

## Fiscal Estimate - 2009 Session

Original     
  Updated     
  Corrected     
  Supplemental

<b>LRB Number</b> <b>09-4530/1</b>	<b>Introduction Number</b> <b>SB-630</b>
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**Description**  
 reimbursement of counties and Indian tribes for unexpected or unusually high-cost placement of Indians in mental health treatment facilities and making an appropriation.

**Fiscal Effect**

**State:**

<input type="checkbox"/> No State Fiscal Effect	<input type="checkbox"/> Increase Existing Revenues	<input type="checkbox"/> Increase Costs - May be possible to absorb within agency's budget <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Decrease Existing Revenues	
<input checked="" type="checkbox"/> Increase Existing Appropriations <input type="checkbox"/> Decrease Existing Appropriations <input type="checkbox"/> Create New Appropriations	<input type="checkbox"/> Decrease Costs	

**Local:**

<input type="checkbox"/> No Local Government Costs	<b>5.Types of Local Government Units Affected</b> <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
<input type="checkbox"/> Indeterminate	
1. <input type="checkbox"/> Increase Costs	
2. <input type="checkbox"/> Decrease Costs	
3. <input type="checkbox"/> Increase Revenue	
4. <input type="checkbox"/> Decrease Revenue	

Permissive  Mandatory   
  Permissive  Mandatory   
  Permissive  Mandatory

<b>Fund Sources Affected</b>	<b>Affected Ch. 20 Appropriations</b>
<input checked="" type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEGS 20.505(8)(hm)	

<b>Agency/Prepared By</b>	<b>Authorized Signature</b>	<b>Date</b>
DOA/ Pat Meier (608) 266-5877	Martha Kerner (608) 266-1359	3/26/2010

**Fiscal Estimate Narratives**  
**DOA 3/26/2010**

LRB Number <b>09-4530/1</b>	Introduction Number <b>SB-630</b>	Estimate Type <b>Original</b>
<b>Description</b> reimbursement of counties and Indian tribes for unexpected or unusually high-cost placement of Indians in mental health treatment facilities and making an appropriation.		

**Assumptions Used in Arriving at Fiscal Estimate**

Under current law, a portion of Indian gaming receipts are credited to s. 20.505(8)(hm) for transfer for various purposes as directed by that section of the statutes. The amount enumerated for transfer is set at \$25,122,700 for FY10 and \$25,314,100 for FY11. After this and credits to other appropriations are made, remaining Indian gaming receipts are transferred annually to the general fund.

This bill would create an additional transfer of \$250,000 annually for the purpose of reimbursing tribes, bands or county departments for certain expenses associated with Indian mental health placement. The effect of this increase in the amount transferred under s. 20.505(8)(hm) would be to reduce the transfer to the general fund by \$250,000 in each year.

**Long-Range Fiscal Implications**

Unknown, depending on funding level in future budgets.

## Fiscal Estimate Worksheet - 2009 Session

Detailed Estimate of Annual Fiscal Effect

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<b>Description</b> reimbursement of counties and Indian tribes for unexpected or unusually high-cost placement of Indians in mental health treatment facilities and making an appropriation.			
<b>I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):</b>			
<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	250,000		
<b>TOTAL State Costs by Category</b>	<b>\$250,000</b>		<b>\$</b>
<b>B. State Costs by Source of Funds</b>			
GPR	250,000		
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, etc.)</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>			
	State	Local	
NET CHANGE IN COSTS	\$250,000	\$	
NET CHANGE IN REVENUE	\$	\$	
<b>Agency/Prepared By</b>		<b>Authorized Signature</b>	<b>Date</b>
DOA/ Pat Meier (608) 266-5877		Martha Kerner (608) 266-1359	3/26/2010