Fiscal Note: $3,300,000

Amendments from the Department of Veterans Services & the Soldiers Homes: 83, 95, 102, 131, 201, 213, 231, 294, 324, 376, 378, 379, 385, 386, 434, 489, 490, 491, 518, 528, 578, 622, 777, 783, 821, 826.

Amendments from the Elder Affairs: 31, 96, 99, 135, 155, 181, 186, 214, 215, 223, 232, 235, 237, 238, 239, 240, 241, 254, 293, 423, 480, 570, 571, 590, 594, 597, 701, 710, 851, 853, 861.

Amendments from the Health and Human Services: 1, 30, 34, 41, 56, 58, 77, 122, 132, 188, 195, 203, 217, 242, 289, 291, 332, 333, 446, 451, 473, 495, 507, 511, 520, 547, 554, 555, 573, 614, 679, 686, 687, 688, 689, 690, 692, 715, 767, 774, 799, 848, 849, 850, 854.

Mr. Murphy of Burlington and others move to amend H.4600 in section 2, in item 1410-0010, by inserting after the words "Glory 54th Brigade;" the following: "provided further, the secretary of veterans' affairs shall submit a report to the joint committee on veterans' and federal affairs and the house and senate committees on ways and means not later than December 1, 2010 on the effectiveness and efficiency of creating a program of behavioral health career development for returning veterans under a federal yellow ribbon scholarship entitled 'train vets to treat vets' in conjunction with the Massachusetts School of Professional Psychology".

And further amend the bill in section 2, by striking item 1410-0012 and inserting in place thereof the following item:-

1410-0012	For services to veterans, including the maintenance and operation of outreach centers; provided further, that the department shall not reduce the amount allocated to a program or its successor in section 2 of chapter 27 of the acts of 2009; provided, however, that funds shall not be expended for the Middleboro Veterans' Outreach Center; provided further, that an amount equal to the amount of funds expended in fiscal year 2010 for the Middleboro Veterans' Outreach Center shall be transferred to the Nathan Hale Foundation of Plymouth; provided further, that the centers shall provide counseling to incarcerated veterans and to Vietnam era veterans and their families who may have been exposed to agent orange; and provided further, that these centers shall provide services to veterans who were discharged after September 11, 2001, and their families	$1,738,686

And further amend the bill in section 2, by striking item 1410-0250 and inserting in place thereof the following item:-

1410-0250	For veterans' homelessness services; provided, that the department shall not reduce the amount allocated to a program or its successor in section 2 of chapter 27 of the acts of 2009; and provided further the Western Massachusetts Bilingual Veterans Outreach Center shall be the successor to the Springfield Bilingual Veterans Outreach Center at the YMCA	$2,083,073

And further amend the bill in section by inserting after item 4000-0050 the following item:-

4000-0265 For a primary care workforce development and loan forgiveness grant program at community health centers, for the purpose of enhancing recruitment and retention of primary care physicians and other clinicians at community health centers throughout the commonwealth; provided, that the grant shall be administered by the Massachusetts League of Community Health Centers in consultation with the secretary of the executive office of health and human services and relevant member agencies; provided further, that the funds shall be matched by other public and private funds; and provided further, that the League shall work with the secretary and the agencies to maximize all sources of public and private funds $500,000

And further amend the bill in section 2, by striking item 4000-0300 and inserting in place thereof the following item:-

4000-0300 For the operation of the executive office, including the operation of the managed care oversight board; provided, that the executive office shall provide technical and administrative assistance to agencies under the purview of the secretariat receiving federal funds; provided further, that the executive office and its agencies, when contracting for services on the islands of Martha's Vineyard and Nantucket, shall take into consideration the increased costs associated with the provision of goods, services and housing on said islands; provided further, that the executive office shall monitor the expenditures and completion timetables for systems development projects and enhancements undertaken by all agencies under the purview of the secretariat, and shall ensure that all measures are taken to make such systems compatible with one another for enhanced interagency interaction; provided further, that the executive office shall continue to develop and implement the common client identifier; provided further, that the executive office shall ensure that any collaborative assessments for children receiving services from multiple agencies within the secretariat shall be performed within existing resources; provided further, that funds appropriated in this item shall be expended for administrative and contracted services related to the implementation and operation of programs authorized by chapter 118E of the General Laws; provided further, that in consultation with the division of health care finance and policy, no rate increase shall be provided to existing Medicaid provider rates without taking all measures possible under Title XIX of the Social Security Act to ensure that rates of payment to providers do not exceed the rates that are necessary to meet only those costs which must be incurred by efficiently and economically operated providers in order to provide services of adequate quality; provided further, that funds may be expended for the operation of the office of health equity within the executive office of health and human services; provided further, that subject to appropriation, the executive office of health and human services may employ such additional staff or consultants as it may deem necessary; provided further, that the office may prepare an annual health disparities report card with regional disparities data, evaluate effectiveness of interventions and replicate successful programs across the commonwealth; provided further, that the office shall work with a disparities reduction program with a focus on supporting efforts by community-based

health agencies and community health workers to eliminate racial and ethnic health disparities, including efforts addressing social factors integral to such disparities; provided further, that expenditures for the purposes of each item appropriated for programs authorized by chapter 118E of the General Laws shall be accounted for in the Massachusetts management accounting and reporting system not more than 10 days after the expenditures have been made by the Medicaid management information system; provided further, that no expenditures shall be made that are not federally reimbursable, including those related to Titles XIX or XXI of the Social Security Act or the MassHealth demonstration waiver approved under section 1115(a) of said Social Security Act or the community first section 1115 demonstration waiver, whether made by the executive office or another commonwealth entity, except as specifically authorized herein, or unless made for cost containment efforts, the purposes and amounts of which have been submitted to the executive office of administration and finance and the house and senate committees on ways and means 30 days prior to making such expenditures; provided further, that the executive office of health and human services shall conduct a comprehensive study of trends in all human service programs in the MetroWest Region which shall consist of Ashland, Framingham, Holliston, Hopkinton, Natick, Southborough, Sudbury, Wayland and Westborough, and shall examine all services provided by the commonwealth to evaluate which populations have the greatest need for services, to what degree those populations are served by the programs created as well as by other existing services, and shall develop strategies for serving all underserved segments of the population; provided further, that the study shall also include program density throughout the commonwealth and the fiscal impact of these programs on cities and towns; provided further, that the executive office of health and human services working with the department of public safety shall review program evaluations, certifications and program standards and make recommendations on needed program changes, and the executive office and department shall issue a report to the general court of its study by filing same with the clerks of the house of representatives and senate not later than January 31, 2012; provided further, that the executive office may continue to recover provider overpayments made in the current and prior fiscal years through the Medicaid management information system, and that these recoveries shall be considered current fiscal year expenditure refunds; provided further, that the executive office may collect directly from a liable third party any amounts paid to contracted providers under said chapter 118E for which the executive office later discovers another third party is liable if no other course of recoupment is possible; provided further, that no funds shall be expended for the purpose of funding interpretive services directly or indirectly related to a settlement or resolution agreement with the office of civil rights or any other office, group or entity; provided further, that interpretive services currently provided shall not give rise to enforceable legal rights for any party or to an enforceable entitlement to interpretive services; provided further, that notwithstanding any general or special law to the contrary, the executive office shall require the commissioner of mental health to approve any prior authorization or other restriction on medication used to treat mental illness in accordance with written policies, procedures and regulations of the department of mental health; provided further, the secretary of health and

human services shall require the director of MassHealth to apply for any grants or demonstration projects relating to Medicaid beginning in fiscal year 2011 pursuant to the Patient Protection and Affordability Act of 2011, P. L. 111-38; provided further, that not later than September 1, 2010, the executive office of health and human services shall submit a report to the house and senate committees on ways and means detailing planned fiscal year 2011 expenditures by the executive office as funded by chargebacks to the 17 executive office cluster agencies; provided further, that any projection of deficiency in item 4000-0430, 4000-0500, 4000-0600, 4000-0700, 4000-0870, 4000-0875, 4000-0880, 4000-0890, 4000-0895, 4000-0950, 4000-0990, 4000-1400 or 4000-1405 shall be reported to the house and senate committees on ways and means not less than 90 days before the projected exhaustion of funding; and provided further, that any unexpended balance in these accounts shall revert to the General Fund on June 30, 2011..... $89,511,737

And further amend the bill in section 2, by striking item 4000-0600 and inserting in place thereof the following item:-

4000-0600 For health care services provided to MassHealth members who are seniors, and for the operation of the senior care options program under section 9D of chapter 118E of the General Laws; provided, that funds may be expended from this item for health care services provided to these recipients in prior fiscal years; provided further, that funds shall be expended for the "community choices" initiative; provided further, that no payment for special provider costs shall be made from this item without the prior written approval of the secretary of administration and finance; provided further, that benefits for this demonstration project shall not be reduced below the services provided in fiscal year 2010; provided further, that the eligibility requirements for this demonstration project shall not be more restrictive than those established in fiscal year 2010; provided further, that the executive office of health and human services shall submit a report to the house and senate committees on ways and means detailing the projected costs and the number of individuals served by the "community choices" initiative in fiscal year 2011 delineated by the federal poverty level; provided further that for fiscal year 2011, the division of health care finance and policy shall establish nursing facility MassHealth rates that fully recognize the Medicaid share of the nursing home assessment established by section 25 of chapter 118G of the General Laws, as amended by section 39; provided further, that not more than $35,000,000 shall be expended for the purpose of funding inflationary labor benefits and other costs; ~~provided further, that a change to the nursing facility MassHealth rates and an increase in funding for inflationary costs authorized in this item shall be funded only if the division of health care finance and policy, in consultation with MassHealth, determines that the appropriation for this item is sufficient to fund the purposes set forth in this item in fiscal year 2011;~~ provided that not less than $2,800,000 of the nursing home assessment imposed by section 25 of chapter 118G of the General Laws shall be expended as fiscal year 2011 incentive payments to Nursing Facilities meeting the criteria determined by the MassHealth Nursing Facility Pay for Performance (P4P) Program in 114.2 CMR 6.07 and that have established and participated in a cooperative effort in each

qualifying Nursing Facility between representatives of employees, including, but not limited to, labor organizations, and management, that is focused on implementing said criteria and improving the quality of services available to MassHealth members; and provided further that the MassHealth Agency shall adopt regulations and procedures necessary to carry out this section; provided further, that notwithstanding any general or special law to the contrary, funds shall be expended from this item for the purpose of maintaining a personal needs allowance of $72.80 per month for individuals residing in nursing homes and rest homes who are eligible for MassHealth, Emergency Aid to the Elderly Disabled and Children program or Supplemental Security Income; provided further, care management under section 3 of chapter 211 of the acts of 2006 shall be implemented through aging and disability resource consortiums, which shall include a combination of 1 or more Aging Services Access Points and Independent Living Centers; provided further, that not less than $2,500,000 shall be expended from this item to implement the provisions of section 2 of chapter 211 of the acts of 2006, the pre-admission counseling and assessment program, which shall be implemented on a statewide basis through aging and disability resource consortia; provided further, that notwithstanding any general or special law to the contrary, for any nursing home or non-acute chronic disease hospital that provides kosher food to its residents, the department, in consultation with the division, in recognition of the unique special innovative program status granted by the executive office, shall continue to make the standard payment rates established in fiscal year 2006 to reflect the high dietary costs incurred in providing kosher food; provided further, that funds shall be expended for the purpose of a housing with services demonstration project known as the "Caring Homes" initiative designed to delay or prevent nursing home placement by providing care-giving services to an elder; and provided further, that under said demonstration project, eligible MassHealth enrollees shall be able to live in the home of an individual or relative, with the exception of dependent children, to provide for their long term supports, pursuant to regulations promulgated by said executive office..... $2,491,416,244

And further amend the bill in section 2, in item 4100-0060, by striking out the figures "$17,032,228" and inserting in place thereof the figures "$19,032,228".

And further amend the bill in section 2, in item 9110-1455, in line 14, by striking out the following:- "provided further, that the department shall reduced its spending from this line item by the total amount received by it beneficiaries who were granted a one-time rebate pursuant to section 3315 of the Patient Protection and Affordability Act of 2010, P.L. 111-38; provided further, that the department shall reduce its spending by an amount equal to the reduction in costs for brand-name prescription drugs received by its beneficiaries pursuant to section1860D-14A (a) and (b) of the Patient Protection and Affordability Act of 2010, P.L. 111-38".

And further amend the bill in section 2, in item 9110-9002, by inserting after the word "secretary" the following words "provided further, that funding shall be expended for provider training and outreach for LGBT elders and caregivers;".

And further amend the bill by adding the following 2 sections:-

SECTION XX. Notwithstanding any general or special law to the contrary, the office of Medicaid is hereby directed to develop and fund a global payment system for high-risk pediatric asthma patients enrolled in the MassHealth program, designed to prevent unnecessary hospital admissions and emergency room utilization. Consistent with the National Asthma Education and Prevention Program guidelines developed by the National Institutes of Health, the global payments shall be designed to reimburse non-billable expenses necessary to manage pediatric asthma including patient education, environmental assessments, mitigation of asthma triggers and purchase of necessary durable medical equipment. The global payments shall be designed to offer a financial return on investment in terms of reduced hospital and emergency room costs not later than 2 years after the effective date of this act. The global payment approach shall be piloted in communities with high rates of uncontrolled childhood asthma. The executive office of health and human services shall consult with the Community Asthma Initiative at Children's Hospital Boston and with other relevant providers in developing the global payments, and shall collaborate with participating entities in evaluating the program. The executive office will report its findings on the cost effectiveness of this program to the joint committee on health care financing, the joint committee on public health and the house and senate committees on ways and means not later than December 31, 2012.

SECTION XX. Notwithstanding any general or special law to the contrary, the executive office of health and human services shall make all reasonable efforts to renegotiate the commonwealth's 1115 waiver to permit passive opt-out enrollment for the senior care options plan as expeditiously as possible.