MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	E: January 6, 2017	Origin			
		Subst	itute Fiscal Note		
SUB	BJECT: Report from the Director, Department authorization to enter into 2017 contraction Services and Community Programs				
FISC	CAL EFFECT:				
	No Direct County Fiscal Impact		Increase Capital E	xpenditures	
	Existing Staff Time Required Increase Operating Expenditures		Decrease Capital Expenditure		
	(If checked, check one of two boxes below)		Increase Capital R	evenues	
	Absorbed Within Agency's Budget		Decrease Capital I	Revenues	
	Not Absorbed Within Agency's Budget				
	Decrease Operating Expenditures		Use of contingent	funds	
	Increase Operating Revenues				
\boxtimes	Decrease Operating Revenues				
India	cate below the dollar change from budget for a	anv subm	ission that is proied	ted to result in	

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	(\$5,594,541)	
	Revenue	(\$5,594,541)	
	Net Cost	\$0	
Capital Improvement Budget	Expenditure		
Buuget	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. ¹ 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 of the Department of Health and Human Services (DHHS) is requesting authorization to sign the 2017 Social Services and Community Programs contracts with the State Departments of Health Services (DHS) and Children and Families (DCF). Approval will allow Milwaukee County to receive State revenue for county services to persons with disabilities and juvenile delinquents and their families as mandated by State and/or Federal law.
- B. The state's Social Services and Community Programs contracts include various separate revenues used to fund the Department of Health and Human Services. Approval to sign the 2017 contracts will allow Milwaukee County to receive funds.
- C. The actual 2017 "Community Aids" contract for DHHS provides a 2017 allocation totaling \$19,287,628; this amount is (\$5,594,541) below the \$24,882,169 included in the DHHS 2017 Budget. Of this amount, \$5.5 million is due to the change in the way the autism benefit is now administered by the State and \$49,000 is due to an across the board cut by the State to the Basic County Allocation.

The State reduced the county's allocation by \$5.5 million to reflect the transition of autism treatment services to a Medicaid card benefit. These services are no longer part of the State/County contract and this revenue decrease is expected to be offset by a reduction in service payments for no net tax levy impact. In 2017, DHHS will continue its ongoing discussions with the State on the transition to the Medicaid card service and will monitor this revenue source closely to identify any potential fiscal impact.

D. No further assumptions are made. The fiscal information was taken from the State's 2017 contract notification.

¹ 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.

Department/Prepared By Clare O'Brien, Senior Budget Analyst						
Authorized Signature Clar						
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Did DAS-Fiscal Staff Review?	Y	es 🖂	No			
Did CDPB Staff Review?	Y	es 🗌	No	Not Required		