

**HOUSE . . . . . No. 984**

**The Commonwealth of Massachusetts**

PRESENTED BY:

***Tom Sannicandro***

*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 encourage responsibility, cost effectiveness and meaningful lives for individuals with disabilities.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Tom Sannicandro</i>	<i>7th Middlesex</i>	<i>1/19/2011</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>2/1/2011</i>
<i>Patricia A. Haddad</i>	<i>5th Bristol</i>	<i>2/1/2011</i>
<i>Jason M. Lewis</i>	<i>31st Middlesex</i>	<i>2/2/2011</i>
<i>Angelo J. Puppolo, Jr.</i>	<i>12th Hampden</i>	<i>2/3/2011</i>
<i>David Paul Linsky</i>	<i>5th Middlesex</i>	<i>2/3/2011</i>
<i>James M. Murphy</i>	<i>4th Norfolk</i>	<i>2/3/2011</i>
<i>Robert M. Koczera</i>	<i>11th Bristol</i>	<i>2/3/2011</i>
<i>William M. Straus</i>	<i>10th Bristol</i>	<i>2/3/2011</i>
<i>Stephen R. Canessa</i>	<i>12th Bristol</i>	<i>2/3/2011</i>
<i>Paul Brodeur</i>	<i>32nd Middlesex</i>	<i>2/3/2011</i>
<i>George T. Ross</i>	<i>2nd Bristol</i>	<i>2/3/2011</i>
<i>James Arciero</i>	<i>2nd Middlesex</i>	<i>2/3/2011</i>
<i>James J. Dwyer</i>	<i>30th Middlesex</i>	<i>2/3/2011</i>
<i>John J. Binienda</i>	<i>17th Worcester</i>	<i>2/3/2011</i>
<i>Christine E. Canavan</i>	<i>10th Plymouth</i>	<i>2/3/2011</i>
<i>Walter F. Timilty</i>	<i>7th Norfolk</i>	<i>2/3/2011</i>

<i>Timothy R. Madden</i>	<i>Barnstable, Dukes and Nantucket</i>	<i>2/3/2011</i>
<i>Cory Atkins</i>	<i>14th Middlesex</i>	<i>2/3/2011</i>
<i>Thomas P. Conroy</i>	<i>13th Middlesex</i>	<i>2/4/2011</i>
<i>Ellen Story</i>	<i>3rd Hampshire</i>	<i>2/4/2011</i>
<i>Viriato Manuel deMacedo</i>	<i>1st Plymouth</i>	<i>2/4/2011</i>
<i>Gailanne M. Cariddi</i>	<i>1st Berkshire</i>	<i>2/4/2011</i>
<i>John V. Fernandes</i>	<i>10th Worcester</i>	<i>2/4/2011</i>
<i>David M. Torrasi</i>	<i>14th Essex</i>	<i>2/4/2011</i>
<i>Jonathan Hecht</i>	<i>29th Middlesex</i>	<i>2/4/2011</i>
<i>Mark J. Cusack</i>	<i>5th Norfolk</i>	<i>2/4/2011</i>

**HOUSE . . . . . No. 984**

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By Mr. Sannicandro of Ashland, a petition (accompanied by bill, House, No. 984) of Tom Sannicandro and others for legislation to promote responsibility, cost effectiveness and meaningful lives for individuals with disabilities. Children, Families and Persons with Disabilities.

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**The Commonwealth of Massachusetts**

—————  
**In the Year Two Thousand Eleven**  
—————

An Act to encourage responsibility, cost effectiveness and meaningful lives for individuals with disabilities.

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

1 I. Preamble

2 It is known:

3 · there are more than 400,000 identified individuals across the nation on waiting lists  
4 for agencies that serve individuals with developmental and intellectual disabilities within the  
5 Medicaid program.

6 · more individuals with developmental disabilities live at home with an aging caregiver  
7 than are presently served in 24 hour services and supports.

8 · Massachusetts and other states continue to fail to meet the needs of our citizens due  
9 to the limitations placed on flexibility or choice of services

10           · a growing number of adults with intellectual and developmental disabilities will  
11 require assistance to live in the community

12           · people with disabilities have the same rights and responsibilities as others and we  
13 should use public dollars to assist them to realize those rights and exercise those responsibilities  
14 as contributing members of our communities.

15           · too often services isolate individuals with disabilities in their homes or segregated  
16 settings, engaging them in inadequate activities with no or few quality outcomes. regarding  
17 personal choices, satisfaction, social integration and increased learning that may lead to  
18 rewarding occupations

19           Demographics pose the greatest challenge to the Medicaid system of supports for  
20 individuals with developmental disabilities. Too many people are not receiving the assistance  
21 they need. The public Medicaid system is reeling from cost pressures. The time has come for  
22 individuals with disabilities, families, advocates and providers to work together with policy  
23 makers in the administration and legislature in crafting a support system that both increases  
24 quality and on average reduces costs whenever possible.

25           Therefore, let Massachusetts implement a new program of services which will be focused  
26 in improving the lives of individuals with intellectual and developmental disabilities in the  
27 community including economic self-sufficiency whenever possible and to ensure meaningful  
28 occupation during the day and social interaction throughout their lives.

29           This program of services should encourage efficient use of public dollars and be flexible  
30 so that individuals may use the funds to live a typical life and budget in creative fashion within a  
31 targeted amount of dollars.

32

33           The Executive Office of Human Services working in conjunction with MassHealth and  
34 Department of Developmental Services will implement a new home and community based  
35 services program through HCBS State plan, 1115 waiver or 1915C waiver or other method to  
36 implement the following program of supports for individuals with intellectual and developmental  
37 disabilities.

38           II. Goals for the individual

39           These goals are the quality foundation and planning and budgeting underpinning of the  
40 program of services that each person should enjoy:

41           • A place to call home with control over anyone who comes to the front door or otherwise  
42 provides any services or supports with freely chosen assistance when necessary

43           • Community membership with real connections to citizens and memberships in vital  
44 community organizations

45           • Close friends, family and other significant relationships and receive assistance to  
46 develop or maintain these relationships

47           • Economic self sufficiency through supports or funds as needed provided through jobs,  
48 self employment and active or passive pursuit of private dollars

49

50           III. Implementation

51           A. Individuals will be deemed eligible and receive prioritization for services in a  
52 transparent manner. There will be four major categories for spending available to ensure  
53 adequate dollars for supports in addition to social security and medical insurance. The program  
54 of services will include the full range of people identified with disabilities including those with  
55 complex medical or behavioral conditions and those with profound intellectual impairments. The  
56 funding for individuals will be defined through cost corridors as defined in the waiver or state  
57 plan based on the functional needs of the individual. The number of cost corridors will total a  
58 minimum of three to a maximum of five corridors.

59

60           B. Funds will be provided through individual service allocations from EOHHS or the  
61 state agency. Dollars are tied to the individual so that they can be utilized as needed for generic  
62 community resources, supports or other activities.

63

64           C. The categories for supports through all sources of income will be prioritized around  
65 the four self-determination domains. These are a place to call home, real community  
66 memberships, support for existing or sought after long term relationships, and the development  
67 of private income whenever possible. The Plan of Care (POC\_ and the Individual Supports Plan  
68 (ISP) will be designed around the four goals identified in Section II.

69           D. Individuals may purchase supports through services that are presently possible to  
70 purchase both within and outside the present human service system in any of the present waivers.  
71 All services will be marked by self direction and individual rather than congregate services and  
72 will include but not be limited to the following:

- 73 Individual Support Community Habilitation
- 74 Supported Employment
- 75 Day Habilitation Supplement
- 76 Family Support Navigation
- 77 Individualized Day Supports
- 78 Transportation
- 79 Day Supports
- 80 Homemaker
- 81 Individualized Home Supports
- 82 Broker services
- 83 Live-in Caregiver
- 84 Respite
- 85 Adult Companion
- 86 Assistive Technology
- 87 Behavioral Supports and Consultation
- 88 Chore
- 89 Community Family Training

- 90 Community Peer Support
- 91 Home Modifications and Adaptations
- 92 Stabilization
- 93 Vehicle Modification
- 94 Residential Habilitation
- 95 Individual Goods and Services
- 96 Occupational Therapy
- 97 Integrated work and volunteer services
- 98 Individualized Day Supports
- 99 Physical Therapy
- 100 Speech Therapy Residential Family Training
- 101 Residential Peer Support
- 102 Self-Directed 24 Hour Supports
- 103 Recreation\Leisure
- 104 Additional Health Supports
- 105 Stabilization
- 106 Transitional Assistance Services

107 Self-advocacy

108 E. The individual will engage in a contract with the state office or agency which will be  
109 based upon a plan that identifies the supports to be developed and how funds will support the  
110 major self-determination domains and goals listed herein as Section II. The planning and  
111 budgeting process shall be melded with the assistance of an unbiased circle of support including  
112 the help of an independent broker (to be freely chosen by the individual including size or  
113 composition). Using the targeted amount of dollars individuals will be free to utilize them in any  
114 helpful fashion within the four domains and specifically include within these plans provisions for  
115 health and safety. This new system will provide fiscal incentives for individuals and families to  
116 save in return for maximum flexibility in planning and budgeting. Initial funding allocations will  
117 be determined at a lesser percentage than traditional services.

118

119 F. Any dollars saved for the individual will be dealt with in the following ways:

120 a. Year one, 50% of savings will be applied to one-time only expenses as identified by  
121 the individual; the rest will return to the funding agency to be spent on other individuals for that  
122 fiscal year. The savings in year one will be placed in a reserve fund in year two to assure that all  
123 needs of the individual are being met. Negotiations will be made with the individual regarding  
124 the adequacy of the allocation and some or all of the savings may be transferred to a reserve fund  
125 pool for all individuals.

126 b. In year 2, 50% of any savings will be added to the individual reserve account in case  
127 they are needed for unforeseen circumstances; If not spent in year 2, funding will revert in that  
128 year to the reserve fund pool to be used for other qualified individuals.

129 c. In year 3 a new budget will be finalized based on costs for the coming year.

130 d. If due to unanticipated events or the need for more supports, the individual  
131 allocation is inadequate, the individual will be able to negotiate for additional resources from the  
132 reserve fund pool.

133 e. If the individual's needs change significantly in either direction, negotiations should  
134 take place between the individual and designated authority to move to a different allocation  
135 corridor.

136 G. The individual or the guardian and the individual will be able to utilize resources or  
137 types of services as he/she/they sees fit. They will be assisted by state designated or other fiscal  
138 intermediaries. They also will have access to independent support brokers to assist in the  
139 development of a plan. Provider organizations may be engaged to help organize his/her  
140 services/supports upon payment of a negotiated fee but in no way may this arrangement infringe  
141 on the authority of the individual outlined above.

142 H. The individual or guardian and the individual shall have the sole authority over  
143 which services or providers are qualified and selected and shall be able to terminate a service  
144 agreement with a thirty day notice allowing for purchase of service from another qualified  
145 provider of their choice both from within and without the current human service system. The  
146 state will develop a random and limited audit to evaluate the services and develop a quality  
147 review system based upon the four goals in Section II.