

1 facilitate the cost-effective purchase of a case-managed
2 continuum of care. The agency shall also require providers to
3 minimize the exposure of recipients to the need for acute
4 inpatient, custodial, and other institutional care and the
5 inappropriate or unnecessary use of high-cost services. The
6 agency may mandate prior authorization, drug therapy
7 management, or disease management participation for certain
8 populations of Medicaid beneficiaries, certain drug classes,
9 or particular drugs to prevent fraud, abuse, overuse, and
10 possible dangerous drug interactions. The Pharmaceutical and
11 Therapeutics Committee shall make recommendations to the
12 agency on drugs for which prior authorization is required. The
13 agency shall inform the Pharmaceutical and Therapeutics
14 Committee of its decisions regarding drugs subject to prior
15 authorization. The agency is authorized to limit the entities
16 it contracts with or enrolls as Medicaid providers by
17 developing a provider network through provider credentialing.
18 The agency may limit its network based on the assessment of
19 beneficiary access to care, provider availability, provider
20 quality standards, time and distance standards for access to
21 care, the cultural competence of the provider network,
22 demographic characteristics of Medicaid beneficiaries,
23 practice and provider-to-beneficiary standards, appointment
24 wait times, beneficiary use of services, provider turnover,
25 provider profiling, provider licensure history, previous
26 program integrity investigations and findings, peer review,
27 provider Medicaid policy and billing compliance records,
28 clinical and medical record audits, and other factors.
29 Providers shall not be entitled to enrollment in the Medicaid
30 provider network. The agency is authorized to seek federal
31 waivers necessary to implement this policy.

1 (50) The agency shall work with the Agency for Persons
2 with Disabilities to develop a model home and community-based
3 waiver to serve children who are diagnosed with familial
4 dysautonomia or Riley-Day syndrome caused by a mutation of the
5 IKBKAP gene on chromosome 9. The agency shall seek federal
6 waiver approval and implement the approved waiver subject to
7 the availability of funds and any limitations provided in the
8 General Appropriations Act. The agency may adopt rules to
9 implement this waiver program.

10 Section 2. This act shall take effect July 1, 2005.

11
12 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
13 COMMITTEE SUBSTITUTE FOR
14 Senate Bill 428

15 The committee substitute directs the Agency for Health Care
16 Administration and the Agency for Persons with Disabilities to
17 develop a model Medicaid home and community-based waiver
18 program to serve children with Familial Dysautonomia. The bill
19 originally identified the Department of Children and Families
20 instead of ADP which was created last year to manage issues
21 for persons with disability.