

(4) THE SECRETARY SHALL INCLUDE A DEFINITION OF "MEDICAL NECESSITY" IN ITS QUALITY AND ACCESS STANDARDS.

(5) NOTHING IN THE COMMUNITY CHOICE PROGRAM MAY PRECLUDE A NURSING HOME FROM UTILIZING AN INSTITUTIONAL PHARMACY OF ITS OWN CHOICE FOR THE PROVISION OF INSTITUTIONAL PHARMACY SERVICES AND BENEFITS FOR WAIVER ENROLLEES IN THE NURSING HOME.

(E) COMMUNITY CHOICE PROGRAM RECIPIENTS SERVED BY THE PROGRAM DEVELOPED UNDER THIS SECTION SHALL BE ALLOWED TO CHOOSE AMONG AT LEAST TWO COMMUNITY CARE ORGANIZATIONS THAT HAVE DEMONSTRATED A NETWORK CAPACITY SUFFICIENT TO MEET THE NEEDS OF THE POPULATION.

(F) (1) ON AN ANNUAL BASIS OR FOR CAUSE, AN ENROLLEE MAY CHOOSE TO DISENROLL FROM A COMMUNITY CARE ORGANIZATION AND ENROLL IN ANOTHER COMMUNITY CARE ORGANIZATION.

(2) EACH ENROLLEE RECEIVING SERVICES IN A NURSING HOME, AN ASSISTED LIVING FACILITY, OR AN ADULT DAY CARE FACILITY, A PSYCHIATRIC REHABILITATION PROGRAM, OR A RESIDENTIAL REHABILITATION PROGRAM SHALL HAVE THE OPTION OF REMAINING IN THE NURSING HOME, ASSISTED LIVING FACILITY, OR ADULT DAY CARE FACILITY, PSYCHIATRIC REHABILITATION PROGRAM, OR RESIDENTIAL REHABILITATION PROGRAM.

(3) AN ENROLLEE OF THE PROGRAM WHO QUALIFIES FOR NURSING LEVEL CARE MAY CHOOSE TO RECEIVE SERVICES IN A NURSING HOME OR IN THE COMMUNITY, IF THE COMMUNITY PLACEMENT IS COST-EFFECTIVE.

(4) THE COMMUNITY CHOICE PROGRAM SHALL ENSURE THAT ALL ENROLLEES IN THE PROGRAM MAINTAIN ACCESS TO PHARMACY BENEFITS, INCLUDING ALL CLASSES OF DRUGS, THAT ARE COMPARABLE TO THE BENEFITS PROVIDED IN THE MEDICAL ASSISTANCE PROGRAM.

(G) (1) EACH COMMUNITY CARE ORGANIZATION SHALL PROVIDE FOR THE BENEFITS DESCRIBED IN SUBSECTION (D) OF THIS SECTION.

(2) THIS SECTION MAY NOT BE CONSTRUED TO PREVENT A COMMUNITY CARE ORGANIZATION FROM PROVIDING ADDITIONAL BENEFITS THAT ARE NOT COVERED BY A CAPITATED RATE.

(3) (I) THE DEPARTMENT SHALL MAKE CAPITATION PAYMENTS TO EACH COMMUNITY CARE ORGANIZATION AS PROVIDED IN THIS PARAGRAPH.

(II) THE SECRETARY SHALL SET CAPITATION PAYMENTS AT A LEVEL THAT IS ACTUARIALLY ADJUSTED FOR THE BENEFITS PROVIDED.

(III) THE SECRETARY SHALL ADJUST CAPITATION PAYMENTS TO REFLECT THE RELATIVE RISK ASSUMED BY THE COMMUNITY CARE ORGANIZATION.

(H) THE DEPARTMENT SHALL REQUIRE COMMUNITY CARE ORGANIZATIONS TO BE CERTIFIED TO ACCEPT CAPITATED PAYMENTS FROM THE FEDERAL MEDICARE PROGRAM FOR INDIVIDUALS WHO ARE DUALY ELIGIBLE.