

HF1406 - 2A - "Sup Rate Anoka Cnty Group Res Housing Prov"

Chief Author: **Nick Zerwas**
 Committee: **Health and Human Services Finance**
 Date Completed: **03/20/2017**
 Agency: **Human Services Dept**

| State Fiscal Impact | Yes | No |
|----------------------------|-----|----|
| Expenditures | X | |
| Fee/Departmental Earnings | | X |
| Tax Revenue | | X |
| Information Technology | | X |
| Local Fiscal Impact | | |
| | | X |

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions shown in the parentheses.

| State Cost (Savings) | Biennium | | | Biennium | | |
|-----------------------------|----------------------|------------|------------|------------|------------|------------|
| | Dollars in Thousands | FY2017 | FY2018 | FY2019 | FY2020 | FY2021 |
| General Fund | - | 243 | 243 | 243 | 243 | 243 |
| Total | - | 243 | 243 | 243 | 243 | 243 |
| Biennial Total | | | 486 | | | 486 |

| Full Time Equivalent Positions (FTE) | Biennium | | | Biennium | |
|---|----------|--------|--------|----------|--------|
| | FY2017 | FY2018 | FY2019 | FY2020 | FY2021 |
| General Fund | - | - | - | - | - |
| Total | - | - | - | - | - |

Executive Budget Officer's Comment

I have reviewed this fiscal note for reasonableness of content and consistency with MMB's Fiscal Note policies.

EBO Signature: Travis Bunch Date: 3/20/2017 2:04:06 PM
 Phone: 651 201-8038 Email: travis.bunch@state.mn.us

State Cost (Savings) Calculation Details

This table shows direct impact to state government only. Local government impact, if any, is discussed in the narrative. Reductions are shown in parentheses.

*Transfers In/Out and Absorbed Costs are only displayed when reported.

| State Cost (Savings) = 1-2 | | Biennium | | | Biennium | |
|--|-----------------------|-----------------|---------------|---------------|-----------------|---------------|
| Dollars in Thousands | | FY2017 | FY2018 | FY2019 | FY2020 | FY2021 |
| General Fund | - | 243 | 243 | 243 | 243 | 243 |
| Total | - | 243 | 243 | 243 | 243 | 243 |
| | Biennial Total | | 486 | | 486 | 486 |
| 1 - Expenditures, Absorbed Costs*, Transfers Out* | | | | | | |
| General Fund | - | 243 | 243 | 243 | 243 | 243 |
| Total | - | 243 | 243 | 243 | 243 | 243 |
| | Biennial Total | | 486 | | 486 | 486 |
| 2 - Revenues, Transfers In* | | | | | | |
| General Fund | - | - | - | - | - | - |
| Total | - | - | - | - | - | - |
| | Biennial Total | | - | | - | - |

Bill Description

This bill authorizes a current GRH provider to increase the number of beds that receive both GRH room and board rate and the standard supplemental service rate per person per month from 8 to 50 (42 additional beds).

Assumptions

The 42 beds that currently receive only the GRH room and board rate would now receive the standard supplemental rate of \$482.84 per person per month.

This bill has an implementation date of July 1, 2017

Expenditure and/or Revenue Formula

| Cost of Additional GRH Recipients | FY2018 | FY2019 | FY2020 | FY2021 |
|--|------------------|------------------|------------------|------------------|
| 42 beds | | | | |
| Average new monthly GRH recipients | 42 | 42 | 42 | 42 |
| Average monthly payment increase | \$483 | \$483 | \$483 | \$483 |
| Months | 12 | 12 | 12 | 12 |
| Total | \$243,432 | \$243,432 | \$243,432 | \$243,432 |

| Fiscal Tracking Summary (\$000's) | | | | | | |
|--|-------------|--------------------------------|---------------|---------------|---------------|---------------|
| Fund | BACT | Description | FY2018 | FY2019 | FY2020 | FY2021 |
| GF | 25 | Group Residential Housing | 243 | 243 | 243 | 243 |
| | | | | | | |
| | | Total Net Fiscal Impact | 243 | 243 | 243 | 243 |
| | | Full Time Equivalents | | | | |

Long-Term Fiscal Considerations

These costs are on-going.

Local Fiscal Impact

None.

References/Sources

Jill Roberts, Community Supports Administration

Agency Contact: Jill Roberts

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