



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 Developmental Disability Organizations - Part II Developmental Disability Organizations

3. Statutory Source of Authority

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

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

It is the purpose of the proposed amendments to establish prevailing licensure standards for agencies that provide services to adults with developmental disabilities in Rhode Island that are in the best interest of health, safety, and welfare of the public and to ensure that these agencies comply with the basic requirements in providing support and assistance to people with developmental disabilities. There are no substantive differences between the proposed and final rules.

5. Type of Filing

Emergency Rules

A1. Emergency 120-day initial - §42-35-3(b)

☐ Adoption

☐ Amendment of ERLID:

☐ Repeal of ERLID:

A2. Emergency 90-day renewal - §42-35-3(b)

☐ Adoption

☐ Amendment

Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):

Final Rules

☒ B1. Amendment

☐ B2. Adoption

☐ B3. Repeal

☐ C. Technical Revision

Supersedes ERLID: 6517

Repeals ERLID:

Expires ERLID: 0

If B1 or C, please indicate new, amended, deleted, or revised sections:
 There are changes to all sections of the regulations.

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1):12/07/2012

Date of Public Hearing - §42-35-3(a)(2):01/08/2013

End of Comment Period:01/08/2013

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

 Title

 Notary Public

Subscribed and sworn before me

this _____ day of _____, _____