

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: May 16, 2023

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: A report from the Director, Department of Health and Human Services, requesting approval to reallocate \$500,000 in American Rescue Plan Act (ARPA) funds from the Milwaukee Premium Assistance Program (MPAP) to the Medicaid Re-Enrollment Support project to support Milwaukee County residents at risk of losing health insurance coverage

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact
<input type="checkbox"/> Existing Staff Time Required
<input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below)
<input checked="" type="checkbox"/> Absorbed Within Agency's Budget
<input type="checkbox"/> Not Absorbed Within Agency's Budget

<input type="checkbox"/> Decrease Operating Expenditures

<input checked="" type="checkbox"/> Increase Operating Revenues

<input type="checkbox"/> Decrease Operating Revenues | <input type="checkbox"/> Increase Capital Expenditures

<input type="checkbox"/> Decrease Capital Expenditures

<input type="checkbox"/> Increase Capital Revenues

<input type="checkbox"/> Decrease Capital Revenues

<input type="checkbox"/> Use of contingent funds |
|---|--|

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	\$500,000	\$0
	Revenue	\$500,000	\$0
	Net Cost	\$0	\$0
Capital Improvement Budget	Expenditure	\$0	\$0
	Revenue	\$0	\$0
	Net Cost	\$0	\$0

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. Approval of this resolution will reallocate \$500,000 of American Rescue Plan Act (ARPA) funds to the Medicaid Re-Enrollment Support project from the Milwaukee Premium Assistance Program (MPAP) originally authorized under 23-377. While the Milwaukee Premium Assistance Program (MPAP) is not moving forward, the proposed Medicaid Re-Enrollment Support project is designed to address needs that MPAP had planned to address.

The goal of the Medicaid Re-Enrollment Support project is to increase public awareness on the need to re-enroll in Medicaid or identify alternative health insurance as well as provide trainings to staff and other community organizations.

- B. The total budget of \$500,000 is projected to be spent starting in 2023 through 2024. No additional allocations of funds are anticipated during the project period. The project's funding is allocated across several categories of intervention – 1) \$100,000 to increase public awareness of the issue; 2) \$300,000 to fund provider agencies to assist residents in re-enrolling or finding alternative health insurance; 3) \$40,000 to provide trainings to staff and other community organizations on how to help residents re-enroll; 4) \$35,000 for a variety of materials; and 5) \$25,000 for DHHS's administrative support of this work.
- C. There are no budgetary impacts as the cost for the initiative is offset by 100% ARPA grant funds.
- D. No assumptions were used.

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.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

Department/Prepared By Clare O'Brien, DHHS Budget and Policy Director

Authorized Signature *Shakita LaGrant-McClain*

Did DAS-Fiscal Staff Review? Yes No

Did CBDP Review?² Yes No Not Required