



September 5, 2017

**ADVANCE NOTICE OF ADOPTION OF EMERGENCY REGULATIONS
TITLE 10. INVESTMENT
CHAPTER 12. CALIFORNIA HEALTH BENEFIT EXCHANGE
ARTICLE 12. MEDI-CAL MANAGED CARE PLAN ENROLLMENT ASSISTANCE**

This notice is sent in accordance with Government Code Section 11346.1(a)(2), which requires that State of California agencies give a five working day advance notice of intent to file emergency regulations with the Office of Administrative Law (OAL). The California Health Benefit Exchange ("Exchange") intends to file an Emergency Rulemaking package with the Office of Administrative Law (OAL) that changes previously adopted Medi-Cal Managed Care Plan Enrollment Assistance regulations. As required by subdivisions (a)(2) and (b)(2) of Government Code Section 11346.1, this notice appends the following: (1) the specific language of the proposed regulation and (2) the Finding of Emergency, including specific facts demonstrating the need for immediate action, the authority and reference citations, the informative digest and policy statement overview, attached reports, and required determinations.

The Exchange plans to file the Emergency Rulemaking package with OAL at least five working days from the date of this notice. If you would like to make comments on the Finding of Emergency or the proposed regulations (also enclosed), they must be received by both the Exchange and the Office of Administrative Law within five calendar days of the date this is posted on the OAL website. Responding to these comments is at the Exchange's discretion.

Comments should be sent simultaneously to:

California Health Benefit Exchange
Attn: Brian Kearns
1601 Exposition Blvd
Sacramento, CA 95815

Office of Administrative Law
300 Capitol Mall, Suite 1250
Sacramento, CA 95814



Upon filing, OAL will have ten (10) calendar days within which to review and make a decision on the proposed emergency rule. If approved, OAL will file the regulations with the Secretary of State, and the emergency regulations will become effective for two years from the initial date of adoption or until revised by the Board. (Government Code section 100504 (a)(6)) Please note that this advance notice and comment period is not intended to replace the public's ability to comment once the emergency regulations are approved.

You may also view the proposed regulatory language and Finding of Emergency on the Exchange's website at the following address: hbex.coveredca.com/regulations

If you have any questions regarding this Advance Notice, please contact Brian Kearns at (916) 228-8843 or email Brian.Kearns@covered.ca.gov.



FINDING OF EMERGENCY

The Director of the California Health Benefit Exchange (hereinafter referred to as the “Exchange”) finds an emergency exists and that this proposed emergency regulation is necessary to address a situation that calls for immediate action to avoid serious harm to the public peace, health, safety, or general welfare.

Government Code section 100504(a)(6) provides:

“...Until January 1, 2017, any necessary rules and regulations may be adopted as emergency regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2). Until January 1, 2019, any necessary rules and regulations to implement the eligibility, enrollment, and appeals processes for the individual and small business exchanges, changes to the small business exchange, or any act in effect that amends this title that is operative on or before December 31, 2016, may be adopted as emergency regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2). The adoption of emergency regulations pursuant to this section shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2, including subdivisions (e) and (h) of Section 11346.1, any emergency regulation adopted pursuant to this section shall be repealed by operation of law unless the adoption, amendment, or repeal of the regulation is promulgated by the board pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code within five years of the initial adoption of the emergency regulation. Notwithstanding subdivision (h) of Section 11346.1, until January 1, 2020, the Office of Administrative Law may approve more than two readoptions of an emergency regulation adopted pursuant to this section. The amendments made to this paragraph by the act adding this sentence shall apply to any emergency regulation adopted pursuant to this section prior to the effective date of the Budget Act of 2015.”

These regulations will expire five years from the date they are adopted.

DEEMED EMERGENCY

The Exchange may “Adopt rules and regulations, as necessary. Until January 1, 2017, any necessary rules and regulations may be adopted as emergency regulations in accordance with the Administrative Procedures Act. Until January 1, 2019, any necessary rules and regulations to implement the eligibility, enrollment, and appeals processes for the individual and small business exchanges, changes to the small



business exchange, or any act in effect that amends this title that is operative on or before December 31, 2016, may be adopted as emergency regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2). The adoption of these regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare.” (Gov. Code § 100504(a)(6))

AUTHORITY AND REFERENCE

Authority: Government Code Sections 100503 and 100504.

Reference: Government Code Sections 100502 and 100503.

UPDATED INFORMATIVE DIGEST / POLICY STATEMENT OVERVIEW

The broad purpose of this emergency regulatory action is to make the application and certification process more efficient for applicants. Specifically, these regulations eliminate a number of superfluous fields in the Medi-Cal Managed Care Plan (MMCP) and Medi-Cal Managed Care Plan Enroller (MMCPE) applications. They clarify some ambiguous language to ensure accuracy. The regulations also preclude applicants who failed the criminal and background check process from reapplying to the program for two years.

MMCPs are entities that contract with the Department of Health Care Services (DHCS) to provide health care services to enrolled Medi-Cal beneficiaries. MMCPEs are individual counselors who affiliate with MMCPs to enroll consumers into Medi-Cal. They also enroll a small number of individuals into Exchange plans.

Upon reviewing the application and consulting with stakeholders, it was determined that the MMCP application requires more information than is necessary to determine eligibility to participate in the Certified Enroller program. For instance, the Exchange does not communicate via fax, so it is not necessary to collect this information from entities who wish to participate in the program. And, as a result, “fax number” was removed from the application and must therefore be removed from Section 6902. Under Section 6902(b), the MMCP application also requires the entity to identify the counties served as well as the written and spoken languages that are available at each site. After reviewing the program needs and consulting with stakeholders, it was determined that this information was not necessary to determine eligibility. Entities may have difficulty identifying what languages are available at each site because that is dependent upon the counselors that serve each site. So, even if an entity provided such information, that information will change when counselors affiliate and de-affiliate from entities.



The changes to 6903 are mostly minor language adjustments that pertain to the MMCP application. Section 6903(b)(6) adds language to the MMCPE certification that appears at the end of the application. This language requires MMCPEs to certify that they will comply with all applicable laws and regulations when performing enrollment assistance.

Section 6904(c) has been added to preclude applicants who failed the criminal and background check process from reapplying to the program for two years. Other Certified Enroller programs have this prohibition. It was determined that the MMCP program should be aligned with its counterpart programs to ensure that only the most qualified applicants perform enrollment assistance. The criminal background checks filter those individuals who may not be qualified to handle personally identifiable information, which is a necessary component to providing enrollment assistance. Through the Certified Enroller program, the Exchange seeks to match consumers with Enrollers who can provide assistance without compromising the integrity of its mission. This prohibition only furthers that goal.

Documents to be incorporated by reference:

None.

Summary of Existing Laws

Under the federal Patient Protection and Affordable Care Act (PPACA), each state is required, by January 1, 2014, to establish an American Health Benefit Exchange that makes available qualified health plans to qualified individuals and small employers. Existing state law, the California Patient Protection and Affordable Care Act, established the California Health Benefit Exchange within state government. (Gov. Code § 100500 et seq.) The Exchange is tasked with providing for the processing of applications and the enrollment and disenrollment of enrollees, and also must “exercise all powers reasonably necessary to carry out and comply with the duties, responsibilities, and requirements of this act and the federal act.” (Gov. Code § 100503(h), (s)) The Exchange must have a Certified Application Counselor program as required by 45 C.F.R. section 155.225(a).

After an evaluation of current regulations, specifically Articles 9, 10, 11, and 12 of Title 10, Chapter 12, the Exchange has determined that these proposed regulations are not inconsistent or incompatible with any existing regulations.



MATTERS PRESCRIBED BY STATUTE APPLICABLE TO THE AGENCY OR TO ANY SPECIFIC REGULATION OR CLASS OF REGULATIONS

None.

LOCAL MANDATE

The Executive Director of the California Health Benefit Exchange has determined that this proposed regulatory action does not impose a mandate on local agencies or school districts.

FISCAL IMPACT ESTIMATES (Attached Form 399)

This proposal does not impose costs on any local agency or school district for which reimbursement would be required pursuant to Section 7 (commencing with Section 17500) of Division 4 of the Government Code. This proposal does not impose other nondiscretionary cost or savings on local agencies.

COSTS OR SAVINGS TO STATE AGENCIES AND TO FEDERAL FUNDING (Attached Form 399)

The proposal results in costs to the California Health Benefit Exchange, which is self-sufficient. The proposal does not result in any costs or savings to any other state agency. The proposal does not result in any costs or savings to federal funding to the state.

California Code of Regulations

Title 10. Investment

Chapter 12. California Health Benefit Exchange

Article 12. Medi-Cal Managed Care Plan Enrollment Assistance

§ 6902. Application.

[(a)(1)-(5): No change]

(b) A Certified Medi-Cal Managed Care Plan application shall contain the following information:

- (1) Full name;
- (2) Legal name;
- (3) Primary e-mail address;
- (4) Primary phone number;
- (5) Secondary phone number;
- ~~(6) Fax number;~~
- ~~(7) An indication of whether the entity prefers to communicate via e-mail, phone, fax, or mail;~~
- ~~(8) Website address;~~
- ~~(6)(9) Federal Employment Identification Number;~~
- ~~(7)(10) State Identification Number;~~
- ~~(8)(11) Identification of applicant's status as a Medi-Cal Managed Care Plan and a copy of supporting documentation;~~
- ~~(9)(12) Identification of the type of organization and, if applicable, a copy of the license or other certification;~~
- ~~(13) Identification of the counties served;~~
- ~~(10)(14) A certification that the applicant and all of its employees who will be acting pursuant to this Article comply with 6907;~~
- ~~(11) (15) An attestation that the entity will serve families of mixed immigration status An indication whether the entity serves families of mixed immigration status;~~

~~(12)~~ ~~(16)~~ An attestation that the entity will serve individuals with disabilities ~~An indication of whether the entity serves individuals with disabilities and, if so, the disability(ies) served:~~

~~(13)~~~~(17)~~ For the primary site and each sub-site, the following information

- (A) Site Location Address;
- (B) Mailing Address;
- (C) County;
- (D) Primary Contact name;
- (E) Primary e-mail address;
- (F) Primary phone number;
- (G) Secondary phone number; and
- (H) Hours of operation;
- ~~(I) Estimated number of individuals served annually;~~
- ~~(J) Spoken languages;~~
- ~~(K) Written languages;~~
- ~~(L) An indication of whether the entity or individual offers services in sign language;~~
- ~~(M) Ethnicities served; and~~
- ~~(N) Estimated number of individuals served by age.~~

~~(14)~~~~(18)~~ A certification by the Authorized Contact that the information presented is true and correct to the best of the signer's knowledge;

~~(15)~~ ~~(19)~~ For each Enroller to be affiliated with the applicant,

- (A) All information required by section 6903 that is not already included elsewhere in the application required by this section; and
- (B) An indication of whether he or she is certified by the Exchange and, if applicable, the certification number.

§ 6903. Certified Medi-Cal Managed Care Plan Enroller Application

[(a)(1)-(2): No change]

(b) An individual's application to become a Certified Medi-Cal Managed Care Plan Enroller shall contain the following information:

~~(1) Name, e-mail address, primary and secondary phone number, and preferred method of communication;~~

[(b)(2): No change]

~~(3) Identification of the Certified Medi-Cal Managed Care Plan that the individual will affiliate with;~~

~~(4) Affiliated Certified Medi-Cal Managed Care Plan's primary site location address;~~

~~(5) Site(s) to be served by the individual;~~

~~(6) Mailing Address of the primary site for the Certified Medi-Cal Managed Care Plan;~~

~~(3) (7) An indication of the Languages that the Certified Medi-Cal Managed Care Plan Enroller can speak;~~

~~(4) (8) An indication of the Languages that the Certified Medi-Cal Managed Care Plan Enroller can write;~~

~~(5) (9) Disclosure of all criminal convictions and administrative actions taken against the individual;~~

~~(6) (10) A certification by the individual that:~~

~~A) The individual complies with the Certified Medi-Cal Managed Care Plan Enroller Agreement as well as all requirements as set forth in this Article, including but not limited to Section 6907;~~

~~(B) The individual is a natural person of not less than 18 years of age; and~~

~~(C) The statements made in the application are true, correct, and complete to the best of his or her knowledge and belief.;~~

~~(D) The individual will abide by all applicable privacy and security standards, including but not limited to those set forth in the agreement between the Medi-Cal Managed Care Plan and the Exchange; and~~

~~(E) The individual will adhere to all applicable State and Federal laws and regulations.~~

~~(7) (11) For the individual applying to become a Certified Medi-Cal Managed Care Plan Enroller, signature and date signed; and~~

~~(8) (12) For the Authorized Contact from the Certified Medi-Cal Managed Care Plan that the individual will be affiliated with, name, signature, and date signed.~~

§ 6904. Fingerprinting and Criminal Record Checks

[(a)-(b): No change]

(c) Following the receipt of a final determination pursuant to this section that an individual is disqualified from certification, the individual shall not reapply for certification for two years.

Note: Authority cited: Sections 100502 and 100504, Government Code. Reference: Sections 100502 and 100503, Government Code.

**ECONOMIC AND FISCAL IMPACT STATEMENT
(REGULATIONS AND ORDERS)**

STD. 399 (REV. 12/2013)

ECONOMIC IMPACT STATEMENT

DEPARTMENT NAME California Health Benefit Exchange	CONTACT PERSON Brian Kearns	EMAIL ADDRESS brian.kearns@covered.ca.gov	TELEPHONE NUMBER (916) 228-8843
DESCRIPTIVE TITLE FROM NOTICE REGISTER OR FORM 400 Certified Medi-Cal Managed Care Plan Enroller Application			NOTICE FILE NUMBER Z

A. ESTIMATED PRIVATE SECTOR COST IMPACTS *Include calculations and assumptions in the rulemaking record.*

1. Check the appropriate box(es) below to indicate whether this regulation:

- | | |
|--|---|
| <input checked="" type="checkbox"/> a. Impacts business and/or employees | <input checked="" type="checkbox"/> e. Imposes reporting requirements |
| <input type="checkbox"/> b. Impacts small businesses | <input type="checkbox"/> f. Imposes prescriptive instead of performance |
| <input checked="" type="checkbox"/> c. Impacts jobs or occupations | <input type="checkbox"/> g. Impacts individuals |
| <input type="checkbox"/> d. Impacts California competitiveness | <input type="checkbox"/> h. None of the above (Explain below): |

***If any box in Items 1 a through g is checked, complete this Economic Impact Statement.
If box in Item 1.h. is checked, complete the Fiscal Impact Statement as appropriate.***

2. The California Health Benefit Exchange estimates that the economic impact of this regulation (which includes the fiscal impact) is:
(Agency/Department)

- Below \$10 million
 Between \$10 and \$25 million
 Between \$25 and \$50 million
 Over \$50 million *[If the economic impact is over \$50 million, agencies are required to submit a Standardized Regulatory Impact Assessment as specified in Government Code Section 11346.3(c)]*

3. Enter the total number of businesses impacted: Unknown

Describe the types of businesses (Include nonprofits): Certified Medi-Cal Managed Care Plan Enrollers

Enter the number or percentage of total businesses impacted that are small businesses: Unknown

4. Enter the number of businesses that will be created: 0 eliminated: 0

Explain: This regulation is to make the application and certification process more efficient for applicants.

5. Indicate the geographic extent of impacts: Statewide
 Local or regional (List areas): _____

6. Enter the number of jobs created: 0 and eliminated: 0

Describe the types of jobs or occupations impacted: Certified Medi-Cal Managed Care Plan Enrollers.

7. Will the regulation affect the ability of California businesses to compete with other states by making it more costly to produce goods or services here? YES NO

If YES, explain briefly: _____

**ECONOMIC AND FISCAL IMPACT STATEMENT
(REGULATIONS AND ORDERS)**

STD. 399 (REV. 12/2013)

ECONOMIC IMPACT STATEMENT (CONTINUED)

B. ESTIMATED COSTS *Include calculations and assumptions in the rulemaking record.*

1. What are the total statewide dollar costs that businesses and individuals may incur to comply with this regulation over its lifetime? \$ 0

a. Initial costs for a small business: \$ 0 Annual ongoing costs: \$ 0 Years: _____

b. Initial costs for a typical business: \$ 0 Annual ongoing costs: \$ 0 Years: _____

c. Initial costs for an individual: \$ 0 Annual ongoing costs: \$ 0 Years: _____

d. Describe other economic costs that may occur: None

2. If multiple industries are impacted, enter the share of total costs for each industry: _____

3. If the regulation imposes reporting requirements, enter the annual costs a typical business may incur to comply with these requirements. Include the dollar costs to do programming, record keeping, reporting, and other paperwork, whether or not the paperwork must be submitted. \$ N/A

4. Will this regulation directly impact housing costs? YES NO

If YES, enter the annual dollar cost per housing unit: \$ _____

Number of units: _____

5. Are there comparable Federal regulations? YES NO

Explain the need for State regulation given the existence or absence of Federal regulations: CCR Title 10. Investment

Chapter 12. California Health Benefit Exchange Article 12. Medi-Cal Managed Care Plan Enrollment Assistance.

Enter any additional costs to businesses and/or individuals that may be due to State - Federal differences: \$ 0

C. ESTIMATED BENEFITS *Estimation of the dollar value of benefits is not specifically required by rulemaking law, but encouraged.*

1. Briefly summarize the benefits of the regulation, which may include among others, the health and welfare of California residents, worker safety and the State's environment: To eliminate a number of superfluous fields in the Medi-Cal Managed Care Plan Enroller applications. Also preclude applicants who failed the criminal and background check process from reapplying to the program for two years.

2. Are the benefits the result of: specific statutory requirements, or goals developed by the agency based on broad statutory authority?

Explain: _____

3. What are the total statewide benefits from this regulation over its lifetime? \$ Unknown

4. Briefly describe any expansion of businesses currently doing business within the State of California that would result from this regulation: _____

No additional jobs will be created.

D. ALTERNATIVES TO THE REGULATION *Include calculations and assumptions in the rulemaking record. Estimation of the dollar value of benefits is not specifically required by rulemaking law, but encouraged.*

1. List alternatives considered and describe them below. If no alternatives were considered, explain why not: _____

Alt. #1 - Do not adopt new regulations and rely on federal regulations.

Alt. #2 - Do not adopt new regulations & keep collecting more information than it is necessary for Enroller program.

**ECONOMIC AND FISCAL IMPACT STATEMENT
(REGULATIONS AND ORDERS)**

STD. 399 (REV. 12/2013)

ECONOMIC IMPACT STATEMENT (CONTINUED)

2. Summarize the total statewide costs and benefits from this regulation and each alternative considered:

Regulation: Benefit: \$ Unknown Cost: \$ 0

Alternative 1: Benefit: \$ Unknown Cost: \$ 0

Alternative 2: Benefit: \$ Unknown Cost: \$ 0

3. Briefly discuss any quantification issues that are relevant to a comparison of estimated costs and benefits for this regulation or alternatives: The Exchange sees the importance of improving the roles of the Certified Application Enroller.

4. Rulemaking law requires agencies to consider performance standards as an alternative, if a regulation mandates the use of specific technologies or equipment, or prescribes specific actions or procedures. Were performance standards considered to lower compliance costs? YES NO

Explain: The Department of Health Care Services' application required more information than was necessary to determine eligibility to participate in the Certified Enroller program.

E. MAJOR REGULATIONS *Include calculations and assumptions in the rulemaking record.*

California Environmental Protection Agency (Cal/EPA) boards, offices and departments are required to submit the following (per Health and Safety Code section 57005). Otherwise, skip to E4.

1. Will the estimated costs of this regulation to California business enterprises exceed \$10 million? YES NO

*If YES, complete E2. and E3
If NO, skip to E4*

2. Briefly describe each alternative, or combination of alternatives, for which a cost-effectiveness analysis was performed:

Alternative 1: _____
Alternative 2: _____

(Attach additional pages for other alternatives)

3. For the regulation, and each alternative just described, enter the estimated total cost and overall cost-effectiveness ratio:

Regulation: Total Cost \$ _____ Cost-effectiveness ratio: \$ _____

Alternative 1: Total Cost \$ _____ Cost-effectiveness ratio: \$ _____

Alternative 2: Total Cost \$ _____ Cost-effectiveness ratio: \$ _____

4. Will the regulation subject to OAL review have an estimated economic impact to business enterprises and individuals located in or doing business in California exceeding \$50 million in any 12-month period between the date the major regulation is estimated to be filed with the Secretary of State through 12 months after the major regulation is estimated to be fully implemented?

YES NO

If YES, agencies are required to submit a Standardized Regulatory Impact Assessment (SRIA) as specified in Government Code Section 11346.3(c) and to include the SRIA in the Initial Statement of Reasons.

5. Briefly describe the following:

The increase or decrease of investment in the State: N/A

The incentive for innovation in products, materials or processes: N/A

The benefits of the regulations, including, but not limited to, benefits to the health, safety, and welfare of California residents, worker safety, and the state's environment and quality of life, among any other benefits identified by the agency: Making high quality health care available to all Californians, and providing increased education and access to health care coverage.

**ECONOMIC AND FISCAL IMPACT STATEMENT
(REGULATIONS AND ORDERS)**

STD. 399 (REV. 12/2013)

FISCAL IMPACT STATEMENT

A. FISCAL EFFECT ON LOCAL GOVERNMENT *Indicate appropriate boxes 1 through 6 and attach calculations and assumptions of fiscal impact for the current year and two subsequent Fiscal Years.*

1. Additional expenditures in the current State Fiscal Year which are reimbursable by the State. (Approximate)
(Pursuant to Section 6 of Article XIII B of the California Constitution and Sections 17500 et seq. of the Government Code).

\$ _____

a. Funding provided in _____

Budget Act of _____ or Chapter _____, Statutes of _____

b. Funding will be requested in the Governor's Budget Act of _____

Fiscal Year: _____

2. Additional expenditures in the current State Fiscal Year which are NOT reimbursable by the State. (Approximate)
(Pursuant to Section 6 of Article XIII B of the California Constitution and Sections 17500 et seq. of the Government Code).

\$ _____

Check reason(s) this regulation is not reimbursable and provide the appropriate information:

a. Implements the Federal mandate contained in _____

b. Implements the court mandate set forth by the _____ Court.

Case of: _____ vs. _____

c. Implements a mandate of the people of this State expressed in their approval of Proposition No. _____

Date of Election: _____

d. Issued only in response to a specific request from affected local entity(s).

Local entity(s) affected: _____

e. Will be fully financed from the fees, revenue, etc. from: _____

Authorized by Section: _____ of the _____ Code;

f. Provides for savings to each affected unit of local government which will, at a minimum, offset any additional costs to each;

g. Creates, eliminates, or changes the penalty for a new crime or infraction contained in _____

3. Annual Savings. (approximate)

\$ _____

4. No additional costs or savings. This regulation makes only technical, non-substantive or clarifying changes to current law regulations.

5. No fiscal impact exists. This regulation does not affect any local entity or program.

6. Other. Explain _____

**ECONOMIC AND FISCAL IMPACT STATEMENT
(REGULATIONS AND ORDERS)**

STD. 399 (REV. 12/2013)

FISCAL IMPACT STATEMENT (CONTINUED)

B. FISCAL EFFECT ON STATE GOVERNMENT *Indicate appropriate boxes 1 through 4 and attach calculations and assumptions of fiscal impact for the current year and two subsequent Fiscal Years.*

1. Additional expenditures in the current State Fiscal Year. (Approximate)

\$ _____

It is anticipated that State agencies will:

a. Absorb these additional costs within their existing budgets and resources.

b. Increase the currently authorized budget level for the _____ Fiscal Year

2. Savings in the current State Fiscal Year. (Approximate)

\$ _____

3. No fiscal impact exists. This regulation does not affect any State agency or program.

4. Other. Explain _____

C. FISCAL EFFECT ON FEDERAL FUNDING OF STATE PROGRAMS *Indicate appropriate boxes 1 through 4 and attach calculations and assumptions of fiscal impact for the current year and two subsequent Fiscal Years.*

1. Additional expenditures in the current State Fiscal Year. (Approximate)

\$ _____

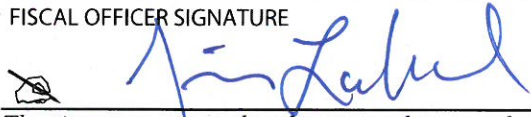
2. Savings in the current State Fiscal Year. (Approximate)

\$ _____

3. No fiscal impact exists. This regulation does not affect any federally funded State agency or program.

4. Other. Explain _____

FISCAL OFFICER SIGNATURE

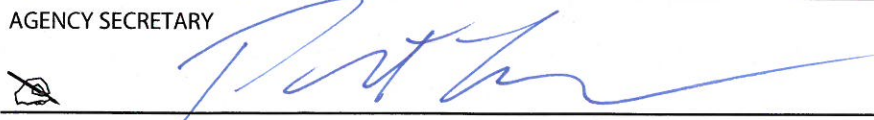


DATE

8/30/2017

The signature attests that the agency has completed the STD. 399 according to the instructions in SAM sections 6601-6616, and understands the impacts of the proposed rulemaking. State boards, offices, or departments not under an Agency Secretary must have the form signed by the highest ranking official in the organization.

AGENCY SECRETARY



DATE

9/1/17

Finance approval and signature is required when SAM sections 6601-6616 require completion of Fiscal Impact Statement in the STD. 399.

DEPARTMENT OF FINANCE PROGRAM BUDGET MANAGER

DATE

