

15-141.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "COMMUNITY CARE ORGANIZATION" MEANS AN ORGANIZATION APPROVED BY THE DEPARTMENT THAT ARRANGES FOR HEALTH CARE SERVICES WITH THE GOAL OF PROMOTING THE DELIVERY OF SERVICES IN THE MOST APPROPRIATE, COST-EFFECTIVE SETTING.

(3) "COMMUNITY CHOICE PROGRAM" MEANS A PROGRAM THAT DELIVERS SERVICES IN ACCORDANCE WITH THE WAIVER DEVELOPED UNDER THIS SECTION.

(B) (1) ON OR BEFORE NOVEMBER 1, 2004, THE DEPARTMENT SHALL APPLY FOR A WAIVER UNDER THE FEDERAL SOCIAL SECURITY ACT.

(2) AS PERMITTED BY FEDERAL LAW OR WAIVER, THE SECRETARY MAY ESTABLISH A PROGRAM UNDER WHICH MEDICAID PROGRAM RECIPIENTS ARE REQUIRED TO ENROLL IN COMMUNITY CARE ORGANIZATIONS.

(3) CONSISTENT WITH THE FEDERAL WAIVER UNDER PARAGRAPH (1) OF THIS SUBSECTION, IF THE SECRETARY ESTABLISHES A PROGRAM UNDER PARAGRAPH (2) OF THIS SUBSECTION, THE PROGRAM MAY NOT OPERATE IN MORE THAN TWO AREAS OF THE STATE.

(C) ANY WAIVER DEVELOPED UNDER THIS SECTION SHALL INCLUDE THE FOLLOWING GOALS AND OBJECTIVES:

(1) INCREASING PARTICIPANT SATISFACTION;

(2) ALLOWING PARTICIPANTS TO AGE IN PLACE;

(3) REDUCING MEDICAID EXPENDITURES BY ENCOURAGING THE MOST APPROPRIATE UTILIZATION OF HIGH QUALITY SERVICES; AND

(4) ENHANCING COMPLIANCE WITH THE FEDERAL AMERICANS WITH DISABILITIES ACT BY OFFERING COST-EFFECTIVE COMMUNITY-BASED SERVICES IN THE MOST APPROPRIATE HIGH QUALITY AND LEAST RESTRICTIVE SETTING.

(D) (1) THE BENEFITS PROVIDED BY THE COMMUNITY CHOICE PROGRAM SHALL INCLUDE THOSE SERVICES AVAILABLE UNDER THE MEDICAID STATE PLAN AND SERVICES COVERED UNDER HOME AND COMMUNITY-BASED SERVICES WAIVERS.

(2) EXCEPT WHEN SERVICES ARE LIMITED OR EXCLUDED FROM THE COMMUNITY CHOICE PROGRAM BY THE SECRETARY, THE COMMUNITY CARE ORGANIZATION SHALL PROVIDE ALL THE SERVICES ESTABLISHED IN REGULATION AND REQUIRED BY THE SECRETARY.

(3) THE SECRETARY MAY EXCLUDE SPECIFIC POPULATIONS.