

**State of California  
Office of Administrative Law**

**In re:**

**Department of Health Care Services**

**Regulatory Action:**

**Title 22, California Code of Regulations**

**Adopt sections:**

**Amend sections: 72443, 72449, 72467**

**Repeal sections:**

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

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

**OAL File No. 2015-0507-01 N**

This filing of changes without regulatory effect by the Department of Health Care Services amends sections in Title 22, of the California Code of Regulations to update the name of the department responsible for the administration of certain mental health services from the Department of Mental Health to the Department of Health Care Services.

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

Date: 6/10/2015

**Original Signed**

  
Beverly J. Johnson  
Deputy Director

For: DEBRA M. CORNEZ  
Director

Original: Jennifer Kent  
Copy: Lori Manieri

NON SUBSTANTIVE

STD. 400 (REV. 01-2013)

<b>OAL FILE NUMBERS</b>	<b>NOTICE FILE NUMBER</b> Z-	<b>REGULATORY ACTION NUMBER</b> 2015-0507-01N	<b>EMERGENCY NUMBER</b>
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

JUN 10 2015

2:34 PM

2015 MAY -7 PM 12:52  
OFFICE OF  
ADMINISTRATIVE LAW

**AGENCY WITH RULEMAKING AUTHORITY**  
Department of Health Care Services

**AGENCY FILE NUMBER (if any)**  
DHCS-14-002

**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> <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER
			PUBLICATION DATE

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Skilled Nursing Facilities/Special Treatment Programs	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)	
<b>SECTION(S) AFFECTED</b> (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT AMEND 72443, 72449, 72467 REPEAL
TITLE(S) Title 22	

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"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<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"/> 5100 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) _____		

7. CONTACT PERSON Lori Manieri	TELEPHONE NUMBER (916) 650-6825	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
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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 Signed</b>	DATE 5/5/15
TYPED NAME AND TITLE OF SIGNATORY Jennifer Kent, Director	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

JUN 10 2015

Office of Administrative Law

**Title 22. Social Security**

**Division 5. Licensing and Certification of Health Facilities, Home Health Agencies,  
Clinics, and Referral Agencies**

**Chapter 3. Skilled Nursing Facilities**

**Article 4. Optional Services**

(1) Amend Section 72443 to read:

**§ 72443. Special Treatment Program Service Unit -General.**

*Note: There are no changes to Section 72443(a) through 72443(b).*

(c) The facility shall not accept for care any mentally disordered patient who has an identified program need unless the Department of ~~Mental Health~~ Care Services has approved the facility's specific special treatment plan.

Note: Authority cited: Sections 20, 208(a) and 1275, Health and Safety Code; and Sections 10725, 14124.5 and 14700, Welfare and Institutions Code. Reference: Section 1276, Health and Safety Code; and Sections 5909 and 14700, Welfare and Institutions Code.

(2) Amend Section 72449 to read:

**§ 72449. Special Treatment Program Service Unit -Program Approval.**

(a) Annually the facility shall submit to the Department of ~~Mental Health~~Care Services a written description of its Special Treatment Program which shall meet all of the requirements of Section 72461. The facility shall also specify any alternate requirements needed to implement a special program, and shall submit other documents requested by the Department of ~~Mental Health~~ Care Services.

*Note: There are no changes to Section 72449(b).*

Note: Authority cited: Sections 20, 208(a) and 1275, Health and Safety Code; and Sections 10725, 14124.5 and 14700, Welfare and Institutions Code. Reference: Section 1276, Health and Safety Code; and Sections 5909 and 14700, Welfare and Institutions Code.

(3) Amend Section 72467 to read:

**§ 72467. Special Treatment Program Service Unit - Program Director.**

(a) The facility shall have a program director who has been approved by the Department of ~~Mental Health~~ Care Services. The program director shall not be the director of nursing services, charge nurse or facility administrator.

(b) The program director shall have at least two years of experience or training in a mental health setting, one year of which shall include experience or training in program development for mentally disordered.

*Note: There are no changes to Section 72467(c).*

(d) The program director shall be one of the following:

*Note: There are no changes to Section 72467(d)(1) through 72467(d)(11).*

(12) Any other related discipline approved by the Department of ~~Mental Health~~ Care Services.

Note: Authority cited: Sections 20, 1275 and 131200, Health and Safety Code; and Sections 10725 and 14124.5 14700, Welfare and Institutions Code. Reference: Sections 1276, 131050, 131051 and 131052, Health and Safety Code; and Sections 5909 and 14700, Welfare and Institutions Code.