

**SENATE . . . . . No. 382**

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

*Edward J. Kennedy*

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*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 in SCO programs.

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PETITION OF:

NAME:

*Edward J. Kennedy*

DISTRICT/ADDRESS:

*First Middlesex*

**SENATE . . . . . No. 382**

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By Mr. Kennedy, a petition (accompanied by bill, Senate, No. 382) of Edward J. Kennedy for legislation relative to complex care needs for seniors. Elder Affairs.

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[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE SENATE, NO. 396 OF 2021-2022.]

**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Third General Court  
(2023-2024)**  
\_\_\_\_\_

An Act relative to complex care needs for seniors in SCO programs.

*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 1. Section 9D of chapter 118E of the General Laws, as appearing in the 2022  
2 Official Edition, is hereby amended by striking out subsection (e)(5) in its entirety and replacing  
3 it with 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.

22           Summary: This language will amend the SCO enabling statute to extend the time frame  
23 within which new SCO enrollees must be evaluated to assess their complex care needs. Since its  
24 creation, SCO has been a program which new enrollees must proactively join. As part of its  
25 Duals Demonstration 2.0 waiver request, MassHealth is seeking to passively enroll new  
26 members into SCO. Given the differences in passive and active enrollment – difficulty reaching  
27 and locating new members, assessing the complex care needs of members who are new to  
28 managed care – it will be important for the SCO plans and their Aging Service Access Point  
29 (ASAP) partners to have sufficient time to outreach and assess new members’ needs.