HOUSE No. 1241

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 adoption of the accompanying bill:

An Act to improve the senior care options program.

PETITION OF:

Name:	DISTRICT/ADDRESS:	DATE ADDED:
Steven M. Walsh	11th Essex	1/20/2011
Paul J. Donato	35th Middlesex	1/24/2011
William N. Brownsberger		1/28/2011
Martin J. Walsh	13th Suffolk	2/4/2011
James J. Dwyer	30th Middlesex	2/4/2011
Elizabeth A. Malia	11th Suffolk	2/4/2011
Carlos Henriquez	5th Suffolk	2/4/2011
Kate Hogan	3rd Middlesex	2/4/2011
James J. O'Day	14th Worcester	2/4/2011
Sean Garballey	23rd Middlesex	2/4/2011
Alice K. Wolf	25th Middlesex	2/4/2011
Cleon H. Turner	1st Barnstable	2/4/2011
Kathi-Anne Reinstein	16th Suffolk	2/4/2011

HOUSE No. 1241

By Mr. Walsh of Lynn, a petition (accompanied by bill, House, No. 1241) of Steven M. Walsh and others relative to improving the senior care options program. Health Care Financing.

The Commonwealth of Alassachusetts

In the Year Two Thousand Eleven

An Act to improve the senior care options program.

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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 2 General Laws is hereby amended by inserting at the end of said subsection the following: "The 3 division 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.

SECTION 2. Subsection (d) of section 9D of Chapter 118E of the Massachusetts

General Laws is hereby amended by inserting at the end of said subsection the following: "A

personal care attendant providing PCA services as a benefit to enrollees in accordance with 130 CMR 422 shall be compensated by the senior care organization in accordance with the collective bargaining agreement entered into by 1199SEIU and the PCA Quality Home Care Workforce Council. Any and all changes to personal care attendant compensation as negotiated under this and any subsequent collective bargaining agreement shall be reflected in and fully considered by the division in the development of the prospective risk-adjusted premiums for payment to SCOs for Medicaid services as detailed in Section (4)(i) of Chapter 118E."

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

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

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

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