

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: December 31, 2025

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: A report from the Executive Director, Department of Health and Human Services, requesting authorization to create 1.0 FTE Medicare Outreach Specialist in Aging Services

FISCAL EFFECT:

- | | |
|---|--|
| <input type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" 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 checked="" 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	\$70,006	\$82,735
	Revenue	\$70,006	\$82,735
	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 fiscal note authorizes the creation of 1.0 FTE Medicare Outreach Specialist in Aging Services. The Medicare Outreach Specialist will provide community presentations to help enrollees and pre-enrollees better understand Medicare, individual counseling to help beneficiaries compare Medicare options based on their health needs, and assist in developing the volunteer counselor program.
- B. The 2026 anticipated cost of the position is \$70,006 including salary, social security and fringe. The ongoing full annual cost of the position is \$82,735.
- C. The total annual cost of the Medicare Outreach Specialist has no budgetary impact and will be offset by funds from the State Health Insurance Assistance Program (SHIP) grant and Medicare Improvements for Patients and Providers Act (MIPPA) grant funds.
- D. This fiscal note assumes a start date of February 28, 2026, pay period 5, and calculates costs accordingly to allow time for recruitment.

Department/Prepared By Lottie B. Maxwell-Mitchell, Sr. Budget & Management Analyst, DHHS

Authorized Signature *Shakita LaGrant-McClain*

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.