

FISCAL NOTE

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Bill/Resolution No.: HB 1490 Amendment to: \_\_\_\_\_

Requested by Legislative Council Date of Request: 1-19-95

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 36 months.

2. State fiscal effect in dollar amounts:

1993-95 Biennium		1995-97 Biennium		1997-99 Biennium	
General Fund	Special Funds	General Fund	Special Funds	General Fund	Special Funds

Revenues:

-0-

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 1993-95 biennium: -0-

b. For the 1995-97 biennium: unknown

c. For the 1997-99 biennium: unknown

4. County and City fiscal effect in dollar amounts:

1993-95 Biennium		1995-97 Biennium		1997-99 Biennium	
Counties	Cities	Counties	Cities	Counties	Cities

If additional space is needed, attach a supplemental sheet.

Signed 

Typed Name Mike Schwindt

Date Prepared: 1-24-95

Department Human Services

Phone Number 328-4666