

1 By Supervisor Alexander

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A RESOLUTION

Urging the State of Wisconsin to create and pass legislation placing a one-year limit on the timeframe in which insurance companies and third party payers seeking recoupment of previously paid claims may notify the service provider of such intent.

WHEREAS, more than twenty states have established a time limit for insurance companies to initiate claims when seeking recoupment on previously paid claims for behavioral and health care services, as evidenced in the refund recoupment law summary chart attached hereto; and

WHEREAS, it is reasonable and prudent that the State of Wisconsin draft and adopt similar legislation in order to alleviate the draining of valuable resources from critical service areas which creates revenue shortfalls; and

WHEREAS, the Milwaukee County Behavioral Health Division (BHD) budget is presented in a programmatic format based on service areas that consist of the following programs;

- Management/Support Services
- Inpatient Services
- Adult Community Services
- Child and Adolescent Community Services
- Adult Crisis Services
- AODA Services

and under this format, program costs consist of both direct expenditures and allocated costs that are attributable to the operation of each program; and

WHEREAS, revenues for each program consist of charges directly associated with the provision of services to patients and other operating revenues that are not directly related to patient services, and insurance companies cover some of the costs for services provided to patients, and in turn, reimburse BHD for services provided; and

WHEREAS, within programmatic areas, insurance companies submit insurance recoupment claims to BHD many years after the initial claim is fulfilled; and

WHEREAS, Wisconsin State Regulation DHS 1 establishes the requirement that county social service agencies bill their cost for the services they provide, directing that:

47 DHS 1.05 (6) (a) All billing and collection efforts shall strive toward
48 what is fair and equitable treatment for both clients who receive
49 service and taxpayers who bear unmet costs... and, that (c) All
50 billing and collection activity shall be pursued in a forthright and
51 timely manner according to these rules:

- 52
- 53 1. Where applicable insurance exists, the insurance company shall
54 be billed directly wherever possible by the unit with collection
55 responsibility for the facility providing the service. Where a
56 responsible party is covered by Medicare and private insurance,
57 Medicare shall be billed for the full coverage it provides and the
58 private insurance company shall be billed for any remaining
59 amount. Medicaid, where applicable, is the payer of last resort.
60 For services exempted by DHS 1.01 (4), third-party
61 reimbursement shall be pursued where applicable, but direct
62 billings to the client or other responsible parties shall no occur.
63 Agencies shall follow the claims processing procedures of third-
64 party payers to assure payment of claims.
65
 - 66 2. Responsible private parties shall be billed for liability not
67 covered by insurance, according to the applicable provisions of
68 DHS 1.03.
69

70 WHEREAS, payment errors are subject to interpretation by payers and
71 are generally not eligible for appeal; and
72

73 WHEREAS, there is an undue strain on taxpayers and staff to go years
74 back to recalculate patient accounts for possible errors and overpayments; and
75

76 WHEREAS; the Milwaukee County Behavioral Health Division closes its
77 books on an annual basis, in consideration of all expenditures and revenues and
78 these unanticipated recoupment costs create many financial difficulties for BHD
79 as well as patients, now therefore,
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81 BE IT RESOLVED, the Milwaukee County Boards of Supervisors hereby
82 requests the State of Wisconsin to legislate a one-year limit, from the date of
83 initial claim payment, on the timeframe in which insurance companies and third
84 party payers seeking recoupment of previously paid claims may notify the service
85 provider of such intent and initiate such recoupment claims; and
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87 BE IT FURTHER RESOLVED, that upon passage of this resolution, the
88 Milwaukee County Clerk is authorized and directed to send copies of this
89 resolution to the Governor of Wisconsin and the Milwaukee County State
90 Delegation.
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MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: September 12, 2013

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Urging the State of Wisconsin to create and pass legislation placing a one-year limit on the timeframe in which insurance companies and third party payers seeking recoupment of previously paid claims may notify the service provider of such intent.

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input checked="" type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input 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 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	0	0
	Revenue	0	0
	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.

Approval of this resolution will urge the State of Wisconsin to create and pass legislation placing a one-year limit on the timeframe in which insurance companies and third party payers seeking recoupment of previously paid claims may notify the service provider of such intent.

Approval of this resolution will not require an expenditure of funds, but will require staff time to communicate its contents to State policymakers.

Department/Prepared By CB/Martin Weddle

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.



DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION

Milwaukee County

Note Date



May 13, 2011

ForwardHealth
Managed Care Appeals
PO Box 6470
Madison, WI 53716-6470

To Whom It May Concern::

This letter is in reference to an Overpayment Notification from OptumHealth Behavioral Solutions for Milwaukee County Mental Health Complex, Tax ID 396005720 (see attached). The overpayment is in the amount of \$115917.50 representing 9 member episodes from 2006. ← Note Date.

For all 9 episodes, the overpayment reason was "incorrect contract rate applied" and contained the following note:

NOTES: Wisconsin Non Par Medicaid Rates provide that DRG 715 is reimbursed at a base rate of \$500.00 times a weight of 1.1223 = \$5611.50

NOTES: Wisconsin Non Par Medicaid Rates provide that DRG 714 is reimbursed base rate of \$5000.00 times a weight of 2.0075 = \$10037.50.

During 2006, the United Health Group paid all Milwaukee County charges based on our per diem rate. This is true of the claims in question. This overpayment claim is one of nine long-stay 2006 claims UBH has hand picked as an overpayment based on conversion to a DRG rate. UBH cannot opt to have long-stay episodes paid using the DRG and short stay claims paid using the per diem rate. If UBH wishes to change from a per diem to a DRG rate for 2006 claims, it must be done for all claims in 2006 reflecting a total underpayment of \$91,272.09. The Milwaukee County Behavioral Health Division will agree to pay the overpayment for this claim when it receives a check from UBH for the 2006 claims that were underpaid based on the DRG rate. I have attached a spreadsheet for the 2006 claims.

Your prompt attention to this matter is greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "N. Maslanka".

Nicki Maslanka
Accounts Receivable/Billing Supervisor
Milwaukee County Behavioral Health Division
(414) 257-6675
nicole.maslanka@milwcnty.com

REFUND RECOUPMENT LAWS

State	Statute/Code	Time limit for seeking refund of overpaid Claim	Other factors concerning time limit for seeking refund of overpaid Claim	Exemptions	Period
ALABAMA	Al 27-1-17	An insurer, health service corporation, and health benefit plan shall not retroactively seek recoupment or refund of a paid claim after the expiration of one (1) year from the date the claim was initially paid or after the expiration of the same period of time that the health care provider is required to submit claims, whichever date occurs first.	An insurer, health service corporation, or health benefit plan shall not retroactively seek recoupment or refund of a paid claim for any reason that relates to the COB of another carrier responsible for the payment of the claim after expiration of eighteen (18) months from the date claim was paid.	An insurer, health service corporation, and health benefit plan shall not retroactively seek recoupment or refund of a paid claim from provider for any reason, other than fraud or coordination of benefits or for duplicate payments after the expiration of one year from the date that the initial claim was paid.	12 Months
ALASKA	AS 21.54.020	A healthcare insurer can recover an amount, wrongly paid to a provider.	—	—	No Limit
ARKANSAS	Ann. § 23-61-108, §23-63-1806, §25-15-201	A health care insurer cannot seek refund of paid claim after the expiration of eighteen (18) months from the date the claim was initially paid.	A health care insurer has one hundred and twenty (120) days from the date of payment to notify the provider of a verification error and the fact that services rendered will not be covered if the error was made in good faith at the time of the verification.	Except in cases of fraud committed by the health care provider, means fraud that the insurer discovered after the eighteen (18) month period and could not have discovered prior to the end of the eighteen-month period.	18 Months
ARIZONA	§20-3102	A health care insurer shall not adjust or request adjustment of a payment or denial of claim more than one year after the date health care insurer has paid the claim. If a provider and insurer agree through contract about adjustment then even they have same length of time to request adjustment of a claim. Once claim is adjusted an insurer or provider shall owe no interest on the overpayment or underpayment resulting from the adjustment as long as the adjustment or recoupment taken within the period of 30 days of the date of claim adjustment.	—	This Section shall not apply in case of fraud.	12 Months

REFUND RECOUPMENT LAWS

State	Statute/Code	Time limit for seeking refund of overpaid Claim	Other factors concerning time limit for seeking refund of overpaid Claim	Exemptions	Period
CALIFORNIA	110133.66 (2005 Cal ALS 441; 2005 Cal SB 634; Stats 2005 ch.44)	Reimbursement request for the overpayment of a claim shall not be made, unless a written request for reimbursement is sent to provider within 365 days of the date of payment on the overpaid claims.	—	Time limit of 365 days shall not apply if the overpayment was caused in whole or in part by fraud or misrepresentation on the part of the provider.	12 Months
COLORADO	C.R.S 10-16-704 (2009)	Adjustments to claims by the carrier shall be made within the time period set out in contract between the provider and the carrier. The time period shall be the same for the provider and the carrier and shall not exceed 12 months after the date of the original explanation of benefits. If no contract exists then adjustments to claims shall be made 12 months after the date of the original explanation of benefits.	Adjustments to claims related to coordination of benefits with federally funded health benefit plans, including medicare and medicaid, shall be made within thirty-six (36) months after the date of service.	Adjustments to claims made in cases where a carrier has reported fraud or abuse committed by the provider, shall not be subject to the requirements of this subsection.	12 Months
CONNECTICUT	SB 764	Insurers and HMOs are prohibited from seeking to recover an overpayment for a claim paid under a health insurance policy unless they provides written notice to the person from whom recovery is sought within five (5) years after receiving the initial claim.	—	—	60 Months
DISTRICT OF COLUMBIA	D.C Code § 31-3133	Insurer may only retroactively deny reimbursement to provider for services subject to COB during the 18-month period after the date that the health insurer paid the health care provider; or during the 6-month period after the date that the health insurer paid the health care provider.	A health insurer that retroactively denies reimbursement to a health care provider shall provide a written statement specifying the basis for the retroactive denial. If the retroactive denial of reimbursement results from COB, the written statement shall provide the name and address of the entity acknowledging responsibility for payment of the denied claim.	This section will not apply if information submitted was fraudulent; or improperly coded or duplicate claim or does not otherwise conform with the contractual obligations. If insurer retroactively denies reimbursement for services as a result of cob the provider shall have 180 days after the date of denial, unless the insurer permits longer time insurer that denies reimbursement to provider shall give provider a written notice specifying the basis for the retroactive denial. This section shall not apply to an adjustment to reimbursement made as an annual contracted reconciliation of a risk-sharing arrangement.	6 Months

REFUND RECOUPMENT LAWS

State	Statute/Code	Time limit for seeking refund of overpaid Claim	Other factors concerning time limit for seeking refund of overpaid Claim	Exemptions	Period
FLORIDA	FL §627.6131	If an overpayment in result of retroactive review or audit of coverage decisions or payment levels a health insurer must submit the claims details to provider within 30 months after the health insurer's payment of the claim.	A provider must pay, deny, or contest the claim for overpayment within 40 days after the receipt of the claim and must pay or deny within 120 days of the receipt. Failure to the above creates an uncontestable obligation to pay the claim. The health insurer may not reduce payment to the provider for other services unless the provider agrees to the reduction in writing or fails to respond to the health insurer's overpayment claim.	Time limit of 30 months. Except in the case of fraud committed by the health care provider.	30 Months
GEORGIA	O.C.G.A. § 33-20A-62	No carrier may conduct a post payment audit or impose a retroactive denial of payment on any claim that was submitted within 90 days of the last date of service or discharge covered by such claim unless: (1) notice of intent to conduct such an audit is provided; (2) Not more than 12 months have elapsed since the last date of service or discharge covered by the claim; (3) Any such audit or retroactive denial of payment must be completed and notice provided to the claimant of refund due within 18 months of the last date of service or discharge covered by such claim	No insurance carrier may conduct a post-payment audit or impose a retroactive denial of payment on any claim submitted after 90 days unless a written notice is provided, not more than 12 months have elapsed and it should be finalized within 24 months.	Any such audit must be completed within 18 months from the date of final discharge of claim.	18 Months
INDIANA	IC 27-8-5.7-10	Insurance may request the provider to repay the overpayment or adjust a subsequent claim after the expiration of two years from the date claim is paid.	—	This section does not apply in cases of fraud by the provider, the insured, or the insurer with respect to the claim on which the overpayment or underpayment was made.	24 Months
IOWA	191-15.33 (507B)	Insurance may not audit a claim more than two years after the submission of the claim to insurer & not a claim billed for less than \$25.00.	—	The law applies only if the carrier did not suspect fraud.	24 Months

REFUND RECOUPMENT LAWS

State	Statute/Code	Time limit for seeking refund of overpaid Claim	Other factors concerning time limit for seeking refund of overpaid Claim	Exemptions	Period
KENTUCKY	304-17A-708	An insurer shall not be required to correct a payment error made to a provider if the provider's request for a payment correction is filed more than twenty-four (24) months after the date that the provider received payment for the claim from the insurer.	—	Time limitation shall not be applicable in case of fraud.	24 Months
LOUISIANA	LRS 22:250.38	health insurance shall provide the health care provider written notification in accordance with LRS 22:250.38. Health care provider shall be allowed thirty days from receipt of written notification of recoupment to appeal the health insurance issuer's action.	If a healthcare provider disputes insurance's notification of recoupment and a contract exists, the dispute shall be resolved according to terms of contract. If no contract exists, the dispute shall be resolved as any other dispute under Civil Code Article 2299 et seq.	—	—
MAINE	24-A - §4303.	The time that has elapsed since the date of payment of the previously paid claim does not exceed 12 months.	—	The retrospective denial of a previously paid claim may be permitted beyond 12 months from the date of payment only if: 1. The claim was submitted fraudulently 2. Duplicate payment 3. Services identified in the claim were not delivered by the provider 4. Adjustment with another insurer COB 6. The claim payment is the subject of legal action.	12 Months
MARYLAND	M. A. Code section 15-1008	A carrier may only retroactively deny reimbursement paid to healthcare provider during the six month period after the date the carrier paid the claim.	This Section Provides time frame for the period of 18 months in case of services subject to coordination of benefits with another carrier.	The time period is not limited if: 1. Information submitted was fraudulent. 2. Improperly Coded 3. Payment was made for duplicate claim. 4. a claim submitted to MCO & the claim was for services provided to a MD Medical Assistance Program recipient during a time period when Program has permanently retracted the capitation payment for the Program recipient.	6 Months

REFUND RECOUPMENT LAWS

State	Statute/Code	Time limit for seeking refund of overpaid Claim	Other factors concerning time limit for seeking refund of overpaid Claim	Exemptions	Period
MASSACHUSETTS	HB 976	The time which has elapsed since the date of payment of the challenged claim does not exceed 12 months.	—	The retroactive denial of a previously paid claim may be permitted beyond 12 months from the date of payment only if: (1) claim was submitted fraudulently; (2) claim payment was incorrect because the provider or the insured was already paid ; (3) health care services were not delivered by the physician/provider; (4) claim payment is the subject of adjustment with another insurer; or (5) claim payment is the subject of legal action	12 Months
MISSOURI	Sec. 376.384	Prohibit requesting a refund or offset against a claim more than twelve months after a health carrier has paid a claim.	—	Except in cases of fraud or misrepresentation by the health care provider.	12 Months
MONTANA	33-22-150	A health insurance issuer may not request reimbursement or offset another claim payment for reimbursement of an invalid claim or overpayment of a claim more than 12 months after the payment of an invalid or overpaid claim.	—	If insurance does not limit the time for submission of a claim for payment, then insurance may not request reimbursement or offset another claim payment for reimbursement of an invalid claim or overpayment of a claim more than 12 months after the payment of an invalid or overpaid claim.	12 Months
NEW HAMPSHIRE	Insurance Code 420-J;8-b.	No health carrier shall impose on any health care provider any retroactive denial of a previously paid claim or any part thereof unless: (a) the carrier has provided the reason for the retroactive denial in writing to the health care provider; and (b) the time which has elapsed since the date of payment of the challenged claim does not exceed 18 months.	—	Time limit can be extended beyond the period of 18 months provided claim was submitted fraudulently or claim was incorrect because the provider was already paid for the services claim payment is the subject of adjustment with a different insurer.	18 Months

REFUND RECOUPMENT LAWS

State	Statute/Code	Time limit for seeking refund of overpaid Claim	Other factors concerning time limit for seeking refund of overpaid Claim	Exemptions	Period
NEW JERSEY	C.17B:30-48 Chapter 352	No payer shall seek reimbursement for overpayment of a claim previously paid pursuant to this section later than 18 months after the date the first payment on the claim was made.	No payer shall seek more than one reimbursement for overpayment of a particular claim. At the time the reimbursement request is submitted to the health care provider, the payer shall provide written documentation that identifies the error made by the payer in the processing or payment of the claim that justifies the reimbursement request.	Claims that were submitted fraudulently or submitted by health care providers that have a pattern of inappropriate billing or claims that were subject to coordination of benefits.	18 Months
NEW YORK	§ 3224-b	Prohibit HMOs and other insurers from demanding refunds from a physician more than two years after the claim was initially paid.	Require 30 days notice to providers when the insurer is seeking a refund.	This limitation does not apply if it involve fraud, intentional misconduct, abusive billing or when initiated at the request of a self funded plan or required by a federal or state government program.	24 Months
NORTH CAROLINA	—	Depends upon the contractual terms of a healthcare provider and insurance.	—	—	—
OHIO	Revised Code 3901.38.8 & 3901.388	Third party insurer may recover an overpaid amount not later than two year from the date the claim was paid to the provider. The Provider should be informed about the overpayment practices through notice. Provider shall have a right to file appeal. In case of no response from the provider the carrier is free to initiate recovery practices.	—	Time limitation shall not be applicable in case of fraud.	24 Months
OKLAHOMA	§36-1250.5	Act of insurance company will be considered as unfair claim settlement practices act if insurance request refund from the provider after the period of 24 months from the date claim was paid.	—	This section shall not apply where the claim was submitted fraudulently or provider otherwise agrees to make a refund of claim.	24 Months

REFUND RECOUPMENT LAWS

State	Statute/Code	Time limit for seeking refund of overpaid Claim	Other factors concerning time limit for seeking refund of overpaid Claim	Exemptions	Period
SOUTH CAROLINA	§ 38-59-250	An insurance may not initiate overpayment recovery process from a provider more than 18 months after the initial payment was received by the provider.	An insurer shall initiate any overpayment recovery efforts by sending a written notice to the provider at least 30 business days prior to engaging in the overpayment recovery efforts.	This time limit does not apply to the initiation of overpayment recovery efforts: (1) based upon a reasonable belief of fraud or other intentional misconduct; (2) required by a self-insured plan; or (3) required by a state or federal government program.	18 Months
TEXAS	§ 3.70-3C	The insurer has no later than the 180 day after provider receives payment to recover an "overpayment" must provide written notice and mention specific reasons for request of recovery of funds.	If carrier as secondary payer pays a portion of a claim that should be paid by the primary carrier, the secondary payer may recover overpayment from the carrier that is primarily responsible for that amount. If the portion of the claim overpaid by the secondary payer was also paid by the primary payer, the secondary payer may recover the amount of overpayment from the physician	—	180 Days
UTAH	§ 31A-26-301.6	The insurer may recover any amount improperly paid to a provider or an insured (a) within 24 months of the amount improperly paid for a coordination of benefits error; (b) within 12 months of the amount improperly paid for any other reason; or (c) within 36 months of the amount improperly paid when the improper payment was due to a recovery by Medicaid, Medicare, the Children's Health Insurance Program, or any other state or federal health care program	—	—	12 Months

REFUND RECOUPMENT LAWS

State	Statute/Code	Time limit for seeking refund of overpaid Claim	Other factors concerning time limit for seeking refund of overpaid Claim	Exemptions	Period
VERMONT	18 V.S.A. § 9418	A health plan shall not retrospective deny a previously paid claim unless at least 30 days notice of any retrospective denial or overpayment recovery is provided inwriting to the provider or the time that has elapsed since the date of payment of the previously paid claim does has exceeded 12 months	—	The retrospective denial of a previously paid claim shall be permitted beyond 12 months if (1) the plan has a reasonable belief that fraud or other intentional misconduct has occurred; (ii) the claim payment was incorrect because the health care provider was already paid; (iii) health care services identified in the claim were not delivered by the provider; (iv) the claim payment is subject of adjustment with another health plan; or (v) the claim is the subject of legal action.	12 Months
VIRGINIA	§ 38.2-3407.15	Carrier can only impose retroactive denial of claim if provided the reason for denial, provider was already paid for the services and time period does not exceed the lesser of 12 months or a number of days mentioned in a contract.	—	Exception of fraud is not provided.	12 Months
WASHINGTON	Chapter 48.43.600	A carrier may not request a refund from a health care provider of a payment previously made to satisfy a claim unless it does so in writing to the provider within twenty-four months after the date that the payment was made.	A carrier may not for reasons related to coordination of benefits with another carrier (a) Request refund from a health care provider; or (b) request that a contested refund be paid any sooner than six months after receipt of the request. Any such request must specify why the carrier believes the provider owes the refund, and include the name and mailing address of the entity that has primary responsibility for payment of the claim.	This Section shall not apply in case of fraud.	24 Months
WEST VIRGINIA	WVC § 33-45-2	Carrier can only deny a claim where a provider was already paid for the service, claim was not covered under the service and provider not entitled to reimbursement for the period of one year from the date when the claim was paid to the provider.	—	Limitation shall not be applicable in case of misrepresentation or fraud by provider.	12 Months

Disclaimer: The information contained in this spreadsheet is provided for general educational and informational purposes only and should not, under any circumstances, be construed as legal advice. MTBC makes no claims or warranties as to the accuracy, veracity or completeness of the information contained in this spreadsheet and assumes no liability arising therefrom. MTBC reserves the right to amend, supplement or delete the contents of this spreadsheet or stop publication thereof at any time and without notice.

1 By Supervisors Haas

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A RESOLUTION

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In support of the state enacting legislation that improves the collection of funds for child support programs

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WHEREAS, the Milwaukee County Child Support Division has improved efficiency and continues to work to ensure that children and families are receiving the support and payments they need; and

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WHEREAS, the Milwaukee County Child Support Division monitors approximately 125,000 cases annually for services, including paternity establishment, order establishment in marital and non-marital cases, and enforcement of child support obligations through administrative and judicial processes; and

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WHEREAS, child support can make a difference between children living in poverty or not; and

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WHEREAS, when child support payments are not made, children may be deprived of their basic needs; and

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WHEREAS, Assembly Bill 461 proposes to collect child support debt owed before collecting any other debt such that it would occur before other debts owed to the state; now, THEREFORE

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BE IT RESOLVLED, the Milwaukee County Board of Supervisors supports Assembly Bill 461, which changes the order by which the Department of Revenue collects debts owed on child support.

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MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/30/13

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Support of Assembly Bill 461 proposing changes on Child Support collections

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" 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 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 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	0	0
	Revenue	0	0
	Net Cost	0	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.

There is no fiscal implication of this action other than staff time in supporting this bill.

Department/Prepared By Nelson Soler, Sr.Research Analyst, County Board

Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes X No

Did CBDP Review?² Yes No XNot 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.

1 By Supervisors Lipscomb

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A RESOLUTION

4

In support of the state enacting legislation that ensures that the cost of razing may be assessed and collected as a special charge

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6

7

WHEREAS, under current law, counties do not enact municipal health and building code ordinances; counties do not inspect, license, or condemn buildings; and counties do not play a role in the enforcement and compliance with these municipal ordinances; and

10

11

WHEREAS, under current law, if the cost or razing of a dilapidated, dangerous, or unsanitary building is assessed as a special tax and the owner of the real estate does not pay the amount due, the municipality's costs to raze the building must be paid by the county as part of the August settlement of property taxes; and

15

16

WHEREAS, under current law, counties are required to pay all taxes-regardless of whether the property owner pays; and

18

19

WHEREAS, Milwaukee County has worked with municipalities in the County and has had a long-standing practice of reimbursing municipalities for special charges; there have been examples in other parts of the state where these costs have been assessed as a special tax and caused financial hardship for the County; and

23

24

WHEREAS, if the cost for razing a property is assessed as a special charge, the County has greater latitude for reimbursing municipalities for demolition costs; now, THEREFORE,

27

28

BE IT RESOLVED, that the Milwaukee County Board of Supervisors supports Assembly Bill 415 and Senate Bill 328 which clarifies that the cost of razing may be assessed and collected as a special charge but may not be assessed and collected as a special tax.

29

30

31

32

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/30/13

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Support of Assembly Bill 415/Senate Bill 428 relating to the costs of razing buildings

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" 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 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 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	0	0
	Revenue	0	0
	Net Cost	0	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.

There is no fiscal implication of this action other than staff time in supporting

Department/Prepared By Nelson Soler, Sr. Research Analyst, County Board

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.

Daniel J. Diliberti
Milwaukee County Treasurer
901 N. 9th St. Rm. 102
Milwaukee, WI 53233

DATE: October 22, 2013

TO: State Legislature

FROM: Daniel J. Diliberti, Milwaukee County Treasurer

SUBJECT: Assembly Bill 415/Senate Bill 328 relating to collection of costs of razing buildings

The proposed legislation seeks to clarify how municipalities identify and charge for demolition costs passed on and charged to counties.

Placing demolition costs on county taxes as a special tax can overburden a county at the time of settlement for reimbursing a municipality. If the demolition costs are instead listed as a special charge, the county has needed flexibility regarding reimbursement to municipalities for special charges if the funds become available in the delinquent tax collection and foreclosure process.

In Milwaukee County, at settlement time – when we reimburse municipalities for all delinquent taxes and take on the responsibility to collect those taxes - with the exception of one-time demolition charges, special charges hover around \$10-\$60,000 per municipality (depending on its size) for unpaid delinquent special charges. There are cases where it is been a much greater amount.

Milwaukee County has worked with the municipalities and has had a tradition of reimbursing municipalities for those special charges – which usually encompass unpaid utility charges, snow removal, untended lawn mowing charges, etc. These charges on individual properties usually accumulate in small amounts and are fairly easy to recover along with the collection of delinquent property taxes. That is why it has been a long-standing tradition for Milwaukee County to simply reimburse municipalities for these relatively small amounts of special charges and later collect them in the course of collecting delinquent property taxes.

However, demolition costs – charges that can amount to a million dollars or more - have recently shown up as special charges in the settlement process – charges that are clearly outside of the possibility of recovery during the delinquent tax collection process. Once a property has its building improvements removed by demolishment; the property value is substantially reduced. So if a county forecloses on that property, it stands little chance of recovering those high demolition costs.

It is important to recognize: counties do not enact municipal health and building code ordinances; counties do not inspect, license or condemn buildings; and, counties do not play a role in the enforcement and compliance with these municipal ordinances.

In the last two years, a number of demolition charges were sent to the county. In 2011, taxes (reimbursed in 2012) a municipality charged the county for nearly \$100,000 in special charges for one property. Also in 2011, a demolition cost of another property was charged at \$807,430. For 2012 taxes (reimbursed at settlement in 2013), a charge of \$1,095,852 appeared for demolition charges on a single property. These charges as a special tax or special charge, with no input on when to raze a building by the county, can cause any county financial hardship.

This legislation provides clarity for county taxpayers and corrects a loophole in the tax codes. In addition, it provides counties options for reimbursing municipalities for demolition costs that are recoverable as special charges in the delinquent tax collection process.

This proposal takes on even greater urgency now because not passing this legislation is likely to be interpreted as allowing all municipalities to go ahead and bill future demolition costs to the counties as special taxes, thereby forcing counties to reimburse them at delinquent tax settlement time.

While Milwaukee County has a long-standing practice of working with municipalities in our county and we believe in sharing the burden and carrying out our responsibility to try and collect taxes on these properties, it is not always feasible. If municipalities began using this tax loophole to place razing costs only as special taxes, it could have serious financial implications for the county.

Sincerely,

Daniel J. Diliberti
Milwaukee County Treasurer

1 By Supervisors Romo West

2

3 A RESOLUTION

4 In support of the state enacting legislation related to emergency detentions including the
5 broadening of the definition of professionals under Chapter 51 who can make a detention
6 determination

7

8 WHEREAS, Milwaukee County has made progress to decrease the number of
9 emergency detentions; and

10

11 WHEREAS, Milwaukee County is currently in the process of implementing a
12 number of initiatives aimed at maintaining individuals in the community while avoiding
13 involuntary hospitalizations, including those that result from emergency detentions; and

14

15 WHEREAS, an internal evaluation of the Milwaukee County Mobile Crisis Teams
16 showed that early involvement in clinical interventions facilitated a drop in emergency
17 detentions and an increase in voluntary alternatives in the community; and

18

19 WHEREAS, broadening the definition of who can detain an individual under
20 Chapter 51 to include mental health professionals would provide an individual with a
21 medical professional contact earlier in the process and potentially avert probable cause
22 hearing or admittance to PCS; and

23

24 WHEREAS, when an individual is detained by the County a determination has to be
25 made within 24 hours on the detention; under current law, evaluation and stabilization are
26 included in the 24 hour calculation and can be a cause for concern when evaluation and
27 stabilization delay the determination process; thus, excluding any evaluation or
28 stabilization intervention from the calculation will promote better determinations; now,
29 THEREFORE,

30

31 BE IT RESOLVED, the Milwaukee County Board of Supervisors supports State
32 legislation that would seek to expand authority to designated mental health professions;
33 and

34

35 BE IT FURTHER RESOLVED, the Milwaukee County Board of Supervisors supports
36 Assembly Bill 360/Senate Bill 127 which makes changes to the 24 hour determination
37 calculation and exempts evaluation and stabilization from this calculation.

38

39

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/30/13

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Support of Assembly Bill 360/Senate Bill 127 relating to emergency detentions.

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" 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 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 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	0	0
	Revenue	0	0
	Net Cost	0	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.

There is no fiscal implication of this action other than staff time in supporting

Department/Prepared By Nelson Soler, Sr.Research Analyst, County Board

Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes X No

Did CBDP Review?² Yes No XNot 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.

1 By Supervisors Haas

2

3

A RESOLUTION

4

In support of the state enacting legislation that changes the requirements for persons officiating at a marriage

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6

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WHEREAS, under current law, someone under the age of 18 may officiate a marriage; and

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9

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WHEREAS, there is a concern that minors become ordained (online) and are performing marriages, but the witnesses required to sign a marriage license must be adults; and

11

12

13

WHEREAS, under current law, an out-of-state member of the clergy must obtain a letter of sponsorship from a member of the clergy of the same denomination who works in Wisconsin; however, an out-of-state officiant who is not affiliated with a religious denomination or whose denomination does not ordain or appoint clergy is not required to obtain a letter of sponsorship; and

14

15

16

17

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19

WHEREAS, this legislation closes a loophole regarding minors who attempt to officiate a marriage and creates consistency for all out-of-state officiants; now, THEREFORE,

20

21

22

BE IT RESOLVED, that the Milwaukee County Board of Supervisors supports Assembly Bill 429.

23

24

25

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/30/13

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Support of Assembly Bill 429 relating to officiating marriage legislation.

FISCAL EFFECT:

No Direct County Fiscal Impact

Existing Staff Time Required

Increase Operating Expenditures
(If checked, check one of two boxes below)

Absorbed Within Agency's Budget

Not Absorbed Within Agency's Budget

Decrease Operating Expenditures

Increase Operating Revenues

Decrease Operating Revenues

Increase Capital Expenditures

Decrease Capital Expenditures

Increase Capital Revenues

Decrease Capital Revenues

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	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

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- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

There is no fiscal implication of this action other than staff time in supporting this bill.

Department/Prepared By Nelson Soler, Sr.Research Analyst, County Board

Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes X No

Did CBDP Review?² Yes No XNot 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.

1 By Supervisors Haas

2

3 A RESOLUTION

4 In support of the state enacting legislation relating to the administering of the drug
5 naloxone also known as narcan

6

7 WHEREAS, across Wisconsin and in Milwaukee County there has been an increase
8 in the number of individuals using and overdosing on heroin; and

9

10 WHEREAS, narcan (naloxone) is a prescription drug that can counter the effects of
11 an opioid-related drug overdose and save a person’s life; and

12

13 WHEREAS, under current law, only certain medications can be administered by
14 emergency medical personnel which varies based on certification and licensure under the
15 rule promulgation authority of the Wisconsin Department of Health Services; and

16

17 WHEREAS, Assembly Bill 446/Senate Bill 352 would allow certified first responders
18 to administer narcan if they have received the proper training; and

19

20 WHEREAS, Assembly Bill 446/Senate Bill 352 requires DHS to permit EMT’s at all
21 levels of licensure to administer narcan with proper training; and

22

23 WHEREAS, those who are trained to administer narcan must carry or have available
24 a supply; and

25

26 WHEREAS, Assembly Bill 446/Senate Bill 352 would also allow law enforcement or
27 fire departments to enter into agreements to administer narcan if properly trained; now,

28

29 THEREFORE,

30

31 BE IT RESOLVED, the Milwaukee County Board of Supervisors supports Assembly
32 Bill 446/Senate Bill 352 which increases the availability of narcan to certain professionals
33 for administration in the case of an opioid-related overdose.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: 10/30/13

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: Support of Assembly Bill 446/Senate Bill352 related to the administration of the drug Naxolene also known as Narcan

FISCAL EFFECT:

- | | |
|--|--|
| <input checked="" 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 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 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	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

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- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

There is no fiscal implication of this action other than staff time in supporting this bill.

Department/Prepared By Nelson Soler, Sr.Research Analyst, County Board

Authorized Signature _____

Did DAS-Fiscal Staff Review? Yes X No

Did CBDP Review?² Yes No XNot 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.