

SENATE No. 396

The Commonwealth of Massachusetts

PRESENTED BY:

Joseph A. Boncore

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 relative to complex care needs for seniors.

PETITION OF:

NAME:

Joseph A. Boncore

DISTRICT/ADDRESS:

First Suffolk and Middlesex

SENATE No. 396

By Mr. Boncore, a petition (accompanied by bill, Senate, No. 396) of Joseph A. Boncore for legislation relative to complex care needs for seniors. Elder Affairs.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE SENATE, NO. 349 OF 2019-2020.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Second General Court
(2021-2022)

An Act relative to complex care needs for seniors.

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 9D of chapter 118E of the General Laws, as appearing in the 2016 Official
2 Edition, is hereby amended by striking out subsection (e)(5) in its entirety and replacing it with
3 the following new section:-

4 (5) The SCO shall be required to evaluate all its enrollees to determine if an enrollee has
5 complex care needs within 90 days of initial enrollment, as well as on an annual basis, or as
6 requested by the enrollee's primary care physician, or as requested by the enrollee or his
7 authorized representative. If it is determined that an enrollee has complex care needs, the
8 enrollee may receive the ongoing services of a primary care team. If the primary care team
9 determines that the complex care enrollee requires the ongoing services of a primary care team,
10 the primary care team shall develop and monitor a plan of care for said enrollee, and arrange for

11 and deliver all services called for in the plan of care. If an enrollee is deemed to have complex
12 care needs, but the primary care team determines the complex care enrollee does not require the
13 services of a primary care team, the enrollee shall receive the services of a primary care
14 physician and may appeal to the SCO to receive primary care team services. The SCO shall
15 conduct a standard review and make a decision following receipt of all required documentation
16 and, if requested by the primary care physician, the SCO shall conduct an expedited review. The
17 timeline for standard and expedited reviews shall meet the requirements established under 42
18 C.F.R. 422.568 and 422.572. The SCO shall develop criteria for the primary care team to employ
19 when determining whether the complex care enrollee requires the ongoing services of a primary
20 care team. The SCO shall submit the criteria to the division of medical assistance for its
21 approval.