

Introduction

Good morning, my name is Shannon O'Rourke, and I am the Senior Manager of Reentry Policy & Programs at the Executive Office of Health and Human Services (EOHHS). I am here to present staff testimony on the emergency adoption of regulation 130 CMR 449: *Correctional Facility Services*. The proposed regulation was filed as an emergency and is effective for dates of service on or after November 7, 2025.

Background

Regulation 130 CMR 449.00 is a new regulation that establishes a new correctional facility provider type in fee-for-service and sets forth the requirements for correctional facilities participating in MassHealth that provide services required for qualifying individuals by the Consolidated Appropriations Act, 2023.

Description of Proposed Regulation

The new proposed regulation, 130 CMR 449.00, establishes a new correctional facility provider type and standalone provider regulation for services required by the Consolidated Appropriations Act, 2023 (CAA, 2023). Under this new regulation, a Massachusetts correctional facility can now enroll in MassHealth and provide those required services as MassHealth Covered Services.

130 CMR 449.000 sets forth the requirements, conditions, and limitations for MassHealth-enrolled correctional facilities to provide the Covered Services described in the regulation, and the regulation includes, among other things, provisions regarding the following areas:

- Provider eligibility requirements for correctional facilities to enroll as a MassHealth provider of such services;
- Conditions of payment for such services;
- Member qualifying requirements for the receipt of such services;
- Requirements and limitations for the delivery of such services;

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- Administrative requirements related to the delivery of such services; and
- Other requirements related to the provision of such services, including recordkeeping.

At this time, the Covered Services include only the services required by Section 5121 of the Consolidated Appropriations Act, a federal law, to be provided to post-adjudication eligible juveniles in the 30 days prior to release.

Accordingly, the only individuals who will qualify for the Covered Services within this regulation are individuals who meet each of the following criteria:

- (1) they must be inmates of the MassHealth-enrolled correctional facility;
- (2) they must be eligible for MassHealth;
- (3) they must be held post-adjudication; and
- (4) they must be younger than 21 years old **or** a former foster care youth from 18 up to, but not including, 26 years old.

The specific Covered Services are: targeted case management (TCM) and screening and diagnostic services when provided in the 30 days just prior to the individual's release.

- (1) The pre-release Targeted Case Management service must include the following elements:
 1. A comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services.
 2. Development, and periodic revision, of a specific person-centered care plan based on the information collected through the assessment.
 3. Referral and related activities to achieve goals in the care plan, including referrals to appropriate care and services available in the geographic region of the eligible individual, such as scheduling appointments for the individual including activities that help link the

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individual with medical, social, and educational providers or other programs and services,
and

4. A warm hand-off to a post-release case manager to transition case management.

(2) The requirements related to the screening and diagnostic services are as follows:

Screenings for individuals younger than 21 years of age must include:

1. Services indicated as medically necessary in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements in 130 CMR 450.140; and
2. Any additional screenings required by EOHHS as announced in sub-regulatory guidance.

Screenings for Former Foster Care Youth ages 21 through 25 must include the screenings required by EOHHS as announced in sub-regulatory guidance.

Diagnostics must include any diagnostics indicated as medically necessary based upon the required screenings that are feasible to provide

The associated rates for Covered Services just described are listed in the following existing rate regulations:

101 CMR 317.00: Rates for Medicine Services, 101 CMR 314.00: Rates for Dental Services; 101 CMR 316.00: Rates for Surgery and Anesthesia Services; 101 CMR 318.00: Rates for Radiology Services; 101 CMR 320.00: Rates for Clinical Laboratory Services; and 101 CMR 444.00: Rates for Certain Substance Use Disorder Services.

Payment is subject to the conditions, exclusions, and limitations set forth in 130 CMR 449.000 and 130 CMR 450.000: Administrative and Billing Regulations.

Finally, this regulation establishes requirements for services provided under a contract as well as contract requirements, reporting and recordkeeping requirements, and staffing, supervision, and training requirements. Of these sections, the services provided under a contract and contract

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requirements define the requirements for participating facilities that provide Covered Services via contractual arrangements and the scope of information that those contracts must include. The reporting requirements section sets forth the requirement that all participating facilities must comply with the reporting requirements outlined both in 130 CMR 449.000 and in 130 CMR 450.000. The staffing requirements section sets forth the requirements for rendering providers of covered services, including MassHealth enrollment requirements for Ordering, Referring, and Prescribing (ORP) providers, and sets forth the targeted case management case manager qualifications.

Fiscal Impact

The proposed amendments were adopted on an emergency basis to align with the adoption of 101 CMR 317: *Rates for Medicine Services*, which adds Correctional Facility as an eligible billing provider type; and (2) establishes a new code and corresponding modifier, T2023-U1, with a monthly rate of \$269.99 per member for pre-release case management services. The estimated annual aggregate fiscal impact of the proposed amendments is \$261,200.

This concludes my testimony.

Thank you.