

2013-15 Policy Option Package

Agency Name: Department of Human Services
Program Area Name: Aging and People with Disabilities
Program Name: Aging and People with Disabilities
Policy Option Package Initiative:
Policy Option Package Title: DHS/OHA Caseload Contingency Fund
Policy Option Package Number: 108-17
Related Legislation:
Program Funding Team: Healthy People

Summary
Statement:

Due to economic uncertainties, the slow jobs recovery and tenuous federal funding situations we currently face, DHS believes it is fiscally prudent to set aside at least a minimal amount of funding in case of unforeseen changes in caseloads or costs per case in DHS and/or OHA. Similar to a “rainy day” fund, this would be seen as general fund set aside as a special purpose appropriation to the emergency board for this purpose.

	General Fund	Other Funds	Federal Funds	Total Funds
<u>Policy Option Package Pricing:</u>	\$10,000,000		\$16,659,557	\$26,659,557

- 1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?**
- 2. WHY DOES (AGENCY NAME) PROPOSE THIS POP?**
- 3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?**
- 4. IS THIS POP TIED TO A (AGENCY NAME) PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL (AGENCY NAME) MEASURE THE SUCCESS OF THIS POP?**
- 5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.**
- 6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?**
- 7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?**

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): _____

End Date (if applicable): _____

- a. Will there be new responsibilities for (AGENCY NAME)? Specify which Program Area(s) and describe their new responsibilities.**
- b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected. See Addendum A - Administrative Services Division LC/POP Impact Questionnaire (at the end of this document).**
- c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**
- d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**

- e. **What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**

- f. **What are the ongoing costs?**

- g. **What are the potential savings?**

- h. **Based on these answers, is there a fiscal impact?**

TOTAL FOR THIS PACKAGE

<u>Category</u>	<u>GF</u>	<u>OF</u>	<u>FF</u>	<u>TF</u>	<u>Position</u>	<u>FTE</u>
Personal Services	\$0	\$0	\$0	\$0	0	0.00
Services & Supplies	\$0	\$0	\$0	\$0		
Capital Outlay	\$0	\$0	\$0	\$0		
Special Payments	\$10,000,000	\$0	\$16,659,557	\$26,659,557		
Other	\$0	\$0	\$0	\$0		
Total	\$0	\$0	\$0	\$0	0	0.00

(Agency Name) - Fiscal Impact Summary by Program Area:

	Program Area 1	Program Area 2	Program Area 3	Program Area 4	Total
General Fund	\$0	\$0	\$0	\$0	\$0
Other Fund	\$0	\$0	\$0	\$0	\$0
Federal Funds- Ltd	\$0	\$0	\$0	\$0	\$0
Total Funds	\$0	\$0	\$0	\$0	\$0
Positions	0	0	0	0	0
FTE	0.00	0.00	0.00	0.00	0.00

What are the sources of funding and the funding split for each one?