Fiscal Estimate - 2009 Session

\boxtimes	Original		Updated		Corrected		Supple	mental	
LRB	Number	09-4210/2		Introd	duction Nu	ımber S	B-633		
Descrip grant for approp	or providing a	ssistance to in	dividuals to ol	btain and mai	ntain health c	care benefits	and maki	ng an	
Fiscal	Effect							111	
	No State Fiscondeterminate Increase E Appropriat Decrease Appropriat Create Ne	Existing ions Existing	Reve	ase Existing enues ease Existing enues	to	crease Costs absorb withi Yes ecrease Cost	n agency		
	ndeterminate 1. Increase Permiss 2. Decrease	e Costs sive 🔲 Mandato	3. lncre ory Perm 4. Decr	ase Revenue iissive ☐ Mar ease Revenu iissive ☐ Mar	Go ndatory e	pes of Local overnment Ur Towns [Counties [School [Districts	nits Affect Village Others WTCS District	Cities 0	
Fund S	Sources Affe		☑ PRS □	SEG 🔲 SE	Affected EGS 20.435 (d Ch. 20 App 4)(kr)	propriatio	ns	
Agenc	y/Prepared	Ву		Authorized \$	Signature			Date	
DHS/ Carrie Schneck (608) 266-5362 Andv				Andv Forsaitl	dv Forsaith (608) 266-7684 3/23/2010				

Fiscal Estimate Narratives DHS 3/23/2010

LRB Number	09-4210/2	Introduction Number	SB-633	Estimate Type	Original
Description grant for provious appropriation.	ding assistance to inc	dividuals to obtain and	maintain healt	h care benefits ar	nd making an

Assumptions Used in Arriving at Fiscal Estimate

Senate Bill 633 requires the Office of the Commissioner of Insurance to annually transfer \$250,000 to the Department of Health Services (DHS). DHS is to award this amount to an organization that assists people in obtaining and maintaining health care services/insurance and ensuring that health benefits are properly received by health insurance participants. In the first year of the grant, the grantee must provide matching funds of \$150,000. The grantee will serve as an oversight agency and may subcontract work to other entities. The bill directs the oversight organization to complete a request for proposal if functions are subcontracted. All subcontractors must provide at least 25% matching funds to any amount received.

DHS and OCI must review any request for proposal (RFP) proposed by the oversight organization before it is issued. The bill includes criteria that subrecipients must possess to recieve a contract under an RFP. It is assumed that the oversight organization would use these criteria in their scoring methodology for an RFP, which would simplify oversight processes for the Department. Administrative costs related to these oversight tasks would be small and could be absorbed by the Department.

The bill also requires the Department to apply for federal matching funds for Medicaid related activities performed by the grantee, as applicable. This represents a small increase in administrative tasks and could be absorbed by the Department.

Long-Range Fiscal Implications

Fiscal Estimate Worksheet - 2009 Session

Detailed Estimate of Annual Fiscal Effect

	Original		Updated			Corrected		Supplemental		
LRB	Number (09-4210	/2	Int	roc	duction Nur	nber	SB-633		
		sistance to	individuals to	obtain ar	nd n	naintain health	care ber	efits and making an		
	time Costs or lized fiscal eff		Impacts for S	State and	Vor	Local Govern	ment (do	o not include in		
II. Ann	ualized Costs				Annualized Fiscal Impact on funds from:					
					l	ncreased Cost	s	Decreased Costs		
A. Sta	te Costs by Ca	ategory								
State	e Operations -	Salaries an	d Fringes		\$					
(FTE	E Position Char	nges)								
State	e Operations -	Other Cost	S							
Loca	al Assistance									
Aids	to Individuals	or Organiza	ations			250,00	250,000			
T	OTAL State Co	osts by Ca	tegory			\$250,00	0	\$		
B. Sta	te Costs by So	ource of Fu	unds							
GPF	₹									
FED)									
PRO)/PRS					250,00	0			
SEG	G/SEG-S									
	ite Revenues - ues (e.g., tax i					will increase s.)	or decre	ease state		
						Increased Re	V	Decreased Rev		
GPF	R Taxes					\$	3	\$		
GPF	R Earned							:		
FED)									
PRO	PRO/PRS					250,00	0			
SEG	G/SEG-S									
T	TOTAL State Revenues					\$250,00	0	\$		
			NET ANNUA	LIZED FI	SC/	AL IMPACT				
						Stat	е	Local		
NET C	NET CHANGE IN COSTS					\$250,00	0	\$		
NET C	CHANGE IN RE	VENUE				\$250,00	0	\$		
Agend	cy/Prepared B	v		Authoriz	ed :	Signature		Date		
						h (608) 266-76	3/23/2010			