

**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: 53626**

**Repeal sections:**

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

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

**OAL Matter Number: 2019-0610-03**

**OAL Matter Type: Nonsubstantive (N)**

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In this action without regulatory effect the Department of Health Care Services is correcting their address to reflect their current address.

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

Date: June 27, 2019

**Original Signed**

/s/ Peggy J. Gibson  
Senior Attorney

For: Holly Pearson  
Acting Director

Original: Jennifer Kent, Director  
Copy: Erika Drayton-Jebali

NON SUBSTANTIVE

See instructions on reverse

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER <b>2019-0610-03N</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

<p style="text-align: center;">2019 JUN 10 P 4:49</p> <p style="text-align: center;">OFFICE OF ADMINISTRATIVE LAW</p>	<p style="text-align: center;">REGULATIONS</p>
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**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

**JUN 27 2019**  
1:41 PM

AGENCY WITH RULEMAKING AUTHORITY Department of Health Care Services	AGENCY FILE NUMBER (if any) DHCS-18-007
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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 Disapproved/Withdrawn			NOTICE REGISTER NUMBER	PUBLICATION DATE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) Emergency Services Claims Disputes	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND Section 53626
	REPEAL
TITLE(S) 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)

Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective on filing with Secretary of State  \$100 Changes Without Regulatory Effect  Effective other (Specify)

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 §6660)  Fair Political Practices Commission  State Fire Marshal

Other (Specify)

7. CONTACT PERSON Erika Drayton-Jebali	TELEPHONE NUMBER (916) 345-8404	FAX NUMBER (Optional)	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.

<b>Original Signed</b>	DATE 6/7/19
TYPED NAME AND TITLE OF SIGNATORY JENNIFER KENT, DIRECTOR	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

**JUN 27 2019**

**Office of Administrative Law**

Amend Section 53626 to read as follows:

§ 53626. Filing and Service.

(a) All papers shall be filed at the State Department of Health Care Services, Office of Administrative Hearings and Appeals, ~~1029 J Street, Suite 200 Sacramento, CA 95814~~ 3831 N. Freeway Blvd., Suite 200, Sacramento, CA 95834, and shall be deemed filed as of the postmark date, or receipt by the Department, if no legible postmark is provided.

(b) through (d) – No changes.

Note: Authority cited: Sections 14312 and 14454, Welfare and Institutions Code, and Section 20, Health and Safety Code. Reference: Section 14454, Welfare and Institutions Code.