

The Commonwealth of Massachusetts AN INITIATIVE PETITION **FOR A LAW**

Under Article XLVIII of the Amendments to the Constitution of the Commonwealth

SUMMARY

This proposed law would change how reimbursement rates for nursing homes and rest homes paid by the state are established by the state Executive Office of Health and Human Services.

The proposed law would require the Executive Office to use historical costs from a "base year" not more than two years before the current year in calculating a provider's reimbursement rates. The proposed law would eliminate the Executive Office's ability to make adjustments for reasonableness, remove the current restriction against providers using costs from years other than the chosen base year to appeal the reimbursement rates established by the Executive Office, and set the occupancy standard for nursing homes used in calculating a nursing home's reimbursement rate as the statewide average from the base year.

The proposed law would require that the rates set for each provider be sufficient to pay all allowable costs of caring for beneficiaries of the state's MassHealth program and all allowable costs of implementation of any state or federal law, regulation, or other governmental mandate to the extent permissible FILING DEADLINES. Initiative petitions must be submitted to local election officials for certification of signatures no later than 5 p.m. on Wednesday, June 17, 2020. Local election officials must complete their certification no later than June 29, 2020. Thereafter, initiative petitions containing certified signatures must be retrieved by petitioners from the local election officials and then filed with the Elections Division, Office of the Secretary of the Commonwealth, One Ashburton Place, Room 1705, Boston, MA, no later than 5 p.m. on Wednesday, July 1, 2020.

by the United States Department of Health and Human Services Centers for Medicare and Medicaid Services. Any additional costs incurred by a provider as a result of the rate-setting process established by the proposed law would also be included in that provider's rate.

The proposed law would require the Executive Office, in compliance with the methods and standards described above, to determine and certify rates for general health supplies, care, rehabilitative services, and accommodations incurred in the ordinary course of running a facility.

The proposed law would require that the Executive Office apply the regulations governing the calculation of nursing home rates in effect on January 25, 2019, to the extent that those regulations are consistent with the proposed law, when establishing rates for the covered facilities.

The proposed law could be amended only by a two-thirds roll-call vote of the Legislature.

Kathleen A. Delsordo David J. Donnelly Erica J. Hanks Andrew D. Hodgdon Albert Carlo Sivo Richard L. Jasiak Ryan Gagne Robert W. Woodcock Diane Gagne Lisa Lannon

FIRST TEN SIGNERS

CIRCULATOR AND SIGNER INFORMATION

12 Beverly Street 402 Admiralty Heights 23 Hammond Street 23 Wall Street 62 Old Nugent Farm Road 18 Granite Street 7 Coachman Lane 130 Rea Street 7 Coachman Lane 8 Arrowwood Street

Dartmouth Yarmouth New Bedford Arlington Gloucester Haverhill Methuen **North Andover** Methuen Methuen

INFORMATION CIRCULATOR

ONLY REGISTRAR MAY WRITE IN THIS AREA

These names have been certified as names of registered voters in their places of residence. Original petition was filed on September 4, 2019.

CONTACTED AT: Petition D 12 Beverly St.

North Dartmouth, MA 02747

SPONSORS OF THIS PETITION MAY BE

508-971-3273

SECRETARY OF THE COMMONWEALTH OF MASSACHUSETTS

William Travino,

INSTRUCTIONS TO CIRCULATORS AND SIGNERS

 DO NOT ALTER THIS INITIATIVE PETITION IN ANY WAY. ADDITIONAL MARKINGS ON THIS PETITION WILL DISQUALIFY ANY SIGNATURES ON THIS PETITION SHEET.

For your signature to be valid, you must be a registered voter in the city or town named below and your signature should be written substantially as registered. DO NOT sign the same petition more than once.

If you are prevented by physical disability from writing, you may authorize some person to write your name and residence in your presence.

REGISTRAR	ONLY	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated above)	II. NOW REGISTERED AT (street, number and apartment number, if any) (city or town will be the same as stated below)	WARD	PREC.
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	City or Town			Circulator petition sheet number	
ONLY REGISTERED VOTERS OF		M.A	AY SIGN THIS SHEET.	D	
	(OV	ER)			

ATTENTION VOTERS: Before signing, read signer information on other side. CITY OR TOWN:								
REGISTRAR	ONLY	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated on other side)	II. NOW REGISTERED AT (street, number and apartment number, if any) (city or town will be the same as stated above)	WARD	PREC.			
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CE	RTI	FICATION OF SIGNATURES	At least three registrars' names must be signed or stam	ped be	low.			
		city or town month and day						
We o	certify	(number of names certified – use numbers and words)						
above signatures checked thus ✔ are names of qualified voters from this city or town.			Registrars of Voters or Election Commissioners of					

DD