

36 (v) The following medical assistance recipients shall not be eligible  
37 to participate in a managed long term care program or other care coordi-  
38 nation model established pursuant to this paragraph until program  
39 features and reimbursement rates are approved by the commissioner and,  
40 as applicable, the commissioner of developmental disabilities:

41 (1) a person enrolled in a managed care plan pursuant to section three  
42 hundred sixty-four-j of the social services law;

43 (2) a participant in the traumatic brain injury waiver program;

44 (3) a participant in the nursing home transition and diversion waiver  
45 program;

46 (4) a person enrolled in the assisted living program;

47 (5) a person enrolled in home and community based waiver programs  
48 administered by the office for people with developmental disabilities.

49 (vi) persons required to enroll in the managed long term care program  
50 or other care coordination model established pursuant to this paragraph  
51 shall have no less than thirty days to select a managed long term care  
52 provider, and shall be provided with information to make an informed  
53 choice. Where a participant has not selected such a provider, the  
54 commissioner shall assign such participant to a managed long term care  
55 provider, taking into account quality, capacity and geographic accessi-  
56 bility.