

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Thomas M. Stanley

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 Improving Access to Post Acute Services.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Thomas M. Stanley</i>	<i>9th Middlesex</i>	<i>1/17/2025</i>

HOUSE No.

[Pin Slip]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

An Act Improving Access to Post Acute Services.

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. Notwithstanding any general or special law to the contrary, the Office of
2 Medicaid shall, in consultation with the Massachusetts Health and Hospital Association, Inc. and
3 its non-acute care hospitals, take actions to support community discharge for MassHealth
4 patients currently awaiting discharge in post-acute care hospitals to provide improved access to
5 patients awaiting acute hospital care. Such actions shall include, but not be limited to, the
6 following: (i) revising language describing approval for administrative days in MassHealth
7 beneficiary notices regarding service determinations in non-acute care hospitals; (ii) adopting a
8 transparent approach regarding adverse determinations for MassHealth beneficiary receiving
9 non-acute hospital services, including standard timelines, coverage criteria, and appeals
10 processes that are clear to providers and consumers; and (iii) expanding and developing
11 community resources to support discharge to independent living in community settings for
12 MassHealth beneficiaries with chronic, medically complex conditions.

SECTION 2. Section 13A of Chapter 118E of the General Laws, is hereby amended by inserting by inserting after the third paragraph:-

To establish Medicaid rates for non-acute care hospitals, the division of medical assistance shall use as base year costs for rate determination purposes the reported costs of the calendar year not more than 2 years prior to the current rate year.

SECTION 3. Sections 38 and 41 of Chapter 197 of the Acts of 2024 are hereby repealed.

SECTION 4. Subsection (b) of section 24 of said Chapter 197 of the Acts of 2024 is hereby amended by inserting after the words “acute care hospital”, the following words:- “or a non-acute care hospital”.

SECTION 5. (a) For the purposes of this section, the following words shall have the following meanings unless the context clearly requires otherwise:-

“Payer” the group insurance commission under chapter 32A of the General Laws, the division of medical assistance under chapter 118E of the General Laws, insurance companies organized under chapter 175 of the General Laws, non-profit hospital service corporations organized under chapter 176A of the General Laws, medical service corporations organized under chapter 176B of the General Laws, health maintenance organizations organized under chapter 176G of the General Laws and preferred provider organizations organized under chapter 176I of the General Laws, or a utilization review organization acting under contract with the aforementioned entities.

(b) Notwithstanding any general or special law to the contrary, all payers shall not require prior authorization for the transition of any inpatient of an acute care hospital or non-acute hospital to home health agencies certified by the Centers for Medicare and Medicaid Services

SECTION 6. Section 16CC of chapter 6A of the General Laws, as appearing in the 2022 official edition, shall be amended by inserting at the end thereof the following subsection:-

(k) The secretary of health and human services shall establish within the statewide long term care ombudsman's office a complex care ombudsman program to assist acute and post-acute care hospitals with discharges to lower level post-acute care settings; provided further, that such program shall ensure that not less than one complex care case manager shall be assigned to each of the 5 EMS regions of the state to assist the hospitals in each region with discharges to lower level post-acute care settings.

SECTION 7. Notwithstanding any general or special law to the contrary, the Secretary of Health and Human Services or a designee, in conjunction with the Division of Medical Assistance, shall establish a regional pilot program to increase the capacity of staffed long-term care beds, beds for patients with dementia diagnoses, and beds for geriatric patients with psychiatric diagnoses in the state's skilled nursing facilities; provided, that the pilot may review the prior temporary program that added short-term rehabilitation capacity in all regions of Massachusetts and shall support patient care transitions to reduce the number of patients who are medically ready for discharge but are not able to be transferred due to capacity constraints for post-acute care services; provided further, that the executive office shall consult with the Massachusetts Health and Hospital Association, Inc., the Massachusetts Senior Care Association, Inc., LeadingAge Massachusetts, the Massachusetts Association of Behavioral Health Systems

54 and other stakeholder groups to identify the capabilities necessary for skilled nursing facilities to
55 accept and care for additional patients in the identified categories and the workforce training
56 necessary to support these capabilities, including programs to increase recruitment and retention
57 of 1-on-1 nursing care staff for residents and best practices to treat residents diagnosed with
58 Alzheimer's disease or dementia.

59 SECTION 8. Section 1 of Chapter 215 of the General Laws, as appearing in the 2022
60 official edition, is hereby be amended by inserting after the second paragraph the following
61 paragraph:-

62 There shall be an Office of Adult Guardianship and Conservatorship Oversight within the
63 Administrative Office of the Probate and Family Court to increase court oversight of guardians
64 and conservators and guardian and conservator arrangements to protect older adults and adults
65 with disabilities from abuse, financial exploitation, and neglect. Within said office there shall be
66 an ombudsman who shall work across the divisions of the court to assist with the scheduling or
67 expediting of cases before the courts or assist with other procedures.

68 SECTION 9. Said Chapter 215 of the general laws, is hereby further amended by
69 inserting after section 63 the following section:-

70 Section 64. Probate courts may schedule weekly or bi-weekly block sessions of
71 healthcare cases for matters within their jurisdiction addressing the appointment or expansion of
72 guardians, conservators, health care proxies or other matters that may be placed within their
73 jurisdiction.

74 SECTION 10. Notwithstanding any general or special law to the contrary, the Secretary
75 of Health and Human Services or a designee shall establish a task force to consider the co-

location of medical services at skilled nursing facilities including behavioral health and substance use disorder treatment services, building capacity for telehealth services, and the provision of devices and broadband services to support telehealth services in skilled nursing facilities.

SECTION 11. Notwithstanding any general or special law to the contrary, the Secretary of Health and Human Services or a designee shall establish a pilot program for existing skilled nursing facilities to serve as teaching skilled nursing facilities to utilize and disseminate best practices in skilled nursing facility care in conjunction with nursing facility staff, students, teaching hospitals, and academic institutions to improve care for nursing home residents and foster careers in long-term care and geriatrics.

SECTION 12. Notwithstanding any general or special law to the contrary, the Secretary of Health and Human Services or a designee, in conjunction with the Administrative Office of the Trial Court, shall develop a public outreach campaign to recruit individuals including but not limited to retired attorneys, doctors, nurses, and social workers to serve as guardians and conservators for patients who have no identified persons to serve in these roles on their behalf. In the development of said outreach campaign, the Secretary shall consult with the Massachusetts Health and Hospital Association, Inc., Honoring Choices Massachusetts, the Massachusetts Guardianship Policy Institute, Massachusetts Bar Association, and other organizations that serve in roles to support guardians and conservators.