

FISCAL NOTE

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Bill / Resolution No.: _____

Amendment to: SB 2038

Requested by Legislative Council

Date of Request: 04/01/99

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

Narrative:

This bill allows a traumatic brain injury facility to be developed in the western part of the state. Due to the unknown circumstances regarding the likelihood on the conversion, the fiscal impact is unknown. If the facility would come on line on July 1, 1999, the Department estimates the cost of 10 beds to be \$567,072 for the 1999-01 biennium, of which \$168,680 is general funds.

The amendment to require the beds be converted from existing long term care or basic care beds does not affect the fiscal note as it is anticipated that the conversion will be from existing bed capacity that is or will be unoccupied. Thus, no savings in the Long Term Care or Basic Care budget will be realized.

2. State fiscal effect in dollar amounts:

| | 1997-1999 | | 1999-2001 | | 2001-2003 | |
|---------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|
| | Biennium | | Biennium | | Biennium | |
| | General Fund | Special Funds | General Fund | Special Funds | General Fund | Special Funds |
| Revenues: | | | | | | |
| Expenditures: | -0- | | 168,680 | 398,392 | 176,280 | 413,700 |

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

| | |
|----------------------------------|---------|
| a. For rest of 1997-99 biennium: | -0- |
| b. For the 1999-01 biennium: | 567,072 |
| c. For the 2001-03 biennium: | 589,980 |

4. County, City, and School District fiscal effect in dollar amounts:

| | 1997-1999 | | | 1999-2001 | | | 2001-2003 | | |
|--|-----------|--------|---------------------|-----------|--------|---------------------|-----------|--------|---------------------|
| | Biennium | | | Biennium | | | Biennium | | |
| | Counties | Cities | School Districts | Counties | Cities | School Districts | Counties | Cities | School Districts |
| | -0- | | | -0- | | | -0- | | |

If additional space is needed, attach a supplemental sheet.

Signed

Brenda M. Weisz

Typed Name

Brenda M. Weisz

Date Prepared: April 1, 1999

Department

Human Services

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