

HOUSE No. 01241

The Commonwealth of Massachusetts

PRESENTED BY:

Steven M. Walsh

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act to improve the senior care options program.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
<i>Steven M. Walsh</i>	<i>11th Essex</i>
<i>Paul J. Donato</i>	<i>35th Middlesex</i>
<i>William N. Brownsberger</i>	<i>24th Middlesex</i>
<i>Martin J. Walsh</i>	<i>13th Suffolk</i>
<i>James J. Dwyer</i>	<i>30th Middlesex</i>
<i>Elizabeth A. Malia</i>	<i>11th Suffolk</i>
<i>Carlos Henriquez</i>	<i>5th Suffolk</i>
<i>Kate Hogan</i>	<i>3rd Middlesex</i>
<i>James J. O'Day</i>	<i>14th Worcester</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>
<i>Alice K. Wolf</i>	<i>25th Middlesex</i>
<i>Cleon H. Turner</i>	<i>1st Barnstable</i>
<i>Kathi-Anne Reinstein</i>	<i>16th Suffolk</i>

HOUSE No. 01241

By Mr. Steven M. Walsh of Lynn, petition (accompanied by bill, House, No. 01241) of Kathi-Anne Reinstein and others relative to improving the senior care options program. Joint Committee on Health Care Financing.

The Commonwealth of Massachusetts

In the Year Two Thousand Eleven

An Act to improve the senior care options program.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Subsection (e)(3) of section 9D of Chapter 118E of the Massachusetts General
2 Laws is hereby amended by inserting at the end of said subsection the following: “The division
3 shall work jointly with each of the contracted senior care organizations to better market,
4 encourage and promote voluntary enrollment in the senior care options program and to ensure
5 that the option to enroll in a senior care options program is fully presented to all appropriate
6 individuals. This work shall include an assessment of whether and to what extent barriers to
7 enrollment should be alleviated through modifications to the network or the program. Through
8 procurement policies that promote the maximum participation of disability-competent SCOs, the
9 division shall actively promote the expansion of the Senior Care Options model of contracting
10 and care to disabled consumers under sixty-five who are dually-eligible for Medicare and
11 Medicaid services.

12 SECTION 2. Subsection (d) of section 9D of Chapter 118E of the Massachusetts General Laws
13 is hereby amended by inserting at the end of said subsection the following: “A personal care
14 attendant providing PCA services as a benefit to enrollees in accordance with 130 CMR 422
15 shall be compensated by the senior care organization in accordance with the collective
16 bargaining agreement entered into by 1199SEIU and the PCA Quality Home Care Workforce
17 Council. Any and all changes to personal care attendant compensation as negotiated under this
18 and any subsequent collective bargaining agreement shall be reflected in and fully considered by
19 the division in the development of the prospective risk-adjusted premiums for payment to SCOs
20 for Medicaid services as detailed in Section (4)(i) of Chapter 118E.”

21 SECTION 3. Subsection (h)(3) of section 9D of Chapter 118E of the Massachusetts general laws
22 is hereby amended by inserting at the end of said subsection the following: “This assessment
23 shall include an assessment to determine the enrollee’s eligibility for consumer-directed care
24 options and an assessment of whether personal care attendant services as detailed in 130 CMR
25 422 are appropriate to meet the enrollee’s identified need for medically necessary services.”

26 SECTION 4. Subsection (b) of section 9D of Chapter 118E of the Massachusetts general laws is
27 hereby amended by inserting at the end of said subsection the following: “The division shall
28 establish prospective risk-adjusted payment rates with the senior care organizations that are
29 actuarially sound and transparently derived for each of the SCO’s specific enrolled sub-
30 populations.”

31 SECTION 5. The Division of Medical Assistance shall amend the current contracts with senior
32 care organizations to replace the current contract model where SCOs assume full financial risk
33 with commensurate rights to all savings with a contract model that includes both shared risk and

34 shared savings between the state and the contractor with respect to the totality of Medicare and
35 Medicaid premium received by the contractor. A similar shared risk/ shared savings contract
36 model shall also govern any SCO contracts to provide care for to disabled consumers under
37 sixty-five who are also dually-eligible for Medicare and Medicaid services. The 2004-2006
38 SCO demonstration contracts meet the intent of this Section.