



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 VI Appendix

**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**

<b>Emergency Rules</b>	
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:

<b>Final Rules</b>			
<input checked="" type="checkbox"/> B1. Amendment Supersedes ERLID: 6521	<input 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: There are changes to every section 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 \_\_\_\_\_, \_\_\_\_\_