



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 - §42-35-2.3**

It is the purpose of the proposed amendments to further establish 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 that are in the best interest of health, safety and welfare of the public and to ensure that agencies comply with prevailing standards in providing services. There is no difference between the rule as proposed and the rule as adopted.

**5. Type of Filing**

**Emergency Rules**

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

Adoption

Amendment of ERLID:

".  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)

Adoption

Amendment

Indicate ERLID of 120-day initial:

**Final Rules**

B1. Amendment

B2. Adoption

B3. Repeal

C. Technical Revision

Supersedes ERLID: 7168

Repeals ERLID:

Expires ERLID:

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

Amend 31.6

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-3(a)(1):06/04/2013

Date of Public Hearing - §42-35-3(a)(2):07/08/2013

End of Comment Period:07/08/2013

**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

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Title

Subscribed and sworn before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_