

## **Introduction**

Good afternoon. My name is April Miranda, Program Manager of Home Health, Hospice, and Therapy programs at the Office of Long Term Services and Supports (OLTSS) in the Executive Office of Health and Human Services (EOHHS). I am here to present staff testimony on the proposed amendments to regulation 130 CMR 403.000: *Home Health Agency*. The proposed regulation is planned to go into effect no sooner than August 1<sup>st</sup>, 2026.

## **Background**

Regulation 130 CMR 403.000 governs MassHealth agency providers of home health agency (HHA) services and provides program requirements and conditions of payment for the provision of HHA services to MassHealth members.

## **Description of Proposed Amendments**

The proposed amendments to 130 CMR 403.000 include the following changes:

1. Adding a new additional home health service for members with chronic health conditions that use home health services. The Home Health Agency Value Based Payment (VBP) Service intends to provide coordinated and person-centered care with the goal of keeping members in the community and improve their health outcomes by reducing hospitalizations and emergency department use. Home Health Agency VBP Service is available to members who meet certain eligibility criteria and who are receiving services through a contracted Home Health Agency VBP Service Provider. Participating agencies will provide all medically necessary home health agency services which include skilled nursing, medication administration, home health aide, medical social work, and therapy (physical, speech, and occupational) services. These services are reimbursable as a bundle on a per member per month basis. The proposed additional service does not change or replace existing home health agency services. Specifically, the following changes are proposed:

Testimony on Amendments to 130 CMR 403.000

Home Health Services

Effective August 1, 2026

April 3, 2026

- a. Amend 403.402 to add new definitions for VBP services;
  - b. Add 403.410(F) to describe the prior authorization requirements for members seeking VBP service;
  - c. Amend 403.412 to add the VBP service to eligible home health services;
  - d. Add section 403.414 to describe the conditions of payment and the clinical criteria for VBP services;
  - e. Amend 403.422 to add discharge procedures for members receiving VBP services; and
  - f. Add 403.423(I) which provides the conditions of payment for the Per Member Per Month VBP service payment.
2. Adding service-specific Electronic Visit Verification (EVV) requirements for all home health services reflecting the federal EVV mandate per Section 12006 of the 21st Century Cures Act.
  3. Amending the language for Medication Administration Visits to clarify that the “primary” focus of the visit is medication administration.
  4. Clarifying that the Initial Patient Assessment may be completed by the therapist (PT, SLP, or OT) when Therapy services are the only skilled service ordered by the physician or allowed practitioner.
  5. Making other changes which include technical corrections to clarify authorized practitioners for a face-to-face encounter visit.

This concludes my testimony.

Thank you.