

CSI - Ohio

The Common Sense Initiative

Business Impact Analysis

Agency Name: Ohio Department of Developmental Disabilities

Regulation/Package Title: Background Investigations

Rule Number(s): 5123:1-7-01, 5123:2-1-05, 5123:2-1-05.1, 5123:2-3-06 (rescind)
and 5123:2-2-02 (new)

Date: August 31, 2012

Rule Type:

☒ New

☐ 5-Year Review

☐ Amended

☒ Rescinded

The Common Sense Initiative was established by Executive Order 2011-01K and placed within the Office of the Lieutenant Governor. Under the CSI Initiative, agencies should balance the critical objectives of all regulations with the costs of compliance by the regulated parties. Agencies should promote transparency, consistency, predictability, and flexibility in regulatory activities. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

Regulatory Intent

1. Please briefly describe the draft regulation in plain language.
Please include the key provisions of the regulation as well as any proposed amendments.

The Department is rescinding four existing rules regarding background investigations for persons employed or seeking employment in Ohio's service delivery system for individuals with developmental disabilities and bringing forth one new rule to replace the four existing rules.

The following existing rules are proposed for rescission:

5123:1-7-01	Background Investigations on Applicants for Department Employment
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- 5123:2-1-05 Background Investigations on Applicants for Employment with a County Board
- 5123:2-1-05.1 Background Investigations on Persons Employed in Direct Service Positions by Contracting Entities of County Boards
- 5123:2-3-06 Background Investigations for Employment with Residential Facilities

The following new rule is proposed for adoption:

- 5123:2-2-02 Background Investigations for Employment

2. Please list the Ohio statute authorizing the Agency to adopt this regulation.

5123.081 and 5123.1610

3. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?

If yes, please briefly explain the source and substance of the federal requirement.

No.

4. If the regulation includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.

Not applicable.

5. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?

The rule implements the statutory requirements set forth in sections 751.31, 5123.081 and 5123.1610 of the Revised Code. The rule provides the necessary framework for the Department to determine compliance and enforce the statutory requirements to ensure the health and safety and protect the property of Ohioans with developmental disabilities.

6. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?

Successful outcomes are measured through a standard provider compliance review process. Successful outcomes would be indicated by a finding of compliance with these standards.

Development of the Regulation

7. **Please list the stakeholders included by the Agency in the development or initial review of the draft regulation. *If applicable, please include the date and medium by which the stakeholders were initially contacted.***

Stakeholder outreach related to implementing criminal records checks and database reviews for workers in health and human services settings was coordinated by the Office of Health Transformation. Prior to the introduction of House Bill 487 of the 129th General Assembly, the four health and human services agencies (Aging, Developmental Disabilities, Health, and Job and Family Services) contacted stakeholders to make them aware of changes that would be made to the statutes pertaining to criminal background checks for home and community-based providers.

Stakeholder Meetings

Two meetings were held with stakeholders where agency representatives informed stakeholders about key provisions of the proposed rules and stakeholders provided comments and suggestions.

July 17, 2012 – Meeting to review frequency of post-employment criminal records checks.

- During this meeting, the health and human services agencies reviewed their draft rules on the frequency of post-employment background checks and the potential costs associated with those checks. The agencies originally had post-employment checks to be conducted every three years for agency providers and continue to have independent providers conduct a check every year. In order to determine the number of direct care workers in the home and community-based system, the Ohio Department of Job and Family Services Office of Workforce Development provided an estimate using labor statistics data (see Attachment A). Information regarding the cost of background checks by the Bureau of Criminal Identification and Investigation (BCII) and by the Federal Bureau of Investigation (FBI) was provided by BCII. Stakeholders expressed concern about the cost to agency providers.

August 6, 2012 – Meeting to review tier proposal and continue conversation regarding frequency of post-employment criminal records checks.

- During this meeting, the agencies reviewed the tier proposal for disqualifying convictions and post-employment criminal records checks were again discussed. Taking the stakeholders' concerns regarding the costs associated with conducting a post-employment check every three years, the agencies (with the exception of the Ohio Department of Developmental Disabilities, which already requires most providers to have a post-employment check every three years to coincide with term-limited certification and licensure) and stakeholders agreed to have post-employment checks conducted every five years on the date of hire anniversary.

Stakeholder Workgroup

In an effort to determine the costs associated with criminal records checks, a workgroup of stakeholders and agency representatives met on August 22, 2012. With input from stakeholders on the costs (including administrative costs) associated with the checks, the workgroup agreed to an estimated average cost associated with each check and an estimated total cost of the proposed rules.

Invited Stakeholders

Ability Center
Shelley Papenfuse

The Academy of Senior Health Sciences
Chris Murray

Advocacy and Protective Services, Inc.
Karla Rinto

The Arc
David Lewise
Gary Tonks

Blackstone
Jenny Sand
David Tramontana

CareStar
Michelle Fitzgibbon

Central Ohio Area Agency on Aging
Linda Gillespie

LeadingAge Ohio
John Alfano
Katie Rodgers
Fran Savard

Midwest Care Alliance
Jeff Lycan
Katie Rodgers
Gwen Toney

National Church Residences
Erica Drewry

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Ohio Assisted Living Association
Jean Thompson

Ohio Association of Area Agencies on Aging
Larke Recchie

Ohio Association of County Boards Service People with Developmental Disabilities
Dustin McKee
Dan Ohler

Ohio Association of Medical Equipment Services
Kam Yuricich

Ohio Association of Senior Centers
Dave Bibler

Ohio Council for Home Care and Hospice
Kathleen Anderson
Beth Foster

Ohio Department of Developmental Disabilities
Stephanie Barber-Maynard (Liaison for Self Advocates)

Ohio Health Care Association
Steve Mould
Mandy Smith
Pete Van Runkle

Ohio Provider Resource Association
Jeff Davis
Mark Davis

Ohio Self Determination Association
Dana Charlton

Ohio Statewide Independent Living Council
Kay Grier

People First of Ohio
Sadie Hunter

Senior Source Connection
Chuck Komp

Service Employees International Union
Frank Hornick

Values and Faith Alliance
Michael Rench

Through the Department's official rules clearance, the draft rule will be sent to stakeholders listed above as well as representatives of the following organizations:

- Autism Society of Ohio
- Councils of Governments
- Disability Housing Network
- Down Syndrome Association of Central Ohio
- The League
- Ohio Developmental Disabilities Council
- Ohio Legal Rights Service
- Ohio SIBS (Special Initiatives by Brothers and Sisters)
- Ohio Superintendents of County Boards of Developmental Disabilities

When draft rules are disseminated via the official rules clearance process, they are simultaneously posted at the Department's *Rules Under Development* webpage (<https://doddportal.dodd.ohio.gov/rules/underdevelopment/Pages/default.aspx>).

8. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?

All types of providers in the developmental disabilities service delivery system—certified, licensed, employees of county boards of developmental disabilities, and employees of the Department—are already subject to pre-employment background investigations including criminal records checks. The majority of providers (i.e., approximately 8,400 certified independent and agency providers) are already subject to post-employment criminal records checks every three years; this requirement is set forth in existing rule 5123:2-2-01 (*Provider Certification*).

Stakeholders are generally supportive of the proposed new rule, most notably the exclusionary period tiers for disqualifying convictions as established in paragraph (E) of the rule.

9. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?

The following articles were reviewed and considered to inform development of the exclusionary periods for employment of persons who have disqualifying convictions:

Blumstein, A., & Nakamura, K. (2009). Redemption in an era of widespread criminal background checks. *NIJ Journal*, 263, 10-17.

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Blumstein, A., & Nakamura, K. (2009). Redemption in the presence of widespread criminal background checks. *Criminology*, 47, 327-359.

Bushway, S., Nieuwbeerta, P., & Blokland, A. (2011). The predictive value of criminal background checks: Do age and criminal history affect time to redemption? *Criminology*, 49, 27-60.

Kurlychek, M. C., Brame, R., & Bushway, S. D. (2006). Scarlet letters and recidivism: Does an old criminal record predict future offending? *Criminology and Public Policy*, 5, 483-504.

Kurlychek, M. C., Brame, R., & Bushway, S. D. (2007). Enduring risk: Old criminal records and predictions of future criminal involvement. *Crime and Delinquency*, 53, 64-83.

Soothill, K. & Francis, B. (2009). When do ex-offenders become like non-offenders? *Howard Journal of Criminal Justice*, 48, 373-387.

The authors' findings support the tiered approach of making the employment exclusionary period shorter for less serious offenses.

10. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?

Aside from considering alternative arrangements of disqualifying convictions in various tiers, alternative regulations were not considered. The rules reflect the current statutory requirements and the stakeholder-approved exclusionary periods.

11. Did the Agency specifically consider a performance-based regulation? Please explain. *Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.*

No; a performance-based regulation is not appropriate for this standard and is not authorized by statute.

12. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?

The agencies conducted a thorough review of the Revised Code and Administrative Code to ensure there are no other regulations in place pertaining to these specific criminal records check requirements.

13. Please describe the Agency's plan for implementation of the regulation, including any

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measures to ensure that the regulation is applied consistently and predictably for the regulated community.

The majority of providers in the developmental disabilities service delivery system are already subject to pre-employment and post-employment criminal records checks. Implementation for providers that are not already subject to the post-employment criminal records checks is addressed in paragraph (C)(9) of the rule. Staff of the Department's Office of Provider Standards and Review who conduct provider compliance reviews will be trained to ensure the rule is applied consistently. The Department will disseminate information to providers in advance of the effective date of the rule and provide technical assistance as requested.

Adverse Impact to Business

14. Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:

a. Identify the scope of the impacted business community;

The rule applies to all types of providers in Ohio's developmental disabilities service delivery system, including:

- independent providers certified by the Department (approximately 6,800),
- agency providers certified by the Department (approximately 1,600),
- residential facilities licensed by the Department (approximately 680), and
- Intermediate Care Facilities for Individuals with Intellectual Disabilities licensed by the Department (420).

Under existing rules 5123:2-1-05, 5123:2-1-05.1, and 5123:2-3-06, all of these providers are subject to background investigations including pre-employment criminal records checks and database checks. Under existing rule 5123:2-2-01, all of these providers, with the exception of Intermediate Care Facilities for Individuals with Intellectual Disabilities (Intermediate Care Facilities), have already been subject to post-employment criminal records checks every three years.

b. Identify the nature of the adverse impact (e.g., license fees, fines, employer time for compliance); and

Fees for BCII and FBI criminal records checks.

Additional administrative time necessary to conduct database checks, request the criminal records check, and compile a personnel record.

The addition of new disqualifying convictions may result in currently certified independent providers or existing employees of agency providers becoming ineligible to work.

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c. Quantify the expected adverse impact from the regulation. *The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a “representative business.” Please include the source for your information/estimated impact.*

1. Administrative time for conducting the database checks.

The stakeholder workgroup convened on August 22 determined that the administrative cost for conducting the required database checks is \$24.00 per hour based on industry estimate. The Department estimates that the database checks will take approximate twenty minutes per applicant/employee, and therefore represents an administrative cost of \$8.00.

2. Fee for BCII criminal records check.

The current fee is \$22.00. Local entities that conduct the checks may charge additional fees which vary.

3. Fee for FBI criminal records check for applicants/employees who have resided outside of Ohio in past five years.

The current fee is \$24.00. Local entities that conduct the checks may charge additional fees which vary.

4. Time required requesting criminal records check and compiling personnel record.

The stakeholder workgroup completed an analysis (see Attachment B) and concluded that the average cost of conducting a check, across all types of direct care workers, is \$100.00.

The majority of direct care workers in the developmental disabilities service delivery system are already subject to pre-employment criminal records checks and post-employment criminal records checks at a frequency of every three years. The analysis prepared by the Ohio Department of Job and Family Services Office of Workforce Development (included as Attachment A) indicated that an estimated 93,910 direct care workers are employed in home and community-based healthcare services in Ohio. This estimate includes employees of Intermediate Care Facilities. The specific number of employees of Intermediate Care Facilities—who comprise the only segment of workers in the developmental disabilities service delivery system who are not currently subject to post-employment criminal records checks—is unknown.

Department staff analyzed Intermediate Care Facilities' cost report data submitted for calendar year 2011 to estimate the number of direct care positions. In 2011, employees of

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Intermediate Care Facilities in direct care positions worked a total of 19,663,453 hours. Dividing the total hours worked by 2,080 (a full-time position) yields 9,454 full-time equivalent positions.

The Department reviewed data provided by the Ohio Department of Job and Family Services Office of Workforce Development (see Attachment C) for the North American Industry Classification System (NAICS) classification 623210, "residential mental retardation facilities." The number of employees in this classification in 2010 was 23,082. As this classification is broader than Intermediate Care Facilities and appears to include all employees, not just those in direct care positions, this number substantially over-represents the employees subject to the requirements of the proposed new rule. Based on the available data, the Department estimates that the number of direct care workers subject to new requirements imposed by the proposed rule to be closer to 9,454.

15. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?

Intermediate Care Facilities are the only sector of the developmental disabilities provider community that has not been subject to periodic, post-employment criminal records checks. Background investigations of people providing services to vulnerable populations are necessary to ensure the health and safety of individuals receiving services, are the standard for prudent employment decisions, and ultimately protect employers from risk.

Regulatory Flexibility

16. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.

No; the criminal records check requirements are established by statute and may not be waived for any person employed in the developmental disabilities service delivery system.

17. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?

Section 119.14 does not apply.

18. What resources are available to assist small businesses with compliance of the regulation?

Department staff of the Office of Provider Certification, the Division of Legal and Oversight, and the Office of Provider Standards and Review are available to provide technical assistance to providers and applicants for provider certification.

APPENDIX A

Estimation of Employment of Direct Service Providers, Home-and Community-Based Settings, For the Governor's Office of Health Transformation June 7, 2012

Background: The Kasich Administration and Ohio Attorney General have identified gaps and inconsistencies in statutes and regulations governing criminal background checks and disqualifying workers who have been convicted of specific crimes from providing Medicaid home- and community-based services. The Governor's Office of Health Transformation established the Prior Criminal Convictions Work Team to resolve the gaps and inconsistencies. One element of the Work Team's scope of work is to develop rules to implement criminal background check reform provisions contained in the Mid-Biennium Review, Amended Substitute House Bill 487 (HB 487). HB 487 includes provisions that authorize certain state agencies to conduct criminal background checks post-hiring for employees in home-and community-based settings. In order to gauge the cost impact of potential options for post-hiring criminal background checks, the Work Team determined that it would be critical to know the estimated number of employees working in home-and community-based settings. The team found information related to the number of self-employed individuals in this healthcare setting from administrative records. However, similar information from employers, specific to home-and community-based settings, is not readily available.

Data issues: Information readily exists for either occupational¹ or industry employment² levels but these statistics are not categorized in a manner that readily reports the breakout of healthcare service employees working in a home- or community-based healthcare setting. For example, standard estimates of occupational employment for Home Health Aides³ includes Home Health Aides that work in institutionalized care settings, such as traditional nursing homes. Since occupations cross industries (work settings), it would be misleading to report the number from standard occupational estimates.

Similarly, estimates of industry (work setting) employment would be misleading in that the industry includes occupations that are not directly related to healthcare service. For example, the industry of Home Health Care Services⁴ includes Management, Business and Financial occupations (chief executives, human resource managers, accountants, financial clerks, receptionists and information clerks, etc.),

¹ Occupational employment data is capture through the Federal/State Occupational Employment Statistics Cooperative program, under the governance of the Bureau of Labor Statistics. See <http://www.bls.gov/oes/>.

² Industry employment data is captured through the Federal/State Cooperative Quarterly Census of Employment and Wages program, under the governance of the Bureau of Labor Statistics. See <http://www.bls.gov/cew/>

³ Definitions and classification of occupations are provided by the Standard Occupational Classification (SOC) system. See <http://www.bls.gov/SOC/>.

⁴ Definitions and classification of industries are provided by the North American Industry Classification System (NAICS). See <http://www.bls.gov/bls/naics.htm>.

which provide no direct health service to individuals. Using either industry or occupational estimates alone would most likely lead to inflated estimates.

Methods: To overcome these data issues and provide an approximate estimate of workers providing direct healthcare services in the home- or community-based setting, required a three step process. The first step in our estimation process was to identify industries (work settings) that have a central focus of providing healthcare services in a home- or community-based setting. Using the North American Industry Classification System industry definitions, the team identified three critical industries: Home Health Care Services, Services for the Elderly and Persons with Disabilities, and Residential Mental Retardation Facilities (see appendix A for full definitions). These industries are primarily engaged in providing direct services in a home- or community-based setting.

The second step in the estimation process was to identify the occupations common within these industries that are responsible for providing the direct care or service – the Home Health Aides as opposed to Accountants within the industries. This was done by using industry occupational staffing patterns derived from Occupational Employment Statistics (OES), a Federal/State cooperative statistical program under the governance of the U.S. Bureau of Labor Statistics.

The third step was then to apply the industry occupational staffing pattern to industry employment estimates of the selected direct home- or community-based service industries. Industry employment estimates are provided through the Quarterly Census of Employment and Wages (QCEW), a Federal/State cooperative statistical program under the governance of the U.S. Bureau of Labor Statistics. Specifically we used 2010 (the latest available) U. S. industry occupational staffing patterns for its sample size, coverage and detail. These staffing patterns were applied to Ohio preliminary 2011(the most current available) QCEW industry employment estimates. The result is an approximate estimate of the number of workers directly engaged in home- or community-based healthcare services in Ohio, excluding the self-employed.

The advantage of this approach is that the analysis is based on long standing national data series, with standardized methodology, established statistical practices and the capability of comparisons across time.

At the same time we labeled the results as approximate estimates because of several inherent complications in the data:

- Industries are classified based on their primary activity and industries with secondary activities within the area of direct home- or community-based healthcare services are excluded from this analysis. An example is the exclusion of hospitals, where some may have a subset of their operation that engages in home- or community-based healthcare services.
- As can be seen in the chart below, confidentiality issues, sample size and data quality issues limit the disclosure of data for some occupations of interest.

- This is a conservative estimate in that it does not include those that are employed through the Employment Services industry, particularly Temporary Help Services. Although industry occupational staffing patterns exist for the Employment Services industry as a whole, their job placement activity across other industries is unknown. For instance, they could be placed in institutionalized care settings, such as traditional nursing homes. No doubt some are placed within home-and community-based settings. If all were placed within home-and community-based settings, it would add approximately 27,000 to our estimate.
- The nature and complexity of the industry and occupational classification system and the industry occupational staffing pattern matrix, require research analysts and the Prior Criminal Convictions Work Team to make judgments of where to draw lines to categories and separate data in meaningful ways that addressed the underlying research question. There was no direct and precise measurement available or established to address the question before the team.

The objective of the Prior Criminal Convictions Work Team is to provide information that assists in the implementation of the Mid-Biennium Review – Amended Substitute House Bill 4897. The results below are presented with that intent. These data can be updated on an annual basis. However, overtime the application of the law may create administrative records that provide the necessary counts and with more precision to the purposes of the law.

Results: The analysis described above produced an approximate estimate of 93,910 Ohio workers for 2011 engaged in direct home- or community-based healthcare services. These are estimates of the number workers employed by business establishments, which excludes the self-employed. The chart below provides details by the selected industries and occupations within those industries. The areas highlighted in blue represent the occupations included in the estimate.

Direct Service Providers for 3 Healthcare Industries*					
Occupations with fewer than 50 jobs, confidential data, or poor quality data are not displayed					
Selected Occupations Only					
		Ohio			
Occupation		NAICS**			
SOC	Title	6216	62321	62412	Total
00-0000	Total, All Occupations	57,200	28,200	38,500	123,900
21-0000	Community and Social Service Occupations	1,540	4,110	3,660	9,310
21-1022	Healthcare Social Workers	860	110	460	1,430
21-1029	Social Workers, All Other	60	60	150	270
29-0000	Healthcare Practitioners and Technical Occupations	14,080	1,240	1,230	16,550
29-1111	Registered Nurses	7,840	480	580	8,900
29-1122	Occupational Therapists	400	30	120	550

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29-1123	Physical Therapists	1,090	30	40	1,160
29-1125	Recreational Therapists		30	40	70
29-1126	Respiratory Therapists	60	0		60
29-2061	Licensed Practical and Licensed Vocational Nurses	3,720	540	270	4,530
31-0000	Healthcare Support Occupations	21,460	15,520	8,930	45,910
31-1011	Home Health Aides	18,310	12,450	7,970	38,730
31-1012	Nursing Aides, Orderlies, and Attendants	2,570	1,920	770	5,260
31-2011	Occupational Therapy Assistants	60	30	0	90
31-2012	Occupational Therapy Aides		0	40	40
31-2021	Physical Therapist Assistants	290	0	0	290
31-2022	Physical Therapist Aides	0	0	0	0
31-9011	Massage Therapists	0			0
31-9092	Medical Assistants	60	0	0	60
31-9799	Healthcare Support Workers, All Other	60	280	40	380
35-0000	Food Preparation and Serving Related Occupations	60	310	580	950
35-3041	Food Servers, Nonrestaurant	0	30	40	70
39-0000	Personal Care and Service Occupations	12,020	3,520	17,740	33,280
39-9021	Personal Care Aides	11,840	1,750	16,400	29,990
39-9032	Recreation Workers	60	200	540	800
39-9041	Residential Advisors		760	150	910
39-9099	Personal Care and Service Workers, All Other	0	280	40	320
Total selected occupations (highlighted in blue)		93,910			

*Based on United States Staffing Patterns for 2010 applied to preliminary 2011 Ohio Industry Employment, Quarterly Census of Employment and Wages.

**NAICS 6216 = Home Health Care Services
NAICS 62321 = Residential Mental Retardation Facilities
NAICS 62412 = Services for the Elderly and Persons with Disabilities

Prepared by the Ohio Department of Job and Family Services
Office of Workforce Development, Workforce Analytics, 2012

Appendix A - NAICS definitions

These definitions are from the 2007 NAICS codes (<http://www.census.gov/eos/www/naics/>).

6216 Home Health Care Services

This industry comprises establishments primarily engaged in providing skilled nursing services in the home, along with a range of the following: personal care services; homemaker and companion services; physical therapy; medical social services; medications; medical equipment and supplies; counseling; 24-hour home care; occupation and vocational therapy; dietary and nutritional services; speech therapy; audiology; and high-tech care, such as intravenous therapy.

62321 Residential Mental Retardation Facilities

This industry comprises establishments (e.g., group homes, hospitals, intermediate care facilities) primarily engaged in providing residential care services for persons diagnosed with mental retardation. These facilities may provide some health care, though the focus is room, board, protective supervision, and counseling.

624120 Services for the Elderly and Persons with Disabilities

This industry comprises establishments primarily engaged in providing nonresidential social assistance services to improve the quality of life for the elderly, persons diagnosed with mental retardation, or persons with disabilities. These establishments provide for the welfare of these individuals in such areas as day care, nonmedical home care or homemaker services, social activities, group support, and companionship.

APPENDX B

Cost Analysis for Proposed 5 Year Required Background Check Rule

Agreed Upon Costs

Number of direct care staff employed for 5+ years:		23,478
Average cost per direct care worker:	\$	100
Total statewide cost of proposed rules in first year:	\$	2,347,750
Average cost per licensed agency in first year:	\$	1,806
Average statewide cost in subsequent years:	\$	469,550
Average cost per agency in subsequent years:	\$	361

Notes and Assumptions

- This analysis represents a conservative estimate partially based on data provided by home health agencies.
- 25% of direct care staff in Ohio will be employed 5 years or more, and will therefore be subject to an additional background check.
- Total number of direct care staff is 93,910 and is based on 2010 NAICS data.
- Direct care staff does not include office personnel.
- Average cost includes administrative, employee wage, employee overtime, travel, and BCII costs.
- Average cost encompasses different pay scales among aides, RNs, LPNs, and therapists.
- Analysis assumes 1,300 home health agencies, 656 of which were certified as of 8/22/12.
- The analysis assumes no distinction between Medicare-certified/ODA-certified/accreditation/or private pay private duty home health agencies.

APPENDIX C

Data Source: Quarterly Census of Employment & Wages

Extracted from the Employment and Wages by Industry Query on 8/31/2012

Summary Profile for: Statewide NAICS Code: 623210-Residential mental retardation facilities NA=suppressed due to confidentiality				
Item Type	Number of Establishments	All Employees	Total Wages (in thousands)	Average Annual Wage
2000	732	14,959	\$274,459	\$18,348
2001	835	15,477	\$294,129	\$19,004
2002	848	16,093	\$316,156	\$19,646
2003	944	17,341	\$345,290	\$19,912
2004	972	17,878	\$362,441	\$20,274
2005	1,103	18,966	\$387,485	\$20,430
2006	1,156	19,018	\$395,955	\$20,820
2007	1,172	19,261	\$409,490	\$21,260
2008	1,230	20,377	\$439,961	\$21,591
2009	1,307	22,217	\$479,341	\$21,576
2010	1,246	23,082	\$491,265	\$21,283
Change from 2000 (pre-2001 recession total Statewide employment peak) to 2010				
Absolute Change	514	8,123	\$216,806	\$2,935
Percent Change	70.20%	54.30%	79.00%	16.00%
Change from 2006 (last total Statewide employment peak) to 2009				
Absolute Change	90	4,064	\$95,310	\$463
Percent Change	7.80%	21.40%	24.10%	2.20%