

(III) INCLUDE PROVISIONS FOR CONSUMER DIRECTION OF PERSONAL ASSISTANCE SERVICES;

(IV) ENSURE NECESSARY PROVIDER CAPACITY IN ALL GEOGRAPHIC REGIONS WHERE THE COMMUNITY CARE ORGANIZATION IS APPROVED TO OPERATE;

(V) BE ACCOUNTABLE, AND HOLD ITS SUBCONTRACTORS ACCOUNTABLE, FOR MEETING ALL REQUIREMENTS, STANDARDS, CRITERIA, OR OTHER DIRECTIVES OF THE DEPARTMENT AND UPON FAILURE TO MEET THOSE STANDARDS, BE SUBJECT TO ONE OR MORE OF THE FOLLOWING PENALTIES:

1. FINES;
2. SUSPENSION OF FURTHER ENROLLMENT;
3. WITHHOLDING OF ALL OR PART OF A CAPITATION PAYMENT;
4. TERMINATION OF A CONTRACT;
5. DISQUALIFICATION FROM FUTURE PARTICIPATION; AND
6. ANY OTHER PENALTIES THAT MAY BE IMPOSED BY THE SECRETARY;

(VI) MEET THE SOLVENCY AND CAPITAL REQUIREMENTS FOR HEALTHCHOICE MANAGED CARE ORGANIZATIONS UNDER THE INSURANCE ARTICLE;

(VII) TO THE EXTENT PRACTICABLE, ALLOW WAIVER ENROLLEES, WHO MEET THE NURSING HOME LEVEL OF CARE, TO SELECT A NURSING HOME, ASSISTED LIVING FACILITY, OR ADULT DAY CARE FACILITY PROVIDED THAT THE NURSING HOME, ASSISTED LIVING FACILITY, OR ADULT DAY CARE FACILITY IS LICENSED BY THE DEPARTMENT AND THE PROVIDER MEETS THE DEPARTMENT-APPROVED CREDENTIALING REQUIREMENTS OF THE COMMUNITY CARE ORGANIZATION;

(VIII) SUBMIT TO THE DEPARTMENT UTILIZATION AND OUTCOME REPORTS AS DIRECTED BY THE DEPARTMENT;

(IX) PROVIDE TIMELY ACCESS TO, AND CONTINUITY OF, HEALTH AND LONG-TERM CARE SERVICES FOR ENROLLEES;

(X) DEMONSTRATE ORGANIZATIONAL CAPACITY TO PROVIDE SPECIAL POPULATION SERVICES, INCLUDING OUTREACH, CASE MANAGEMENT, AND HOME VISITING, DESIGNED TO MEET THE INDIVIDUAL NEEDS OF ALL ENROLLEES;

(XI) PROVIDE ASSISTANCE TO ENROLLEES IN SECURING NECESSARY HEALTH AND LONG-TERM CARE SERVICES; AND

(XII) COMPLY WITH ALL RELEVANT PROVISIONS OF THE FEDERAL BALANCED BUDGET ACT OF 1997 (P.L. 105-33).