

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 6/19/12

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report, From the Director, Department of Health and Human Services, Requesting Permission for Milwaukee County to be Added to the State of Wisconsin - Department of Health Services Medicaid State Plan Amendment for Community Recovery Services

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input checked="" type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> 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	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	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) Milwaukee County currently provides Community Support Programs (CSP) as its only psychosocial rehabilitation benefit for Medicaid eligible individuals. Targeted Case Management (TCM) is also available to a "targeted" population of persons with a severe and persistent mental illness and all individuals within that group are eligible to receive that service. There is a very wide clinical gap between these two services, and for the past few years the Behavioral Health Division (BHD) has been exploring the addition of another psychosocial rehab benefit. The Director, Department of Health and Human Service (DHHS), is now requesting permission to be added to the State of Wisconsin - Department of Health Services State Plan Amendment (SPA) for Community Recovery Services (CRS).

B) At this point BHD is only requesting to be added to the SPA so BHD could pursue this option in the future. There is no direct fiscal impact to this step in the process. BHD is currently analyzing the potential fiscal impact of providing these services and pursuing ways to mitigate any fiscal risk (see attached Risk Reserve letter). At a later date, if it is decided to pursue implementation of the CRS benefit in Milwaukee County, another fiscal note will be presented to the policy makers.

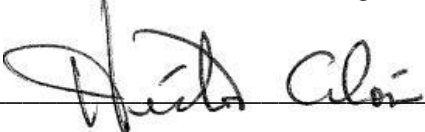
C) There is a no tax levy impact as a result of this action.

D. No assumptions/interpretations.

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 Alexandra Kotze, DHHS Budget Manager

Authorized Signature

A handwritten signature in black ink, appearing to read 'Alexandra Kotze', written over a horizontal line.

Did DAS-Fiscal Staff Review?

Yes

No