

**State of California
Office of Administrative Law**

In re:
Department of Health Care Services

Regulatory Action:

Title 09, California Code of Regulations

Adopt sections:

Amend sections: 10701

Repeal sections:

**NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,
Section 100**

OAL Matter Number: 2015-0820-02

OAL Matter Type: Nonsubstantive (N)

This change without regulatory effect by the Department of Health Care Services (DHCS) repeals various Substance Use Disorder (SUD) program fees in Section 10701 of Title 9 of the California Code of Regulations (CCR). These SUD program fees are now required to be published annually on the DHCS web site rather than in the CCR.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: October 2, 2015

Original Signed

Eric J. Partington
Attorney

For: DEBRA M. CORNEZ
Director

Original: Jennifer Kent

Copy: Janelle Hiam

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-	2015-0820-02N	

For use by Office of Administrative Law (OAL) only

2015 AUG 20 A 10:53

OFFICE OF
ADMINISTRATIVE LAW

NOTICE

REGULATIONS

ENDORSED - FILEDin the office of the Secretary of State
of the State of California

OCT 02 2015

1:56 PM

AGENCY WITH RULEMAKING AUTHORITY
Department of Health Care Services

AGENCY FILE NUMBER (if any)
DHCS-15-008

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

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER		PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) SUD License and Certification Fees		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) Title 9		AMEND Section 10701	
		REPEAL	
3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____			
<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____			
7. CONTACT PERSON Janelle Hiam		TELEPHONE NUMBER (916) 650-6827	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) janelle.hiam@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

DATE

8/7/15

TYPED NAME AND TITLE OF SIGNATORY

Jennifer Kent, Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

OCT 02 2015

Office of Administrative Law

(1) Amend Section 10701 to read:

§ 10701. Fees.

(a) Outpatient programs and residential alcoholism or drug abuse recovery or treatment facilities, regardless of the form of organization or ownership, shall pay fees for applications and for continued licensure and/or certification issued by the Department of Health Care Services ~~as provided in this regulation, until such time as any new fees or fee changes are enacted in accordance with Section 11833.02(d) of the Health and Safety Code. As used in this regulation, "initial/extension fees" means fees for initial two-year period of licensure and fees for biennial renewal.~~

~~(1) Residential Licensure Fees~~

~~(A) Initial Residential Licensure Application Fee — \$ 2,773.00~~

~~(B) Biennial Residential Licensure~~

~~Initial/Extension Fee — \$ 147.00 (per bed)~~

~~(C) Adolescent Waiver Application Fee — \$ 1,370.00~~

~~(D) Dependent Children Application Fee — \$ 958.00~~

~~(E) Increase in Bed Capacity Application Fee — \$ 940.00~~

~~(F) Facility Relocation Application Fee — \$ 916.00~~

~~(2) Outpatient Certification Fees~~

~~(A) Initial Outpatient Certification Application Fee — \$ 2,664.00~~

~~(B) Biennial Outpatient Certification Initial/~~

~~Extension Fee — \$ 3,452.00~~

~~(C) Facility Relocation Application Fee — \$ 916.00~~

~~(3) Combined Residential Licensure and Certification Fees~~

~~(A) Initial Combined Residential Licensure and~~

~~Certification Application Fee _____ \$ 3,698.00~~

~~(B) Biennial Combined Residential Licensure and~~

~~Certification Initial/Extension Fee _____ \$ 147.00 (per bed)~~

~~(C) Adolescent Waiver Application Fee _____ \$ 1,370.00~~

~~(D) Dependent Children Application Fee _____ \$ 958.00~~

~~(E) Increase in Bed Capacity Application Fee _____ \$ 940.00~~

~~(F) Facility Relocation Application Fee _____ \$ 916.00~~

~~(4) In addition, residential facilities that are approved for an increase in bed capacity will pay the per bed licensure and/or certification fee for each treatment bed added to the facility. Expansion bed fees will be prorated to the next expiration date of the license/certification.~~

(b) The Department shall not commence review of any application which does not include all fees which are due at the time of application. The Department shall not renew any license or certification unless all fees are paid prior to the expiration date. All fees are nonrefundable, shall be paid by check or money order, made payable to the Department of Alcohol and Drug Programs, and submitted with the completed application to the Department of Alcohol and Drug Programs at 1700 K Street, Sacramento, CA 95811-4037.

(c) Upon approval of an application for initial licensure and/or certification, the Department shall notify the applicant in writing of the amount of fee due for initial biennial licensure, certification, or combined licensure and certification. The applicant shall pay initial biennial licensure, certification, or combined licensure and certification

fees by check or money order within 30 days of the date of the notice. Upon receipt of the fee, the Department shall issue the license or certification.

Note: Authority cited: Sections 11755, 11833.04, 11834.50 and 11835, Health and Safety Code; and Section 10725 Welfare and Institutions Code. Reference: Sections 11833.02 and 11833.04, Health and Safety Code.