

**State of California  
Office of Administrative Law**

**In re:**

**Department of Developmental Services**

**Regulatory Action:**

**Title 17, California Code of Regulations**

**Adopt sections: 54311**

**Amend sections: 54302, 54310, 54314,  
54320, 54326, 54332,  
54370**

**Repeal sections:**

**NOTICE OF APPROVAL OF CERTIFICATE OF  
COMPLIANCE**

**Government Code Section 11349.1 and  
11349.6(d)**

**OAL File No. 2013-0215-01 C**

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This rulemaking action by the Department of Developmental Services (DDS) certifies emergency rulemaking action no. 2011-1216-02E, which added section 54311 to and amended various other sections of title 17 of the California Code of Regulations. The purpose of this action is to update provider and vendor eligibility and disclosure criteria to meet federal participation requirements and continue federal participation funding.

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

**Date: 4/2/2013**



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**Eric Partington  
Staff Counsel**

**For: DEBRA M. CORNEZ  
Director**

**Original: Terri Delgadillo  
Copy: Jeffrey Greer**

NOTICE PUBLICATION/REGULATIONS SUBMISSION

CERT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2012-0313-05</b>	REGULATORY ACTION NUMBER <b>2013-0215-01C</b>	EMERGENCY NUMBER
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ENDORSED FILED IN THE OFFICE OF

2013 APR -2 PM 2:03

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2013 FEB 15 AM 11:06

OFFICE OF ADMINISTRATIVE LAW

*Debra Bowen*  
DEBRA BOWEN  
SECRETARY OF STATE

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY  
*Department of Developmental Services*

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY		ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER <i>2012 122</i>	PUBLICATION DATE <i>8-23-2012</i>

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) <i>Medicaid Integrity/Vendorization</i>	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) <i>2011-1216-02E</i>
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT <i>54311</i>
	AMEND <i>54302, 54310, 54314, 54320, 54326, 54332, 54370</i>
TITLE(S) <i>17</i>	REPEAL <i>NA</i>

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
*November 30, 2012 through December 14, 2012*

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective 30th day after filing with Secretary of State	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON <i>Jeffrey Greer or Diane Nicolaou 916.654.1760</i>	TELEPHONE NUMBER <i>916-654-2201</i>	FAX NUMBER (Optional) <i>916-654-3256</i>	E-MAIL ADDRESS (Optional) <i>jeff.greer@dds.ca.gov</i>
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Eric Gelber</i>	DATE <i>2/14/13</i>
TYPED NAME AND TITLE OF SIGNATORY <i>Eric Gelber, Office of Legislation and Communication, Assistant Director</i>	

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ENDORSED APPROVED

APR 02 2013

Office of Administrative Law