

### Fiscal Estimate - 2017 Session

Original     
  Updated     
  Corrected     
  Supplemental

<b>LRB Number</b> 17-1197/1	<b>Introduction Number</b> AB-0596				
<b>Description</b> long-term care investment accounts and making appropriations					
<b>Fiscal Effect</b>					
<b>State:</b> <input type="checkbox"/> No State Fiscal Effect <input type="checkbox"/> Indeterminate <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Increase Existing Appropriations  <input type="checkbox"/> Decrease Existing Appropriations  <input type="checkbox"/> Create New Appropriations                             </div> <div style="width: 30%;"> <input type="checkbox"/> Increase Existing Revenues  <input type="checkbox"/> Decrease Existing Revenues                             </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget  <div style="display: flex; justify-content: space-around; font-size: small;"> <span><input checked="" type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> </div> <input type="checkbox"/> Decrease Costs                             </div> </div>					
<b>Local:</b> <input type="checkbox"/> No Local Government Costs <input type="checkbox"/> Indeterminate <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">                     1. <input type="checkbox"/> Increase Costs  <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory                      2. <input type="checkbox"/> Decrease Costs  <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory                 </div> <div style="width: 30%;">                     3. <input type="checkbox"/> Increase Revenue  <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory                      4. <input type="checkbox"/> Decrease Revenue  <input type="checkbox"/> Permissive <input type="checkbox"/> Mandatory                 </div> <div style="width: 30%;">                     5. Types of Local Government Units Affected  <input type="checkbox"/> Towns    <input type="checkbox"/> Village    <input type="checkbox"/> Cities  <input type="checkbox"/> Counties    <input type="checkbox"/> Others  <input type="checkbox"/> School Districts    <input type="checkbox"/> WTCS Districts                 </div> </div>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Fund Sources Affected</b></td> <td style="width: 50%;"><b>Affected Ch. 20 Appropriations</b></td> </tr> <tr> <td> <input type="checkbox"/> GPR    <input type="checkbox"/> FED    <input checked="" type="checkbox"/> PRO    <input type="checkbox"/> PRS    <input type="checkbox"/> SEG    <input type="checkbox"/> SEGS 20.536(1)(k)                             </td> <td></td> </tr> </table>		<b>Fund Sources Affected</b>	<b>Affected Ch. 20 Appropriations</b>	<input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS 20.536(1)(k)	
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<b>Agency/Prepared By</b> SWIB/ Bill Ford (608) 852-6871	<b>Authorized Signature</b> Bill Ford (608) 852-6871				
<b>Date</b> 11/6/2017					

## Fiscal Estimate Narratives

SWIB 11/6/2017

LRB Number	17-1197/1	Introduction Number	AB-0596	Estimate Type	Original
<b>Description</b> long-term care investment accounts and making appropriations					

### Assumptions Used in Arriving at Fiscal Estimate

This bill requires the Secretary of Health Services ("Secretary") to form a five-member committee to recommend a manager and propose a contract to perform investment, administration and promotion functions for a long term care investment program established under the bill. The Department of Health Services is required to enter either one contract with one manager for all functions of investment, administration and promotion for the long-term care investment program or multiple contracts with managers to perform one or more functions.

The five-member committee is required to consist of three representatives from the State of Wisconsin Investment Board (SWIB), one representative from the Wisconsin Aging Advocacy Network if the network exists or one representative from aging advocacy organization if that network does not exist; and one representative from a disability advocacy organization. The Secretary is required to select as chairperson of the committee one of the representatives from SWIB. The Secretary is required to dissolve the committee once the managers are accepted.

This bill would impose one-time costs on SWIB of \$27,432. This assumes that 10 managers submit a request for proposal under the program and the estimated time it will take to review each request for proposal is five hours. In addition, this estimate assumes 40 hours spent in meetings for initial strategy discussions, planning, execution time and other activities. Also, this estimate assumes that the representatives from SWIB on the committee are two investment positions and one investment support position.

### Long-Range Fiscal Implications

## Fiscal Estimate Worksheet - 2017 Session

Detailed Estimate of Annual Fiscal Effect

Original
  Updated
  Corrected
  Supplemental

<b>LRB Number</b> <b>17-1197/1</b>		<b>Introduction Number</b> <b>AB-0596</b>	
<b>Description</b> long-term care investment accounts and making appropriations			
<b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b>  \$27,432 to assist in selecting a manager and reviewing contracts for the long term care investment program. These costs are explained in the assumptions section.			
<b>II. Annualized Costs:</b>		<b>Annualized Fiscal Impact on funds from:</b>	
		Increased Costs	Decreased Costs
<b>A. State Costs by Category</b>			
	State Operations - Salaries and Fringes	\$	\$
	(FTE Position Changes)		
	State Operations - Other Costs		
	Local Assistance		
	Aids to Individuals or Organizations		
	<b>TOTAL State Costs by Category</b>	<b>\$</b>	<b>\$</b>
<b>B. State Costs by Source of Funds</b>			
	GPR		
	FED		
	PRO/PRS		
	SEG/SEG-S		
<b>III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, ets.)</b>			
		Increased Rev	Decreased Rev
	GPR Taxes	\$	\$
	GPR Earned		
	FED		
	PRO/PRS		
	SEG/SEG-S		
	<b>TOTAL State Revenues</b>	<b>\$</b>	<b>\$</b>
<b>NET ANNUALIZED FISCAL IMPACT</b>			
		<u>State</u>	<u>Local</u>
	NET CHANGE IN COSTS	\$	\$
	NET CHANGE IN REVENUE	\$	\$
<b>Agency/Prepared By</b>		<b>Authorized Signature</b>	<b>Date</b>
SWIB/ Bill Ford (608) 852-6871		Bill Ford (608) 852-6871	11/6/2017