Assembly that the Medical Care Provider Reimbursements appropriation be expended in accordance with the budget detail presented to and approved by the General Assembly. Should the department wish to make a regulatory, policy, or procedural change which has an increase or decrease greater than $300,000 on the program's budget, whether or not the increase or decrease is offset in whole or in part by other action, it shall inform the budget committees of the changes and the committees shall have 45 days to review and consider it before it becomes effective. Further, it is the intent of the General Assembly that undisputed billings submitted by community services providers be processed promptly and payments made within 30 days of receipt. To the extent that failure to do so on the part of the department results in a documented financial burden to a provider in the form of reasonable costs associated with interest payments on line-of-credit or loan borrowings, those costs are to be assumed by the department. Further, to the extent that the department must assume these interest costs, they may not be paid from funds appropriated for the community services programs, but rather from general funds appropriated for administrative programs.

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| 32.17.01.04 Medical Care Policy Administration | | |
| General Fund Appropriation | 7,295,233 | |
| Special Fund Appropriation | 64,763 | |
| Federal Fund Appropriation | 3,656,298 | 11,016,294 |
| 32.17.01.05 Medical Care Finance and Compliance Administration | | |
| General Fund Appropriation | 6,045,203 | |
| Federal Fund Appropriation | 6,059,288 | 12,104,491 |
| 32.17.01.06 Kidney Disease Treatment Services | | |
| General Fund Appropriation | 6,126,395 | |
| Special Fund Appropriation | 368,500 | 6,494,895 |