

1. WHO DO NOT MEET REQUIREMENTS, SUCH AS AGE, DISABILITY, OR PARENT OR CARETAKER RELATIVE OF A DEPENDENT CHILD, FOR A FEDERAL CATEGORY OF ELIGIBILITY FOR MEDICAID;

2. WHOSE ANNUAL HOUSEHOLD INCOME IS AT OR BELOW 116 PERCENT OF THE POVERTY LEVEL; AND

3. WHO ARE NOT ENROLLED IN THE FEDERAL MEDICARE PROGRAM, AS ENACTED BY TITLE XVIII OF THE SOCIAL SECURITY ACT;

[(ix)] (XI) May include bedside nursing care for eligible Program recipients; and

[(x)] (XII) 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:

(I) [impose] IMPOSE cost-sharing on Program recipients; AND

(II) FOR ADULTS WHO DO NOT MEET REQUIREMENTS FOR A FEDERAL CATEGORY OF ELIGIBILITY FOR MEDICAID:

1. CAP ENROLLMENT; AND

2. LIMIT THE BENEFIT PACKAGE.

(b) (23) [(vii) An individual who was enrolled in the Primary Adult Care Program established under § 15-140 of this subtitle within 120 days of becoming eligible for the HealthChoice Program shall be enrolled automatically in the same managed care organization in which the individual was enrolled under the Primary Adult Care Program, if the managed care organization is participating in the HealthChoice Program.]

[15-140.

(a) In this section, "Program" means the Primary Adult Care Program.

(b) (1) There is a Primary Adult Care Program within the Program.

(2) The purpose of the Primary Adult Care Program is to: