

**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: 535
Repeal sections:

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

Original Signature

Date: February 21, 2023

Thanh Huynh
Senior Attorney

For: Kenneth J. Pogue
Director

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



NOTICE PUBLICATION/REGULATION SUBMISSION

STD. 400 (REV. 10/2019)

NON-SUBSTANTIVE

For use by Secretary of State only

OAL FILE NUMBERS: Z- NOTICE FILE NUMBER: 2023-0111-01N REGULATORY ACTION NUMBER: -01N EMERGENCY NUMBER:

For use by Office of Administrative Law (OAL) only

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

FEB 21 2023

2:05 PM

OFFICE OF ADMIN. LAW
2023 JAN 11 PM 2:08

NOTICE

REGULATIONS

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		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)
OAL USE ONLY		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 Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE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) Social Rehabilitation Program (SRP) 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)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND
	REPEAL
TITLE(S)	
9	Section 535

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"/> §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 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 Original Signature	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 21 2023

Office of Administrative Law

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 ~~Mental Health and Substance Use Disorder Services~~ 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.