



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

Behavioral Healthcare, Developmental Disabilities and Hospitals, Department of
 Barry Hall, 14 Harrington Rd., Cranston, RI 02920

2. Title of Rule

Rules and Regulations For the Licensing of Behavioral Healthcare Organizations

3. Statutory Source of Authority

Rhode Island General Laws 40.1-24-1 et. seq.

4. Concise Explanatory Statement - §42-35-2.6

This rule is being amended for the purpose of further establishing prevailing standards for the licensure and certification of agencies and programs that provide mental health services for adults who are not in the custody of DCYF and/or substance abuse services for children and adults and to ensure that agencies comply with prevailing standards in providing services. There are no substantive differences between the Proposed Rule and the Final Rule.

5. Type of Filing

Emergency Rules

A1. Emergency 120-day initial - §42-35-2.10

- Adoption
- Amendment of ERLID:
- Repeal of ERLID:

A2. Emergency 60-day renewal - §42-35-2.10

- Adoption
- Amendment
- Repeal

Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:

Final Rules

B1. Amendment - §42-35-3(a)

B2. Adoption - §42-35-3(a)

B3. Repeal - §42-35-3(a)

C. Technical Revision

D. Direct Final Rule - §42-35-2.11

Supersedes ERLID: 6066

If B1 or C, please indicate new, amended, deleted, or revised sections:

Sections: 2.7, 45.3, 45.4.5(B)1-3, 45.4.5(C), 45.16.1(A); and Name of Dept. changed throughout

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:06/21/2011

Date of Public Hearing - §42-35-2.8:Hearing Not Required

End of Comment Period - §42-35-2.8 :07/21/2011

7. Agency Additional Information - Web Page

<http://www.bhddh.ri.gov>

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

 Notary Public

 Title

Subscribed and sworn before me
 this _____ day of _____, _____