

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: February 25, 2013

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Report, from the Director, Department of Health and Human Services, Requesting Authorization to increase the Purchase of Services Contract with Milwaukee Mental Health Associates to administer a protective payee program for the Behavioral Health Division

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 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	9,462	0
	Revenue	0	0
	Net Cost	9,462	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. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to increase the existing Purchase of Services contract between Milwaukee Mental Health Associates and the Behavioral Health Division, for the purpose of administering the Protective Payee Program for the period May 1, 2013 through December 31, 2013.

Approval of this request will allow the Behavioral Health Division to provide consumers who receive Social Security and/or Supplemental Security Income (SSI), and who need assistance in the management of these resources, the necessary support to ensure their financial stability in accordance with Social Security Administration regulations.

B. Total expenditures included in this request are \$9,462. Milwaukee Mental Health Associates (MMHA) has an existing 2013 contract in the amount of \$472,947 to provide Community Support Program (CSP) services and an existing 2013 contract in the amount of \$213,723 as a provider of Targeted Case Management (TCM) services. The addition of this Protective Payee Program contract brings MMHA's total to \$696,132.

C. Total funds of \$9,462 for this program will be allocated from the overall purchase of service funds in the 2013 budget. Funds for this service are included in the 2013 Budget therefore there is no tax levy effect.

D. No assumptions are made.

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 Thomas F. Lewandowski, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CDPB Staff Review? Yes No Not Required