

CHAPTER 172

HEALTH CARE POLICY AND FINANCING

HOUSE BILL 96-1188

BY REPRESENTATIVES Kerns, Leyba, and Mace;
also SENATORS Wham and Bishop.

AN ACT

CONCERNING CERTAIN REVISIONS TO STATUTES RELATING TO THE STATE MEDICAL ASSISTANCE PROGRAM, AND MAKING AN APPROPRIATION IN CONNECTION THEREWITH.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 26-4-403 (4) (a) and (5), Colorado Revised Statutes, 1989 Repl. Vol., as amended, are amended to read:

26-4-403. Recoveries - overpayments - penalties - interest - adjustments - liens. (4) (a) When the state department has furnished medical assistance to or on behalf of a recipient pursuant to the provisions of this article for which a third party is liable, ~~for damages~~, the state department shall have an automatic statutory lien for all such medical assistance. The state department's lien shall be against the amount of the judgment, award, or settlement in a suit or claim against such third party and shall be payable after deducting from the judgment, award, or settlement for the recipient's attorney fees and reasonable litigation costs incurred in the preparation and prosecution of the action or claim.

(5) When the applicant or recipient, or his OR HER guardian, executor, administrator, or other appropriate representative, brings an action or asserts a claim ~~for damages~~ against any third party, such person shall give to the state department written notice of the action or claim by personal service or certified mail within fifteen days after filing the action or asserting the claim. Failure to comply with this subsection (5) shall make the recipient, legal guardian, executor, administrator, attorney, or other representative liable for the entire amount of medical assistance furnished to or on behalf of the recipient for the injuries ~~which~~ THAT gave rise to the action or claim. The state department may, after thirty days' written notice to such person, enforce its rights under subsection (4) of this section and this subsection (5)

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

in the district court of the city and county of Denver; except that liability of a person other than the recipient shall exist only if such person had knowledge that the recipient had received medical assistance or if excusable neglect is found by the court. The court shall award the state department its costs and attorney fees incurred in the prosecution of any such action.

SECTION 2. 26-4-404 (4) (b), Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended, and the said 26-4-404 (4) is further amended BY THE ADDITION OF A NEW PARAGRAPH, to read:

26-4-404. Providers - payments - rules. (4) (b) SUBJECT TO THE PROVISIONS OF PARAGRAPH (c) OF THIS SUBSECTION (4), the executive director of the state department has the authority to require a recipient of the medicaid program to select a managed care provider and to assign a recipient to a managed care provider if the recipient has failed to make a selection within a reasonable time. To the extent possible, this requirement shall be implemented on a statewide basis.

(c) THE STATE DEPARTMENT SHALL ENSURE THE FOLLOWING:

(I) A MANAGED CARE PROVIDER SHALL ALLOW A RECIPIENT TO DISENROLL AT ANY TIME;

(II) A MANAGED CARE PROVIDER SHALL ESTABLISH AND IMPLEMENT CONSUMER FRIENDLY PROCEDURES AND INSTRUCTIONS FOR DISENROLLMENT AND SHALL HAVE ADEQUATE STAFF TO EXPLAIN ISSUES CONCERNING SERVICE DELIVERY AND DISENROLLMENT PROCEDURES TO RECIPIENTS, INCLUDING STAFF TO ADDRESS THE COMMUNICATIONS NEEDS AND REQUIREMENTS OF RECIPIENTS WITH DISABILITIES.

(III) ALL RECIPIENTS SHALL BE ADEQUATELY INFORMED ABOUT SERVICE DELIVERY OPTIONS AVAILABLE TO THEM CONSISTENT WITH THE PROVISIONS OF THIS SUBPARAGRAPH (III). IF A RECIPIENT DOES NOT RESPOND TO A STATE DEPARTMENT REQUEST FOR SELECTION OF A DELIVERY OPTION WITHIN FORTY-FIVE CALENDAR DAYS, THE STATE DEPARTMENT SHALL SEND A SECOND NOTIFICATION TO THE RECIPIENT. IF THE RECIPIENT DOES NOT RESPOND WITHIN TWENTY DAYS OF THE DATE OF THE SECOND NOTIFICATION, THE STATE DEPARTMENT SHALL ENSURE THAT THE RECIPIENT REMAINS WITH THE RECIPIENT'S PRIMARY CARE PHYSICIAN, REGARDLESS OF WHETHER SAID PRIMARY CARE PHYSICIAN IS ENROLLED IN A HEALTH MAINTENANCE ORGANIZATION.

SECTION 3. 26-4-410 (4) (b), Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended, and the said 26-4-410 (4) is further amended BY THE ADDITION OF A NEW PARAGRAPH, to read:

26-4-410. Providers - nursing facility - nursing facility patient program improvement fund - reimbursement - maximum allowable - quality of care incentive payment program - repeal. (4) (b) Effective July 1, 1995, the maximum allowable reimbursement shall not exceed the following amounts in the following categories:

(I) **Administrative costs:** (A) Class I facilities: One hundred twenty percent of the weighted average actual costs of all class I facilities;

(B) Class II facilities: One hundred ~~forty~~ TWENTY percent of the weighted average actual costs of all class II facilities;

(C) Class IV facilities: One hundred ~~forty~~ TWENTY percent of the weighted average actual costs of all class IV facilities.

(II) **Health care - food costs:** (A) Class I facilities: One hundred twenty-five percent of the weighted average actual costs of all class I facilities;

(B) Class II facilities: One hundred ~~twenty-nine~~ TWENTY-FIVE percent of the weighted average actual costs of all class II facilities;

(C) Privately owned class IV facilities: One hundred ~~twenty-nine~~ TWENTY-FIVE percent of the weighted average actual costs of all class IV facilities.

(b.5) FOR THE PURPOSE OF CALCULATING THE MAXIMUM ALLOWABLE REIMBURSEMENT RATES IDENTIFIED IN SUBPARAGRAPHS (I) AND (II) OF PARAGRAPH (b) OF THIS SUBSECTION (4), COSTS SHALL BE IMPUTED TO THE EIGHTY-FIFTH PERCENTILE FOR URBAN FACILITIES WITH OCCUPANCY RATES BELOW EIGHTY-FIVE PERCENT.

SECTION 4. Part 4 of article 4 of title 26, Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW SECTION to read:

26-4-410.5. Providers - physicians - prohibition of certain referrals. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "FINANCIAL RELATIONSHIP" MEANS OWNERSHIP OR INVESTMENT INTEREST IN AN ENTITY FURNISHING HEALTH SERVICES OR A COMPENSATION ARRANGEMENT BETWEEN THE PHYSICIAN OR AN IMMEDIATE FAMILY MEMBER OF THE PHYSICIAN AND THE ENTITY. AN OWNERSHIP OR INVESTMENT INTEREST MAY BE REFLECTED IN EQUITY, DEBT, OR OTHER INSTRUMENTS.

(b) "IMMEDIATE FAMILY MEMBER OF THE PHYSICIAN" MEANS ANY SPOUSE, NATURAL OR ADOPTIVE PARENT, NATURAL OR ADOPTIVE CHILD, STEPPARENT, STEPCHILD, STEPBROTHER, STEPSISTER, IN-LAW, GRANDPARENT, OR GRANDCHILD OF THE PHYSICIAN.

(c) "PHYSICIAN" MEANS A DOCTOR OF MEDICINE OR OSTEOPATHY, DOCTOR OF DENTAL SURGERY OR OF DENTAL MEDICINE, DOCTOR OF PODIATRIC MEDICINE, DOCTOR OF OPTOMETRY, OR CHIROPRACTOR WHO IS LICENSED PURSUANT TO TITLE 12, C.R.S.

(2) EXCEPT AS PROVIDED IN SUBSECTION (4) OF THIS SECTION, PHYSICIANS ENROLLED IN THE MEDICAL ASSISTANCE PROGRAM ARE PROHIBITED FROM MAKING A REFERRAL TO AN ENTITY FOR THE FURNISHING OF THE FOLLOWING HEALTH SERVICES IF THE PHYSICIAN OR AN IMMEDIATE FAMILY MEMBER OF THE PHYSICIAN HAS A FINANCIAL RELATIONSHIP WITH THE ENTITY:

(a) CLINICAL LABORATORY SERVICES;

- (b) PHYSICAL THERAPY SERVICES;
- (c) OCCUPATIONAL THERAPY SERVICES;
- (d) RADIOLOGY AND OTHER DIAGNOSTIC SERVICES;
- (e) RADIATION THERAPY SERVICES;
- (f) DURABLE MEDICAL EQUIPMENT;
- (g) PARENTERAL OR ENTERAL NUTRIENTS, EQUIPMENT, AND SUPPLIES;
- (h) PROSTHETICS, ORTHOTICS, AND PROSTHETIC DEVICES;
- (i) HOME HEALTH SERVICES;
- (j) OUTPATIENT PRESCRIPTION DRUGS; AND
- (k) INPATIENT AND OUTPATIENT HOSPITAL SERVICES.

(3) ANY ENTITY THAT PROVIDES THE HEALTH SERVICES IDENTIFIED IN SUBSECTION (2) OF THIS SECTION AS A RESULT OF A PROHIBITED REFERRAL SHALL NOT PRESENT A CLAIM OR BILL TO ANY INDIVIDUAL, THIRD-PARTY PAYOR, OR OTHER ENTITY FOR THE HEALTH SERVICES.

(4) EACH ENTITY THAT PROVIDES THE HEALTH SERVICES IDENTIFIED IN SUBSECTION (2) OF THIS SECTION SHALL PROVIDE TO THE STATE DEPARTMENT, UPON ITS REQUEST AND IN THE FORM THAT IT SPECIFIES, INFORMATION CONCERNING THE ENTITY'S OWNERSHIP ARRANGEMENTS INCLUDING:

(a) THE ITEMS AND SERVICES PROVIDED BY THE ENTITY;

(b) THE NAMES AND PHYSICIAN IDENTIFICATION NUMBERS OF ALL PHYSICIANS WITH AN OWNERSHIP OR INVESTMENT INTEREST IN THE ENTITY OR WHOSE IMMEDIATE FAMILY MEMBERS HAVE AN OWNERSHIP OR INVESTMENT INTEREST IN THE ENTITY.

(5) A PHYSICIAN DOES NOT HAVE A FINANCIAL RELATIONSHIP WITH AN ENTITY BASED UPON THE FOLLOWING:

(a) OWNERSHIP AND COMPENSATION ARRANGEMENTS FOR:

(I) PHYSICIAN SERVICES PROVIDED BY ANOTHER PHYSICIAN IN THE SAME GROUP PRACTICE AS THE REFERRING PHYSICIAN;

(II) IN-OFFICE ANCILLARY SERVICES PROVIDED BY ANOTHER PHYSICIAN WHO IS A MEMBER OF THE SAME GROUP PRACTICE AS THE REFERRING PHYSICIAN OR BY INDIVIDUALS WHO ARE EMPLOYED BY THE OTHER PHYSICIAN OR THE GROUP PRACTICE;

(III) MEDICAL OR OTHER HEALTH CARE SERVICES PROVIDED BY AN ORGANIZATION RECEIVING PAYMENTS ON A PREPAID BASIS TO AN INDIVIDUAL ENROLLED IN THE ORGANIZATION; OR

(IV) FINANCIAL RELATIONSHIPS WITH A HOSPITAL IF THE FINANCIAL RELATIONSHIP DOES NOT RELATE TO THE HEALTH SERVICES IDENTIFIED IN SUBSECTION (2) OF THIS SECTION;

(b) OWNERSHIP OR INVESTMENT INTERESTS IN:

(I) PUBLICLY TRADED SECURITIES; OR

(II) HOSPITALS LOCATED IN PUERTO RICO, RURAL AREA ENTITIES, OR A HOSPITAL AT WHICH THE REFERRING PHYSICIAN IS AUTHORIZED TO PERFORM SERVICES AND THE OWNERSHIP OR INVESTMENT IS IN THE HOSPITAL ITSELF AND NOT IN A SUBDIVISION OF THE HOSPITAL;

(c) COMPENSATION ARRANGEMENTS CONCERNING:

(I) RENTAL OF OFFICE SPACE;

(II) EMPLOYMENT AND SERVICE ARRANGEMENTS WITH HOSPITALS;

(III) OTHER SERVICE ARRANGEMENTS WITH AN ENTITY OTHER THAN A HOSPITAL;

(IV) PHYSICIAN RECRUITMENT;

(V) ISOLATED FINANCIAL TRANSACTIONS; OR

(VI) SALARIED PHYSICIANS IN A GROUP PRACTICE.

(6) IF A PHYSICIAN REFERS A PATIENT FOR HEALTH SERVICES IN VIOLATION OF THIS SECTION OR THE ENTITY REFUSES TO PROVIDE THE INFORMATION REQUIRED IN SUBSECTION (4) OF THIS SECTION, THE STATE DEPARTMENT MAY:

(a) DENY ANY CLAIMS FOR PAYMENT FROM THE PHYSICIAN OR ENTITY;

(b) REQUIRE THE PHYSICIAN OR ENTITY TO REFUND PAYMENTS FOR SERVICES;

(c) REFER THE MATTER TO THE APPROPRIATE AGENCY FOR MEDICAL ASSISTANCE FRAUD INVESTIGATION; OR

(d) TERMINATE THE PHYSICIAN'S OR ENTITY'S PARTICIPATION IN THE MEDICAL ASSISTANCE PROGRAM.

SECTION 5. 26-4-502 (2), Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended, and the said 26-4-502 is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:

26-4-502. Special definitions relating to nursing facility reimbursement. As used in this part 5, and for purposes of section 26-4-410, unless the context otherwise requires:

(1.5) "ADMINISTRATION, PROPERTY, AND ROOM AND BOARD COSTS" MEANS COSTS IN THE FOLLOWING CATEGORIES:

(a) ADVERTISING, RECRUITMENT, AND PUBLIC RELATIONS, TO THE EXTENT THAT SUCH COSTS ARE NECESSARY, REASONABLE, AND PATIENT-RELATED;

(b) TRAVEL AND TRAINING OF FACILITY STAFF, UNLESS THE TRAVEL INCLUDES RESIDENTS OF THE FACILITY OR THE TRAINING IS FOR THE FACILITY STAFF DESCRIBED IN PARAGRAPH (a) OF SUBSECTION (2) OF THIS SECTION;

(c) ALL OTHER COSTS THAT ARE NOT HEALTH CARE SERVICES, FOOD COSTS, OR CAPITAL-RELATED ASSETS.

(2) "Health care services" means the following categories of patient support services, including, where applicable, salaries, payroll taxes, workers' compensation payments, training, and other employee benefits:

(a) Registered nurses, licensed practical nurses, aides, medical records librarians, social workers, and activity ~~directors~~ PERSONNEL;

(b) Nonprescription drugs ordered by a physician;

(c) Consultant fees for nursing, medical records, patient activities, social workers, pharmacies, physicians, and therapies;

(d) Repair expenses FOR HEALTH CARE EQUIPMENT, PURCHASES OF HEALTH CARE EQUIPMENT, HEALTH CARE equipment rentals, ~~minor equipment expenses~~, and supplies for nursing, medical records, social workers, activity ~~directors~~ PERSONNEL, and recreational therapy;

(e) Medical director fees;

(f) Therapies and services, including:

(I) Utilization review;

(II) Dental care, when required by federal law;

(III) Audiology;

(IV) Psychology;

(V) Physical therapy;

(VI) Recreational therapy; and

(VII) Occupational therapy;

(g) Other patient support services determined and defined by the medical services board pursuant to rule and regulation.

(h) PURCHASE OR RENTAL OF MOTOR VEHICLES AND RELATED EXPENSES FOR OPERATING OR MAINTAINING THE VEHICLES TO THE EXTENT THAT THEY ARE USED TO TRANSPORT RESIDENTS TO ACTIVITIES OR MEDICAL APPOINTMENTS;

(i) MALPRACTICE INSURANCE;

(j) DEPRECIATION AND INTEREST FOR MAJOR HEALTH CARE EQUIPMENT, SUCH AS EQUIPMENT PURCHASED FOR THE SOLE PURPOSE OF PROVIDING CARE TO FACILITY RESIDENTS; AND

(k) PHOTOCOPYING RELATED TO HEALTH CARE PURPOSES SUCH AS MEDICAL RECORDS OF PATIENTS.

SECTION 6. 26-4-517, Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended to read:

26-4-517. Private-duty nursing. (1) The medical assistance program in this state shall include medicaid services for private-duty nursing ~~and for services to persons who are technology dependent who are~~ AND OTHERWISE eligible as provided under this section.

~~(2)(a) The state department shall control the utilization of medicaid services for private-duty nursing and for services to individuals who are technology dependent by using the medical necessity criteria in this paragraph (a) to determine the persons eligible to receive such services. Persons with the following medical necessity criteria shall be eligible for such services:~~

~~(I) Persons who are dependent at least part of each day on mechanical ventilators;~~
~~or~~

~~(II) Persons requiring prolonged intravenous administration of nutritional substances or drugs; or~~

~~(III) Persons with daily dependence on other device-based respiratory or nutritional support, including tracheostomy tube care, suctioning, oxygen support, or tube feeding.~~

~~(b) In addition to the medical necessity criteria in paragraph (a) of this subsection (2), the state department shall use the following additional guidelines in operating the program for private-duty-nursing and for services to individuals who are technology dependent:~~

~~(I) Clients must be discharged from a hospital in which they had been residing for more than ten days;~~

~~(II) The client's physician must certify at least every sixty days that without these services the client would be in a hospital;~~

~~(III) The client must have an able and willing caregiver in the home who will take as much responsibility as possible for the client's care.~~

~~(c) (I) In order to assure continued cost-effective and safe services delivery pursuant to this subsection (2), the state department is authorized to seek a waiver from the federal department of health and human services which would allow the state department to continue the requirement that clients who are technology dependent and~~

~~meet the medical criteria set forth in paragraph (a) of this subsection (2) must be hospitalized prior to receiving private duty nursing services. Services provided under such waiver shall be limited to private-duty nursing and case management.~~

~~(H) Private-duty nursing services will be available to those persons categorically eligible and may be utilized by persons who are eighteen years of age or older, whose gross income does not exceed three hundred percent of the current federal supplemental security income benefit level, whose resources do not exceed the limit established by the state department for individuals receiving a mandatory minimum state supplementation of SSI benefits pursuant to section 26-2-204, and for whom a licensed physician certifies that such services provide the only cost-effective alternative to hospitalization.~~

~~(III) In no instance shall an individual be eligible for the private duty nursing services if the state department makes at least one of the following determinations:~~

~~(A) The general fund costs for private-duty nursing services exceed the general fund costs otherwise projected to be expended for that individual's care; or~~

~~(B) The quality of the medical care to the technology dependent individual in a noninstitutional setting cannot be maintained and would result in an overall increased risk to the individual's health and safety.~~

~~(3) This section is repealed upon approval of the home and community-based private-duty nurse waiver authorized in paragraph (c) of subsection (2) of this section. The state department shall inform the general assembly within three months after the waiver is received.~~

(2) A RECIPIENT IS ELIGIBLE FOR PRIVATE-DUTY NURSING SERVICES IF HE OR SHE:

(a) IS DEPENDENT ON TECHNOLOGY AT LEAST PART OF EACH DAY;

(b) REQUIRES PRIVATE-DUTY NURSING CARE AS DETERMINED IN ACCORDANCE WITH STATE DEPARTMENT RULES;

(c) IS ABLE TO BE SERVED SAFELY UNDER THE LIMITATIONS OF THE PRIVATE-DUTY NURSING BENEFIT AND WITHIN THE AVAILABILITY OF SERVICES; AND

(d) IS NOT RESIDING IN A NURSING FACILITY OR HOSPITAL AT THE TIME OF THE DELIVERY OF THE PRIVATE-DUTY NURSING SERVICES.

(3) (a) THE STATE DEPARTMENT SHALL ESTABLISH RULES IN ACCORDANCE WITH THIS SECTION THAT IDENTIFY MEDICAL CRITERIA FOR DETERMINING THE CIRCUMSTANCES UNDER WHICH PRIVATE-DUTY NURSING SERVICES WILL BE DELIVERED TO ASSURE THAT ONLY PERSONS WHO NEED THE SERVICES RECEIVE THEM AND ONLY TO THE EXTENT MEDICALLY NECESSARY.

(b) PRIVATE-DUTY NURSING SERVICES SHALL NOT BE PROVIDED AS TWENTY-FOUR-HOUR CARE EXCEPT IN SPECIAL CIRCUMSTANCES AND FOR LIMITED TIME PERIODS AS ESTABLISHED BY THE STATE DEPARTMENT PURSUANT TO THIS SECTION.

(4) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES, "PRIVATE-DUTY NURSING" MEANS NURSING CARE THAT IS MORE INDIVIDUALIZED AND CONTINUOUS THAN BOTH THE NURSING CARE AVAILABLE UNDER THE HOME HEALTH BENEFIT AND THE NURSING CARE ROUTINELY PROVIDED IN A HOSPITAL OR NURSING FACILITY.

SECTION 7. 26-4-610 (1) (a), Colorado Revised Statutes, 1989 Repl. Vol., as amended, is repealed as follows:

26-4-610. Duties of state department. (1) The state department shall:

(a) ~~On or before October 1 of each year, provide the general assembly with a report on the availability and quality of alternative care services, home health services, and home and community-based services for the elderly, blind, and disabled and for persons living with acquired immune deficiency syndrome provided in the state and the costs associated therewith. Such report may include recommendations for appropriate state and federal legislation, rules and regulations, and other actions which would enhance the availability, appropriate utilization, and coordination of such services in the state.~~

SECTION 8. 15-12-805 (1) (f.5), Colorado Revised Statutes, 1987 Repl. Vol., as amended, is amended to read:

15-12-805. Classification of claims. (1) If the applicable assets of the estate are insufficient to pay all claims in full, the personal representative shall make payment in the following order:

(f.5) The claim of the department of ~~human services~~ HEALTH CARE POLICY AND FINANCING for the net amount of medical assistance, as defined in section 26-4-403.3 (5), C.R.S., paid to or for the decedent;

SECTION 9. 15-14-409.7 (1) and (2), the introductory portion to 15-14-409.7 (3), and 15-14-409.7 (3) (f), Colorado Revised Statutes, 1987 Repl. Vol., as amended, are amended to read:

15-14-409.7. Income trusts - limitations. (1) An income trust within the meaning of this section is a ~~court-approved~~ trust established for the benefit of an individual that consists only of pension income, social security, and other monthly income to the individual and accumulated income in the trust and that is established for the purpose or with the effect of establishing or maintaining income eligibility for certain medical assistance.

(2) ~~The court shall not authorize, direct, or ratify an income trust for any category of public assistance other than nursing home care or home and community-based services.~~ AN INCOME TRUST SHALL NOT BE EFFECTIVE FOR ESTABLISHING OR MAINTAINING INCOME ELIGIBILITY FOR ANY CATEGORY OF PUBLIC ASSISTANCE OTHER THAN NURSING HOME CARE OR HOME AND COMMUNITY-BASED SERVICES.

(3) ~~The court shall not authorize, direct, or ratify an income trust unless the trust meets~~ IN ORDER TO ESTABLISH OR MAINTAIN INCOME ELIGIBILITY, AN INCOME TRUST SHALL MEET all of the following criteria:

(f) The applicant's monthly gross income from all sources, without reference to the ~~court-approved~~ trust, exceeds the income eligibility standard for medical assistance then in effect but is less than the average private pay rate for nursing home care for the geographic region in which the applicant lives.

SECTION 10. 26-4-606 (3), Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended to read:

26-4-606. Eligible groups. (3) A person eligible for home and community-based services for the developmentally disabled, as such person is described in section 26-4-623 (2), shall not be eligible for home and community-based services for the elderly, blind, and disabled pursuant to this subpart 1, UNLESS THE NEED FOR SUCH SERVICES IS PRIMARILY DUE TO PHYSICAL IMPAIRMENTS THAT ARE NOT CAUSED BY ANY DIAGNOSIS INCLUDED IN THE DEFINITION OF DEVELOPMENTAL DISABILITY.

SECTION 11. Adjustments to the 1996 long bill. (1) For the implementation of this act, appropriations made in the annual general appropriation act for the fiscal year beginning July 1, 1996, shall be adjusted as follows:

(a) The appropriation to the department of health care policy and financing, medical services division, is reduced by eighty-four thousand six hundred sixty-seven dollars (\$84,667), of which sum forty thousand three hundred forty-four dollars (\$40,344) shall be from the general fund and shall be subject to the "(M)" notation as defined in the general appropriation act, and forty-four thousand three hundred twenty-three dollars (\$44,323) shall be from federal funds.

(b) The general fund appropriation to the judicial department is reduced by twenty-six thousand nine hundred two dollars (\$26,902) and 0.8 FTE.

SECTION 12. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: May 23, 1996