- +5)--Abb (6) STRONGLY URGE HEALTH CARE PROVIDERS HAVE A--SOCIAb--RESPONSIBIBITY--TO--SERVE--THE--INDIGENT-POPULATION TO PARTICIPATE IN THE PROGRAM AND THEREBY ADDRESS THE NEEDS OF PROGRAM RECIPIENTS;
- (6)--Abb (7) REQUIRE HEALTH CARE PROVIDERS WHO PARTICIPATE IN THE PROGRAM SHABB TO PROVIDE ACCESS TO PROGRAM RECIPIENTS ON A NONDISCRIMINATORY BASIS IN ACCORDANCE WITH STATE AND FEDERAL LAW;
- {7}--THE--PROGRAM--SHALL--PROMOTE--SELF--RELIANCE--AND
 INDIVIDUAL-RESPONSIBILITY-RATHER--THAN--LONG-TERM--DEPENDENCE--ON
 PUBLIC-ASSISTANCE;
- +8}--PROGRAM--BENEFITS--SHALL-PROMOTE-THE-CONTINUATION
 OF-GOOD-HEALTH-HABITS-AFTER-PROGRAM-ELIGIBILITY-TERMINATES;
- (8) SEEK TO PROVIDE APPROPRIATE LEVELS OF REIMBURSEMENT FOR PROVIDERS TO ENCOURAGE GREATER PARTICIPATION BY PROVIDERS IN THE PROGRAM;
- (9) PROMOTE INDIVIDUAL RESPONSIBILITY FOR MAINTAINING GOOD HEALTH HABITS;
- (10) ENCOURAGE THE PROGRAM AND MARYLAND'S HEALTH CARE REGULATORY SYSTEM SHABE TO WORK TO COOPERATIVELY PROMOTE THE DEVELOPMENT OF AN APPROPRIATE MIX OF HEALTH CARE PROVIDERS, LIMIT COST INCREASES FOR THE DELIVERY OF HEALTH CARE TO PROGRAM RECIPIENTS, AND INSURE THE DELIVERY OF QUALITY HEALTH CARE TO PROGRAM RECIPIENTS;
- (10)--THE-PROGRAM-SHALL (11) ENCOURAGE THE DEVELOPMENT AND UTILIZATION OF COST-EFFECTIVE AND PREVENTIVE ALTERNATIVES TO THE DELIVERY OF HEALTH CARE SERVICES TO APPROPRIATE PROGRAM RECIPIENTS IN INPATIENT INSTITUTIONAL SETTINGS;
- (12) ENCOURAGE THE APPROPRIATE EXECUTIVE AGENCIES SHALL TO COORDINATE THE ELIGIBILITY DETERMINATION, POLICY, OPERATIONS, AND COMPLIANCE COMPONENTS OF THE PROGRAM;
- (12)--RECOGNIZING-THAT-THE-HIGH-COSTS-ASSOCIATED--WITH THE--DELIVERY--OF-HEALTH-CARE-SERVICES-IN-INPATIENT-INSTITUTIONAL SETTINGS-DRIVES-THE-PROGRAM'S-BUDGET,-THE-PROGRAM-SHALL
- (13) WORK WITH REPRESENTATIVES OF THOSE INPATIENT INSTITUTIONS, THIRD PARTY PAYORS, AND THE APPROPRIATE STATE AGENCIES TO CONTAIN PROGRAM COSTS;
- (13)--THE-PROGRAM-SHALL-WORK-WITH-THOSE-STATE-AGENCIES THAT-PROVIDE, DIRECTLY-OR-INDIRECTLY, PFOR-THE-DELIVERY-OF-HEALTH CARE-SERVICES-TO (14) IDENTIFY AND SEEK TO DEVELOP AN OPTIMAL MIX OF STATE, FEDERAL, AND PRIVATELY FINANCED HEALTH CARE