

FISCAL ESTIMATE

DOA-2048 N(R10/98)

- ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.
SB 299 / LRB-0740/4

Amendment No. if Applicable

Subject

Requirements for examinations for nursing home administrator licenses and for reciprocal nursing home administrator licenses.

Fiscal Effect

State: No State Fiscal Effect

Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.

- Increase Existing Appropriation Increase Existing Revenues
 Decrease Existing Appropriation Decrease Existing Revenues
 Create New Appropriation

- Increase Costs - May be possible to Absorb Within Agency's Budget Yes No
 Decrease Costs

Local: No local government costs

1. Increase Costs
 Permissive Mandatory
 2. Decrease Costs
 Permissive Mandatory

3. Increase Revenues
 Permissive Mandatory
 4. Decrease Revenues
 Permissive Mandatory

5. Types of Local Governmental Units Affected:
 Towns Villages Cities
 Counties Others _____
 School Districts WTCS Districts

Fund Sources Affected

- GPR FED PRO PRS SEG SEG-S

Affected Ch. 20 Appropriations

20.165(1)(g)

Assumptions Used in Arriving at Fiscal Estimate

This bill would change the requirements that a person must satisfy before taking the nursing home administrator examination. A person must satisfy certain education and supervised practical experience requirements before he or she can take the examination.

There would be little or no fiscal impact to the agency.

Long-Range Fiscal Implications

Agency/Prepared by: (Name & Phone No.)

Gail Riedasch, Budget Manager
266-0746

(DORL)

Authorized Signature/Telephone No.

Marlene A. Cummings
Marlene Cummings, Secretary 266-8609

Date

12/15/99

FISCAL ESTIMATE WORKSHEET

1999 Session

Detailed Estimate of Annual Fiscal Effect
DOA-2047 (R10/98)

ORIGINAL UPDATED
 CORRECTED SUPPLEMENTAL

| | |
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| LRB or Bill No./Adm. Rule No. SB 299 / LRB-0740/4 | Amendment No. |
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Subject
Requirements for examinations for nursing home administrator licenses and for reciprocal nursing home administrator licenses.

I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):

| II. Annualized Costs: | Annualized Fiscal impact on State funds from: | |
|---|---|-----------------------|
| | Increased Costs | Decreased Costs |
| A. State Costs by Category | | |
| State Operations - Salaries and Fringes | \$ | \$ - |
| (FTE Position Changes) | (FTE) | (- FTE) |
| State Operations - Other Costs | | - |
| Local Assistance | | - |
| Aids to Individuals or Organizations | | - |
| TOTAL State Costs by Category | \$ | \$ - |
| B. State Costs by Source of Funds | | |
| GPR | \$ | \$ - |
| FED | | - |
| PRO/PRS | | - |
| SEG/SEG-S | | - |
| State Revenues Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.) | Increased Rev. | Decreased Rev. |
| GPR Taxes | \$ | \$ - |
| GPR Earned | | - |
| FED | | - |
| PRO/PRS | | - |
| SEG/SEG-S | | - |
| TOTAL State Revenues | \$ | \$ - |

NET ANNUALIZED FISCAL IMPACT

| | STATE | LOCAL |
|------------------------|----------|----------|
| NET CHANGE IN COSTS | \$ _____ | \$ _____ |
| NET CHANGE IN REVENUES | \$ _____ | \$ _____ |

| | | |
|---|---|------------------|
| Agency/Prepared by: (Name & Phone No.) Gail Riedasch, Budget Manager 266-0746 | Authorized Signature/Telephone No. <i>Marlene A. Cummings</i> Marlene Cummings, Secretary, 266-8609 | Date 12/15/99 |
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