

(iii) Shall provide, subject to the limitations of the State budget, family planning [service] SERVICES to women currently eligible for comprehensive medical care and other health care under item (ii) of this paragraph for 5 years after the second month following the month in which the woman delivers her child;

(iv) Shall provide, subject to the limitations of the State budget [and the availability of federal funds], comprehensive medical and other health care SERVICES for all children from the age of 1 year up through and including the age of 5 years whose family income falls below 133 percent of the poverty level, as permitted by the federal law;

(v) Shall provide, subject to the limitations of the State budget [and the availability of federal funds], comprehensive medical care and other health care SERVICES for all children born after September 30, 1983 who are at least 6 years of age but are under 19 years of age whose family income falls below 100 percent of the poverty level, as permitted by federal law; [and]

~~(VI) MAY PROVIDE, SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET AND AS PERMITTED BY FEDERAL LAW OR WAIVER, GUARANTEED ELIGIBILITY FOR A PERIOD NOT TO EXCEED 6 MONTHS, AND~~

[(vi)] ~~(VI)~~ (VII) May include bedside nursing care for eligible Program recipients; AND

~~(VIII) (VII) SHALL PROVIDE SERVICES IN ACCORDANCE WITH FUNDING RESTRICTIONS INCLUDED IN THE ANNUAL STATE BUDGET BILL.~~

(3) Subject to restrictions in federal law or waivers, the Department may impose cost-sharing on Program recipients.

(b) (1) [The] AS PERMITTED BY FEDERAL LAW OR WAIVER, THE Secretary may establish a program under which Program recipients are required to enroll in managed care [plans] ORGANIZATIONS.

~~(2) THE DEPARTMENT MAY CONTRACT DIRECTLY WITH A MANAGED CARE ORGANIZATION TO SERVE PROGRAM RECIPIENTS WITH SPECIAL NEEDS, AS DEFINED BY THE DEPARTMENT, PROVIDED THAT THE MANAGED CARE ORGANIZATION AGREES TO PROVIDE OR TO ARRANGE TO PROVIDE ALL OF THE SERVICES REQUIRED TO BE PROVIDED BY A MANAGED CARE ORGANIZATION.~~

(2) (1) THE BENEFITS REQUIRED BY THE PROGRAM DEVELOPED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE ADOPTED BY REGULATION AND SHALL BE EQUIVALENT TO THE BENEFIT LEVEL REQUIRED BY THE MARYLAND MEDICAL ASSISTANCE PROGRAM ON JANUARY 1, 1996.

(II) NOTHING IN THIS PARAGRAPH MAY BE CONSTRUED TO PROHIBIT A MANAGED CARE ORGANIZATION FROM OFFERING ADDITIONAL BENEFITS, IF THE MANAGED CARE ORGANIZATION IS NOT RECEIVING CAPITATION PAYMENTS BASED ON THE PROVISION OF THE ADDITIONAL BENEFITS.

(3) SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET AND AS PERMITTED BY FEDERAL LAW OR WAIVER, THE PROGRAM DEVELOPED UNDER