

**State of California
Office of Administrative Law**

In re:

Department of Developmental Services

Regulatory Action:

Title 17, California Code of Regulations

Amend sections: 54342, 57332

**NOTICE OF APPROVAL OF CERTIFICATE OF
COMPLIANCE**

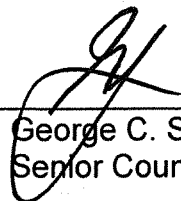
**Government Code Section 11349.1 and
11349.6(d)**

OAL File No. 2013-0916-02 C

This regulatory action addresses the use of para-professionals in group practice provider behavioral intervention services and establishes a service code with a rate, educational/experiential qualifications and professional supervision requirements for this newly designated service provider. This rulemaking is to implement part of AB 104 (Statutes of 2011, Chapter 37).

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

Date: 10/28/2013



George C. Shaw
Senior Counsel

For: DEBRA M. CORNEZ
Director

Original: Terri Delgadillo
Copy: Hilary Sisson

NOTICE PUBLICATION/REGULATIONS SUBMISSION

CERT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2013-0625-01	REGULATORY ACTION NUMBER 2013-0914-02C	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only		2013 SEP 16 PM 4:01	
NOTICE		REGULATIONS	
2013 OCT 28 PM 3:18		DEBRA BOWEN SECRETARY OF STATE	

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 <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2013, 272	PUBLICATION DATE 7/5/2013

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Add Service code 616 (Behavior Mgt. Tech. Para.)	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2011-0909-02E
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	per agency request
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	REPEAL
TITLE(S) 17	per agency request
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"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> File & Print
	<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)	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)	<input type="checkbox"/> Print Only
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State
<input type="checkbox"/> Effective 100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY	
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> State Fire Marshal
7. CONTACT PERSON Hilary Sisson	TELEPHONE NUMBER 916-654-1470
FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) hilary.sisson@dds.ca.gov

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
Hilary Sisson

DATE
9/16/13

TYPED NAME AND TITLE OF SIGNATORY
Assistant Director, Legislation and Regulations

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ENDORSED APPROVED

OCT 28 2013

Office of Administrative Law