

B. TRAINING AND CLINICAL GUIDANCE IN APPROPRIATE USE OF THE DELIVERY SYSTEM FOR MANAGED CARE ORGANIZATION PRIMARY CARE PROVIDERS;

C. PREAUTHORIZATION BY THE UTILIZATION REVIEW AGENT OF THE DELIVERY SYSTEM; AND

D. PENALTIES FOR A PATTERN OF IMPROPER REFERRALS.

(III) THE DEPARTMENT SHALL COLLABORATE WITH MANAGED CARE ORGANIZATIONS TO DEVELOP STANDARDS AND GUIDELINES FOR THE PROVISION OF SPECIALTY MENTAL HEALTH SERVICES.

(IV) THE DELIVERY SYSTEM SHALL:

1. PROVIDE ALL SPECIALTY MENTAL HEALTH SERVICES NEEDED BY ENROLLEES;

2. FOR ENROLLEES WHO ARE DUALY-DIAGNOSED, COORDINATE THE PROVISION OF SUBSTANCE ABUSE SERVICES PROVIDED BY THE MANAGED CARE ORGANIZATIONS OF THE ENROLLEES;

3. CONSIST OF A NETWORK OF QUALIFIED MENTAL HEALTH PROFESSIONALS FROM ALL CORE DISCIPLINES;

4. INCLUDE LINKAGES WITH OTHER PUBLIC SERVICE SYSTEMS;

AND

5. COMPLY WITH QUALITY ASSURANCE, ENROLLEE INPUT, DATA COLLECTION, AND OTHER REQUIREMENTS SPECIFIED BY THE DEPARTMENT IN REGULATION.

(V) THE DEPARTMENT MAY CONTRACT WITH A MANAGED CARE ORGANIZATION FOR DELIVERY OF SPECIALTY MENTAL HEALTH SERVICES IF THE MANAGED CARE ORGANIZATION MEETS THE PERFORMANCE STANDARDS ADOPTED BY THE DEPARTMENT IN REGULATIONS.

(16) THE DEPARTMENT SHALL INCLUDE A DEFINITION OF MEDICAL NECESSITY IN ITS QUALITY AND ACCESS STANDARDS.

(17) (I) THE DEPARTMENT SHALL ADOPT REGULATIONS RELATING TO ENROLLMENT, DISENROLLMENT, AND ENROLLEE APPEALS.

~~(II) THE REGULATIONS SHALL PERMIT AN ENROLLEE TO DISENROLL WITHOUT CAUSE FROM A MANAGED CARE ORGANIZATION IN THE MONTH FOLLOWING THE ANNIVERSARY DATE OF THE ENROLLEE'S ENROLLMENT.~~

~~(III) AN ENROLLEE MAY DISENROLL FROM A MANAGED CARE ORGANIZATION FOR CAUSE.~~

(II) AN ENROLLEE MAY DISENROLL FROM A MANAGED CARE ORGANIZATION: