

FISCAL NOTE

Return in triplicate)

Bill/Resolution No.: HB 1084 Amendment to: \_\_\_\_\_

Requested by Legislative Council Date of Request: 12-28-92

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, and cities.

Narrative:

We have no information on which to assess the fiscal impact where individuals make disqualifying transfers and then apply for Medicaid after the disqualification period which may last up to 30 months.

2. State fiscal effect in dollar amounts:

<u>1991-93</u> <u>Biennium</u>		<u>1993-95</u> <u>Biennium</u>		<u>1995-97</u> <u>Biennium</u>	
<u>General</u> <u>Fund</u>	<u>Special</u> <u>Funds</u>	<u>General</u> <u>Fund</u>	<u>Special</u> <u>Funds</u>	<u>General</u> <u>Fund</u>	<u>Special</u> <u>Funds</u>

Revenues:

Unknown

Unknown

Expenditures:

3. What, if any, is the effect of this measure on the appropriation for your agency or department:

a. For rest of 1991-93 biennium: -0-

b. For the 1993-95 biennium: Unknown

c. For the 1995-97 biennium: Unknown

4. County and City fiscal effect in dollar amounts:

<u>1991-93</u> <u>Biennium</u>		<u>1993-95</u> <u>Biennium</u>		<u>1995-97</u> <u>Biennium</u>	
<u>Counties</u>	<u>Cities</u>	<u>Counties</u>	<u>Cities</u>	<u>Counties</u>	<u>Cities</u>

If additional space is needed, attach a supplemental sheet.

Signed 

Typed Name Michael Schwindt

Date Prepared: January 18, 1993

Department Department of Human Services

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