

(B) Address;
(C) Date of birth;
(D) Gender;
(E) Height;
(F) Weight;
(G) Hair color;
(H) Eye color;
(I) Signature of permit holder;
(J) Signature of sheriff;
(K) Date permit is issued;
(L) Expiration date; and
(M) Permit number assigned by the sheriff or designee pursuant to section 571.101.8, RSMo. The permit number shall include the three (3) digit county code followed by a unique permit number assigned to the individual obtaining the permit.

(3) When a sheriff or designee issues a provisional concealed carry permit to an applicant whose criminal background check is pending, the provisional permit shall include only the following information in the manner and location prescribed in form 2 included herein:

(A) Name;
(B) Address;
(C) Date of birth;
(D) Gender;
(E) Height;
(F) Weight;
(G) Hair color;
(H) Eye color;
(I) Signature of permit holder;
(J) Signature of sheriff;
(K) Date permit is issued;
(L) In lieu of an expiration date, the word "PROVISIONAL" shall appear on the permit; and
(M) Permit number assigned by the sheriff or designee pursuant to section 571.101.8, RSMo. The permit number shall include the three (3) digit county code followed by a unique permit number assigned to the individual obtaining the provisional permit.

(4) Any concealed carry permit or provisional concealed carry permit issued shall include the Missouri state seal in the manner and location prescribed in forms 1 and 2.

(5) Pursuant to section 571.101.8, RSMo, the permit shall be two inches wide by three and one-fourth inches long (2" × 3 1/4").

(6) The concealed carry permit or provisional concealed carry permit shall not include a photograph of the permit holder.

Concealed Carry Permit Samples:

MISSOURI
CONCEALED CARRY PERMIT

Permit Number XXX-XXXXXXX

LAST NAME
FIRST AND MIDDLE
ADDRESS
CITY, STATE
ZIP

Birthdate
XX-XX-XXXX

(Sheriff Signature)
County

Permit Issue Date Expiration Date
XX-XX-XXXX XX-XX-XXXX

Gender Height Weight
M/F X'X XXX

Eye Color Hair Color
XXXXX XXXXX

Signature _____

MISSOURI
PROVISIONAL CONCEALED
CARRY PERMIT

Permit Number XXX-XXXXXXX

LAST NAME
FIRST AND MIDDLE
ADDRESS
CITY, STATE
ZIP

Birthdate
XX-XX-XXXX

(Sheriff Signature)
County

Permit Issue Date PROVISIONAL
XX-XX-XXXX

Gender Height Weight
M/F X'X XXX

Eye Color Hair Color
XXXXX XXXXX

Signature _____

AUTHORITY: section 571.101, HCS for SB 75, First Regular Session, Ninety-seventh General Assembly 2013. Emergency rule filed Aug. 2, 2013, effective Aug. 28, 2013, expires Feb. 27, 2014. Original rule filed Aug. 2, 2013.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Public Safety, Director's Office, attention Darla Iven, PO Box 749, Jefferson City, MO 65102 or to Darla.iven@dps.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance**

PROPOSED AMENDMENT

13 CSR 40-2.010 General Application Procedures. The division is amending sections (1)–(6).

PURPOSE: This amendment updates the process for filing an application for benefits with the Family Support Division.

(1) Any person [who believes s/he is eligible for or in need of

any type of assistance or service administered by the Division of Family Services] shall have the right to file an application included herein for any type of assistance or service administered by the Family Support Division. [The interviewer] The Family Support Division shall inform the applicant [as to] of the types of assistance and service which are available, the requirements of eligibility, and [the] additional information necessary, if any, to determine eligibility. [The interviewer also shall give each applicant for Aid to Dependent Children (ADC) an information pamphlet, prepared by the Division of Family Services, which includes written notification of appeal rights.]

(2) Applications must be [disposed of promptly so that eligible persons will receive assistance as promptly as possible. Applications must be filed in the county family services office of the county in which the applicant resides on forms furnished by the county family services office. If the applicant is unable to come to the county office because of physical or mental disability, the application may be accepted in the home, institution or other place of residence.] approved or denied in accordance with the timeframes established by federal and state law except when—

(A) The application is incomplete or is missing information that is necessary to complete an eligibility determination;

(B) The division cannot reach a decision because the applicant or an examining physician delays or fails to provide the information necessary to make an eligibility determination; or

(C) The division experiences an administrative, technological, or other emergency beyond the division's control.

(3) Failure to make a decision within the timeframes established by federal and state law does not result in an automatic determination that the applicant is eligible for any type of assistance or service.

(4) Applications submitted by mail, telephone, or any commonly available electronic means shall be accepted and treated the same as an in-person filing of an application.

(5) An application is not considered complete without a signature. Signature shall include electronic, telephonically recorded, and handwritten signatures.

(6) All information provided to the Family Support Division, shall be true, accurate, and complete.

*[(2) For Aid to Families with Dependent Children (AFDC) applications (unless there are unusual or extreme circumstances), prompt disposition means that there shall not be more than forty-five (45) days between the date of application and—*a) *the date of mailing of first check, if eligible, or* b) *date of notice of rejection, if ineligible. If a decision as to eligibility has not been made between the thirtieth and the thirty-eighth day, a presumptive eligibility determination as to the reason for delay in processing an AFDC application will be made.*

(3) In those ADC cases where an eligible applicant does not receive the first payment for the month in which the thirtieth day after application occurs, a delayed payment will be made for that month and any later months that occur before the application was approved.

(4) The guardian shall file the application for any person for whom a guardian has been legally appointed. Lack of guardian, in case of obvious mental incompetence, shall not delay or hinder the filing of an application by any such person.]

AUTHORITY: section 207.020, RSMo [1986] 2000, and section 208.995, CCS HCS SB 127, First Regular Session, Ninety-seventh General Assembly, 2013. This version filed March 24, 1976. Previous versions of this rule which were merged to form this rule: 1) Original rule filed Feb. 20, 1947, effective March 2, 1947; 2) Original rule filed Nov. 3, 1950, effective Nov. 13, 1950. Amended: June 20, 1951, effective June 30, 1951. Amended: Sept. 26, 1951, effective Oct. 6, 1951. Amended: June 13, 1974, effective June 23, 1974; 3) Original rule filed Nov. 3, 1950, effective Nov. 13, 1950. Amended: June 15, 1967, effective June 25, 1967. Amended: June 6, 1968, effective June 16, 1968. Amended: July 1, 1968, effective July 10, 1968. Amended: June 1, 1971, effective June 10, 1971. Amended: June 13, 1974, effective June 23, 1974; and 4) Original rule filed June 30, 1972, effective July 9, 1972. Amended: March 1, 1973, effective March 10, 1973. Amended: June 13, 1974, effective June 23, 1974. Emergency amendment filed Aug. 3, 1987, effective Aug. 13, 1987, expired Dec. 1, 1987. Amended: Filed Aug. 3, 1987, effective Jan. 14, 1988. Amended: Filed July 31, 2013.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Department of Social Services, Family Support Division, PO Box 2320, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare**

PROPOSED RULE

13 CSR 40-7.010 Scope and Definitions

PURPOSE: The purpose of this rule is to define terms that are used in determining eligibility for Family MO HealthNet programs and the Children's Health Insurance Program (CHIP).

(1) For purposes of this chapter, the following definitions shall apply:

(A) "Applicant" is the adult who completes and submits an application for a Family MO HealthNet Program or CHIP program, whether for themselves or on behalf of someone else;

(B) "Child" or "Children" means a person or persons who are under nineteen (19) years of age;

(C) "Children's Health Insurance Program" or "CHIP" means the health assistance provided to uninsured, low income children under Title XXI of the Social Security Act and established in sections 208.631 through 208.658, RSMo;

(D) "Division" means the Family Support Division, Department of Social Services;

(E) "Electronic data hub" means any electronic service established by the Secretary of the United States Department of Health and Human Services, through which the division may verify certain information with, or obtain such information from, federal agencies and other data sources;

(F) "Family Mo HealthNet programs" means MO HealthNet benefits provided to participants under the MO HealthNet for Families (MHF) program, MO HealthNet for Kids (MHK) program, MO HealthNet for Pregnant Women (MPW) program, and Uninsured Woman's Health Services (UWHS) program. Family MO HealthNet programs also include presumptive eligibility for any of the above programs;

(G) "Non-custodial parent" means the parent who does not have physical custody of the child.

1. A court order, judgment, decree or any legally enforceable separation, divorce, or custody agreement establishing which party has physical custody shall control who is the custodial parent.

2. If there is no such order or agreement, or the order or agreement is silent, or in the event of joint custody, the custodial parent is the parent with whom the child expects to spend more than fifty percent (50%) of his or her overnight visits in the year for which eligibility is being determined.

3. In the case of true joint physical custody where the child spends an equal amount of overnight visits with both parents, the non-custodial parent is the parent who does not claim the child as part of their tax household;

(H) "Parent" means a natural or biological, adopted, or stepparent;

(I) "Participant" means any individual who has applied for, is receiving, or has been denied Family MO HealthNet benefits or CHIP benefits;

(J) "Sibling" means a natural or biological, adopted, half or step sibling;

(K) "Reasonable Compatibility" means the information received by the division, is not in conflict with other information known by the division. Income information is "reasonably compatible" if the sources of information are above or both are at or below the applicable income standard or other relevant income threshold limit, or the difference between the sources of the income information is ten percent (10%) or less and the sources of income are similar;

(L) "Tax Dependent" means an individual for whom another individual claims a deduction for a personal exemption under Internal Revenue Code, section 151 for a taxable year; and

(M) "Taxpayer" means an individual who expects to file a tax

return for the taxable year in which an initial determination or renewal of eligibility is being made and who does not expect to be claimed as a tax dependent by another individual.

AUTHORITY: section 207.020, RSMo 2000, and section 208.995, CCS HCS SB 127, First Regular Session, Ninety-seventh General Assembly, 2013. Original rule filed July 31, 2013.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Family Support Division, PO Box 2320, Jefferson City, MO 65102-2320. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare**

PROPOSED RULE

13 CSR 40-7.015 Application Procedure for Family MO HealthNet programs and the Children's Health Insurance Program (CHIP)

PURPOSE: This rule defines the application procedures for Family MO HealthNet programs or the Children's Health Insurance Program (CHIP).

(1) General application procedures for programs administered by the Family Support Division are found at 13 CSR 40-2.010. For anything in this section conflicting with the general application procedures, this regulation controls for the application procedures for Family MO HealthNet programs or the Children's Health Insurance Program (CHIP).

(2) An application for Family MO HealthNet programs or the Children's Health Insurance Program (CHIP) may be obtained by contacting one (1) of the following sources:

- (A) An insurance exchange, whether federally facilitated, state based, or operated on a partnership basis;
- (B) The Family Support Division Contact Center;
- (C) A Family Support Division office; or
- (D) Accessing the Department of Social Services website www.dss.mo.gov.

(3) An application for Family MO HealthNet program or the Children's Health Insurance Program (CHIP) shall be accepted by mail, telephone, or in person at any Family Support office, or via the department's Internet website found at www.dss.mo.gov. The division shall also accept applications through providers who the division contracts with in order to facilitate eligibility decisions.

(4) The following individuals may apply for Family MO HealthNet or the Children's Health Insurance Program (CHIP) on behalf of a participant:

- (A) The participant;
- (B) An adult who is in the participant's household;
- (C) A member of the participant's family, as defined in the Internal Revenue Code section 36B(d)(1);
- (D) An authorized representative of the participant;

(E) If the participant is a minor or incapacitated person—

- 1. A parent;
- 2. An authorized representative; or
- 3. A guardian or conservator; or

(F) An individual with a valid power of attorney to act on behalf of the participant.

(5) The applicant shall provide and attest to the following information when making an application for Family MO HealthNet benefits or CHIP benefits:

- (A) The name of each individual who resides with the participant;
- (B) The name of each individual who the participant claims or intends to claim on his or her federal income tax returns;
- (C) The name of any person who claims or intends to claim the participant as a dependent on his or her federal tax forms; and
- (D) For the participant, and each person listed in subsections (5)(A), (5)(B), or (5)(C), the applicant shall provide the following information:

- 1. Relationship to the applicant;
- 2. Physical Address;
- 3. Mailing address, if different from physical address;
- 4. Date of Birth;
- 5. Gender;
- 6. Social Security Number, in accordance with section (6) of this rule;
- 7. Intent to file taxes or be claimed as a tax dependent on someone else's taxes;
- 8. Whether the participant is pregnant;
- 9. Any physical, mental, or emotional health condition that causes limitations in activities of daily living;
- 10. Residence in a medical facility or nursing home;
- 11. Citizenship or immigration status;
- 12. Race (optional);
- 13. Employment status, employer name and address, hours employed, and rate of pay;
- 14. Any and all sources of income and amounts;
- 15. Any federal tax deductions entitled for alimony paid or student loan interest;
- 16. Enrollment in any health care coverage, name of insurer, policy number, and any limitations on the coverage;
- 17. If he or she or anyone in their family is American Indian or Alaska Native. If any person is, information about tribe affiliation, services, and income received from benefits must be disclosed;
- 18. Details concerning any health coverage which is available to him or her through a job. This includes coverage that is offered through someone else's job, such as a parent or spouse; and
- 19. If a participant is a child, the name and address of any parent living outside the home.

(6) Social Security Numbers are requested of every person who is required to be on the application pursuant to subsections (5)(A), (5)(B), or (5)(C).

(A) If the person is a participant in MO HealthNet, the person's Social Security Number shall be included.

(B) If the person is not a participant in MO HealthNet, the inclusion of the Social Security Number is voluntary.

(C) Social Security Numbers are to be used only for the purpose of determining a participant's eligibility for MO HealthNet or for a purpose directly connected to the administration of MO HealthNet.

(7) The applicant shall sign an assignment of rights to the MO HealthNet Division to pursue and recover money owed for medical expenses from any applicable insurance policies, legal settlements or judgments, or other liable or potentially liable third parties.

(8) The applicant shall sign an assignment of rights to pursue and obtain medical support from a parent or spouse who owes such a duty.

(9) The participant and applicant shall disclose all information which may impact eligibility for any MO HealthNet program. The participant and applicant have a continuing obligation to notify the division if any information specified in the application changes within ten (10) days of the change. The continuing duty includes, but is not limited to disclosing any changes in income of the participant or household member, changes in residence or mailing address, and the addition or removal of any individual from the household whose information is or was required to be submitted.

(10) The applications shall be signed under penalty of perjury, attesting to the information provided as true, accurate, and complete.

AUTHORITY: section 207.020, RSMo 2000, and section 208.995, CCS HCS SB 127, First Regular Session, Ninety-seventh General Assembly, 2013. Original rule filed July 31, 2013.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Family Support Division, PO Box 2320, Jefferson City, MO 65102-2320. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare**

PROPOSED RULE

13 CSR 40-7.020 Household Composition

PURPOSE: The purpose of this rule is to explain the Household Composition Standard for Family MO HealthNet programs and the Children's Health Insurance Program (CHIP).

- (1) A household shall include the taxpayer and all tax dependents.
- (A) In the case of a married couple living together, each spouse shall be included in the household of the other spouse regardless of whether they expect to file jointly or whether one (1) spouse is expected to be declared as a tax dependent of the other spouse.
- (B) In determining the household size of a pregnant woman, the division shall count the pregnant woman plus the number of unborn children she is expecting to deliver. In determining the household size of other individuals who have a pregnant woman in the household the pregnant woman is considered as one (1) person.
- (C) If a taxpayer cannot reasonably establish that another individual is a tax dependent for the tax year for which eligibility is sought, the inclusion of such individual in the household shall be determined in accordance with section (3) of this rule.

(2) In the case of a participant who expects to be claimed as a tax dependent by another taxpayer for the taxable year in which an initial determination or renewal of eligibility is being made, the participant's household is the household of the taxpayer claiming such individual as a tax dependent with the following exceptions:

- (A) Family members and unrelated individuals claimed as a tax dependent by a taxpayer other than a parent or spouse;
- (B) Children claimed as a tax dependent by the non-custodial parent; or

(C) Children who expect to be claimed by one parent as a tax dependent and are living with both parents but whose parents do not expect to file a joint tax return.

(3) For participants who do not expect to file a tax return, who do not intend to be claimed as a tax dependent, or tax dependents that fall into an exception under subsections (2)(A), (2)(B), or (2)(C) of this rule, the household shall consist of—

- (A) The participant;
- (B) The spouse of the participant if living with the participant;
- (C) Children of the participant if living with the participant; and
- (D) For participants who are children:
1. The participant's parents who live with the participant;
 2. Any siblings, who are also dependent children, who live with the participant.

(4) This rule shall be effective for all eligibility decisions made on January 1, 2014, and any date after.

AUTHORITY: section 207.020, RSMo 2000, and section 208.995, CCS HCS SB 127, First Regular Session, Ninety-seventh General Assembly, 2013. Original rule filed July 31, 2013.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Family Support Division, PO Box 2320, Jefferson City, MO 65102-2320. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare**

PROPOSED RULE

13 CSR 40-7.030 Calculation of Modified Adjusted Gross Income (MAGI)

PURPOSE: The purpose of this rule is to explain how Modified Adjusted Gross Income (MAGI) is calculated for the Family MO HealthNet programs and the Children's Health Insurance Program (CHIP).

(1) Modified Adjusted Gross Income (MAGI) based income means income calculated using the same financial methodologies used to determine modified adjusted gross income as defined in section 36B(d)(2)(B) of the Internal Revenue Code, with the exceptions listed below.

(A) Any lump sum gift or income is included as income only in the month in which it is received.

(B) Scholarships and grants which are used for educational purposes, and not for living expenses are excluded from income.

(C) The following Alaskan Native and American Indian benefits and distributions are excluded from income:

1. Distributions from Alaska Native Corporations and Settlement Trusts;
2. Distributions from any property held in trust, subject to federal restrictions, located within the most recent boundaries of a prior federal reservation, or otherwise under the supervisions of the Secretary of the Interior;

3. Distributions and payments from rents, leases, rights of way, royalties, usage rights, or natural resources extraction and harvest from:

A. Rights of ownership or possession in any lands described in paragraph (1)(C)2. of this rule; or

B. Federally protected rights regarding off-reservation hunting, fishing, gathering, or usage of natural resources;

4. Distributions resulting from real property ownership interests related to natural resources and improvements:

A. Located on or near a reservation or within the most recent boundaries of a prior federal reservation; or

B. Resulting from the exercise of federally-protected rights relating to such real property ownership interests;

5. Payments resulting from ownership interests in or usage rights to items that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable Tribal Law or custom; and

6. Student financial assistance provided under the Bureau of Indian Affairs education programs.

(2) Eligibility determinations for participants for Family MO HealthNet programs and CHIP shall be based on a household's current monthly income and household size. A household's income is the sum of the Modified Adjusted Gross Income (MAGI) based income as defined above of every individual included in the participant's household.

(A) The division shall take into consideration reasonable anticipated changes in income that exist at initial determination such as seasonal or time based employment sources and periods, or the known ending period of employment or an income source.

(B) Income of a child shall not be included in the household if the child is not required to file a tax return under the Internal Revenue Code, section 6012(a)(1) for the taxable year in which eligibility is being determined, regardless if the child expects to or actually filed a tax return.

(3) This rule shall be effective for all eligibility decisions made on January 1, 2014, or any date after.

AUTHORITY: section 207.020, RSMo 2000, and section 208.995, CCS HCS SB 127, First Regular Session, Ninety-seventh General Assembly, 2013. Original rule filed July 31, 2013.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Family Support Division, PO Box 2320, Jefferson City, MO 65102-2320. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare**

PROPOSED RULE

13 CSR 40-7.040 Verification Procedures

PURPOSE: The purpose of this rule is to explain what Verification Procedures the Family Support Division will use when determining eligibility for Family MO HealthNet programs and the Children's Health Insurance Program (CHIP).

(1) The division shall verify all eligibility factors, through available means, including information obtained through the electronic data hub, a participant's statements, or other information the division has obtained. Verification shall occur upon application and recertification, and at any other time necessary to verify continued eligibility.

(A) The division shall verify eligibility information of a participant through the electronic data hub.

(B) If the information obtained through the electronic data hub is reasonably compatible with information provided by or on behalf of the participant, the division shall use the participant's information as verification for eligibility.

(C) If reasonably compatible standards are not met, secondary verification is required. Secondary verification may include the following:

1. Other electronic data sources available;
2. Other information, including paper documentation; or
3. A written statement which reasonably explains the discrepancy.

(2) If verification cannot be obtained by the division through the electronic data hub, or if the information is not reasonably compatible with other information provided, the division shall ask for any additional information from or on behalf of the participant needed in order to verify the information.

(A) The participant shall provide the required verification within ten (10) days from the date that the division requests the information in writing.

(B) If a participant fails to provide the requested verification within ten (10) days from the date of the written request the division shall issue an adverse action notice to the participant notifying them that their coverage is denied or their coverage shall terminate ten (10) days from the date of the adverse action notice.

(C) The participant shall be given the right to request a hearing on the issue pursuant to section 208.080, RSMo. Failure on the part of the participant to request a hearing shall result in termination of coverage upon expiration of the adverse action notice.

(3) This rule shall be effective for all eligibility decisions made on January 1, 2014, and any date after.

AUTHORITY: section 207.020, RSMo 2000, and section 208.995, CCS HCS SB 127, First Regular Session, Ninety-seventh General Assembly, 2013. Original rule filed July 31, 2013.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Family Support Division, PO Box 2320, Jefferson City, MO 65102-2320. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**

**Division 400—Life, Annuities and Health
Chapter 11—Navigators**

PROPOSED RULE

20 CSR 400-11.100 Navigator Examination and Licensing Procedures and Standards

PURPOSE: This rule prescribes the application process, fees, examination, and initial training for navigators.

(1) Application and Fees. Application for a navigator license shall include the following, as applicable:

(A) Initial Licensure.

1. Individual navigator.

A. A completed application form, which is included herein as Exhibit 1 of this rule revised July 24, 2013, or any form which substantially comports with the specified form.

B. Twenty-five dollar (\$25) application fee.

2. Entity navigator.

A. A completed application form, which is included herein as Exhibit 2 of this rule revised July 24, 2013, or any form which substantially comports with the specified form.

B. Fifty dollar (\$50) application fee.

C. List of all Missouri-licensed navigators conducting business on behalf of the entity.

(2) Required Examination.

(A) Before an individual may be licensed as a navigator, the applicant must first take and pass an examination testing the individual's knowledge regarding health insurance, health insurance exchanges, and navigator roles and responsibilities. The department may contract with an independent testing service(s) to administer an examination. In order to take the examination, an individual must register and pay an applicable testing fee.

(B) An individual may satisfy the examination requirement by demonstrating achievement of a passing score on any approved certification examination that allows the individual to perform duties identified in 42 U.S.C. section 18031(i) or related duties, irrespective of whether the examination is for purposes of serving as a navigator, certified application counselor, in-person assister, or health center outreach and enrollment assistance worker.

(3) Initial Training. Initial training shall be that training which is sufficient to pass the examination referenced in section (2) above.



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS
AND PROFESSIONAL REGISTRATION
LICENSING SECTION
APPLICATION FOR NAVIGATOR LICENSE

EXHIBIT 1

P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
THIS FORM MAY BE DUPLICATED

PLEASE PRINT OR TYPE											
1. SOCIAL SECURITY NUMBER						2. DATE OF BIRTH					
3. LAST NAME				JR./SR., ETC.		4. FIRST NAME			5. MIDDLE NAME		
6. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)				7. P.O. BOX		8. CITY		9. STATE	10. ZIP CODE	11. COUNTRY	
12. HOME TELEPHONE NUMBER				13. MOBILE TELEPHONE NUMBER				14. PERSONAL EMAIL ADDRESS			
15. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female		16. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen?									
17. BUSINESS ENTITY NAME											
18. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)				19. P.O. BOX		20. CITY		21. STATE	22. ZIP CODE	23. COUNTRY	
24. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.)			25. BUSINESS FAX NUMBER			26. BUSINESS E-MAIL ADDRESS			27. BUSINESS WEBSITE ADDRESS		
28. APPLICANT'S MAILING ADDRESS			29. P.O. BOX		30. CITY		31. STATE	32. ZIP CODE	33. COUNTRY		
34. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.											

BACKGROUND INFORMATION

35. The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime? YES NO

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude misdemeanor juvenile convictions.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a written statement explaining the circumstances of each incident,
- a certified copy of the charging document, and
- a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? YES NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a written statement identifying the type of license and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

BACKGROUND INFORMATION

3. Have you failed to pay state or federal income tax? YES NO

Have you failed to comply with an administrative or court order directing payment of state or federal income tax? YES NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each administrative or court order;
- b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.);
- c) a certified copy of each administrative or court order, judgment, and/or lien; and
- d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).

4. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? YES NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? YES NO

Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? YES NO

Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? YES NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a navigator license, and
- b) copies of all relevant documents.

6. Do you currently have or have you had a child support obligation? YES NO

If you answer yes:

a) are you in arrearage? YES NO

b) by how many months are you in arrearage? _____ months

c) what is the total amount of your arrearage? _____

d) are you currently subject to a repayment agreement to cure the arrearage? YES NO

e) are you in compliance with said repayment agreement? YES NO

f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.) YES NO

g) have you ever been convicted of a misdemeanor or felony for failure to pay child support? YES NO

EMPLOYMENT HISTORY						
36. Account for all time for the past five years. List all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.						
			FROM		TO	
			MONTH	YEAR	MONTH	YEAR
NAME						POSITION HELD
CITY	STATE	COUNTRY				
NAME						
CITY	STATE	COUNTRY				
NAME						
CITY	STATE	COUNTRY				
NAME						
CITY	STATE	COUNTRY				

EXAMINATION REQUIREMENT	
37. Have you successfully passed a written examination relating to the license for which you are applying?	<input type="checkbox"/> YES <input type="checkbox"/> NO
UPON SUCCESSFUL PASSAGE, PROVIDE DOCUMENTATION TO MO DIFP - INSURANCE.	

APPLICANT'S CERTIFICATION AND ATTESTATION
38. The Applicant must read the following very carefully:
<ol style="list-style-type: none"> 1. I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. 2. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company. 3. I further certify under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 35.3. 4. I further certify, under penalty of perjury, that a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application. 5. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
ORIGINAL APPLICANT SIGNATURE
FULL LEGAL NAME (PRINTED OR TYPED)
DATE (MONTH/DAY/YEAR)

INSTRUCTIONS
<ol style="list-style-type: none"> 1. All applicants must submit a \$25 application fee in the form of a check or money order, made payable to DIFP - Insurance. 2. Mail completed application to: MO DIFP – Insurance P.O. Box 4001 Jefferson City, MO 65102-4001

EXHIBIT 2



**MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
LICENSING SECTION
APPLICATION FOR NAVIGATOR ENTITY LICENSE**

P.O. BOX 690 OR
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
THIS FORM MAY BE DUPLICATED

PLEASE PRINT OR TYPE					
1. NAVIGATOR ENTITY NAME		2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)		3. FEIN	
4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS		5. STATE OF DOMICILE		6. COUNTRY OF DOMICILE	
7. CONTACT NAME					
8. BUSINESS ADDRESS		9. CITY		10. STATE	11. ZIP OR FOREIGN COUNTRY
12. TELEPHONE NUMBER		13. FAX NUMBER		14. BUSINESS WEBSITE ADDRESS	15. BUSINESS EMAIL ADDRESS
16. MAILING ADDRESS		17. P.O. BOX	18. CITY		19. STATE
					20. ZIP OR FOREIGN COUNTRY

BACKGROUND INFORMATION

21. Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the navigator entity or any owner, partner, officer or director ever been convicted of, or is the navigator entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? YES NO

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

"Whether or not adjudication was withheld" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence—sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the navigator entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? YES NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

3. Has the navigator entity or any owner, partner, officer or director ever been notified of any delinquent income tax obligation? YES NO

If you answer yes, identify the jurisdiction(s): _____

4. Is the navigator entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach or fiduciary duty? YES NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

APPLICANT'S CERTIFICATION AND ATTESTATION

22. The undersigned owner, partner, officer or director of the navigator entity hereby certifies, under penalties of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the navigator entity to civil or criminal penalties.
2. The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
3. I authorize the Director to give any information concerning the navigator entity or any owner, partner, officer or director, to any federal, state or municipal agency, or any other organization and I release the Director and any person acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I am familiar with the navigator laws and regulations of Missouri.
5. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.

SIGNATURE

TYPED OR PRINTED NAME

TITLE

SOCIAL SECURITY NUMBER

ADDRESS (CITY, STATE, ZIP CODE)

NOTARY

NOTARY PUBLIC EMBOSSEY OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

INSTRUCTIONS

Application for initial licensure for a navigator entity shall include the following, as applicable:

1. A completed Application for Navigator Entity License.
2. \$50 fee in the form of a check or money order, made payable to DIFP - Insurance.
3. Attach a list of all individual navigators that are employed by or in any manner affiliated with the navigator entity. (Changes to this list shall be reported to the department within twenty days of the change.)
4. Mail completed application packet to:
 - MO DIFP – Insurance
 - PO Box 4001
 - Jefferson City MO 65102-4001

AUTHORITY: section 374.045, RSMo Supp. 2012 and CCS HCS SS SB 262, First Regular Session, Ninety-seventh General Assembly 2013, sections 376.2000–376.2014, RSMo Supp. 2012. Emergency rule filed July 24, 2013, effective Aug. 3, 2013, expires Jan. 29, 2014. Original rule filed July 24, 2013.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions ninety-nine thousand five hundred twenty-three dollars (\$99,523) in the aggregate.

PRIVATE COST: This proposed rule will cost private entities fourteen thousand two hundred fifty dollars (\$14,250) in the aggregate.

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Amy V. Hoyt, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on October 4, 2013, at the Harry S Truman State Office Building, Room 850, 301 West High Street, Jefferson City, Missouri.*

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-2619 at least five (5) working days prior to the hearing.

**FISCAL NOTE
PUBLIC COST**

**I. Department of Insurance, Financial Institutions and Professional Registration
Division 400 – Life, Annuities and Health
Chapter 11 - Navigators**

Rule Number and Name:	20 CSR 400-11.100 Navigator Examination and Licensing Procedures and Standards
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Insurance, Financial Institutions and Professional Registration	\$99,523

III. WORKSHEET

Personnel by Position	FTEs	Annual Salary	
Investigator II	1	\$36,672	
Insurance Licensing Tech	1	\$23,136	
Total Salaries		\$59,808	
Fringe Benefits		\$31,603	
TOTAL SALARIES AND BENEFITS		\$91,411	
Equipment by Item	Units	Unit Cost	Total
Computer	2	\$706	\$1,412
PC Software	2	\$655	\$1,310
Voice/Data Wiring	2	\$425	\$850
Chair	2	\$399	\$798
Side Chair	2	\$139	\$278
File Cabinet	2	\$586	\$1,172
Phone	2	\$286	\$572
System Furniture	2	\$4,000	\$8,000
TOTAL EQUIPMENT			\$14,392
Expenses	Units	Unit Cost	Total
Travel	1	\$2,500	\$2,500
State Data Center	2	\$250	\$500
Office Supplies	2	\$345	\$690
Communications	2	\$240	\$480
Professional Development	2	\$400	\$800
TOTAL EXPENSES			\$4,970
TOTAL SALARIES, BENEFITS, EQUIPMENT AND EXPENSES			\$110,773

LICENSING FEES	Units	Application Fee	Total
Navigator Entity	75	\$50.00	\$3,750
Navigator Individual	300	\$25.00	\$7,500
TOTAL FEES			\$11,250
TOTAL			\$99,523

IV. ASSUMPTIONS

The proposed rule outlines requirements for licensing navigators in Missouri. The fiscal note for SB 262 included the addition of two FTE, one (1.00) Licensing Technician I FTE to review and process navigator licensure applications and one (1.00) Investigator II FTE, to ensure compliance with the new regulatory requirements and investigate consumer complaints against navigators. These positions have not yet been requested in the budget.

In the proposed rule, the Department establishes fees of \$25 for a two-year individual navigator license, and \$50 for a two-year navigator entity license. The Department estimates that approximately 300 individuals will apply for licensure as navigators, and 75 entities will seek licensure as navigator entities. These estimates are based on anticipated numbers of navigator entities and individual navigator from other states, as well as an informal survey of entities in Missouri that have applied for federal navigator grants.

**FISCAL NOTE
PRIVATE COST**

**I. Department of Insurance, Financial Institutions and Professional Registration
Division 400 – Life, Annuities and Health
Chapter 11 - Navigators**

Rule Number and Title:	20 CSR 400-11.100 Navigator Examination and Licensing Procedures and Standards
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
300 Individuals	Individuals seeking to be licensed under state law as navigators.	\$10,500
75 Entities	Entities who act as navigators, supervise the activities of individual navigators, or receive funding to perform navigator duties	\$3,750

III. WORKSHEET

	UNITS	APPLICATION FEE	EXAMINATION FEE	TOTAL
Navigator Entity	75	\$50.00	\$0	\$3,750
Navigator Individual – Federally Examination	270	\$25.00	\$0	\$6,750
Navigator Individual – State Only	30	\$25.00	\$100.00	\$3,750
TOTAL				\$14,250

IV. ASSUMPTIONS

In the proposed rule, the Department establishes fees of \$25 for a two-year individual navigator license, and \$50 for a two-year navigator entity license. The Department

estimates that approximately 300 individuals will apply for licensure as navigators, and 75 entities will seek licensure as navigator entities. These estimates are based on anticipated numbers of navigator entities and individual navigator from other states, as well as an informal survey of entities in Missouri that have applied for federal navigator grants. The Department estimates that the majority of the individuals applying for licensure as a navigator will also receive training and take an examination administered free of charge by the U.S. Department of Health and Human Services (HHS). Under the terms of the rule, these individuals will be able to satisfy the examination requirement through the federally-administered examination. The Department estimates that approximately 10% of individuals applying for licensure as a navigator will not take the federal training or examination. The Department will contract with an entity or entities to administer an examination for those applicants. The final fee for the state examination has not yet been established, but the Department estimates it will be no more than \$100.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2232—Missouri State Committee of Interpreters
Chapter 1—General Rules**

PROPOSED AMENDMENT

20 CSR 2232-1.040 Fees. The committee is proposing to amend section (1).

PURPOSE: This amendment adds inactive and reactivation fees and a fingerprinting fee paid to the Missouri State Highway Patrol.

(1) The following fees are established and are payable in the form of a cashier's check, personal check, or money order:

(D) Inactive fee	\$ 30
(E) Reactivation fee	\$ 60
<i>[(D)](F) Temporary License Fee</i>	\$ 25
(G) Fingerprinting fee	
Amount to be determined by the	
Missouri State Highway Patrol	
<i>[(E)](H) Insufficient Funds Check Fee</i>	\$ 25
<i>[(F)](I) Mentorship Application Fee</i>	\$ 10

AUTHORITY: section 209.328.2(2), RSMo 2000, and sections 43.543 and 324.039, RSMo Supp. 2012. This rule originally filed as 4 CSR 232-1.040. Original rule filed Feb. 18, 1999, effective July 30, 1999. For intervening history, please consult the Code of State Regulations. Amended: Filed July 17, 2013.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately thirty-five dollars and sixty-one cents to thirty-six dollars and fifteen cents (\$35.61 to \$36.15) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will cost private entities approximately six hundred ninety dollars (\$690) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Committee of Interpreters, Pam Groose, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax to (573) 526-0661, or via email at interpreters@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

PUBLIC FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration
Division 2232 - Missouri State Committee of Interpreters
Chapter 1 - General Rules
Proposed Amendment - 20 CSR 2232-1.040 - Fees
 Prepared April 16, 2013 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance
Missouri State Committee of Interpreters	\$35.61
	to \$36.15
	Total Annual Cost of Compliance for the Life of the Rule
	\$35.61 to \$36.15

III. WORKSHEET

The Licensure Technician II provides technical support, processes applications for licensure, and responds to inquiries related to the licensure law and/or rules and regulations.

Personal Service Dollars

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Processing Technician II	\$25,068	\$37,955	\$18.25	\$0.30	2 minutes	\$0.61	18 Applicants	\$10.95
	to \$26,316	to \$39,845	to \$19.16	to \$0.32		to \$0.64		to \$11.49
Total Personal Service Costs								\$10.95 to \$11.49

Expense and Equipment

Item	Cost	Quantity	Total Cost Per Item
Correspondence Mailing	\$0.65	18	\$11.70
License Printing and Postage	\$0.72	18	\$12.96
Total Expense and Equipment Costs			\$24.66

IV. ASSUMPTION

- Employee's salaries were calculated using the annual salary multiplied by 51.41% for fringe benefits and then divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications.
- It is anticipated that the total costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTE: The public fiscal note for this rule only reflects the cost for this particular process. However, the private entity fees are set at an amount to cover the total actual cost incurred by the office, which includes personal service, expense and equipment, and transfers.

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration

Division 2232 - Missouri State Committee of Interpreters

Chapter 1 - General Rules

Proposed Amendment 20 CSR 2232-1.040 - Fees

Prepared April 16, 2013 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the amendment by affected entities:
13	Interpreters (Inactive License Fee @ \$30)	\$390
5	Interpreters (Reactivation Fee @ \$60)	\$300
Estimated Annual Cost of Compliance with the Amendment for the Life of the Rule		\$690.00

III. WORKSHEET

See Table Above

IV. ASSUMPTIONS

1. The board anticipates that 13 licensees will place their license on inactive status during a given biennial renewal cycle and that 5 inactive licensees will reactivate their license each cycle.
2. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.
3. The fee due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor.

Note: The board is statutorily obligated to enforce and administer the provisions of sections 256.450 to 256.483, RSMo. Pursuant to section 256.465, RSMo, the fees shall be set at an amount which shall not be more than that required to administer sections 256.450 to 256.483.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2232—Missouri State Committee of Interpreters
Chapter 2—Licensure Requirements**

PROPOSED AMENDMENT

20 CSR 2232-2.010 Application for Licensure. The board is proposing to add new section (3) and renumber the subsequent section.

PURPOSE: This amendment adds a fingerprint requirement to the procedure to apply for licensure as an interpreter.

(3) An application for licensure shall include proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigations (FBI) fingerprint background check. Any fees due for fingerprinting background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor(s).

[(3)](4) Following review by the committee or division staff, the applicant shall be informed in writing of the decision regarding the application for licensure.

AUTHORITY: section 43.543, RSMo Supp. 2012, and section 209.328.2(1) and (3), RSMo 2000. This rule originally filed as 4 CSR 232-2.010. Original rule filed Feb. 18, 1999, effective July 30, 1999. Moved to 20 CSR 2232-2.010, effective Aug. 28, 2006. Amended: Filed May 27, 2008, effective Nov. 30, 2008. Amended: Filed July 17, 2013.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately one hundred fifty-four dollars and thirty cents to one hundred fifty-six dollars and sixty-seven cents (\$154.30 to \$156.67) annually for the life of the rule and will increase revenue for the Missouri State Highway Patrol by approximately two thousand eight hundred forty-seven dollars to three thousand seven hundred seventy-five dollars (\$2,847 to \$3,775) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will cost private entities approximately two thousand eight hundred forty-seven dollars to three thousand seven hundred seventy-five dollars (\$2,847 to \$3,775) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Committee of Interpreters, Pam Groose, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax (573) 526-0661, or via email at interpreters@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PUBLIC FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration
Division 2232 - Missouri State Committee of Interpreters
Chapter 2 - Licensure Requirements
Proposed Amendment - 20 CSR 2232-2.010 Application for Licensure
 Prepared April 16, 2013 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Increase in Revenue	
Missouri State Highway Patrol		\$2,847.00
		to \$3,775.00
	Total Annual Increase in Revenue for the Life of the Rule	\$2,847.00 to \$3,775.00

Affected Agency or Political Subdivision	Estimated Cost of Compliance	
Missouri State Committee of Interpreters		\$154.30
		to \$156.67
	Total Annual Cost of Compliance for the Life of the Rule	\$154.30 to \$156.67

III. WORKSHEET

The Licensure Technician II provides technical support, processes applications for licensure, and responds to inquiries related to the licensure law and/or rules and regulations.

Personal Service Dollars

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Processing Technician II	\$25,068	\$37,955	\$18.25	\$0.30	2 minutes	\$0.61	78 Applicants	\$47.44
	to \$26,316	to \$39,845	to \$19.16	to \$0.32		to \$0.64		to \$49.81
Total Personal Service Costs								\$47.44 to \$49.81

Expense and Equipment

Item	Cost	Quantity	Total Cost Per Item
Correspondence Mailing	\$0.65	78	\$50.70
License Printing and Postage	\$0.72	78	\$56.16
Total Expense and Equipment Costs			\$106.86

IV. ASSUMPTION

1. Employee's salaries were calculated using the annual salary multiplied by 51.41% for fringe benefits and then divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications.
2. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTE: The public fiscal note for this rule only reflects the cost for this particular process. However, the private entity fees are set at an amount to cover the total actual cost incurred by the office, which includes personal service, expense and equipment, and transfers.

PRIVATE FISCAL NOTE

I. RULE NUMBER

Division 2232 - Missouri State Committee of Interpreters

Chapter 2 - Licensure Requirements

Proposed Amendment - 20 CSR 2232-2.010 Application for Licensure

Prepared April 16, 2013 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
78	Applicants for Licensure as An Interpreter (Background check @ \$36.50 to \$48.40)	\$ 2,847 to \$ 3,775
	Estimated Annual Cost of Compliance for the Life of the Rule	\$ 2,847 to \$ 3,775

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The above figures are based on FY12 actuals.
2. The fee due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor.
3. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2232—Missouri State Committee of Interpreters
Chapter 2—Licensure Requirements**

PROPOSED AMENDMENT

20 CSR 2232-2.020 Application for Temporary License. The board is proposing to add new section (3) and renumber the subsequent section.

PURPOSE: This amendment sets forth the fingerprinting requirements for applicants.

(3) An application for a temporary license shall include proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigations (FBI) fingerprint background check. Any fees due for fingerprinting background checks shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor(s).

[(3)](4) Following review by the committee, the applicant shall be informed in writing of the decision regarding the application for a temporary license.

AUTHORITY: section 43.543, RSMo Supp. 2012, and section 209.328.2(1) and (3), RSMo 2000. This rule originally filed as 4 CSR 232-2.020. Original rule filed Feb. 18, 1999, effective July 30, 1999. Moved to 20 CSR 2232-2.020, effective Aug. 28, 2006. Amended: Filed May 27, 2008, effective Nov. 30, 2008. Amended: Filed July 17, 2013.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately three dollars and ninety-six cents to four dollars and two cents (\$3.96 to \$4.02) annually for the life of the rule and will increase revenue for the Missouri State Highway Patrol by approximately seventy-three dollars to ninety-seven dollars (\$73 to \$97) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will cost private entities approximately seventy-three dollars to ninety-seven dollars (\$73 to \$97) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Committee of Interpreters, Pam Groose, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax (573) 526-0661, or via email at interpreters@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

PUBLIC FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration
Division 2232 - Missouri State Committee of Interpreters
Chapter 2 - Licensure Requirements
Proposed Amendment - 20 CSR 2232-2.020 Application for Temporary License
Prepared April 16, 2013 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Increase in Revenue	
Missouri State Highway Patrol		\$73.00
		to \$97.00
	Total Annual Increase in Revenue for the Life of the Rule	\$73.00 to \$97.00

Affected Agency or Political Subdivision	Estimated Cost of Compliance	
Missouri State Committee of Interpreters		\$3.96
		to \$4.02
	Total Annual Cost of Compliance for the Life of the Rule	\$3.96 to \$4.02

III. WORKSHEET

The Licensure Technician II provides technical support, processes applications for licensure, and responds to inquiries related to the licensure law and/or rules and regulations.

Personal Service Dollars

STAFF	ANNUAL SALARY RANGE	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	NUMBER OF ITEMS	TOTAL COST
Processing Technician II	\$25,068	\$37,955	\$18.25	\$0.30	2 minutes	\$0.61	2 Applicants	\$1.22
	to \$26,316	to \$39,845	to \$19.16	to \$0.32		to \$0.64		to \$1.28
Total Personal Service Costs								\$1.22 to \$1.28

Expense and Equipment

Item	Cost	Quantity	Total Cost Per Item
Correspondence Mailing	\$0.65	2	\$1.30
License Printing and Postage	\$0.72	2	\$1.44
Total Expense and Equipment Costs			\$2.74

IV. ASSUMPTION

- Employee's salaries were calculated using the annual salary multiplied by 51.41% for fringe benefits and then divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications.

2. It is anticipated that the total costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTE: The public fiscal note for this rule only reflects the cost for this particular process. However, the private entity fees are set at an amount to cover the total actual cost incurred by the office, which includes personal service, expense and equipment, and transfers.

PRIVATE FISCAL NOTE

I. RULE NUMBER

Division 2232 - Missouri State Committee of Interpreters

Chapter 2 - Licensure Requirements

Proposed Amendment - 20 CSR 2232-2.020 Application for Temporary License

Prepared April 16, 2013 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
2	Applicants for Temporary Licensure as an Interpreter (Background check @ \$36.50 to \$48.40)	\$ 73 to \$ 97
Estimated Annual Cost of Compliance for the Life of the Rule		\$ 73 to \$ 97

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The above figures are based on FY12 actuals.
2. The fee due for fingerprint background checks shall be paid by the applicant directly to the Missouri State Highway patrol or its approved vendor.
3. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION**
Division 2232—Missouri State Committee of Interpreters
Chapter 2—Licensure Requirements

PROPOSED AMENDMENT

20 CSR 2232-2.030 Name and Address Change [and], License Renewal, and Inactive License. The board is proposing to add new section (5) and amend the rule title.

PURPOSE: This amendment allows currently licensed interpreters, at the time of renewal, to place their license on inactive status.

(5) Licensees who request to be classified inactive may maintain their inactive status and receive a license indicating their inactive status by paying the inactive license renewal fee as provided in 20 CSR 2232-1.040. A holder of an inactive license shall not have his or her license reactivated until he or she pays the required reactivation fee, and in addition, submits proof of a current and valid certification. If a holder of an inactive license reactivates at the time of renewal, the licensee shall only be required to pay the renewal fee, and in addition, submit proof of a current and valid certification.

AUTHORITY: section 209.328.2, RSMo 2000, and section 324.039, RSMo Supp. 2012. This rule originally filed as 4 CSR 232-2.030. Original rule filed Feb. 18, 1999, effective July 30, 1999. For intervening history, please consult the Code of State Regulations. Amended: Filed July 17, 2013.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Committee of Interpreters, Pam Groose, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax (573) 526-0661, or via email at interpreters@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN**
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED RESCISSION

22 CSR 10-2.130 Additional Plan Options. This rule established the policy of the board of trustees in regard to the additional plan options provided by Missouri Consolidated Health Care Plan.

PURPOSE: This rule is being rescinded as additional plan options are no longer permitted by statute.

AUTHORITY: section 103.059, RSMo 2000, and section 103.080.3., RSMo Supp. 2012. Emergency rule filed Oct. 30, 2012, effective Jan. 1, 2013, expired June 29, 2013. Original rule filed Oct. 30, 2012, effective May 30, 2013. Emergency rescission filed July 16, 2013,

effective July 26, 2013, expires Jan. 21, 2014. Rescinded: Filed July 16, 2013.

PUBLIC COST: This proposed rescission will cost state agencies or political subdivisions one hundred forty-one thousand eighty-one dollars (\$141,081) in the aggregate.

PRIVATE COST: This proposed rescission will cost private entities twenty-five thousand eight hundred twenty-five dollars (\$25,825) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: 22 - Missouri Consolidated Health Care Plan
Division Title: Division 10
Chapter Title: Chapter 2**

Rule Number and Name:	22 CSR 10-2.130 Additional Plan Options
Type of Rulemaking:	Proposed Rescission

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Missouri Consolidated Health Care Plan	\$141,081

III. WORKSHEET

Estimated cost is the administrative MCHCP cost for communicating the rescission of this rule, transferring members to the new plans, and the increase in premium for the 6,025 individuals currently enrolled in an MCHCP plan without birth control for the remainder of the calendar year 2013.

IV. ASSUMPTIONS

- Additional member communication costs including design, printing and postage.
- Cost to move members to plan with contraceptive coverage includes cost for manual adjustment to claims for roll-up of families.
- Total enrollment under in MCHCP plans without birth control is 6,025 as of July 12, 2013.
- Calendar year 2013 membership of members in plans remains relatively stable.
- Calendar year 2013 rates remain relatively stable.

**FISCAL NOTE
PRIVATE COST**

- I. Department Title: 22 - Missouri Consolidated Health Care Plan
Division Title: Division 10
Chapter Title: Chapter 2**

Rule Number and Title:	22 CSR 10-2.130 Additional Plan Options
Type of Rulemaking:	Proposed Rescission

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
6,025 individuals enrolled in MCHCP plans without birth control for CY 2013		\$25,825

III. WORKSHEET

Estimated cost is the increase in premium for the 6,025 individuals currently enrolled in an MCHCP plan without birth control for the remainder of the calendar year 2013.

IV. ASSUMPTIONS

- Total enrollment under in MCHCP plans without birth control is 6,025 as of July 12, 2013.
- Calendar year 2013 membership of members in plans remains relatively stable.
- Calendar year 2013 rates remain relatively stable.

**Title 22—MISSOURI CONSOLIDATED
HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership**

PROPOSED RESCISSION

22 CSR 10-3.130 Additional Plan Options. This rule established the policy of the board of trustees in regard to the additional plan options provided by Missouri Consolidated Health Care Plan.

PURPOSE: This rule is being rescinded as additional plan options are no longer permitted by statute.

AUTHORITY: section 103.059, RSMo 2000, and section 103.080.3., RSMo Supp. 2012. Emergency rule filed Oct. 30, 2012, effective Jan. 1, 2013, expires June 29, 2013. Original rule filed Oct. 30, 2012, effective May 30, 2013. Emergency rescission filed July 16, 2013, effective July 26, 2013, expires Jan. 21, 2014. Rescinded: Filed July 16, 2013.

PUBLIC COST: This proposed rescission will cost state agencies or political subdivisions two thousand four hundred dollars (\$2,400) in the aggregate.

PRIVATE COST: This proposed rescission will cost private entities two thousand one hundred dollars (\$2,100) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE
PUBLIC COST**

**I. Department Title: 22 - Missouri Consolidated Health Care Plan
Division Title: Division 10
Chapter Title: Chapter 3**

Rule Number and Name:	22 CSR 10-3.130 Additional Plan Options
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Missouri Consolidated Health Care Plan	\$300
Public Entities enrolled through MCHCP	\$2,100

III. WORKSHEET

Estimated cost is the administrative MCHCP cost for communicating the rescission of this rule and transferring members to the new plans. Estimated cost for public entities is the annual cost of 50 percent of the increase in premium for the 187 individuals currently enrolled in a plan without birth control for the remainder of the calendar year 2013.

IV. ASSUMPTIONS

- Additional member communication costs including design, printing and postage.
- Total enrollment under all public entity plans without birth control is 187 as of July 12, 2013.
- Calendar year 2013 membership in the public entity plans remains relatively stable;
- Calendar year 2013 rates remain relatively stable;
- Calculations assume each public entity is contributing 50 percent of the Active Employee Only premium;

**FISCAL NOTE
 PRIVATE COST**

**I. Department Title: 22 - Missouri Consolidated Health Care Plan
 Division Title: Division 10
 Chapter Title: Chapter 3**

Rule Number and Title:	22 CSR 10-3.130 Additional Plan Options
Type of Rulemaking:	Proposed Rescission

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
187 individuals enrolled in MCHCP public entity plans without birth control for CY 2013		\$2,100

III. WORKSHEET

Estimated cost is the annual cost of 50 percent of the increase in premium for the 187 individuals currently enrolled in a plan without birth control for the remainder of the calendar year 2013.

IV. ASSUMPTIONS

- Total enrollment under all public entity plans without birth control is 187 as of July 12, 2013;
- Calendar year 2013 membership in the public entity plans remains relatively stable;
- Calendar year 2013 rates remain relatively stable;
- Calculations assume each public entity is contributing 50 percent of the Active Employee Only premium;