(III) REIMBURSE ADULT DAY CARE FACILITIES NOT LESS THAN THE RATE DETERMINED BY THE DEPARTMENT FOR THE MEDICAL ASSISTANCE PROGRAM;

(IV) REIMBURSE HOSPITALS IN ACCORDANCE WITH THE RATES ESTABLISHED BY THE HEALTH SERVICES COST REVIEW COMMISSION;

(V) FOR ENROLLEES WITH COMPLEX, LONG-TERM CARE NEEDS, USE A COMPREHENSIVE CARE AND SUPPORT MANAGEMENT TEAM, INCLUDING THE PRIMARY CARE PROVIDER, NURSE MANAGER, CASE MANAGER, AND OTHERS AS APPROPRIATE; AND

(VI) REIMBURSE A HOSPITAL EMERGENCY FACILITY AND PROVIDER FOR:

1. HEALTH CARE SERVICES THAT MEET THE DEFINITION OF EMERGENCY SERVICES UNDER § 19-701 OF THIS ARTICLE;

2. MEDICAL SCREENING SERVICES RENDERED TO MEET THE REQUIREMENTS OF THE FEDERAL EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT;

3. MEDICALLY NECESSARY SERVICES IF THE COMMUNITY CARE ORGANIZATION AUTHORIZED, REFERRED, OR OTHERWISE ALLOWED THE ENROLLEE TO USE THE EMERGENCY FACILITY AND THE MEDICALLY NECESSARY SERVICES ARE RELATED TO THE CONDITION FOR WHICH THE ENROLLEE WAS ALLOWED TO USE THE EMERGENCY FACILITY; AND

4. MEDICALLY NECESSARY SERVICES THAT RELATE TO THE CONDITION PRESENTED AND THAT ARE PROVIDED BY THE PROVIDER IN THE EMERGENCY FACILITY TO THE ENROLLEE IF THE COMMUNITY CARE ORGANIZATION FAILS TO PROVIDE 24-HOUR ACCESS TO A PHYSICIAN AS REQUIRED BY THE DEPARTMENT.

(2) A PROVIDER MAY NOT BE REQUIRED TO OBTAIN PRIOR AUTHORIZATION OR APPROVAL FOR PAYMENT FROM A COMMUNITY CARE ORGANIZATION IN ORDER TO OBTAIN REIMBURSEMENT UNDER PARAGRAPH (1) (VI) OF THIS SUBSECTION.

(3) NOTHING IN THIS SUBSECTION PROHIBITS A COMMUNITY CARE ORGANIZATION FROM PROVIDING A BONUS OR INCENTIVE FOR QUALITY IMPROVEMENTS.

(N) SAVINGS FROM THE PROGRAM DEVELOPED UNDER THIS SECTION ~~MAY~~ *SHALL* BE USED TO:

(1) ASSIST MEDICALLY AND FUNCTIONALLY IMPAIRED INDIVIDUALS IN THE COMMUNITY, OR WHEN DISCHARGED FROM A HOSPITAL, TO RECEIVE HOME- AND COMMUNITY-BASED WAIVER SERVICES;

(2) INCREASE REIMBURSEMENT RATES TO COMMUNITY PROVIDERS; AND