



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
 Nellie M. Gorbea, *Secretary of State*

**Rules and Regulations Filing Form**

**1. Agency Name and Address**

**Mental Health Retardation & Hospitals, Department of**

14 Harrington Road Cranston

**2. Title of Rule**

Licensing Procedure & Process for Facilities & Programs Licensed by the Department of Mental Health, Retardation and Hospitals

**3. Statutory Source of Authority**

RI General Laws Section 40.1-24-1 et seq. , RI General Laws Section 40.1-24.5-1 et seq. , RI General Laws Section 40.1-8.5 et seq. and RI General Laws 40.1-1-13(11) et seq.

**4. Concise Explanatory Statement - §42-35-2.3**

Licensing Process and Procedure Regulations and Standards relating to the process, procedures and standards by which the Department's Office of Licensing and Standards licenses, monitors and otherwise performs its administrative licensing function under Rhode Island law.

**5. Type of Filing**

Emergency Rules	
A1. Emergency 120-day initial - §42-35-3(b) <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment of ERLID: ". <input type="checkbox"/> Repeal of ERLID: Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):	A2. Emergency 90-day renewal - §42-35-3(b) <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment Indicate ERLID of 120-day initial:

Final Rules			
<input type="checkbox"/> B1. Amendment Supersedes ERLID:	<input checked="" type="checkbox"/> B2. Adoption Repeals ERLID:	<input type="checkbox"/> B3. Repeal Expires ERLID:	<input type="checkbox"/> C. Technical Revision
If B1 or C, please indicate new, amended, deleted, or revised sections:			

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-3(a)(1):03/31/2004  
 Date of Public Hearing - §42-35-3(a)(2):04/30/2004  
 End of Comment Period:

**7. Agency Additional Information - Web Page**

http://

**8. Certification**

*I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,*

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Title

\_\_\_\_\_  
 Notary Public  
 Subscribed and sworn before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_