Fiscal Estimate - 2017 Session

Original Updated	Corrected	Supplemental			
LRB Number 17-5198/1	Introduction Number	SB-758			
Description long-term care investment accounts and	making appropriations				
Fiscal Effect					
State: No State Fiscal Effect Indeterminate Increase Existing Appropriations Decrease Existing Appropriations Create New Appropriations		sts - May be possible hin agency's budget No ests			
Permissive Mandatory 2. Decrease Costs 4.	5.Types of Loca Government to Affected Permissive Mandatory Decrease Revenue Permissive Mandatory School Districts				
Fund Sources Affected Affected Ch. 20 Appropriations					
GPR FED PRO PRS	S SEG SEGS 20.536(1)(k)				
Agency/Prepared By	Authorized Signature	Date			
SWIB/ Bill Ford (608) 852-6871	Bill Ford (608) 852-6871	2/5/2018			

Fiscal Estimate Narratives SWIB 2/5/2018

LRB Number 17-5198/1	Introduction Number SB-758	Estimate Type	Original				
Description							
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

⊠ Ori	ginal	Update	ed	Corrected		Supplemental		
LRB N	umber	17-5198/1		Introduction Nu	mber	SB-758		
Description long-term care investment accounts and making appropriations								
I. One-ti	I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in							
annualiz	ed fiscal ef	ffect):						
\$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.								
II. Annua	II. Annualized Costs:			Annualized Fiscal Impact on funds from:				
				Increased Cost	s	Decreased Costs		
-	Costs by C							
State (Operations -	Salaries and Fri	nges		6	. \$		
	Position Cha							
		Other Costs		· · · · · · · · · · · · · · · · · · ·				
Local /	Assistance							
 		or Organizations						
ТОТ	AL State C	osts by Catego	ту		5	\$		
B. State Costs by Source of Funds								
GPR								
FED								
PRO/F	PRS							
SEG/S	SEG-S			<u>.</u>				
III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, ets.)								
				Increased Re	٧	Decreased Rev		
GPR 7	axes				\$	\$		
GPR E	arned							
FED								
PRO/F	PRS			24-2				
SEG/S	SEG-S							
T01	AL State R	evenues			\$	\$		
NET ANNUALIZED FISCAL IMPACT								
				<u>Stat</u>		<u>Local</u>		
NET CHANGE IN COSTS		**************************************	\$	\$				
NET CHANGE IN REVENUE			\$	\$				
Agency	Prepared E	Ву	Αι	thorized Signature		Date		
SWIB/ B	ill Ford (608	3) 852-6871	Bil	l Ford (608) 852-6871		2/5/2018		