HOUSE DOCKET, NO. 1013 FILED ON: 1/19/2011

HOUSE . . . . . No. 984

The Commonwealth of Massachusetts

PRESENTED BY:

Tom Sannicandro

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 passage of the accompanying:

An Act to encourage responsibility, cost effectiveness and meaningful lives for individuals with disabilities.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Tom Sannicandro	*7th Middlesex*
Kay Khan	*11th Middlesex*
Patricia A. Haddad	*5th Bristol*
Jason M. Lewis	*31st Middlesex*
Angelo J. Puppolo, Jr.	*12th Hampden*
David Paul Linsky	*5th Middlesex*
James M. Murphy	*4th Norfolk*
Robert M. Koczera	*11th Bristol*
William M. Straus	*10th Bristol*
Stephen R. Canessa	*12th Bristol*
Paul Brodeur	*32nd Middlesex*
George T. Ross	*2nd Bristol*
James Arciero	*2nd Middlesex*
James J. Dwyer	*30th Middlesex*
John J. Binienda	*17th Worcester*
Christine E. Canavan	*10th Plymouth*
Walter F. Timilty	*7th Norfolk*

Timothy R. Madden	*Barnstable, Dukes and Nantucket*
Cory Atkins	*14th Middlesex*
Thomas P. Conroy	*13th Middlesex*
Ellen Story	*3rd Hampshire*
Viriato Manuel deMacedo	*1st Plymouth*
Gailanne M. Cariddi	*1st Berkshire*
John V. Fernandes	*10th Worcester*
David M. Torrisi	*14th Essex*
Jonathan Hecht	*29th Middlesex*
Mark J. Cusack	*5th Norfolk*

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HOUSE . . . . . No. 984

By Mr. Sannicandro of Ashland, a petition (accompanied by bill, House, No. 984) of Tom Sannicandro and others for legislation to promote responsibility, cost effectiveness and meaningful lives for individuals with disabilities. Children, Families and Persons with Disabilities.

The Commonwealth of Massachusetts

An Act to encourage responsibility, cost effectiveness and meaningful lives for individuals with disabilities.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

I. Preamble

It is known:

· there are more than 400,000 identified individuals across the nation on waiting lists for agencies that serve individuals with developmental and intellectual disabilities within the Medicaid program.

· more individuals with developmental disabilities live at home with an aging caregiver than are presently served in 24 hour services and supports.

· Massachusetts and other states continue to fail to meet the needs of our citizens due to the limitations placed on flexibility or choice of services

· a growing number of adults with intellectual and developmental disabilities will require assistance to live in the community

· people with disabilities have the same rights and responsibilities as others and we should use public dollars to assist them to realize those rights and exercise those responsibilities as contributing members of our communities.

· too often services isolate individuals with disabilities in their homes or segregated settings, engaging them in inadequate activities with no or few quality outcomes. regarding personal choices, satisfaction, social integration and increased learning that may lead to rewarding occupations

Demographics pose the greatest challenge to the Medicaid system of supports for individuals with developmental disabilities. Too many people are not receiving the assistance they need. The public Medicaid system is reeling from cost pressures. The time has come for individuals with disabilities, families, advocates and providers to work together with policy makers in the administration and legislature in crafting a support system that both increases quality and on average reduces costs whenever possible.

Therefore, let Massachusetts implement a new program of services which will be focused in improving the lives of individuals with intellectual and developmental disabilities in the community including economic self-sufficiency whenever possible and to ensure meaningful occupation during the day and social interaction throughout their lives.

This program of services should encourage efficient use of public dollars and be flexible so that individuals may use the funds to live a typical life and budget in creative fashion within a targeted amount of dollars.

The Executive Office of Human Services working in conjunction with MassHealth and Department of Developmental Services will implement a new home and community based services program through HCBS State plan, 1115 waiver or 1915C waiver or other method to implement the following program of supports for individuals with intellectual and developmental disabilities.

II. Goals for the individual

These goals are the quality foundation and planning and budgeting underpinning of the program of services that each person should enjoy:

- A place to call home with control over anyone who comes to the front door or otherwise provides any services or supports with freely chosen assistance when necessary
- Community membership with real connections to citizens and memberships in vital community organizations
- Close friends, family and other significant relationships and receive assistance to develop or maintain these relationships
- Economic self sufficiency through supports or funds as needed provided through jobs, self employment and active or passive pursuit of private dollars

III. Implementation

51 A. Individuals will be deemed eligible and receive prioritization for services in a
52 transparent manner. There will be four major categories for spending available to ensure
53 adequate dollars for supports in addition to social security and medical insurance. The program
54 of services will include the full range of people identified with disabilities including those with
55 complex medical or behavioral conditions and those with profound intellectual impairments. The
56 funding for individuals will be defined through cost corridors as defined in the waiver or state
57 plan based on the functional needs of the individual. The number of cost corridors will total a
58 minimum of three to a maximum of five corridors.

59

60 B. Funds will be provided through individual service allocations from EOHHS or the
61 state agency. Dollars are tied to the individual so that they can be utilized as needed for generic
62 community resources, supports or other activities.

63

64 C. The categories for supports through all sources of income will be prioritized around
65 the four self-determination domains. These are a place to call home, real community
66 memberships, support for existing or sought after long term relationships, and the development
67 of private income whenever possible. The Plan of Care (POC_ and the Individual Supports Plan
68 (ISP) will be designed around the four goals identified in Section II.

69 D. Individuals may purchase supports through services that are presently possible to
70 purchase both within and outside the present human service system in any of the present waivers.
71 All services will be marked by self direction and individual rather than congregate services and
72 will include but not be limited to the following:

73 Individual Support Community Habilitation

74 Supported Employment

75 Day Habilitation Supplement

76 Family Support Navigation

77 Individualized Day Supports

78 Transportation

79 Day Supports

80 Homemaker

81 Individualized Home Supports

82 Broker services

83 Live-in Caregiver

84 Respite

85 Adult Companion

86 Assistive Technology

87 Behavioral Supports and Consultation

88 Chore

89 Community Family Training

90 Community Peer Support

91 Home Modifications and Adaptations

92 Stabilization

93 Vehicle Modification

94 Residential Habilitation

95 Individual Goods and Services

96 Occupational Therapy

97 Integrated work and volunteer services

98 Individualized Day Supports

99 Physical Therapy

100 Speech Therapy Residential Family Training

101 Residential Peer Support

102 Self-Directed 24 Hour Supports

103 Recreation\Leisure

104 Additional Health Supports

105 Stabilization

106 Transitional Assistance Services

107 Self-advocacy

108 E. The individual will engage in a contract with the state office or agency which will be
109 based upon a plan that identifies the supports to be developed and how funds will support the
110 major self-determination domains and goals listed herein as Section II. The planning and
111 budgeting process shall be melded with the assistance of an unbiased circle of support including
112 the help of an independent broker (to be freely chosen by the individual including size or
113 composition). Using the targeted amount of dollars individuals will be free to utilize them in any
114 helpful fashion within the four domains and specifically include within these plans provisions for
115 health and safety. This new system will provide fiscal incentives for individuals and families to
116 save in return for maximum flexibility in planning and budgeting. Initial funding allocations will
117 be determined at a lesser percentage than traditional services.

118

119 F. Any dollars saved for the individual will be dealt with in the following ways:

120 a. Year one, 50% of savings will be applied to one-time only expenses as identified by
121 the individual; the rest will return to the funding agency to be spent on other individuals for that
122 fiscal year. The savings in year one will be placed in a reserve fund in year two to assure that all
123 needs of the individual are being met. Negotiations will be made with the individual regarding
124 the adequacy of the allocation and some or all of the savings may be transferred to a reserve fund
125 pool for all individuals.

126 b. In year 2, 50% of any savings will be added to the individual reserve account in case
127 they are needed for unforeseen circumstances; If not spent in year 2, funding will revert in that
128 year to the reserve fund pool to be used for other qualified individuals.

129 c. In year 3 a new budget will be finalized based on costs for the coming year.

130 d. If due to unanticipated events or the need for more supports, the individual
131 allocation is inadequate, the individual will be able to negotiate for additional resources from the
132 reserve fund pool.

133 e. If the individual's needs change significantly in either direction, negotiations should
134 take place between the individual and designated authority to move to a different allocation
135 corridor.

136 G. The individual or the guardian and the individual will be able to utilize resources or
137 types of services as he/she/they sees fit. They will be assisted by state designated or other fiscal
138 intermediaries. They also will have access to independent support brokers to assist in the
139 development of a plan. Provider organizations may be engaged to help organize his/her
140 services/supports upon payment of a negotiated fee but in no way may this arrangement infringe
141 on the authority of the individual outlined above.

142 H. The individual or guardian and the individual shall have the sole authority over
143 which services or providers are qualified and selected and shall be able to terminate a service
144 agreement with a thirty day notice allowing for purchase of service from another qualified
145 provider of their choice both from within and without the current human service system. The
146 state will develop a random and limited audit to evaluate the services and develop a quality
147 review system based upon the four goals in Section II.