

(I) THE COMMUNITY CHOICE PROGRAM SHALL INCLUDE:

- (1) ADULTS WHO ARE DUALY ELIGIBLE;
- (2) ADULT MEDICAID RECIPIENTS WHO MEET THE NURSING HOME LEVEL OF CARE STANDARD; AND
- (3) MEDICAID RECIPIENTS OVER 65 YEARS OF AGE.

(J) (1) INDIVIDUALS ELIGIBLE FOR THE COMMUNITY CHOICE PROGRAM SHALL HAVE THE RIGHT TO ELECT TO RECEIVE SERVICES UNDER THE COMMUNITY CHOICE PROGRAM OR AN APPROVED PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY.

(2) IF AN INDIVIDUAL ELIGIBLE FOR THE COMMUNITY CHOICE PROGRAM REQUIRES HOSPICE CARE, THE INDIVIDUAL SHALL ELECT TO RECEIVE HOSPICE CARE FROM A LICENSED HOSPICE PROGRAM UNDER A SEPARATE ARRANGEMENT AND PAYMENT FOR HOSPICE CARE PROVIDED TO THE INDIVIDUAL SHALL BE MADE DIRECTLY TO THE HOSPICE PROGRAM BY THE DEPARTMENT UNDER THE MEDICAID-ESTABLISHED RATE FOR HOSPICE CARE REIMBURSEMENT.

(3) IF AN INDIVIDUAL ELIGIBLE FOR THE COMMUNITY CHOICE PROGRAM REQUIRES SPECIALTY MENTAL HEALTH SERVICES, THE INDIVIDUAL SHALL ELECT TO RECEIVE SPECIALTY MENTAL HEALTH SERVICES FROM AN APPROVED MENTAL HEALTH PROVIDER UNDER A SEPARATE ARRANGEMENT, AND PAYMENT FOR SPECIALTY MENTAL HEALTH SERVICES PROVIDED TO THE INDIVIDUAL SHALL BE MADE DIRECTLY TO THE MENTAL HEALTH PROVIDER BY THE DEPARTMENT UNDER THE MEDICAID-ESTABLISHED RATE FOR SPECIALTY MENTAL HEALTH SERVICES.

(K) (1) EACH COMMUNITY CARE ORGANIZATION SHALL MEET ALL REQUIREMENTS FOR CERTIFICATION BY THE DEPARTMENT.

(2) EACH COMMUNITY CARE ORGANIZATION SHALL:

(I) HAVE A QUALITY ASSURANCE PROGRAM, SUBJECT TO APPROVAL BY THE SECRETARY, WHICH SHALL:

1. PROVIDE FOR AN ENROLLEE GRIEVANCE SYSTEM, INCLUDING AN ENROLLEE HOTLINE;

2. PROVIDE FOR A PROVIDER GRIEVANCE SYSTEM, INCLUDING A PROVIDER HOTLINE;

3. PROVIDE FOR AN ENROLLEE SATISFACTION SURVEY; AND

4. PROVIDE FOR A CONSUMER ADVISORY BOARD TO RECEIVE REGULAR INPUT FROM ENROLLEES AND SUBMIT AN ANNUAL REPORT OF THE ADVISORY BOARD TO THE SECRETARY;

(II) SUBMIT SERVICE-SPECIFIC DATA IN A FORMAT SPECIFIED BY THE SECRETARY;