



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 IV Services for Adults with Developmental Disabilities

3. Statutory Source of Authority

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

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

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

| Final Rules | | | |
|--|--|--|--|
| <p><input type="checkbox"/> B1. Amendment</p> <p>Supersedes ERLID: 7178</p> | <p><input type="checkbox"/> B2. Adoption</p> <p>Repeals ERLID:</p> | <p><input type="checkbox"/> B3. Repeal</p> <p>Expires ERLID:</p> | <p><input checked="" type="checkbox"/> C. Technical Revision</p> |
| <p>If B1 or C, please indicate new, amended, deleted, or revised sections: Table of Contents and Page Numbers fixed to reflect correct numbering.</p> | | | |

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1): Notice Not Required
 Date of Public Hearing - §42-35-3(a)(2): Hearing Not Required
 End of Comment Period:

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 _____, _____