SENATE DOCKET, NO. 624 FILED ON: 2/3/2021

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:	DISTRICT/ADDRESS:
Joseph A. Boncore	*First Suffolk and Middlesex*

SENATE DOCKET, NO. 624 FILED ON: 2/3/2021

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:

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

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

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