

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: 2023-0111-01
OAL Matter Type: Nonsubstantive (N)

In re:
Department of Health Care Services
Regulatory Action:
Title 09, California Code of Regulations

Adopt sections: [Blank]
Amend sections: 535
Repeal sections: [Blank]

In this change without regulatory effect, the Department changes the addressee of a request to review an action to withhold or rescind certification. The existing “Mental Health and Substance Use Disorder Services” is changed to “Behavioral Health.”

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

Date: February 21, 2023

[Original Signed]
Thanh Huynh, 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: 2023-01111-01N
EMERGENCY NUMBER: [Blank]

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

REGULATIONS: [Date Stamp]
2023 JAN 11 PM 2:33
OFFICE OF ADMINISTRATIVE LAW

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 21 2023
2:05 pm

AGENCY WITH RULEMAKING AUTHORITY: Dept. of Health Care Services
AGENCY FILE NUMBER (if any): DHCS-22-003

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Disapproved/Withdrawn: [Blank]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: Social Rehabilitation Program (SRP) Rule 100

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBERS: [Blank]

**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: [Blank]

AMEND: Section 535

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): [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 21 2023
Office of Administrative Law

METHOD OF INDICATING CHANGES

This Accessible PDF version of the approved 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 approved 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 3. Community Mental Health Services Under the Short-Doyle Act

(1) Amend section 535 to read as follows:

§ 535. Review Procedures.

(a) - No changes.

(b) A program may request review of an action to withhold or rescind certification by sending a written request for review by certified mail to the Deputy Director, Behavioral Health ~~Mental Health and Substance Use Disorder Services~~, Department of Health Care Services, P.O. Box 997413, MS ~~2703~~2633, Sacramento, California 95899-7413. A request for review must be postmarked no later than fifteen (15) days after receipt of the notification required by subsection (a).

(c) – No changes.

(d) The Deputy Director, Behavioral Health ~~Mental Health and Substance Use Disorder Services~~, Department of Health Care Services or a designee shall review the notice and written justification for the action required by subsection (a), the request for review submitted by the program, and the documents, information and arguments submitted by the program. If deemed necessary for completion of the review, the Deputy Director, Behavioral Health, Department of Health Care Services ~~end underline~~ ~~begin~~

strikeout]Mental Health and Substance Use Disorder Services[end strikeout] may request clarification or additional information from the program.

(e) through (g) - No changes.

Note: Authority cited: Sections 4090 and 14700, Welfare and Institutions Code.

Reference: Sections 4090, 4091, 5670, 5670.5 and 5671, Welfare and Institutions Code.