

Joint Committee on Health Care Financing 2025-2026 (194th) Bill Summary

<u>Bill Number:</u>	House, No. 1406
<u>Title:</u>	AN ACT TO IMPROVE CONTINUITY OF CARE FOR MASSHEALTH MEMBERS WITH CHRONIC CONDITIONS
<u>Sponsor:</u>	Representative Lindsay N. Sabadosa (Northampton)
<u>Hearing Date:</u>	July 1, 2025
<u>Reporting Deadline:</u>	August 30, 2025
<u>Prior History:</u>	New File
<u>Similar Matters:</u>	S844 (Crighton – Identical, Health Care Financing)

Current Law:

M.G.L. Chapter 19A § 4B establishes the roles and responsibilities of Aging Services Access Points (ASAPs) in providing and coordinating home and community-based long-term care services for older adults. It authorizes the Executive Office of Elder Affairs to designate ASAPs to conduct assessments, develop service plans, and coordinate or authorize services for eligible individuals. The section ensures that ASAPs serve as a single point of entry for elders seeking services, helping them access care in the least restrictive setting appropriate to their needs, and emphasizes the importance of person-centered planning and care coordination to support independence and prevent unnecessary institutionalization.

Chapter 118E of the General Laws establishes the Division of Medical Assistance (MassHealth) within the Executive Office of Health and Human Services.

Summary:

SECTION amends chapter 118E by adding section 9C½, which addresses prior authorization requirements for community-based long-term care services for MassHealth members with chronic conditions. It defines "community long-term care services" to include various support programs such as Adult Day Health, Personal Care Attendant Services, and others listed in the Frail Elder Waiver and similar waivers in effect as of April 1, 2024. A "chronic condition" is defined as a long-term health issue, including intellectual or developmental disabilities, expected to last more than one year. When prior authorization is required for services addressing such chronic conditions, it must be granted for the full duration of the prescribed services, with a maximum period of up to five years. However, MassHealth or its authorized agent may modify a service plan if requested by the member or their primary care provider due to changes in the member's condition or service needs.

SECTION 2 modifies section 4B of chapter 19A by adding a provision that when a skilled medical provider employed by an Aging Services Access Point (ASAP) authorizes services—specifically for community long-term care services they will not directly provide—the authorization will be treated as a prior authorization. ASAPs must facilitate the timely provision of services according to the member's service plan. These provisions also apply to the senior care options (SCO) initiative under chapter 118E. Like SECTION 1, it allows MassHealth or its agent to alter the service plan in response to changes in a member's condition when such a request is made by the member or their primary care provider.