## MILWAUKEE COUNTY FISCAL NOTE FORM

Ononett	a a. D da a t	E		^	0		
		Expenditure or Revenue Category	Currei	nt Year	Subsequent Year		
		change from budget fo enditures or revenues in			s projected to result in		
Dec	rease Operating	Revenues					
Incre	ease Operating I	Revenues					
Dec	rease Operating	Expenditures		Use of con	tingent funds		
	] Not Absorbed	d Within Agency's Budge	t				
	Absorbed Wi	thin Agency's Budget		Decrease (	Capital Revenues		
		ne of two boxes below)		Increase C	capital Revenues		
	ease Operating	·		Decrease (	Capital Expenditures		
	,	Time Required					
⊠ No [	Direct County Fis	scal Impact		Increase C	apital Expenditures		
FISCAL E	EFFECT:						
	(DHS) to oper	to execute a contract wirate the Disability Resourd y 1, 2014 through Decemb	e Center un	der the Fami	ily Care Program for the		
SUBJECT:	•	Report from the Director, Department of Health and Human Services (DHHS), requesting					
			Subst	titute Fiscal I	Note		
DATE:	11/25/13		Origir	nal Fiscal No	te 🖂		

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement	Expenditure		
Budget	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. <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.
- A. The Director, Department of Health and Human Services (DHHS), is requesting approval to enter into a 2014 contract with the State to operate a Disability Resource Center (DRC) under the State's Family Care Program.
- B. Approval to enter into the contract will enable the DHHS Disabilities Services Division (DSD) to draw down revenue included in its 2014 Budget to fund the costs of operating the DRC. The State's general purpose revenue (GPR) of \$2,074,753 provided under the contract as well as tax levy of \$625,844 will be matched by Federal Medicaid revenue of \$2,600,340.
- C. There is no budgetary impact to 2014 by approving the State DRC contract.
- D. The fiscal note assumes the DRC will be able to earn 49 percent Federal match dollars based on 100 percent time reporting activity of staff in the DRC. If time reporting results do not support a 49 percent match rate, actual revenue reimbursement will be less than budgeted.

Department/Prepared By	Clare O'Brien, Fiscal & Management Analyst	
Authorized Signature	With Clos	
Did DAS-Fiscal Staff Review	√? ☐ Yes ⊠ No	

<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.

Did CDPB Staff Review?	☐ Yes	☐ No	Not Required     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■