

OPERATING/PROGRAMMATIC

Legislative Fiscal Note

Ordinance Number _____

Ordinance Title (in Brief)

University of Kansas Hospital Authority

Medical Case Management Services

Does this Legislation Estimate New or Additional Revenues to the City?

No

Yes

If yes, please identify in which Fund these revenues will be deposited (e.g. General, Sales Tax) and provide the following revenue information:

| Revenue Detail | <u>FY 20</u> |
|-----------------|--------------|
| General Fund | |
| Special Revenue | \$0 |
| Enterprise | |
| Total: | <u>\$0</u> |

Does this Legislation increase appropriations in the current budget?

No

Yes

If Yes, please complete the following budget information:

| Expense Detail | <u>FY 20</u> |
|------------------|--------------|
| General Fund | |
| Special Revenue | \$0 |
| Enterprise/Other | |
| Total: | <u>\$0</u> |

Does this Legislation expand the scope of current city services?

No

Yes

(Please detail estimate number of people to be served, who is delivering services currently to that population, service performance expectations, and if grant supported, provisions for support if grant support ends.)

Is this legislation the result of a federal or state legislative mandate?

No

Yes

(If yes, please detail the purpose and source for that mandate).

Reviewed by:

Office of Management and Budget

OMB Approval Date _____