SENATE DOCKET, NO. 1360 FILED ON: 1/21/2011

SENATE . . . . . No. 270

The Commonwealth of Massachusetts

PRESENTED BY:

Harriette L. Chandler

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:
Harriette L. Chandler	
Linda Dorcena Forry	*12th Suffolk*
Sal N. DiDomenico	*Middlesex, Suffolk, and Essex*
William N. Brownsberger	
Marcos A. Devers	*16th Essex*

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SENATE . . . . . No. 270

By Ms. Chandler, a petition (accompanied by bill, Senate, No. 270) of Harriette L. Chandler, Linda Dorcena Forry, Sal N. DiDomenico, William N. Brownsberger and others for legislation to improve the senior care options program. Elder Affairs.

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:

SECTION 1. Subsection (e)(3)of section 9D of Chapter 118E of the Massachusetts General Laws, as appearing in the 2008 Official Edition, is hereby amended by inserting at the end of said subsection the following: "The division shall work jointly with each of the contracted senior care organizations to better market, encourage and promote voluntary enrollment in the senior care options program and to ensure that the option to enroll in a senior care options program is fully presented to all appropriate individuals. This work shall include an assessment of whether and to what extent barriers to enrollment should be alleviated through modifications to the network or the program. Through procurement policies that promote the maximum participation of disability-competent SCOs, the division shall actively promote the expansion of the Senior Care Options model of contracting and care to disabled consumers under sixty-five who are dually-eligible for Medicare and 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

14 personal care attendant providing PCA services as a benefit to enrollees in accordance with 130
15 CMR 422 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
22 general laws is hereby amended by inserting at the end of said subsection the following: "This
23 assessment shall include an assessment to determine the enrollee's eligibility for consumer-
24 directed care options and an assessment of whether personal care attendant services as detailed in
25 130 CMR 422 are appropriate to meet the enrollee's identified need for medically necessary
26 services."

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

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

36 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.