## MILWAUKEE COUNTY FISCAL NOTE FORM

DAT	E: 9/7/11		Origina	I Fiscal Note		
			Substit	ute Fiscal N	ote 🗌	
SUBJECT: Authorization to pursue negotiations with the State of Wisconsin Department of Health Services for a contract to provide the Family Care benefit to residents of Racine and Kenosha Counties						
FISCAL EFFECT:						
$\boxtimes$	No Direct County Fiscal Impact			Increase Capital Expenditures		
	Existing Staff Time Required			Decrease Capital Expenditures		
	Increase Operating Expenditures (If checked, check one of two boxes below)			Increase Capital Revenues		
	Absorbed Wit	thin Agency's Budget		Decrease C	Capital Revenues	
	☐ Not Absorbed	d Within Agency's Budget				
	☐ Decrease Operating Expenditures ☐ Use of contingent funds				tingent funds	
	☐ Increase Operating Revenues					
	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	Currer	nt Year	Subsequent Year	
Operating Budget		Expenditure Expenditure		0	0	
-		Revenue		0	0	
		Net Cost		0	0	

Capital Improvement Budget

Expenditure

Revenue

Net Cost

0

0

0

0

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. <sup>1</sup> 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.

The Department of Family Care is requesting authorization to pursue negotiations with the State of Wisconsin Department of Health Services (DHS) for a contract to provide the Family Care benefit to residents of Racine and Kenosha Counties.

There are no direct costs, savings, anticipated revenues or budgetary impacts associated with the requested action in the current budget year. Any contract executed with DHS for services outside of Milwaukee County will not take effect until 2012. Capitation rates will be determined prior to the execution of the contract.

Department/Prepared By	Maria Ledger
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Authorized Signature	Mara Leefs
Did DAS-Fiscal Staff Revie	ew?

<sup>&</sup>lt;sup>1</sup> 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.