**Introduction**

Good morning. My name is John Excellent and I am the Project Manager for the Office of Long Term Services and Supports at the Executive Office of Health and Human Services (EOHHS). I am here to present staff testimony on proposed amendments to regulation 130 CMR 508.000: MassHealth Managed Care Requirements. These amendments were proposed on September 12, 2025, to become effective no sooner than January 1, 2026.

**Background**

MassHealth regulation 130 CMR 508.000 describes the MassHealth Managed Care Requirements.

**Proposed Amendments**

MassHealth is proposing the following amendments to 130 CMR 508.000:

* Updating terminology including:
  + Replacing the term “Senior Care Organization” and with “Senior Care Options (SCO) Plan”
  + Replacing the term “Integrated Care Organization” with “One Care Plan”
  + Updating terminology to reflect upcoming One Care transition from a Medicare-Medicaid Program to a Dual-Eligible Special Needs Program, including removing references to the Duals Demonstration
* Updating One Care enrollment requirements, selection procedure requirements, disenrollment requirements, and discharge or transfer requirements to reflect the upcoming One Care transition from a Medicare-Medicaid Program to a Dual-Eligible Special Needs Program
* Updating the Senior Care Options enrollment requirements for consistency with Chapter 9 of the Acts of 2025, Sections 45 through 47
* Generally updating the Senior Care Options disenrollment requirements, discharge or transfer requirements, and eligibility for other programs requirements to remove out-of-date terminology and policy references
* Aligning eligibility requirements for individuals eligible for MassHealth through the Emergency Aid to the Elderly Disabled and Children (EAEDC) program across MassHealth managed care programs
* Updating copayment requirements for MassHealth managed care members to align with previous regulation changes for fee-for-service members
* Clarifying requirements for members transferring managed care plans to meet prior agency commitment to CMS to make such clarifications
* Removing the requirement for members who participate in home- and community-based waivers to enroll with the behavioral health contractor.
* Updating requirements related to members’ right to a fair hearing
* Adding Severability language

**Fiscal Impact**

MassHealth expects no fiscal impact. This concludes my testimony. Thank you.