Fiscal Estimate - 2009 Session

Original Dpdated	Corrected	Supplemental					
LRB Number 09-2145/2	Introduction Number	SB-108					
Description Mandatory overtime hours and on-call time wo	rked by health care workers and prov	iding penalties					
Fiscal Effect							
Appropriations Rev Decrease Existing Decrease Appropriations Rev Create New Appropriations Local:							
Permissive Mandatory Permissive Mandatory Permissive Mandatory Decrease Costs 4. Dec	5.Types of Loc Government Mandatory Mandatory Crease Revenue School Mandatory Districts	t Units Affected Village Cities Others WTCS					
Fund Sources Affected Affected Ch. 20 Appropriations SEGS S. 20.435(2)(a), (2)(gk), (2)(gm), (2)(g), (2)(kx), (4)(b), (4)(n)							
Agency/Prepared By	Authorized Signature	Date					
DHS/ Elaine Velez (608) 266-9363	Andy Forsaith (608) 266-7684 5/28/2009						

Fiscal Estimate Narratives DHS 5/28/2009

LRB Number 09-2145/2	Introduction Number SB-10	Estimate Type	Original					
Description								
Mandatory overtime hours and on-call time worked by health care workers and providing penalties								

Assumptions Used in Arriving at Fiscal Estimate

This bill prohibits a health care facility from requiring a direct care employee to work more than 40 hours per week without the employee's consent. Currently, direct care staff, such as nurses and residential care treatment staff, can be required to work overtime when other staff are not available.

The Department of Health Services operates seven health care and treatment facilities: Mendota Mental Health Institute, Winnebago Mental Health Institute, Southern Wisconsin Center, Northern Wisconsin Center, Central Wisconsin Center, Wisconsin Resource Center, and Sand Ridge Secure Treatment Center. The Mental Health Institutes (MHI) are funded with GPR and PR funds, with Medical Assistance contributing approximately 59 per cent of the revenue for program revenue expenses. The remaining 41 per cent is funded by charges to counties and other third-party payers. The Centers for the Developmentally Disabled are funded by program revenue. The Medical Assistance program is the primary source of revenue for the Centers. The Wisconsin Resource Center and Sand Ridge Secure Treatment Center are funded primarily by general purpose revenues.

DHS would require additional staff to eliminate forced overtime except in circumstances permitted in this bill. Approximately 37 percent of overtime hours on average, across all seven DHS facilities, are forced for classifications covered by this bill. It is estimated the bill would require \$1,563,600 GPR and 24.00 GPR FTE, \$3,628,800 PR and 66.00 PR FTE. Of the PR costs paid to the institutions, \$1,781,700 would be federal Medicaid revenue, \$1,241,300 state Medicaid GPR revenue, and \$605,800 is county and other third party revenue. The total GPR cost of the bill is \$2,804,900 and would reduce mandatory overtime only. Voluntary overtime will still exist in all facilities.

For each biennial budget, the Department re-estimates its overtime costs at the institutions. In future biennia, the cost of these positions will be offset in part by reductions in the Department's overtime budget.

It is estimated that the increased cost to the counties and other insurance would be \$605,800. This increase would result from the increased cost of care to those patients at the Mental Health Institutes for which the counties and/or private insurance are responsible.

There may be additional costs for the Wisconsin Veterans Home under the bill. However, there will be no additional payments from the Medicaid program because the Home is currently paid at the maximum amount allowed by the federal government.

There may be additional costs for nursing homes operated by counties and other local units of government, but it is not possible to estimate those costs.

This bill would also apply to privately-operated proprietary and not-for-profit nursing homes and hospitals that may experience an increase in operating expenses as a result of the provisions in the bill. These facilities may serve Medicaid clients. It is not possible to estimate potential costs to the Medicaid program, because such costs are dependent on the actual costs incurred by individual providers and the maximum reimbursement rate for those providers.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2009 Session

Detailed Estimate of Annual Fiscal Effect

\boxtimes	Original		Updated			Corrected		Supplemental		
LRB	RB Number 09-2145/2 Introduction Number SB-108						SB-108			
Descr Manda		e hours and o	n-call time w	orke	ed by hea	llth care work	ers and pro	oviding penalties		
	time Costs lized fiscal e		Impacts for	Sta	te and/or	Local Gove	rnment (de	o not include in		
		osts (\$24,000	GPR and \$	66,0	000 PR)					
II. Anr	nualized Cos	its:			Annualized Fiscal Impact on funds from:					
						Increased Co	osts	Decreased Costs		
	te Costs by									
		- Salaries an	d Fringes		·····	\$4,876,		\$		
<u> </u>	E Position Ch			_	(90.0 FTE)					
	State Operations - Other Costs					316,	100			
	al Assistance			_						
_		s or Organiza		_						
 		Costs by Ca				\$5,192,	400	\$		
 		Source of Fu	ınds							
GPF						2,804,9				
FEC				_		1,781,				
	D/PRS			_		605,8	800			
	S/SEG-S									
III. Sta	ite Revenues ues (e.g., tax	s - Complete c increase, de	this only wi ecrease in li	nen cen	proposa se fee, e	l will increas ts.)	se or decre	ease state		
			····			Increased F	Rev	Decreased Rev		
 	GPR Taxes			_			\$	\$		
GPF	R Earned									
FED)		·	_		1,781,	700			
	D/PRS					605,8	300			
	S/SEG-S			_						
TOTAL State Revenues				\$2,387,	500	\$				
			NET ANNUA	LIZ	ED FISC					
					ate	Local				
NET CHANGE IN COSTS				\$5,192,4		\$				
NET CHANGE IN REVENUE			\$2,387,500			\$				
Agency/Prepared By Au			uthorized Signature			Date				
DHS/ Elaine Velez (608) 266-9363 And					dy Forsaith (608) 266-7684			5/28/2009		