



STATE OF MARYLAND

**DHMH**

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**Maryland Department of Health and Mental Hygiene**

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

January 14, 2013

The Honorable Catherine E. Pugh  
Miller Senate Office Building  
3 East Wing  
Annapolis, MD 21401

The Honorable Barbara A. Robinson  
House Office Building  
Room 315  
Annapolis, MD 21401

Dear Senator Pugh and Delegate Robinson:

Senate Bill 316 and House Bill 382 during the 2012 legislative session would have established an abuser registry in the Department of Health and Mental Hygiene (DHMH). The registry would have contained the names of employees terminated for abusing or neglecting a person in a health care facility in cases where no charges were filed, and consequently, raised complex legal, ethical, and operational issues. Though the legislation did not ultimately pass in the 2012 session, the Office of Health Care Quality (OHCQ) committed to you to convening an Abuser Registry Workgroup comprised of representatives from OHCQ, the Office of the Attorney General, law enforcement agencies, health care providers, and the advocate community to look at various issues surrounding the establishment of an abuser registry for employees of health care facilities.

The Abuse Registry Workgroup convened three meetings which were held on June 26, September 18, and November 29, respectively. Participants included representatives of DHMH; the Baltimore County Association of Senior Citizens (BCASCO); the Maryland Disabilities Council; Maryland Association of Community Services (MACS); Voices for Quality Care; the Maryland Hospital Association; Lifespan Network; the Maryland Disabilities Law Center; Maryland Nurses Association; the Maryland Occupational Therapy Association; the Maryland Board of Nursing; the Health Facilities Association of Maryland (HFAM); the ARC Maryland (ARC) and the American Federation of State, County, and Municipal Employees (AFSCME). A full list of participants is enclosed. (See Enclosure A for a list of the Workgroup's members). Additionally, a summary of select states' abuser registries discussed during the meetings is enclosed as Enclosure B.

This letter summarizes the work that was done in the 2012 interim by the interested stakeholders in examining the potential establishment of an abuser registry in Maryland, and provides a report of the issues identified in the workgroup.

**Existing Protections for Maryland Residents**

There are a number of important existing protections available to Maryland residents, including criminal background checks, reference checks, and oversight by professional boards. Many of these protections were discussed during the workgroup's meetings.

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Web Site: [www.dhmh.maryland.gov](http://www.dhmh.maryland.gov)



*A. Unlicensed and Uncertified Direct Care Employees in Health Care Settings*

Health-General Article, §§19-1901 through 19-1912, mandates a criminal history records check of employees who are not licensed or certified under the Health Occupations Article and apply for a position at an adult dependent care program that would involve routine, direct access to dependent adults in the program. Adult dependent care programs pertain to adult day care facilities; assisted living program facilities; group homes; congregate housing services programs; residential service agencies; alternative living units; hospice facilities; and related institutions. Before an eligible employee may begin work for an adult dependent care program, the eligible employee must apply for a State criminal history records check or request a private agency to conduct a background check. If a private agency conducts the background check, it must be conducted in each state in which the program reasonably knows the eligible employee has worked or resided during the past seven years. The criminal history background check includes both convictions and pending charges.

Title 19, Subtitle 19 of the Health-General Article also requires a reference check from the potential employee's most recent employer. The reference check must, at minimum, seek information about any history of physical abuse committed by the potential employee. The Subtitle further provides that an employer acting in good faith who provides a reference may not be held liable for disclosing any information about the potential employee's job performance or the reason for termination of employment of the employee.

*B. Practitioners under the Jurisdiction of Maryland's Health Occupations Boards*

The primary focus of the health occupations boards within DHMH is to protect the public. Nonetheless, not all of Maryland's health occupations boards have statutory authority requiring them to conduct criminal history records checks when health care practitioner applicants under their jurisdiction apply for initial or renewal licensure or certification.

The Board for the Certification of Residential Child Care Program Professionals, the Board of Examiners of Psychologists, the Board of Nursing (for nurses, certified nursing assistants, medication technicians, and electrologists), the Board of Pharmacy (for pharmacy technicians and wholesale distributors), and the Board of Morticians and Funeral Directors (for transporters) already have this authority in statute. Maryland's health occupations boards are pursuing legislation for private sponsorship during the 2013 legislative session to give all boards authorization to require criminal history records checks.

*C. Health Occupations Boards' Disciplinary Authority*

Maryland's health occupations boards have disciplinary authority over the health care practitioners within their jurisdiction. The boards retain independent responsibility for the administration of their professional practice and related mandates. This independent authority gives each board the responsibility for its own disciplinary actions. Each board employs an investigative staff to review complaints exclusively for that board. Historically, it has been determined that it is both more thorough, efficient, and fundamentally fair for an investigator to work under a single board or a few boards in order to have expertise in the statutes and regulations governing those boards since

the laws governing Maryland's 19 health occupations boards can differ dramatically. This disciplinary authority authorizes the boards to investigate and take disciplinary action against practitioners who engage in professional misconduct, including misconduct involving the abuse or neglect of an individual in a health care facility. The boards have the authority to deny, suspend, and revoke licenses as well as to reprimand a licensee or place the licensee on probation.

Numerous health occupations boards (including the Maryland Board of Physicians, Board of Nursing, Board of Pharmacy, Board of Occupational Practice, Board of Physical Therapy Examiners, Board of Examiners of Psychologists, Board of Professional Counselors and Therapists and Board of Social Work Examiners) provide online registries and records searches for checking whether a healthcare practitioner has a valid license or has been the subject of disciplinary action. Some board Web sites post final disciplinary orders. It is notable that the Board of Pharmacy and Board of Examiners of Psychologists both received complaints from their licensees about the public posting of final disciplinary orders, particularly concerning orders dating back many years or even decades or after disciplinary conditions have been fulfilled. There is some concern that there should be a time limit on the posting of such orders.

#### *D. Other Upcoming Actions*

OHCQ was recently awarded a \$1.4 grant from the Centers for Medicare and Medicaid Services (CMS) to design, develop, and implement a national background check program to enable states to conduct national criminal background checks on all prospective direct patient access employees of long-term care facilities and providers. As a result of the grant award, Maryland will receive a 3-to-1 match from CMS as well as technical support. Additionally, the entire health care employee application process will be impacted with the new procedures. Attention will be needed to integrate and coordinate any registry with the national background check program and maintain compliance with federal requirements.

### **Considerations and Challenges**

The workgroup identified the following considerations and challenges:

- 1. There is no clear national model for a registry.*

Limiting its reach to the developmentally disabled, as New Jersey has, without considering other vulnerable populations served in similar community and institutional settings may tend to shift "abusers" into the less-regulated work environment, defeating the intent of the registry. Based on the workgroup's review of other state registry statutes, including North Carolina, which covers a wide range of community-based providers, and Ohio's and New Jersey's (developmental disabilities only), there does not appear to be a standard registry model among the reviewed states.

- 2. There is not clarity or consensus on who should have access to the registry*

Coupled with the decision regarding the overall scope of the registry, is the question of who should have access to the abuser registry, and at what stage of an investigation and decision making process will access be permitted. New Jersey has opted to limit access to those who have applied for

process will access be permitted. New Jersey has opted to limit access to those who have applied for and received privileges from the state agency, while North Carolina has gone the route of allowing access to a much broader provider community prior to a decision having been made on the allegation. The workgroup also reviewed abuser registry models that have been established in Tennessee as well as New York, which only recently established its registry in 2012.

3. *Due process concerns are unresolved.*

Due process concerns are a critical component of any discussion on the abuser registry concept. Simply stated, there are numerous legal considerations that will need careful attention in any drafting of legislation. The following issues are a non-exhaustive list of due process issues raised by an abuser registry:

- a. When should the identity of someone accused of abusing a vulnerable individual become public?
- b. Should the name of an alleged abuser become public at the time an accusation is filed with the state agency?
- c. Should posting of names occur only after all investigatory and appeal options have been exhausted?
- d. Will the investigation conducted by the provider/employer be considered sufficient by itself to permit posting of an alleged abuser's name?
- e. Must the state agency re-investigate an allegation prior to deciding whether abuse occurred?
- f. Will there be an independent review board established to make the final decision?
- g. When does the appeal process begin for the person accused, and what rights does the accused have to counter the allegation prior to having the name posted?
- h. If a law enforcement agency investigates and closes the case without filing charges, how does that impact the abuser registry decision process?
- i. Will all allegations of abuse be referred to this entity for investigation or will health occupation licensing boards be a part of the investigation?
- j. Will the definition of abuse require amendments to allow decisions on abuse, which is defined under criminal law, to be made by a state agency based on a provider-based investigation?
- k. How will timeliness of investigations factor into the due process protections?

names of thousands of individuals accused of abuse in a “pending” category without individuals having an opportunity to challenge the initial allegation. The workgroup made no formal recommendation as to which approach might best suit the intent of the registry proposal. However, the workgroup did recognize that Maryland’s due process vision is likely to be closer to that of New Jersey.

*4. A comprehensive registry would be costly.*

Cost is always to be considered when plans are formulated around a new oversight responsibility. OHCQ is not currently staffed to assume the additional duties required to support an abuser registry. Using New Jersey as our model, it should be noted that they employ 16 surveyors devoted to investigating some 400 allegations in the community, 33 surveyors devoted to investigating approximately 500 allegations annually at the seven state-operated centers, and another five surveyors who review approximately 2100 complaints annually (these are considered less serious allegations and only reviewed administratively).

Clearly, a sizeable number of surveyors would be needed to staff this process. Additionally, legal support staff and attorneys will be required in order to create and staff an appropriate appeal process. If legislation expands the scope of the initiative to other community and institutional services, the number of staff required to sustain such a process will grow rapidly. The estimated fiscal impact for Maryland to establish an abuser registry that reaches across all health care providers and entities would be substantial, exceeding \$4 million annually, and would involve creating a new unit within DHMH. This new unit would be staffed with some 50 surveyors, management personnel as well as administrative and support staff members.

*5. A registry could conflict with the role of licensing boards.*

Some workgroup members expressed strong concerns about how a separate, external system for investigating abuse and complaints against licensed or certified health care practitioners could usurp the authority of the health occupations boards who conduct their own investigations of complaints. Each board’s investigators are knowledgeable about the intricacies of its own standards and mandates and may take entirely different disciplinary actions than those determined by a potential OHCQ investigation. Therefore, some workgroup members were concerned that this could lead to duplication, fragmentation, and even conflicts with board disciplinary determinations.

**Conclusion**

The workgroup has attempted to highlight those concerns that were raised by the workgroup’s discussion.

An alternative approach to a registry would include legislation providing broader access to criminal background checks for licensing boards, better education about how to pursue criminal charges, the expansion of the role of licensing boards, and other steps. In addition, current background check processes for direct care workers could be strengthened. For example, prospective employees could be required to list the last five places of work, allowing for a more complete reference check process.

employees could be required to list the last five places of work, allowing for a more complete reference check process.

Hopefully this analysis is useful to you. Should you have any questions about the information in this letter, please do not hesitate to contact Ms. Marie Grant, Director of the Office of Governmental Affairs, at (410) 767-6481.

Sincerely,



Patricia Tomsco Nay, MD, CMD, CHCQM,  
FAAFP, FAIHQ, FAAHPM  
Acting Director and Medical Director  
Office of Health Care Quality

Enclosures

cc: Joshua M. Sharfstein, M.D., Secretary, DHMH  
Patrick Dooley, Chief of Staff, DHMH  
Marie Grant, Director of Governmental Affairs, DHMH  
Frank E. Johnson, Director of Policy and Administration, OHCQ  
David Smulski, Department of Legislative Services  
Linda Stahr, Department of Legislative Services  
Workgroup members

Enclosure A

ABUSER REGISTRY WORKGROUP

1. Barbara Fagan – Program Manager, Ambulatory Care, OHCQ
2. Beth Wiseman – BCASCO
3. Brian Cox – Executive Director, MD Developmental Disabilities Council
4. Brian Frazee – Director of Public Policy, MD Association of Community Servs. (MACS)
5. Cheryl Reddick – Program Manager, Assisted Living, OHCQ
6. Christi Megna – Office of Governmental Affairs, DHMH
7. Clare Whitbeck – Voices for Quality Care
8. Daniel Schmitt – The ARC Maryland (ARC)
9. Delegate Barbara Robinson
10. Denise Matricciani – Vice President, Governmental Policy & Advocacy, MHA
11. Danna Kauffman – Lifespan Network
12. Frank Johnson – Director of Policy and Administration, OHCQ
13. Gayle Jordan-Randolph , Mental Hygiene Administration, DHMH
14. Gwen Winston – Quality Improvement Coordinator, OHCQ
15. Jean Smith – DHMH
16. Jennifer Baker – Program Administrator, Developmental Disabilities, OHCQ
17. Jill Spector – DHMH
18. Kim Bennardi – DHMH
19. Laura Howell – MACS
20. Lynda Brown – Health Policy Analyst, OHCQ
21. Margie Heald – Deputy Director, Long Term Care, OHCQ
22. Marie Grant – DHMH
23. Marni Greenspoon – MD Disability Law Center
24. Mary Harden – President, BCASCO
25. Paul Ballard – OHCQ Counsel
26. Renee Webster – Assistant Director, HMO & Hospitals, OHCQ
27. Robyn Elliott – Maryland Nurses and Maryland Occupational Therapy Associations
28. Senator Catherine Pugh
29. Shirley Devaris – Maryland Board of Nursing, DHMH
30. Stanley Butkus – DDA, DHMH
31. Patty Stehle – VP Operations and Membership Services, HFAM
32. Sue Esty – AFSCME
33. William Dorrill – Deputy Director, Developmental Disabilities, OHCQ
34. William Vaughan – Chief Nurse, OHCQ

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<p><b>North Carolina</b></p> <p>North Carolina Department of Health and Human Services</p> <p>Number of Facilities: 10,000</p>	<p><b><u>HISTORY</u></b></p> <p>Investigations of unlicensed health care workers began in 1992, as a result of federal nursing home reform legislation (OBRA), which required states to receive, review, and investigate allegations of resident abuse, neglect, and misappropriation of property of nursing home residents. It also required each state to list substantiated allegations as “findings” onto the state’s Nurse Aide I Registry if the accused individuals were nurse aides.</p> <p>When the Health Care Personnel Registry law [N.C. § 131E-256 (PDF) <a href="#">☞</a>] was passed in 1996, it incorporated the investigations and “findings” of the Nurse Aide I Registry and expanded the types of reportable allegations and health care facilities reporting allegations. It also added the requirement that the names of individuals who were under investigation for any reportable allegation to be listed on the registry. In 1998, 1999, 2000, and 2008, expansions of the HCPR law increased the types of unlicensed health care personnel reported and the types of health care facilities that must report allegations.</p> <p><b><u>REPORTABLE ALLEGATION TYPES</u></b></p> <p>The registry contains information about unlicensed health care workers for any of the following allegations: Resident abuse, Resident neglect, Misappropriation of property (from a resident or facility), Diversion of resident or facility drugs, Fraud against a resident or facility. Individual names listed on the Health Care Personnel Registry have either "pending" allegation investigations or substantiated allegation "findings". Health care employers can check the HCPR for information about potential employees using the verify listings page. Available information includes the nature of a finding or allegation and the status of an investigation. All of the health care facilities listed above must access the Health Care Personnel Registry before they hire unlicensed staff. Facilities must report all allegations, and injuries of unknown source, to the HCPR Investigations Branch [N.C. §131E-256 d2 <a href="#">☞</a>].</p> <p><b><u>REPORTING FACILITY TYPES</u></b></p> <p>Health Care Facility include adult care homes; hospitals; home care agencies; nursing pools; hospices; nursing facilities; state-operated facilities; residential facilities; 24-hour facilities; licensable facilities for mentally ill; developmental disabled; substance abusers; multi-unit assisted housing with services; community-based providers of services for the mentally ill, developmentally disabled, and substance abusers; and agencies providing in-home aide services funded through the home and community care block grant programs</p> <p><b><u>DUE PROCESS RIGHTS</u></b></p> <p>The unlicensed health care worker’s due process rights related to administrative actions are respected for a “pending” listing and a</p>



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	<p>substantiated "finding" listing. The unlicensed health care worker's due process rights include an opportunity to file a petition for a contested case hearing and have the matter heard by a fair and impartial body – the Office of Administrative Hearings <del>is</del> a separate state agency.</p> <p><b><u>ADDITIONAL INFORMATION</u></b>            A "pending" allegation investigation listing is added to the Health Care Personnel Registry at the time the Investigations Branch determines that an investigation will be done. A "pending" listing is temporary and is removed from the registry when the allegation is either unsubstantiated or a substantiated "finding" is listed.            A substantiated "finding" is listed after an opportunity is provided for due process rights. A "finding" listing is permanent and remains listed on the registry. The HCPR law [N.C. § 131E-256(i) <del>is</del>] allows one exception to a permanent "finding" listing. Individuals with certain neglect allegation "findings" may petition the Department to have his or her name removed from the registry. However, a petition requesting removal of a neglect allegation "finding" does not automatically result in removal of the "finding". A determination must be made that the conditions specified in N.C. § 131E-256(i) <del>is</del> are met before a neglect allegation "finding" listing may be removed from the registry.</p>
Ohio	<p><b><u>HISTORY</u></b>            The Ohio Abuser Registry was established by law in 2006 to prohibit people from working with individuals if they have committed acts of abuse, neglect, misappropriation, failure to report, and/or prohibited sexual relations meeting the criteria for placement on the Abuser Registry. Guidelines set forth procedures to be used to determine whether the name of an MR/DD employee should be placed on the registry. The Registry protects individuals. Employees who commit a Registry offense and whose names are placed on the Registry are unable to work as an employee within the developmental Disabilities system. The Registry provides a statewide standard for employment. Each year Developmental Disabilities employees sign a notice acknowledging that they understand the Registry provisions</p> <p><b><u>REPORTABLE ALLEGATION TYPES</u></b>            Abuser Registry offenses (1) knowingly abuse with a reasonable expectation of harm; (2) recklessly abuse or neglect with resulting physical harm; (3) recklessly neglect creating a substantial risk of serious physical harm; negligently abuse or neglect with resulting serious physical harm; misappropriated property of one or more individuals that has value, either separately or taken together, of one human dollars or more; misappropriated property of an individual that is designed to be used as a check, draft, negotiable instrument credit card, charge card, ATM, or cash dispensing machine; failure to report; and prohibited sexual relationship.</p>

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	<p><b><u>REPORTING FACILITY TYPES</u></b> Developmental Disabilities</p> <p><b><u>DUE PROCESS RIGHTS</u></b></p> <p>(1) The department shall establish a committee to review the facts of a case and make a recommendation regarding whether there is a reasonable basis for believing that a DD employee committed a registry offense.</p> <p>(a) The review committee shall consist of at least five members who represent various stakeholder groups.</p> <p>(b) The director shall appoint members of the review committee for a term of four years, except that a member may be appointed for a term of less than four years in order to stagger the members' terms, so that no more than half of the members' terms expire in the same year. Members may be reappointed or removed by the director.</p> <p>(c) Members shall agree in writing to maintain the confidentiality of all information and proceedings before the committee.</p> <p>(2) If the department determines a case is appropriate for consideration by the review committee, the department shall present the case to the review committee. If the DD employee has been convicted of a criminal offense for the same incident, the case need not be reviewed by the review committee. The department shall consider the review committee's recommendation and determine whether there is a reasonable basis for believing that a DD employee has committed a registry offense.</p> <p>(3) If there is a reasonable basis for believing that a DD employee has committed a registry offense, the department shall provide notification to the DD employee of the charges against the DD employee and the DD employee's right to a hearing if timely requested.</p> <p>Hearing procedure</p> <p>(1) Before conducting a hearing, the department shall determine whether any criminal proceeding or collective bargaining arbitration arising from the same allegation has concluded. The department may conduct a hearing before a criminal proceeding concerning the same allegation is concluded if the department notifies the prosecutor responsible for the criminal proceeding that the department proposes to conduct a hearing and the prosecutor consents to the hearing.</p> <p>(2) Except as otherwise provided by statute, all hearing and adjudication proceedings shall be conducted in accordance with the requirements set</p>

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	<p>forth in Chapter 119. of the Revised Code. Nothing in this rule precludes a DD employee from waiving his or her rights.</p> <p>(3) If the DD employee timely requests a hearing, the director shall appoint an independent hearing officer to conduct the hearing. If the DD employee is an employee of the department and is represented by a union, the director and a representative of the union shall jointly select the hearing officer.</p> <p>(4) At least fifteen days prior to the date set for hearing, upon request by either party, the department and the DD employee whose name is being considered for placement on the registry shall exchange witness lists and lists of exhibits to be introduced at the hearing. The hearing officer may extend the time for good cause shown.</p> <p>(5) The hearing officer shall conduct a hearing for the purpose of determining whether the department has established by clear and convincing evidence that the DD employee has committed a registry offense.</p> <p>(6) If the director or, if applicable, the director of the Ohio department of health or that director's designee, determines that the DD employee's name should be placed on the registry, the director shall sign an adjudication order directing that the DD employee's name be placed on the registry and provide notice to the DD employee.</p> <p>(7) The department shall send copies of the order to the individual who was the subject of the report, the individual's guardian, the attorney general, the prosecuting attorney or other law enforcement agency, and to any person or governmental entity that employs or contracts with the DD employee. Any notified person or entity employing or contracting with the DD employee shall, within ten days of notification, inform the department of the DD employee's employment status. If the DD employee holds a license, certification, registration, or other authorization to engage in a profession issued pursuant to Chapter 3319. of the Revised Code or Title 47 of the Revised Code, the director shall notify the entity responsible for regulating the DD employee's professional practice. If the department has issued to the DD employee, a license, certification, registration, or other authorization to provide services, the department shall initiate the process to revoke the license, certification, registration, or authorization.</p> <p>Petition for removal from registry</p> <p>(1) A person whose name has been placed on the registry may petition the</p>

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	<p>director to have the person's name removed from the registry.</p> <p>(2) Any petition for removal from the registry must be made in writing to the director. The petition shall include the name of the person, the action for which the person's name was placed on the registry, and any reasons demonstrating the appropriateness of removal of the person's name.</p> <p>(3) Upon receipt of a petition for removal, the department shall notify the individual who was the victim of the action for which the person's name was placed on the registry, the individual's guardian, and any other persons to whom the department determines notification should be given. Any party receiving the notification shall have the right to send written comments regarding the petition to the department.</p> <p>(4) The director shall consider the petition, along with any comments received from any person regarding the petition, and shall determine whether good cause exists to remove the person's name from the registry.</p> <p>(5) A petition claiming that good cause for removal exists because the person has satisfied the rehabilitation standards set forth in paragraph (G)(6)(c) of this rule can be filed no earlier than five years from the date the person's name was placed on the registry. If the person has previously made a petition to have the person's name removed from the registry based on the rehabilitation standards set forth in paragraph (G)(6)(c) of this rule, the director shall not consider any subsequent petition unless at least two years have passed since the previous petition was filed. If good cause exists, the director may waive the timelines set forth in this paragraph, except that the director may not remove a person's name from the registry until one year after the date the person's name was placed on the registry.</p> <p>(6) In determining whether good cause exists, the director shall consider the following:</p> <p>(a) Whether a criminal conviction arising from the act that resulted in the person's name being placed on the registry has been subsequently reversed on appeal, and no new conviction on the same charge has occurred.</p> <p>(b) Whether new, substantial, and material evidence has been discovered which would indicate that the person did not commit the act for which the person's name was placed on the registry. The person claiming that such new evidence has been discovered shall provide a detailed description of said evidence, along with a statement of the reasons for the failure to</p>

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	<p>discover the evidence prior to the adjudication hearing.</p> <p>(c) Whether the person can demonstrate that the person has been rehabilitated. In determining whether a person has been rehabilitated, the director shall consider the following factors:</p> <p>(i) The nature and seriousness of the act for which the person's name was placed on the registry, including whether the person was criminally convicted for the act;</p> <p>(ii) Whether the person has been convicted of any crimes other than those related to the act for which the person's name was placed on the registry;</p> <p>(iii) Whether the person, at the time of the incident, sought immediate medical attention for the individual if necessary, timely reported the incident, and accurately related the facts of the incident including the person's part in the incident;</p> <p>(iv) The time elapsed since the person's name was placed on the registry;</p> <p>(v) The person's efforts at rehabilitation and the result of those efforts;</p> <p>(vi) Personal references provided by the person;</p> <p>(vii) The person's employment history; and</p> <p>(viii) Any other relevant factors.</p> <p>(7) The director shall inform the person in writing of the outcome of the petition within ninety days of receipt of the petition. The director's decision is final and may not be appealed.</p> <p>(8) If the director determines that good cause exists to remove a person's name from the registry, the director shall issue an order directing that the person's name be removed from the registry. If a person's name has been removed from the registry, the department shall respond to any inquiries regarding whether the person's name is currently on the registry in the negative, and shall not, unless the information is specifically requested, disclose the fact that the person's name was previously on the registry. The department will notify the parties set out in paragraph (E)(7) of this rule that the person's name has been removed from the registry.</p>
<p><b>Tennessee</b> Tennessee Department of Health</p>	<p>The Abuse Registry includes names of persons involved in abusive, neglectful or exploitative acts towards vulnerable persons. The names on the Abuse Registry are initially submitted for placement from various</p>

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<p><b>Elderly or Vulnerable Abuse Registry</b></p>	<p>Departments and Divisions of Tennessee State Government who oversee the protection and welfare of vulnerable persons. Under the Tennessee Code Annotated (T.C.A.) provider agencies must check the Abuse Registry before hiring a worker or volunteer. If a person is listed on the Abuse Registry that person cannot be hired or permitted to provide care. For a complete review see Title 68, Chapter 11, Section 1006 of the Tennessee Code Annotated (T.C.A. 68-11-1006). Allegations of abuse, neglect, or misappropriation of personal property against individuals are investigated thoroughly. Due process is afforded to all accused persons before placement is made.</p>
<p><b>New Jersey</b></p> <p>DD &amp; MH Department of Human Services/ Acute Care/Ambulatory/Department of Health &amp; Senior Services Central Registry of Offenders against Individuals with Developmental Disabilities Effective, October, 2010 Workgroup Operated from April, 2010 – October, 2010 They operate a web based Central Registry</p>	<p>A “Central Registry of Offenders against Individuals with Developmental Disabilities” was established in the Department of Human Services April 30, 2010. It is effective October 27, 2010 and exclusively applies to DHS’ funded, licensed, contracted or regulated programs that provide services to people with developmental disabilities. It requires DHS to maintain a confidential list of caregivers working in these programs who have been determined to have abused, neglected, or exploited an individual with a developmental disability. The law bars listed offenders from being re-employed by, or volunteering in, DHS-funded programs. Employers providing these services are required to determine if potential caregivers are included on the central registry. Names appearing on the list will be barred from consideration by the employer. Employees and volunteers of DHS and any facility or program licensed, contracted or regulated by DHS are required to report allegations of abuse, neglect, or exploitation of any individual with a developmental disability. Reports also may be made by any person having reasonable cause to believe that an individual has been a victim.</p> <p><a href="http://www.njleg.state.nj.us/2010/Bills/AL10/5_.HTM">http://www.njleg.state.nj.us/2010/Bills/AL10/5_.HTM</a></p>