compliant. Unfortunately, the available workforce does not exist in many rural communities to support these requirements."

- "Requiring additional staffing without corresponding funding will increase costs, strain an already limited workforce, and may ultimately reduce placement capacity for youth in need of care."

We ask the Department to engage the regulated community to explore alternatives to proposed staffing requirements and explain in the preamble to the final regulation and final RAF how the need for the staffing requirements in the final regulation outweighs the economic or fiscal impacts and protects the public health, safety, and welfare.

Regarding economic or fiscal impacts, commenters express concerns about the assumptions and estimates that the Department uses for its cost projections in the RAF. One commenter asserts that the Department's estimates are not indicative of current funding needs and that "[t]he use of outdated 2023 cost data and reliance on stakeholder discussions from 2019 do not provide an accurate portrayal of the actual fiscal impact these regulations would have on the state and provider system." Another commenter states: "A specific area of concern is the [D]epartment's calculation on the staffing costs, as providers unilaterally agree that these salaries do not reflect current market trends, regardless of what regionalized analysis formulary was utilized. These calculations also do not take into account the individualized staffing patterns of a facility based upon organizational and programmatic structures." This commenter also contends that the Department's cost projections for staffing, ratios, training, and administration will result in an unfunded mandate on providers.

Commenters also raise concerns about the impact that this rulemaking will have on small providers. Some examples from commenters are provided below.

- "Small providers, especially single site or single program agencies, face a level of operational risk under the proposed regulations that large multi-site organizations simply do not. The new requirements magnify every structural disadvantage small agencies already struggle with while giving larger providers a built in competitive edge."
- "[T]he aggregate effect of these costs creates significant anticompetitive pressures that make it difficult for small businesses to operate in this space, and end up resulting in fewer, more expensive care options for at-risk youth, families, and county authorities."
- "The new regulations force small, community-centric group homes to meet unrealistic staffing and documentation requirements."

We ask that the Department engage the regulated community to re-evaluate the data underlying the financial projections made by the Department in the RAF and consider any alternatives that may be available for the smaller providers affected by this rulemaking.

The Department states in the preamble that the "proposed rulemaking will be effective six months after publication of the final-form rulemaking in the *Pennsylvania Bulletin*…." Commenters express concerns about the timeframe in which they would have to comply with certain provisions of this regulation, such as those affecting the recruitment of staff; modification of facilities; development of internal policies to achieve compliance; and the revision of forms, electronic health systems, and contracts. They suggest that the Department provide a longer implementation period or consider a process of phased implementation. Commenters are also concerned about the lack of regulatory guidance, such as the Regulatory Compliance Guide, and contend that such guidance is necessary to understand how the requirements of this rulemaking will be interpreted and implemented, particularly during licensing inspections and monitoring activities. We ask that the Department consider a revised implementation period based on commenters' concerns.

We ask the Department to address in the preamble to the final regulation and the final RAF the following concerns:

- The reasonableness and feasibility of staffing requirements if qualified individuals are not available to hire and funding is lacking;
- How implementation of the new requirements will protect the public health, safety, and welfare through improved care of children and youth given the funding and staffing concerns; and
- How the final regulation balances the reasonableness, feasibility, and fiscal impacts of the new requirements with the protection of the public health, safety, and welfare, particularly as it relates to smaller providers.

Consensus and Advance Notice of Final Rulemaking (ANFR)

Finally, we strongly encourage the Department to engage the regulated community, stakeholders, and the General Assembly as it moves forward. We note that many commenters ask the Department to reconvene those involved in the development of this proposed regulation because the last time the group met was in 2019. Commenters assert that costs, the labor market, operational standards, and training expectations have changed significantly since that time. One commenter states, "The Department of Human Services is basing 2026 regulations on stakeholder meetings held in 2019, seven year old input gathered before the most significant operational, workforce, and behavioral shifts the child welfare system has ever experienced. Because [the Department] did not update its data, assumptions, or stakeholder engagement after these changes, the regulatory foundation is outdated, incomplete, and inconsistent with the Regulatory Review Act."

Due to the significant concerns and questions about the proposed regulation from both the regulated community and the legislature, we believe there is more work to be done by the Department in concert with those impacted by the regulation. Section 2(a) of the RRA states, "To the greatest extent possible, this act is intended to encourage the resolution of objections to a regulation and the reaching of a consensus among the [C]ommission, the standing committees, interested parties and the agency." 71 P.S. § 745.2(a). Therefore, we recommend that the Department reengage stakeholders and legislators to reach consensus on how to balance the protection of the public health, safety, and welfare with the feasibility, reasonableness, and fiscal impacts of implementation of the requirements in these new chapters. We further recommend that the Department issue an ANFR to assist in reaching consensus with the parties.

CHAPTER 3900

Subchapter A. GENERAL PROVISIONS

3. Section 3900.5. Definitions. – Clarity.

The proposed terms "Delinquent child" and "Dependent child" provide statutory references but do not provide definitions. For clarity purposes, we ask that the Department define these two terms in the final rulemaking.

This section provides for certain terms, such as "Specialized settings for pregnant, expecting and parenting youth" and "IEP"; however, they are not used in this chapter. The same applies to the following terms in other chapters of the rulemaking:

- "Delinquent child," "Dependent Child," and "Juvenile Act," in Chapter 3910; and
- "Delinquent child," "Family engagement," "Juvenile Act," "Legal guardian," and "Parent" in Chapter 3920.

According to Section 2.12(d) of the *Pennsylvania Code & Bulletin Style Manual*, "[i]f a definition does not serve a purpose or a defined term is not used in the chapter, do not include it." We ask that the Department remove any defined term that is not used in the chapters of this rulemaking.

Also, commenters note that certain terms used throughout the rulemaking are ambiguous and need to be defined. A commenter states: "Several proposed provisions contain terminology that lacks objective definition or measurable standards. Terms such as 'appropriate,' 'timely,' 'adequate,' and other subjective phrases create uncertainty regarding compliance expectations." Another commenter suggests that the roles of terms such as "peer advocate" and "peer support specialist" be defined. Since a regulation has the full force and effect of law, we ask that the Department define terms that are unclear to the regulated community in the final rulemaking.

Finally, we ask the Department to define the numerous licensed professionals included in the final rulemaking, such as "licensed physician," "licensed physician assistant," and "certified registered nurse practitioner" in order to clarify who qualifies to serve in those roles.

Subchapter B. GENERAL REQUIREMENTS

4. Section 3900.16. Reportable incidents. – Clarity; Reasonableness.

This section provides for situations requiring a facility to report an event as a reportable incident and the process to be used to submit reportable incidents to the Department. Commenters express concerns about the lack of clarity in this section. One commenter states: "Throughout this section, there is language that says, 'verbal report' and other times it says, to 'orally notify.' If there is a distinction between these two, clarify what the distinction is and if there is no difference, use consistent terminology to minimize confusion." We ask that the Department provide clarity for the regulated community.

Subsection (b)

Subsection (b) requires facility staff to notify law enforcement of a missing child or youth as soon as the determination is made that the child or youth is missing. A commenter expresses concerns about unintentionally overwhelming law enforcement and escalating situations that are not emergencies and requests that the Department "[a]llow for a short, defined window to confirm the situation before notifying law enforcement when there is no indication of jeopardy." Another commenter states that the qualification for determining that a youth has gone missing is unclear. We ask that the Department explain the reasonableness of the current provision of notifying law enforcement upon determination of a missing child or youth and provide clarity about what qualifies as a determination that a youth has gone missing in the final-form regulation.

Subsection (g)

Subsection (g) requires facility staff to initiate an investigation of a reportable incident immediately following the report of the incident and to provide the Department with a timeline and plan including a projected date for completion of the investigation. Commenters express concerns about the general nature of the requirement for an investigation for every reportable incident, assert that this requirement is too broad, and question how, when, and to whom the information under this requirement is to be submitted to the Department. We ask that the Department explain the reasonableness of this requirement to initiate an investigation of a reportable incident and provide clarity as to how, when, and to whom information under this subsection should be provided to the Department.

5. Section 3900.18. Child and youth funds. – Clarity.

Subsection (g) addresses restitution through funds or community service hours. The title of this section addresses youth funds but not community service. We suggest that the Department add community service hours to the title of the section.

6. Section 3900.19. Consent to treatment. – Clarity.

Subsection (b) provides for treatment consent requirements with which facility staff must comply unless such requirements are in conflict with the requirements of applicable statutes and regulations specified in subsection (a). A commenter expresses concerns that subsection (b) does not address complex consent issues, such as mental health treatment and the determination of whose consent is required under specific circumstances. We ask that the Department clarify any consent to treatment concerns related to this subsection in the final rulemaking.

Subchapter C. RIGHTS

7. Section 3900.31. Notification of rights and grievance procedures. – Economic or fiscal impacts; Clarity; Need.

This section provides for the notification of rights and grievance procedures that facility management and facility staff must follow. A commenter contends that this section is not clear and is concerned that "[a] regulation that merely guarantees the right to file a grievance does not ensure that youth can actually use the process." The commenter also emphasizes that the grievance process be "consistent, transparent, enforceable, and available to all youth in covered facilities." We ask that the Department provide clarity regarding the grievance process in this section or explain why such clarity is not necessary in the final rulemaking.

Paragraph (4) requires a provider to post copies of rights, the facility's grievance procedures, discipline policy, person and search policy, restrictive procedures policy, visitation and contact policy, applicable consent to treatment protections, and emergency preparedness plan at the facility in a location visible and accessible to children, youth, and facility staff. This paragraph also provides for copies of these policies to be given to the child or youth and the child's or youth's parent upon admission. Given the requirement to provide copies of policies to the child or youth or parent, is it necessary for providers to post these policies? In addition, Section 5.2(b)(1) of the RRA requires the Commission to consider certain criteria related to the economic or fiscal impacts of a regulation, such as the criterion in subsection (b)(1)(iii): "The nature of required reports, forms, or other paperwork and the estimated cost of their preparation

by individuals, businesses, and organizations in the public and private sectors." In accordance with this subsection and to reduce administrative costs under this rulemaking, we ask that the Department consider having summaries of these policies available at the request of the parent or child or youth in lieu of posting them. This comment also applies to Sections 3900.181(i) and (j).

8. Section 3900.32. Specific rights. – Clarity.

Subsection (h)

Subsection (h) requires that a child or youth have contact and visits with family members, including siblings, as frequently as possible, consistent with the family service plan and the child's or the youth's ISP. A commenter expresses concerns about the use of the language "as frequently as possible" and its potential to create a conflict between the family and the provider. We ask that the Department clarify this subsection to prevent any conflict between these two parties.

Subsection (i)

Subsection (i) states that a child or youth has the right to receive and send mail unless prohibited by court order. A commenter asks whether this subsection also pertains to email. We ask that the Department clarify whether the term "mail" in this subsection includes email.

Subsection (k)

Subsection (k) states that a child or youth has the right to have access to contact information of the child's or youth's guardian ad litem, attorney, court-appointed special advocate, clergy, and members of the child's or youth's integrated services planning team and the opportunity to contact those persons. The term "guardian ad litem" may be an unfamiliar term to the regulated community. We ask that the Department define this term for clarity purposes.

Subsection (r)

Subsection (r) states that a child or youth has the right to be free from excessive medication. A commenter is concerned that the phrase "excessive medication" is unclear and should be defined. We ask the Department to define this phrase or explain why it does not need to be defined in the final rulemaking.

Subchapter D. SEARCH OF PERSON AND PROPERTY

9. Section 3900.41. Person and property searches. – Feasibility; Reasonableness.

This section allows facility staff to conduct person and property searches and seize a child's or youth's property if there is reasonable cause to believe a child or youth is in possession of an item or items that are illegal or potentially harmful to the child or youth or others at the facility. Commenters express concerns about the practicability of certain person and property searches in this section and contend that the administrative burden of maintaining them can be excessive. In light of these concerns, we ask that the Department explain the reasonableness and feasibility of this section in the final-form regulation.

10. Section 3900.44. Person and property search documentation and records. – Economic or fiscal impacts; Protection of the public health, safety, and welfare; Clarity; Reasonableness.

This section addresses requirements for facility staff to maintain a record of each search of person or property conducted in both an electronic search log and in the child's or youth's record. Commenters convey concerns about the maintenance of records in an electronic log, the requirement for paper and electronic documentation, the overall amount of documentation, the costs of purchasing software to collect and record data to provide an analysis of aggregate search data, and the amount of time providers have to make aggregate data available to the Department. We ask the Department to explain how the requirements of this section are reasonable and how the Department balances the protection of the public health, safety, and welfare with the fiscal impact of such requirements.

Subsection (a)

Paragraph (1) provides for the reason facility staff determined that the search was necessary and reasonable. A commenter asserts that the phrase "necessary and reasonable" is unclear and notes that it may be interpreted inconsistently. We ask that the Department clarify this phrase or explain in the preamble to the final regulation why it does not need to be clarified.

Subchapter E. STAFFING

11. Section 3900.54. Residential program supervisor. – Economic or fiscal impacts; Protection of the public health, safety, and welfare; Reasonableness.

This section requires one designated residential program supervisor to be available either on site or by telephone at all times while children and youth are at the facility. Commenters raise concerns about the proposed 1:12 supervisor to youth ratio. One commenter says: "[W]e are concerned that lowering the supervisory threshold from sixteen youth to twelve youth will substantially increase operating costs while reducing provider flexibility without demonstrating measurable improvements in safety or program quality." Another commenter contends that "[l]owering this threshold will likely force providers to reduce occupancy levels or significantly increase staffing, resulting in higher operational costs that will ultimately impact county agencies and taxpayers." We ask the Department to explain how the staffing ratio in this section is reasonable and how the Department balances the protection of the public health, safety, and welfare with the fiscal impact of such staffing ratio.

12. Section 3900.55. Additional staff responsibilities. – Clarity.

This section provides for additional roles and responsibilities for identified facility staff positions. Throughout this section, providers must designate facility staff to the following positions: 1) one or more facility staff for the tasks listed in subsection (a); 2) at least one facility staff as the lead for the team configured and convened for each child or youth; 3) at least one facility staff having primary responsibility for care management for each child or youth at the facility, including acting as the child's or youth's advocate within the facility; and 4) at least one facility staff as parent advocate or peer support specialist. We ask the Department to clarify in the final regulation whether one person can hold multiple positions or if each position has to be held by a separate person.

13. Section 3900.57. Staffing training. – Need; Reasonableness.

This section provides for changes to orientation training, training topics to be addressed while new staff are working with children and youth under supervision, and training topics to be addressed with staff on an annual basis while they are working directly with children and youth. Commenters contend that the training requirements in this section are inflexible and are not necessary because current training protocols are not deficient. One commenter states: "Rather than implementing rigid, unfunded staffing ratios and expanded pre-service training mandates that exacerbate the ongoing workforce crisis, the Department should maintain existing regulatory baselines." Another commenter contends, "we are concerned that a universal training requirement may not appropriately account for the significant differences among licensed facilities and the populations they serve." We ask the Department to explain the need for and reasonableness of these new training requirements.

Subchapter K. MEDICATIONS

14. Section 3900.151. Self-administration of medications. – Reasonableness.

This section permits a child or youth to self-administer medications, insulin injections, inhalers, and epinephrine injections for insect bites or other allergic reactions if certain requirements are met. A commenter raises concerns about the medication self-administration provisions of this section. This commenter states: "Youth who can safely self-administer medication or treatments such as insulin, inhalers, or epinephrine should not be excluded from smaller, more integrated settings solely because those settings lack staff with specialized medication administration credentials." The commenter further contends that the Department should "ensure self-administration rules do not unnecessarily limit access to integrated settings." We ask the Department to explain the reasonableness of these provisions in the final regulation.

Subchapter L. RESTRICTIVE PROCEDURES

15. Section 3900.161. Appropriate use of restrictive procedures. – Clarity.

Subsection (d) requires the use of restrictive procedures to conform to the trauma-informed approach adopted and implemented by the facility. A commenter raises concerns that this subsection lacks clarity and enforceable standards. We ask that the Department provide clarity in this subsection or explain why it is not needed.

16. Section 3900.162. Restrictive procedure plan. – Reasonableness.

This section provides for a restrictive procedure plan and includes additional guidance related to the development of a restrictive procedure plan and circumstances constituting an unanticipated use of a restrictive procedure. A commenter questions the reasonableness of the timeframe regarding the requirement that a restrictive procedure plan be completed within 24 hours of admission if the child's or youth's behavioral health history or his or her initial health and safety screening identifies the child or youth as being at greater risk of having restrictive procedures needed. Another commenter states: "Despite making every effort to obtain all necessary documentation, realistically, a restrictive procedure plan or ISP may not always be available and requiring providers to know about something that was never provided to them is an inequitable standard." We ask the Department to explain the reasonableness of the requirements related to a restrictive procedure plan in the final regulation.

Subchapter M. SERVICES

17. Section 3900.182. Family time and home visit follow up. – Economic or fiscal impacts; Protection of the public health, safety, and welfare; Clarity; Reasonableness.

This section proposes provisions that will require facility staff to document the experiences of a child or youth while he or she is engaging with family members during family time away from the facility and during home visits.

Commenters raise concerns about the administrative burdens that certain provisions in this section would create. For example, one commenter raises a concern about the 24-hour requirement in subsection (b) and states: "The requirement that facility staff initiate contact and conduct check-ins every 24 hours during family time—as well as perform post-visit follow-ups—is excessive and overly intrusive to the family unit…. Furthermore, the extensive time required for staff to call multiple family members creates a heavy administrative burden. Managing these tracking duties will necessitate hiring additional personnel, an unfeasible demand given the heightened staffing requirements proposed elsewhere in these regulations." We ask the Department to explain how the provisions of this section, including subsection (b), are reasonable and how the Department balances the protection of the public health, safety, and welfare with the fiscal impact of such provisions.

Subsections (c) and (d)

In subsection (c) facility staff are required to initiate an additional discussion with the child's or youth's parent regarding the home visit or family time experience within two business days after a child or youth returns to the facility, and in subsection (d) facility staff are required to initiate a focused discussion with the child or youth within 72 hours of the child's or youth's return to the facility to review his or her experiences while with the child's or youth's parent and family. We ask the Department to clarify why the facility staff are to meet with the child's or youth's parent before meeting with the actual child or youth upon the child's or youth's return to the facility.

18. Section 3900.184. Youth training. – Protection of the public health, safety, and welfare.

Subsection (c) provides for the specific topics related to sex trafficking that must be addressed in training sessions for youth, such as personal, community, and social safety, including social media and technology in paragraph (2). Given the proliferation of artificial intelligence and its increasing use, we ask that the Department consider adding a paragraph under subsection (c) to address the impact of artificial intelligence on the protection of the public health, safety, and welfare in the final regulation.

CHAPTER 3910

Subchapter B. CHILD RESIDENTIAL REQUIREMENTS

19. Section 3910.12. Residential program worker. – Economic or fiscal impacts; Protection of the public health, safety, and welfare; Reasonableness.

This section provides for the requirements for residential program workers, including staff requirements. Commenters express many concerns about the staffing requirements in this section. We offer some examples from their comments below.

- "The requirement to maintain a minimum of two residential workers at all times places an impractical burden on small, independent facilities. The entire human services sector is currently experiencing a historic workforce shortage that severely impacts providers of all sizes. Staffing represents the single largest cost driver of these proposed regulations."

- "120 days is completely unreasonable and operationally not feasible. There's a staffing shortage that providers are already struggling with. Forcing a staff to be supervised for that long creates barriers that will prohibit the required ratios from being met. It also creates additional expenses around paying extra staff on site and overtime for staff to supervise for that long."

- "It will be challenging for providers to meet this regulation, particularly if co-located separately licensed facilities (due to specialization) cannot share staff/supervisory resources. Two staff will be required per unit during sleeping hours for units with less than 12 children. Two staff will also be required to transport a child/youth to home visits or medical appointments. It will be costly to providers to increase staffing in such a manner, and may be impossible to find [an] adequate amount of staff in rural areas."

We ask the Department to explain how the requirements of this section are reasonable and how the Department balances the protection of the public health, safety, and welfare with the fiscal impact of such requirements. This comment also applies to the staffing requirements of Section 3920.11.

20. Miscellaneous clarity.

In several places throughout the proposed regulation, the Department requires compliance with "other" applicable laws, such as in:

- Section 3900.19(a)(6) (relating to consent to treatment) which requires facility staff to comply with "[o]ther applicable statutes and regulations"; and

- Section 3900.32(a) (relating to specific rights) which requires a facility to comply with "applicable Federal and State statutes and regulations."

We ask the Department in the final regulation to clarify references to laws, statutes, and regulations with which the regulated community must comply.