

DS

State of California Office of Administrative Law

In re:
**California Health Facilities Financing
Authority**

Regulatory Action:

Title 04, California Code of Regulations

Adopt sections: 7125.1
Amend sections: 7113, 7116, 7118, 7119,
7125, 7127

Repeal sections:

**NOTICE OF APPROVAL OF CERTIFICATE OF
COMPLIANCE**

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

OAL Matter Number: 2015-1014-03

**OAL Matter Type: Certificate of Compliance
(C)**

The California Health Facilities Financing Authority submitted a certificate of compliance for an emergency regulatory action which amended sections 7113, 7116, 7118, 7119, 7125, 7127, and Form CHFFA 7 MH-01 and adopted section 7125.1 of title 4 of the California Code of Regulations regarding the Investment in Mental Health Wellness Grant Program. The emergency regulatory action was deemed an emergency by the Legislature pursuant to section 5848.6 of the Welfare and Institutions Code.

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

Date: November 30, 2015



Craig S. Tarpenning
Assistant Chief Counsel

For: DEBRA M. CORNEZ
Director

Original: Diane Stanton
Copy: Carolyn Aboubechara

2015 DEC -2 PM 3: 19
CALIFORNIA HEALTH & EDUCATIONAL
FINANCING AUTHORITIES



STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2015-0818-01	REGULATORY ACTION NUMBER 2015-1014-03C	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
<p>2015 OCT 14 P 1:28</p> <p>OFFICE OF ADMINISTRATIVE LAW REGULATIONS</p>			

ENDORSED - FILED
in the office of the Secretary of State of the State of California

NOV 30 2015
3:43 PM

AGENCY WITH RULEMAKING AUTHORITY
CA Health Facilities Financing Authority

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 Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2015 352	PUBLICATION DATE 8/28/2015	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Investment in Mental Health Wellness Grant Program	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2015-0609-01E
---	--

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 7125.1
	AMEND 7113, 7116, 7118, 7119, 7125, 7127, Form CHFFA 7 MH-01 (Rev 06/2014)
TITLE(S) CCR4	REPEAL

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)

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

<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$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 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 Carolyn Aboubechara	TELEPHONE NUMBER 653-3213	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
---	-------------------------------------	-----------------------	---------------------------

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 	DATE 10/14/2015
TYPED NAME AND TITLE OF SIGNATORY Diane Stanton, Executive Director, CA Health Facilities Financing Authority	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

NOV 30 2015

Office of Administrative Law