



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 III Provision of Core Services and Participants' Eligibility and Access to Services

**3. Statutory Source of Authority**

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

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

These are technical revisions to fix the page numbering of the document and the table of contents to reflect the correct page numbers. No substantive changes are being made at this time.

**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: 7177

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

Table of Contents and Page Numbers fixed to reflect correct numbering.

**6. Notice and Hearing Information**

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

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

End of Comment Period - §42-35-2.8 :

**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 \_\_\_\_\_, \_\_\_\_\_