

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: June 15, 2016

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Establishing the classification and rate of pay for one Human Service Worker (HSW)-Bilingual Spanish full time equivalent (FTE) position in the Disability Services Division of the Department of Health and Human Services

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	\$24,297	\$57,422
	Revenue	\$0	\$0
	Net Cost	\$24,297	\$57,422
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 the request would create 1.0 FTE Human Service Worker-Bilingual Spanish.
- B. The current year fiscal impact is an increase of \$16,309 in salary and social security costs, and \$7,988 in active health and pension costs. In subsequent years, additional operating expenses of \$57,422 annually will need to be absorbed by the agency.
- C. Sufficient funds exist in the Department of Health and Human Services 2016 operating budget to fund the requested position. For 2016, as well as, subsequent years, the Department of Health and Human Services will need to ensure the cost of this position is absorbed into their operating budget. For 2016 and subsequent years, 48% of the costs for this position will be covered by reimbursement from the State Medical Assistance funds. In 2016, the remaining costs for this position will be covered by 2016 funds currently budgeted for vacant, funded positions.
- D. This fiscal note assumes the rate of pay for 11 pay periods of 2016 at Step 2 of Pay Range 16C. An additional 1% COLA increase in July 2016 was included in this position cost estimate.

Department/Prepared By Lisa Wozny DAS-PSB

Authorized Signature



Did DAS-Fiscal Staff Review? Yes No

Did CBDP Review?² Yes No Not Required

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.