

{AGENCY NAME}
OFFICE OF THE GENERAL COUNSEL

Proposed Rule: Is a SERC Required?

Division (choose from drop-down list): Agency for Persons with Disabilities

Rule (number & title): 65G-2.002 License Application and Renewal Procedures

65G-2.003 Length of Licenses

65G-2.0032 Agency Monitoring and Oversight

65G-2.004 License Violations

65G-2.0041 License Violations – Disciplinary Actions

65G-2.005 License Denial, Suspension or Revocation

65G-2.006 Licensed Capacity

65G-2.007 General Facility Standards

65G-2.0071 Foster Care Facility Standard

65G-2.0072 Group Home Facility Standards

65G-2.0073 Residential Habilitation Center Standards

65G-2.0074 Adult Day Training Program Standards

65G-2.008 Staffing Requirements

65G-2.009 Resident Care and Supervision Standards

65G-2.010 Fire and Emergency Procedures

65G-2.014 Comprehensive Transitional Education Program Standards

65G-2.015 Siting

65G-2.017 Health Safety Standards for Licensed Facilities

Please remember to analyze the impact of the rule, NOT the statute, when completing this form.

I. Adverse Impact Determination

a. Economic? (Check all that apply.)

☐ Increased fees to be paid by licensee, applicant, registrant (filing fees; expenses to obtain a license)

☐ Increased costs of doing business (necessary equipment; installation, utilities for, and maintenance of necessary equipment; necessary operations or procedures; accounting, financial, information management, and other administrative processes; materials and supplies; capital expenditures, including financing costs; professional and technical services, including contracted services necessary to implement and maintain compliance; monitoring and reporting; qualifying and recurring education, training and testing; travel; insurance and surety requirements; a fair and reasonable allocation of administrative costs and other overhead)

☒ Increased personnel costs (labor, based on relevant wages, salaries, and benefits)

☐ Decreased opportunity for profit (limits on fees, scope of business/practice, ability to partner with others; reduced sales or other revenue)

b. Non-economic? (Check all that apply.)

☒ Increased time and effort to comply (forms, tests, etc.)

☐ Increased need for specialized knowledge (legal, technical, etc.)

If any of the above boxes are checked, answer “Yes,” then continue to the next section. If no boxes are checked, answer “No,” and skip to Section III below. ☒ Yes ☐ No

II. Small Business Determination

- a. Are any of the affected entities a "small business?" (Check all that apply.)
- ☒ 200 or less **permanent full-time** employees;
 - ☒ Net worth less than \$5 million (including value of affiliates);
 - ☒ Independently owned and operated (NOT a subsidiary of another entity); **AND,**
 - ☒ Engaged in a commercial enterprise?

If **ALL** of the preceding boxes are checked, answer "Yes," and skip to Section III below.

If you did not check **ALL** of the above boxes, check "No," then continue to the next qualification.

☒ Yes ☐ No

- b. Small Business Certification

☐ Does any affected entity have Small Business Administration 8(a) certification?

☐ Yes (see, www.ccr.gov) ☐ No

If the answers to I and II are "Yes," the agency must prepare a SERC.

III. Regulatory Cost Increase Determination

Direct:

a. Increased Regulatory Cost: \$0

b. Number of Entities Impacted: 2345

c. Multiply a. times b.: 0

d. Is c. greater than \$200,000? ☐ Yes ☒ No

Indirect:

e. Any ascertainable indirect costs? ☒ Yes ☐ No

f. Amount of Indirect Cost: \$393.65

g. Number of Entities Impacted: 2345

h. Multiply g. times f.: 92,989.01

i. Is h. greater than \$200,000? ☐ Yes ☒ No

j. Is h. plus c. greater than \$200,000? ☐ Yes ☒ No

If the answer to d., i., or j. is "Yes," the agency must prepare a SERC.

Prepared By (type name): Brett Taylor

Date (type date): 12/9/2025

To be certified by the agency head, if the agency is within the purview of the Governor; otherwise, certified by the agency's legal counsel or other appropriate person.

Is a SERC required? ☐ Yes ☒ No

Name: Robert Asztalos
(Print Name)


(Signature)

Title: Director

Date: 12/9/25

Phone: _____