

**State of California  
Office of Administrative Law**

**In re:**

**Department of Health Care Services**

**Regulatory Action:**

**Title 9, California Code of Regulations**

**Adopt sections:**

**Amend sections:** 531, 532, 532.1, 532.2,  
532.3, 532.4, 532.5, 532.6,  
533, 534, 535

**Repeal sections:**

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

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

**OAL File No. 2014-0701-01 N**

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The Department of Health Care Services (Department) submitted this Section 100 action to make nonsubstantive amendments to 11 sections under title 9 of the California Code of Regulations. The proposed amendments update authority and reference citations to all sections; update statutory cross-references in three sections; update the department name in two sections due to the transition of Medi-Cal related mental health services under the Department of Mental Health to the Department as a result of AB 102 (Stats. 2011, c. 29); and update the address of the Department to its current address.

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

Date: 8/12/2014

**Original Signed**

Richard L. Smith  
Senior Attorney

For: DEBRA M. CORNEZ  
Director

Original: Toby Douglas  
Copy: Lori Manieri

**NONSUBSTANTIVE**

STD. 400 (REV. 01-2013)	OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
		Z-	2014-0701-01N	
For use by Office of Administrative Law (OAL) only				
2014 JUL -1 PM 12:17				
OFFICE OF ADMINISTRATIVE LAW				
NOTICE			REGULATIONS	

ENDORSED FILED  
 IN THE OFFICE OF

2014 AUG 12 PM 2:07

*Debra Bowen*  
 DEBRA BOWEN  
 SECRETARY OF STATE

AGENCY WITH RULEMAKING AUTHORITY DEPARTMENT OF HEALTH CARE SERVICES	AGENCY FILE NUMBER (if any) DHCS-14-001
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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)
OAL USE ONLY <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 Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE	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 Residential Treatment Systems	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 (List all section number(s) individually. Attach additional sheet if needed.)</b>	ADOPT
	AMEND 531, 532, 532.1, 532.2, 532.3, 532.4, 532.5, 532.6, 533, 534 and 535
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"/> 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 Lori F. Manieri	TELEPHONE NUMBER (916) 650-6825	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) lori.manieri@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 	DATE 6/30/14
TYPED NAME AND TITLE OF SIGNATORY Toby Douglas, Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

AUG 12 2014

Office of Administrative Law

(1) Amend Section 531 to read:

**§ 531. Program Standards and Requirements.**

(a) - (d) No changes

NOTE: Authority cited: Sections 4090 and 14700-5458.1, Welfare and Institutions Code. Reference: Sections 4090, 4091, 5670, 5670.5 and 5671~~5450, 5453, 5454 and 5458~~, Welfare and Institutions Code.

(2) Amend Section 532 to read:

**§ 532. Service Requirements.**

(a) - (c) No changes

NOTE: Authority cited: Sections 4090 and 14700-5458.1, Welfare and Institutions Code. Reference: Sections 4090, 4091, 5670, 5670.5 and 5671~~5450, 5453, 5454 and 5458~~, Welfare and Institutions Code.

(3) Amend Section 532.1 to read:

**§ 532.1. Medical Requirements.**

(a) - (g) No changes

NOTE: Authority cited: Sections 4090 and 14700-5458.1, Welfare and Institutions Code. Reference: Sections 4090, 4091, 5670, 5670.5 and 5671~~5450, 5453, 5454 and 5458~~, Welfare and Institutions Code.

(4) Amend Section 532.2 to read:

**§ 532.2. Treatment/Rehabilitation Plan and Documentation Requirements.**

(a) - (g) No changes

NOTE: Authority cited: Sections 4090 and 14700 ~~5458.1~~, Welfare and Institutions Code. Reference: Sections 4090, 4091, 5670, 5670.5 and 5671 ~~5450, 5453, 5454 and 5458~~, Welfare and Institutions Code.

(5) Amend Section 532.3 to read:

**§ 532.3. Admission/Discharge Criteria.**

(a) - (c) No changes

NOTE: Authority cited: Sections 4090 and 14700-5458.1, Welfare and Institutions Code. Reference: Sections 4090, 4091, 5670, 5670.5 and 5671~~5450, 5453, 5454 and 5458~~, Welfare and Institutions Code.

(6) Amend Section 532.4 to read:

**§ 532.4. Client Involvement Requirements.**

(a) - (c) No changes

NOTE: Authority cited: Sections 4090 and 14700-5458.1, Welfare and Institutions Code. Reference: Sections 4090, 4091, 5670, 5670.5 and 5671~~5450, 5453, 5454 and 5458~~, Welfare and Institutions Code.

(7) Amend Section 532.5 to read:

**§ 532.5. Physical Environmental Requirements.**

(a) Programs shall meet the facility requirements of section 5670.5(a)  
~~5453(a)~~ of the Welfare and Institutions Code.

(b) No Changes

NOTE: Authority cited: Sections 4090 and 14700-5458.1, Welfare and Institutions Code. Reference: Sections 4090, 4091, 5670, 5670.5 and 5671~~5450, 5453, 5454 and 5458~~, Welfare and Institutions Code.

(8) Amend Section 532.6 to read:

**§ 532.6. Staff Characteristics, Qualifications and Duty Requirements.**

(a) Programs shall meet the staffing requirements of section 5670.5(b)~~5453(b)~~ of the Welfare and Institutions Code.

(b) – (j) No Changes

NOTE: Authority cited: Sections 4090 and 14700-5458.1, Welfare and Institutions Code. Reference: Sections 4090, 4091, 5670, 5670.5 and 5671~~5450, 5453, 5454 and 5458~~, Welfare and Institutions Code.

(9) Amend Section 533 to read:

**§ 533. Administrative Policies and Procedures.**

(a) - (d) No changes

NOTE: Authority cited: Sections 4090 and 14700-5458.1, Welfare and Institutions Code. Reference: Sections 4090, 4091, 5670, 5670.5 and 5671~~5450, 5453, 5454 and 5458~~, Welfare and Institutions Code.

(10) Amend Section 534 to read:

**§ 534. Program Certification.**

(a) All Social Rehabilitation Programs, as defined in section ~~5458~~ 5671 of the Welfare and Institutions Code, must be certified by the Department of ~~Mental Health Care Services~~, or its delegated agent, prior to being licensed by the Department of Social Services.

(1) The Department of ~~Mental Health~~ Care Services shall provide written notice by certified mail to an applicant, within 30 calendar days of the receipt of the application for certification, that the application is complete and accepted for filing, or that the application is deficient and shall specify the missing information required to complete the application.

(2) The Department of ~~Mental Health~~ Care Services shall approve or deny any application for certification within 60 calendar days of receipt of a completed application. The 60 days shall not begin until all information required for certification is received. The Department of ~~Mental Health~~ Care Services shall provide written notice to the applicant by certified mail of its decision concerning the request for certification.

(b) No changes

(c) All Social Rehabilitation Programs, defined in section ~~5458~~ 5671 of the Welfare and Institutions Code, must be recertified on an annual basis by the Department of ~~Mental Health~~ Care Services, or its delegated agent, prior to being issued a renewal license by the Department of Social Services.

(d) The Department of ~~Mental Health~~ Care Services, or its delegated agent, shall have the responsibility of conducting initial and annual site visits for the purpose of certifying that programs are in compliance with the provisions of this article.

(e) The Department of ~~Mental Health~~ Care Services, or its delegated agent, shall initiate an action to rescind the certification of a program whenever a determination is made that the program is not in compliance with the provisions of this article.

(f) – No changes

(g) The Department of Health Care Services shall provide the Department of Social Services any documents pertaining to certification, recertification or decertification.

NOTE: Authority cited: Sections 4090 and 14700-5458.1, Welfare and Institutions Code. Reference: Sections 4090, 4091, 5670, 5670.5 and 5671~~5450, 5453, 5454 and 5458~~, Welfare and Institutions Code.

(11) Amend Section 535 to read:

**§ 535. Review Procedures.**

(a) When the Department of ~~Mental Health~~ Care Services or its delegated agent withholds or rescinds the certification of a program, the program shall be given written notice of the action by certified mail. The notice shall be accompanied by a written statement setting forth the reasons and justifications for the action including any documents or information relied upon.

(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, ~~Division of Community Programs,~~ Mental Health and Substance Use Disorder Services, Department of ~~Mental Health~~ Care Services, ~~1600 9th Street, Room 250,~~ Sacramento, California 95814 P.O. Box 997413, MS 2703, 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 change.

(d) The Deputy Director, ~~Division of~~ Mental Health and Substance Use Disorder Services ~~Community Programs,~~ Department of ~~Mental 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, ~~Division of~~ Mental Health and Substance Use Disorder Services ~~Community Programs~~ may request clarification or additional

information from the program.

(e) A proposed decision to either affirm or reverse the action to withhold or rescind the certification of the program shall be prepared and submitted to the Director of ~~Mental~~ the Department of Health Care Services.

(f) The Director of ~~Mental~~ the Department of Health Care Services may adopt the proposed decision as written, order the proposed decision rewritten, or direct that additional information be obtained.

(g) A proposed decision shall become final when adopted by the Director of ~~Mental~~ the Department of Health Care Services. Notice of the decision and a copy of the decision shall be sent to the program by certified mail. A decision adopted by the Director of ~~Mental~~ the Department of Health Care Services which affirms the action to withhold or rescind the certification of the program shall become effective upon receipt by the program.

NOTE: Authority cited: Sections 4090 and 14700-5458.1, Welfare and Institutions Code. Reference: Sections 4090, 4091, 5670, 5670.5 and 56715450, 5453, 5454 and 5458, Welfare and Institutions Code.