

State of California
Office of Administrative Law

NOTICE OF APPROVAL OF CHANGES WITHOUT REGULATORY EFFECT
California Code of Regulations, Title 1, Section 100
OAL Matter Number: 2023-0111-02

OAL Matter Type: Nonsubstantive (N)

In re:
Department of Health Care Services

Regulatory Action:
Title 9, California Code of Regulations

Adopt sections: [Blank]
Amend sections: 1904, 1913

This change without regulatory effect updates the mailing address of the Department program responsible for certifying mental health programs within community treatment facilities.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 7/1/2020.

Date: February 16, 2023

[Original Signed]
Eric Partington
Senior Attorney

For: Kenneth J. Pogue Director

Original: Michelle Baass, Director
Copy: Erika Drayton-Jebali

[Stamp]
NONSUBSTANTIVE

**STATE OF CALIFORNIA – OFFICE OF ADMINISTRATIVE LAW
NOTICE PUBLICATION/REGULATIONS SUBMISSION**

STD. 400 (REV. 10/2019)
OAL FILE NUMBERS
NOTICE FILE NUMBER: Z- [Blank]
REGULATORY ACTION NUMBER: 2023-0111-02N
EMERGENCY NUMBER: [Blank]

For use by Office of Administrative Law (OAL) only
NOTICE: [Blank]

REGULATIONS: [Date Stamp]
OFFICE OF ADMINISTRATIVE LAW
2023 JAN 11 PM 2:42

For Use by Secretary of State Only
[Date Stamp]
Endorsed Filed in the office of the Secretary of State of the State of California
FEB 16 2023

1:47 pm

AGENCY WITH RULEMAKING AUTHORITY: Dept. of Health Care Services
AGENCY FILE NUMBER (if any): DHCS-22-004

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE: [Blank]
TITLE(S): [Blank]
FIRST SECTION AFFECTED: [Blank]
2. REQUESTED PUBLICATION DATE: [Blank]
3. NOTICE TYPE
Notice re Proposed Regulatory Action: [Blank]
Other: [Blank]
4. AGENCY CONTACT PERSON: [Blank]
TELEPHONE NUMBER: [Blank]
FAX NUMBER (Optional): [Blank]

OAL USE ONLY

ACTION ON PROPOSED NOTICE

Approved as Submitted: [Blank]
Approved as Modified: [Blank]

Disapproved/Withdrawn: [Blank]
 NOTICE REGISTER NUMBER: [Blank]
 PUBLICATION DATE: [Blank]

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATIONS: Community Treatment Facility (CTF) Rule 100

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S): [Blank]

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLES AND SECTIONS
(Including title 26, if toxics related)

SECTIONS AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)

ADOPT: [Blank]

AMEND: Sections 1904(i) and 1913(c)

REPEAL: [Blank]

TITLES: 9

3. TYPE OF FILING

Regular Rulemaking (Gov. Code Section 11346): [Blank]

Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code Sections 11349.3, 11349.4): [Blank]

Emergency (Gov. Code, Section 11346.1(b)): [Blank]

Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code Sections 11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute: [Blank]

Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, Section 11346.1): [Blank]

Emergency Readopt (Gov. Code, Section 11346.1(h)): [Blank]

File & Print: [Blank]

Changes Without Regulatory Effect (Cal. Code Regs., title 1, Section 100): [Checked]

Print Only: [Blank]

Other (Specify): [Blank]

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs, title 1, Section 44 and Gov. Code Section 11347.1): Dates of Availability: [Blank]

5. EFFECTIVE DATE OF CHANGES (Gov. Code, Sections 11343.4, 11346.1(d)); Cal. Code Regs, title 1, Section 100):

Effective January 1, April 1, July 1, or October 1 (Gov. Code Section 11343.4(a)): [Blank]

Effective on filing with Secretary of State: [Blank]

Section 100 Changes Without Regulatory Effect: [Checked]

Effective other (Specify): [Blank]

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

Department of Finance (Form STD. 399) (SAM Section 6660): [Blank]

Fair Political Practices Commission: [Blank]

State Fire Marshal: [Blank]

Other (Specify): [Blank]

7. CONTACT PERSON: Erika Drayton-Jebali

TELEPHONE NUMBER: (916) 345-8404

FAX NUMBER (Optional): N/A

EMAIL ADDRESS (Optional): erika.drayton-jebali@dhcs.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE: [Original Signed]

TYPED NAME AND TITLE OF SIGNATORY: Michelle Baass, Director

DATE: 1-5-23

For use by Office of Administrative Law (OAL) only

[Date Stamp]

Endorsed Approved

FEB 16 2023

Office of Administrative Law

METHOD OF INDICATING CHANGES

This Accessible PDF version of the approved Rule 100 regulation text includes the phrase [begin underline] at the beginning of each addition, [end underline] at the end of each addition, [begin strikeout] at the beginning of each deletion, and [end strikeout] at the end of each deletion.

A standard PDF version of this proposed regulation text is also available on the Department's Office of Regulations Internet site.

Title 9. Rehabilitative and Developmental Services
Division 1. Department of Mental Health
Chapter 12. Mental Health Program Standards for the Community Treatment Facility

(1) Amend Section 1904 to read as follows:

§ 1904. Application Review

(a) through (h) – no changes

(i) All applications for mental health program certification and requests for application withdrawal shall be filed with the Department headquarters office: [begin strikeout]State of California,[end underline] Department of Health Care Services, P.O. Box 997413, MS[begin strikeout] 2800[end strikeout][begin underline] 2633[end underline], Sacramento, CA 95899-7413.

Note: Authority cited: Sections 4094, 10725 and 14700, Welfare and Institutions Code.
Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.

(2) Amend Section 1913 to read as follows:

§ 1913. Complaints

(a) through (b) – No changes.

(c) The complaint may be made to the Department either orally by phoning 916-327-8378[begin underline], [end underline] or in writing at [begin underline]Department of Health Care Services, [end underline]P.O. Box 997413, MS [begin strikeout]2800[end strikeout] [begin underline]2633[end underline], Sacramento, CA 95899-7413, specifying enough details of the alleged violation to enable the Department to determine the date of the alleged violation, who was involved, and what the alleged violation was.

(d) through (e) – No changes.

Note: Authority cited: Sections 4094, 10725 and 14700, Welfare and Institutions Code.
Reference: Sections 4094 et seq., Welfare and Institutions Code; and Section 1502, Health and Safety Code.