### MILWAUKEE COUNTY FISCAL NOTE FORM

#### DATE: November 13, 2024

Original Fiscal Note

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Substitute Fiscal Note

SUBJECT: A report from the Director, Department of Health and Human Services, requesting authorization to execute a contract with the Wisconsin Department of Health Services to operate the Aging and Disability Resource Center for the period of January 1, 2025 through December 31, 2025 and to accept \$7,220,441 in revenue

### **FISCAL EFFECT:**

	No Direct County Fiscal Impact		Increase Capital Expenditures
	<ul> <li>Existing Staff Time Required</li> <li>Increase Operating Expenditures (If checked, check one of two boxes below)</li> <li>Absorbed Within Agency's Budget</li> </ul>		Decrease Capital Expenditures Increase Capital Revenues Decrease Capital Revenues
	Not Absorbed Within Agency's Budget Decrease Operating Expenditures		Use of contingent funds
$\square$	Increase Operating Revenues		

Decrease Operating Revenues

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	\$0	\$291,158
	Revenue	\$0	\$291,158
	Net Cost	0	0
Capital Improvement	Expenditure		
Budget	Revenue		
	Net Cost		

## **DESCRIPTION OF FISCAL EFFECT**

# In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.<sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.
- A. The Director, Department of Health and Human Services (DHHS), is requesting approval to enter into a 2025 contract with the State of Wisconsin to operate the Aging and Disability Resource Center (ADRC) under the State's Family Care Program for the period January 1, 2025 through December 31, 2025.

Approval of this request will ensure the continued availability of reliable and objective information about the broad range of programs and services available to Milwaukee County residents with disabilities, ages 18 to 59, and older adults. This includes access to publicly funded long-term care programs including Family Care and IRIS.

- B. Approval of this request will enable DHHS Aging and Disabilities Services to accept \$7,220,441 in revenue.
- C. The 2025 ADRC contract totals \$7,220,441 which reflects an increase of \$131,791 over the 2024 contract of \$7,088,650. And compared to the 2025 Budget, the 2025 contract represents an increase of \$291,158.
- D. No further assumptions are made.

Department/Prepared By:	Clare O'Brien, DHHS Budget & Policy Director					
Authorized Signature	Shakita LaGrant-McClain					
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Did DAS-Fiscal Staff Review?	·	Yes	🛛 No			
Did CDPB Staff Review?		Yes	No No	Not Required		

<sup>&</sup>lt;sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.