

# HOUSE . . . . . No. 5854

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, February 29, 1996.

The committee on Ways and Means, to whom were referred the Bill relative to aging services access points (Senate, No. 2104), and the Bill relative to aging service access points (House, No. 3737, changed), reports recommending that the bill (Senate, No. 2104, amended) ought to pass with an amendment by striking out all after the enacting clause and inserting in place thereof the text contained in House document numbered 5854.

For the committee,

THOMAS M. FINNERAN.

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Text of amendment recommended by the committee on Ways and Means to the Senate Bill relative to aging services access points (Senate, No. 2104, amended). February 29, 1996.

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## The Commonwealth of Massachusetts

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In the Year One Thousand Nine Hundred and Ninety-Six.

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By striking out all after the enacting clause and inserting in place thereof the following:

1     “SECTION 1. Chapter 19A of the General Laws, as appearing  
2 in the 1992 Official Edition, is hereby amended by inserting, after  
3 section 4A, the following section:

4     Section 4B. To ensure the creation of a coordinated system of  
5 long term care services, the department shall be responsible for  
6 management of the home care program established in section four,  
7 and pursuant to the terms of an interagency service agreement  
8 entered into by the department with the division of medical assis-  
9 tance, for the management of clinical screening, service authoriza-  
10 tion activities and case management for Medicaid  
11 community-based long term care made available to eligible  
12 elderly persons pursuant to the provisions of chapter one hundred  
13 and eighteen E of the General Laws and regulations promulgated  
14 thereunder; provided that the programs and activities authorized  
15 by this section shall be administered and coordinated in accor-  
16 dance with the single state agency requirement under 42 CFR  
17 Part 431 and other applicable requirements of Title XIX of the  
18 federal social security act, or its successor title. The primary goal  
19 of said coordinated system of care shall be to assist elders main-  
20 tain residence in the community consistent with their clinical and  
21 psycho-social needs and in the most cost-effective manner possi-  
22 ble. As used in this section, the term “medicaid” shall mean med-  
23 ical care and assistance provided to eligible persons pursuant to  
24 the provisions of said chapter one hundred and eighteen E and said  
25 Title XIX or its successor title and the term “division” shall mean  
26 the division of medical assistance established by section A of  
27 chapter six A. The term “community long term care” shall mean

28 those medicaid services mutually agreed to by the department and  
29 the division.

30 Said coordinated system of care shall be administered in accor-  
31 dance with said interagency service agreement by agencies under  
32 contract with the department, which shall be called aging services  
33 access points, and are hereinafter referred to as ASAPs. ASAPs  
34 shall be designated by the department and may be operated by one  
35 or more nonprofit agencies, one or more home care corporations  
36 as defined in clause (c) of the third paragraph of section four, a  
37 combination of said home care corporations acting jointly, or by a  
38 state agency. Pursuant to said interagency service agreement and  
39 the terms of said contracts, ASAPs shall coordinate services on  
40 behalf of Medicaid-eligible elders; provided, that the division  
41 shall maintain exclusive responsibility for determining the finan-  
42 cial or categorical eligibility of elders for medicaid and for the  
43 establishment of rates and methods of payment for medicaid serv-  
44 ices delivered pursuant to this section. Administrative payments to  
45 ASAPs for medicaid-funded functions, including, but not limited,  
46 to screenings, assessments, case management and coordination of  
47 care, shall be established by the division and not subject to the  
48 jurisdiction of the rate setting commission. Administrative pay-  
49 ments for home care-funded services under section four shall be  
50 established by the department. The division may develop a capita-  
51 tion system of payment for services in which ASAPs shall be at  
52 financial risk for any medicaid services that they authorize and  
53 purchase on behalf of an eligible that exceed the amount of said  
54 capitation payments.

55 Said interagency service agreement shall establish performance  
56 and outcome goals for medicaid and home care-related functions  
57 of ASAPs and may establish such goals for any other responsibili-  
58 ties contracted to ASAPs for managing said coordinated system.  
59 Continuation of the interagency service agreement authorized by  
60 this section shall be dependent on the achievement of said med-  
61 icaid-related performance and outcome goals, as determined by  
62 the department.

63 ASAPs shall be responsible for: 1) providing information and  
64 referral services to all elders in the Commonwealth, provided, that  
65 referrals for terminally ill elders shall include referral to a  
66 licensed and certified hospice for determination of eligibility,

67 appropriateness and consumer interest in services; 2) conducting  
68 intake, comprehensive needs assessments, preadmission screening  
69 and clinical eligibility determinations for elders seeking institu-  
70 tional and community care services from medicaid or the home  
71 care program, which in the case of hospice clients, shall adhere to  
72 medicare and medicaid conditions of participation pursuant to  
73 42CFR418 and 114.3CMR43.00; 3) developing a comprehensive  
74 service plan based on the needs of an elder, provided, that a med-  
75 ical plan of care for an elder shall be developed by a licensed or  
76 certified health provider; 4) arranging for, coordinating, autho-  
77 rizing and purchasing community long term care services called  
78 for in the comprehensive service plan; and 5) monitoring the out-  
79 comes of and making periodic adjustments to the service plan in  
80 consultation with service and health care providers. The establish-  
81 ment of a comprehensive service plan for an elder shall not estab-  
82 lish an entitlement to services for any eligible person for services  
83 beyond that established by law or beyond the amounts appropri-  
84 ated therefor.

85 ASAP responsibilities for medicaid-related functions shall be  
86 those established by said interagency service agreement. When  
87 renewing the annual terms of said interagency service agreement  
88 for the subsequent fiscal year, the division shall seek to promote  
89 continuity in the said coordinated system of care consistent with  
90 the intent of this section; provided that substantive changes to the  
91 terms and provisions of any such annual agreement, including  
92 changes to the functional responsibilities of ASAPs as defined in  
93 this section, shall be negotiated after the making of a written  
94 finding by the division that such changes are necessary as a result  
95 of changes in federally reimbursable services, rates of federal  
96 reimbursement rates or state fiscal demands or a written finding  
97 that the division is prepared to implement a more comprehensive,  
98 cost-effective and coordinated system of long term care than that  
99 established by this section. The written finding required by this  
100 paragraph shall be submitted to the department, the secretary of  
101 administration and finance and the joint committee on human  
102 services and elderly affairs.

103 ASAPs shall not provide direct service except for case manage-  
104 ment; information and referral; and protective services as defined  
105 in regulations of the home care program established at 651 CMR

106 3.00 et seq., and nutrition services established at 651 CMR 4.00 et  
107 seq., and the Older Americans Acts, as amended (42 USC 3021 et  
108 seq.). Except for the direct services provided by ASAPs pursuant  
109 to this section, no ASAP shall have a direct or indirect financial  
110 ownership interest in an entity that provides institutional or com-  
111 munity long term care services on a compensated basis. The sec-  
112 retary may grant a waiver of the restrictions in this paragraph  
113 upon a finding that public necessity and convenience require such  
114 a waiver.

115 Overall management, administration, and oversight activities  
116 related to the screening and authorization of community long term  
117 care services and related case management services shall be the  
118 responsibility of the department as delegated by the division pur-  
119 suant to the terms of said interagency service agreement. The  
120 department shall actively explore with the division and interested  
121 parties programmatic options that would decrease the reliance of  
122 nursing facilities on medicaid funding and shall promote increased  
123 residential and community long term care program options for  
124 elders needing long term care services. The department shall also  
125 explore future coordinated systems of service delivery options as  
126 identified in the coordinated aging, rehabilitation and disability  
127 services project.

1 SECTION 2. Notwithstanding the provisions of any general or  
2 special law to the contrary, any medicaid long term care system  
3 subject to the provisions of chapter one hundred and eighteen E of  
4 the General Laws which, upon implementation, would be more  
5 comprehensive, cost-effective and coordinated than the system of  
6 long term care established by section four B of chapter nineteen A  
7 of the General Laws shall be subject to prior approval by the  
8 General Court.”.

The first part of the history of the  
island of Jamaica, from the  
discovery of it by Christopher Columbus  
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