

**State of California  
Office of Administrative Law**

**In re:**  
Department of Health Care Services

**Regulatory Action:**

**Title 9, California Code of Regulations**

**Amend sections: 1904, 1913**

**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)**

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

Date: February 16, 2023

**Original Signature**

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Eric Partington  
Senior Attorney

For: Kenneth J. Pogue  
Director

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

# NON-SUBSTANTIVE

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW  
NOTICE PUBLICATION/REGULATIONS SUBMISSION

For use by Secretary of State only

STD. 400 (REV. 10/2019)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2023-0111-02	EMERGENCY NUMBER N
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**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

**FEB 16 2023**  
**Initials** . 1:47pm

For use by Office of Administrative Law (OAL) only

OFFICE OF ADMIN. LAW  
2023 JAN 11 PM 2:42

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY Dept. of Health Care Services	AGENCY FILE NUMBER (if any) DHCS-22-004
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### 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 Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b>	ACTION ON PROPOSED NOTICE <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 Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE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) Community Treatment Facility (CTF) Rule 100	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	ADOPT
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	AMEND Sections 1904(i) and 1913(c)
TITLE(S) 9	REPEAL

3. TYPE OF FILING	<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <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"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)	
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____	

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) _____
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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) _____
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7. CONTACT PERSON Erika Drayton-Jebali	TELEPHONE NUMBER (916) 345-8404	FAX NUMBER (Optional) N/A	E-MAIL ADDRESS (Optional) erika.drayton-jebali@dhcs.ca.gov
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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 <b>Original Signature</b>	DATE 1-5-23
TYPED NAME AND TITLE OF SIGNATORY Michelle Baass, Director	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

**FEB 16 2023**

Office of Administrative Law

**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: ~~State of California,~~ Department of Health Care Services, P.O. Box 997413, MS-2800 2633, 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, or in writing at Department of Health Care Services, P.O. Box 997413, MS 2800 2633, 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.