

PREPARED BY: Liz Hruska  
 DATE PREPARED: March 12, 2019  
 PHONE: 402-471-0053

**LB 528**

Revision: 00

**FISCAL NOTE**  
**LEGISLATIVE FISCAL ANALYST ESTIMATE**

| <b>ESTIMATE OF FISCAL IMPACT – STATE AGENCIES</b> (See narrative for political subdivision estimates) |                   |         |                   |         |
|---|-------------------|---------|-------------------|---------|
|   | <b>FY 2019-20</b> |         | <b>FY 2020-21</b> |         |
|   | EXPENDITURES      | REVENUE | EXPENDITURES      | REVENUE |
| GENERAL FUNDS   |                   |         |                   |         |
| CASH FUNDS  |                   |         |                   |         |
| FEDERAL FUNDS   |                   |         |                   |         |
| OTHER FUNDS   |                   |         |                   |         |
| TOTAL FUNDS   |                   |         |                   |         |

**Any Fiscal Notes received from state agencies and political subdivisions are attached following the Legislative Fiscal Analyst Estimate.**

No fiscal impact.

|  |  |                       |
|--|--|-----------------------|
| <b>ADMINISTRATIVE SERVICES STATE BUDGET DIVISION: REVIEW OF AGENCY &amp; POLT. SUB. RESPONSE</b> |  |                       |
| LB: 528 AM:  | AGENCY/POLT. SUB: Department of Health and Human Services (DHHS) |                       |
| REVIEWED BY: Elton Larson  | DATE: 3/12/2019  | PHONE: (402) 471-4173 |
| COMMENTS: No basis to disagree with DHHS estimate of fiscal impact to the agency.                |  |                       |

**ESTIMATE PROVIDED BY STATE AGENCY OR POLITICAL SUBDIVISION**

State Agency or Political Subdivision Name:(2) Department of Health and Human Services

Prepared by: (3) Mike Michalski

Date Prepared 1-24-19

Phone: (5) 471-6719

|                      | <u>FY 2019-2020</u> |         | <u>FY 2020-2021</u> |         |
|----------------------|---------------------|---------|---------------------|---------|
|                      | EXPENDITURES        | REVENUE | EXPENDITURES        | REVENUE |
| <b>GENERAL FUNDS</b> | \$0                 | \$0     | \$0                 | \$0     |
| <b>CASH FUNDS</b>    | \$1,500             |         |                     |         |
| <b>FEDERAL FUNDS</b> |                     |         |                     |         |
| <b>OTHER FUNDS</b>   |                     |         |                     |         |
| <b>TOTAL FUNDS</b>   | \$1,500             | \$0     | \$0                 | \$0     |

Return by date specified or 72 hours prior to public hearing, whichever is earlier.

**Explanation of Estimate:**

The Department of Health and Human Services (DHHS) will be required to complete a minor rule and regulation change as a result of LB 528. DHHS will absorb the costs listed below to complete this regulation change.

| Title              | Hour(s)   | Hourly Cost | Absorbed Cost |
|--------------------|-----------|-------------|---------------|
| Director           | 1         | 72.115      | \$ 72         |
| Deputy Director    | 1         | 51.923      | \$ 52         |
| Administrator I    | 1         | 29.354      | \$ 29         |
| Program Specialist | 2         | 21.466      | \$ 43         |
| Program Analyst    | 4         | 20.869      | \$ 83         |
| Attorney 3         | 10        | 32.213      | \$ 322        |
| <b>Total Costs</b> | <b>19</b> |             | <b>\$ 602</b> |

DHHS will be required to hold a public committee meeting to meet all rules and regulations changes. Each board meeting will cost approximately \$1,500 and will be an added cost to DHHS (Program 178), therefore DHHS request \$1,500 in cash spending authority.

**MAJOR OBJECTS OF EXPENDITURE**

PERSONAL SERVICES:

| POSITION TITLE            | NUMBER OF POSITIONS |       | 2019-2020<br>EXPENDITURES | 2020-2021<br>EXPENDITURES |
|---------------------------|---------------------|-------|---------------------------|---------------------------|
|                           | 19-20               | 20-21 |                           |                           |
| Benefits.....             |                     |       |                           |                           |
| Operating.....            |                     |       | \$1,500                   | \$0                       |
| Travel.....               |                     |       |                           |                           |
| Capital Outlay.....       |                     |       |                           |                           |
| Aid.....                  |                     |       |                           |                           |
| Capital Improvements..... |                     |       |                           |                           |
| <b>TOTAL.....</b>         |                     |       | <b>\$1,500</b>            | <b>\$0</b>                |