R E S O L U T I O N N O.: 58—2020-21

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN: ***2/3 MAJORITY – 24 VOTES***

Given the duration, uncertainty and demands of the COVID-19 pandemic, this resolution provides compensation in the form of Hazard Pay for eligible individuals that provide direct face-to-face contact in the health care setting. Individuals eligible for Hazard Pay must:

- Meet the Fair Labor Standards Act (FLSA) definition of Healthcare Worker:
  - Those employed at any doctor's office, hospital, health care center, clinic, post-secondary educational institution offering health care instruction, medical school, local health department or agency, nursing facility, retirement facility, nursing home, home health care provider, any facility that performs laboratory or medical testing, pharmacy, or any similar institution, employer or entity.
- Has direct face-to-face contact with clients to provide life-sustaining services.
- Works at a facility that requires 24/7 coverage and has mandated staffing requirements.
- Is a non-exempt/hourly employee.

The Hazard Pay would be a lump sum payment issued to the eligible individuals by the end of October 2020. This form of additional compensation is an eligible expenditure through the Routes to Recovery Program, which is a component of the Coronavirus Aid, Relief, and Economic Security (CARES) Act grant funding. It is not anticipated that this additional compensation will require any additional county funding. It is anticipated that the total costs will be approximately $241,500. Budget adjustments will be needed for various Brewster Village Salaries and related Fringe Benefits cost centers offset by an Allocated Applied Credit within each cost center, as the costs will be transferred to and tracked in the Disaster Cost Center-COVID 19. The budget adjustment for this cost center includes the offsetting Allocated Applied Expense and Intergovernmental Revenue.

NOW THEREFORE, the following resolution is presented by the Legislative/Audit and Human Resources Committee to the County Board.

BE IT RESOLVED, that the Outagamie County Board of Supervisors does hereby and herewith provide compensation in the form of Hazard Pay for eligible individuals that provide direct face-to-face contact in the health care setting, in the amounts as detailed in Attachment A, which by reference is made a part hereof, and

BE IT FURTHER RESOLVED, that the Outagamie County Board of Supervisors does approve of various budget adjustments to the Brewster Village Salaries and related Fringe Benefits cost centers offset by an Allocated Applied Credit in each cost center as the costs will be transferred to and tracked in cost center 1003603 Disaster Cost Center-COVID-19 as noted on the attached fiscal note and Attachment B, which by reference are made a part hereof, and

BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy of this resolution to the Outagamie County Finance Director, the Outagamie County Human Resources Director, and the Outagamie County Brewster Village Administrator.

Dated this ____ day of October 2020

Duly and officially adopted by the County Board on: _____

Signed: _____ _____
Board Chairperson County Clerk

Approved: _____ Vetoed: _____

Signed: _____
County Executive

OUTAGAMIE COUNTY FISCAL NOTE

INTRODUCTION: This form must be attached to any resolution or ordinance which contains a spending or revenue proposal. The form should be completed by an individual within the department initiating the resolution or ordinance with assistance from the Financial Services Department. Contact the Finance Director (1674), Controller (1675) or Staff Accountant (1681) for assistance. Once completed, forward a copy of the form to the Financial Services Department for their review. Financial Services will forward a reviewed copy of the fiscal note to Legislative Services.

1. **Subject:** Request for Hazard Pay for Brewster Village Health Care Workers

2. **Description:** This section must be completed for all fiscal notes. Briefly and concisely describe the request. State assumptions used and discuss any current year and long-term fiscal impacts. (A separate attachment can be used).

Given the duration, uncertainty and demands of the COVID-19 pandemic, this request is brought forward to provide compensation in the form of Hazard Pay for eligible individuals that provide direct face-to-face contact in the health care setting. Attachment A provides the purpose, eligibility requirements and hazard pay amounts based on the eligible individual's proration (based on average hours worked). This would be a lump sum payment issued to the eligible individuals by the end of October 2020. This form of additional compensation is an eligible expenditure through the Routes to Recovery Program, which is a component of the Coronavirus Aid, Relief, and Economic Security (CARES) Act grant funding. It is not anticipated that this additional compensation will require any additional county funding. It is anticipated that the total costs will be approximately $241,500. See Attachment B for the budget adjustment which increases Salaries and related Fringe Benefits in various Brewster Village cost centers offset by an Allocated Applied Credit within each cost center, as the costs will be transferred to and tracked in cost center 1003603 (Disaster Cost Center-COVID 19). The budget adjustment for this cost center includes the offsetting Allocated Applied Expense and Intergovernmental Revenue.

Current Year Budget Impact (Check one or more of the following boxes)

[X] Revenues [X] Expenses (Cost) [ ] None

3. Is the specific cost or revenue included in the current year's budget? yes ( ) no (X) partially ( )
4. If the proposal requests additional spending, can the additional cost be absorbed within the current year's line item? yes ( ) no (X) n/a ( )
5. Is the proposal to accept additional revenues only? yes ( ) no (X)
6. Does this request modify/adjust the current year budget? If no, skip to question 8 below. yes (X) no ( )
7. Detail current year budget changes. Please list cost center name, line item, account number and either the increase or decrease amount. (Please note that all budget adjustments must balance. For example, an increase in an expenditure account must be offset by a decrease in another expenditure account or the contingency fund or an increase in a revenue account or other funding sources such as fund balance applied.)

COST CENTER NAME	LINE ITEM (i.e. Salaries, Supplies, Etc.)	ACCOUNT NUMBER INCLUDING COST CENTER (i.e. 1004100.5100, 1004100.5400, etc.)	INCREASE (DECREASE) AMOUNT
See Attachment B			

Annual and Long-Term Impact

8. Is the above Increase/Decrease a nonrecurring one-time expense or revenue? yes (X) no ( ) n/a ( )
9. What is the anticipated annual and/or long-term cost or revenue impact? Annual Cost -
   Annual Revenue -

Fiscal Note Prepared by: Tim Neuman/Amber Schroeder/Yvette Mueller

For Financial Services purposes only	
Reviewed By:	If expenditures are recorded in the financial system at a level of detail lower than the level 6 as shown above, indicate the specific account numbers and amounts below: Detail Expenditures Account Number / Amount
Date: 9/30/2020	
Comments:	

Attachment A

HAZARD PAY SUMMARY FOR RESOLUTION REQUEST
LEGISLATIVE, AUDIT, HR COMMITTEE
SEPTEMBER 8, 2020

PURPOSE OF HAZARD PAY FOR HEALTH CARE WORKERS

Hazard pay means additional pay for performing hazardous duty or work involving physical hardship. Work duty that causes extreme physical discomfort and distress which is not adequately alleviated by protective devices is deemed to impose a physical hardship. Additional pay for dangerous or physically taxing work is commonly referred to as "hazard pay." A more apt name for this type of additional compensation however may be "incentive pay." The purpose of this increased compensation is to incentivize employees to take on "hazardous duty or work involving physical hardship." As a result of the current pandemic, our recommendation is to provide a form of hazard pay for healthcare workers, particularly those at the lower end of the pay scale, who are taking on additional risk of acquiring the virus.

ELIGIBILITY REQUIREMENTS

Individuals eligible for Hazard Pay must meet all the criteria below:

- ✓ Meets the Fair Labor Standards Act (FLSA) Definition of Healthcare Worker: *Those employed at any doctor's office, hospital, health care center, clinic, post-secondary educational institution offering health care instruction, medical school, local health department or agency, nursing facility, retirement facility, nursing home, home health care provider, any facility that performs laboratory or medical testing, pharmacy, or any similar institution, Employer, or entity.*
- ✓ Has direct face-to-face contact with clients to provide life-sustaining services.
- ✓ Works at a facility that requires 24/7 coverage and has mandated staffing requirements.
- ✓ Is a non-exempt/hourly employee.

Note: Only applies to Brewster Village employees. Other departments do not meet the Fair Labor Standards definition of a Healthcare Worker.

HAZARD PAY AMOUNTS – one time lump sum amount

$1000 – 80% or higher proration
$600 – 50%-79% proration
$300– Less than 50%

Note: Anticipated cost is $250k, covered by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Attachment B

Outagamie County - Brewster Village
Proposed Budget Entry for Hazard Pay

Cost Center Name	Line Item	Account Number	Increase (Decrease) Amount
Nursing Services	Salaries	5017100.5100	145,900
Nursing Services	Fringe Benefits	5017100.5200	21,100
Nursing Services	Allocated Applied Credit	5017100.5940	167,000
Activity/Occupational Therapy	Salaries	5017226.5100	21,000
Activity/Occupational Therapy	Fringe Benefits	5017226.5200	3,100
Activity/Occupational Therapy	Allocated Applied Credit	5017226.5940	24,100
Dietary Services	Salaries	5017550.5100	28,000
Dietary Services	Fringe Benefits	5017550.5200	4,100
Dietary Services	Allocated Applied Credit	5017550.5940	32,100
Plant Operations	Salaries	5017551.5100	3,000
Plant Operations	Fringe Benefits	5017551.5200	500
Plant Operations	Allocated Applied Credit	5017551.5940	3,500
Housekeeping	Salaries	5017552.5100	3,200
Housekeeping	Fringe Benefits	5017552.5200	500
Housekeeping	Allocated Applied Credit	5017552.5940	3,700
Central Supply	Salaries	5017661.5100	1,000
Central Supply	Fringe Benefits	5017661.5200	200
Central Supply	Allocated Applied Credit	5017661.5940	1,200
Medical Records	Salaries	5017663.5100	2,000
Medical Records	Fringe Benefits	5017663.5200	300
Medical Records	Allocated Applied Credit	5017663.5940	2,300
Administration	Salaries	5017665.5100	6,600
Administration	Fringe Benefits	5017665.5200	1,000
Administration	Allocated Applied Credit	5017665.5940	7,600
Disaster Cost Center - COVID 19	Allocated Applied Expense	1003603.5900	241,500
Disaster Cost Center - COVID 19	Intergovernmental Revenue	1003603.4280.99	241,500