COFAR priorities for the 2027-2028 legislative session

January 2027

Admissions should be opened to the ICFs and state-operated group homes

We will continue to seek the filing and passage of legislation that would require the Department of Developmental Services (DDS) to offer the Wrentham Developmental Center and Hogan Regional Center and state-operated group homes as options for those seeking residential placements in Massachusetts.

Last year, we proposed amendments aimed at preserving the Wrentham and Hogan Centers, but those amendments were not adopted by the Massachusetts Senate or House during its debate on the Fiscal Year 2027 state budget.

The amendments received the bipartisan support of nine legislative supporters in the Senate and 20 supporters in the House. But due to an apparent lack of active support at the time from the leadership in each chamber, the measures didn't come up for votes.

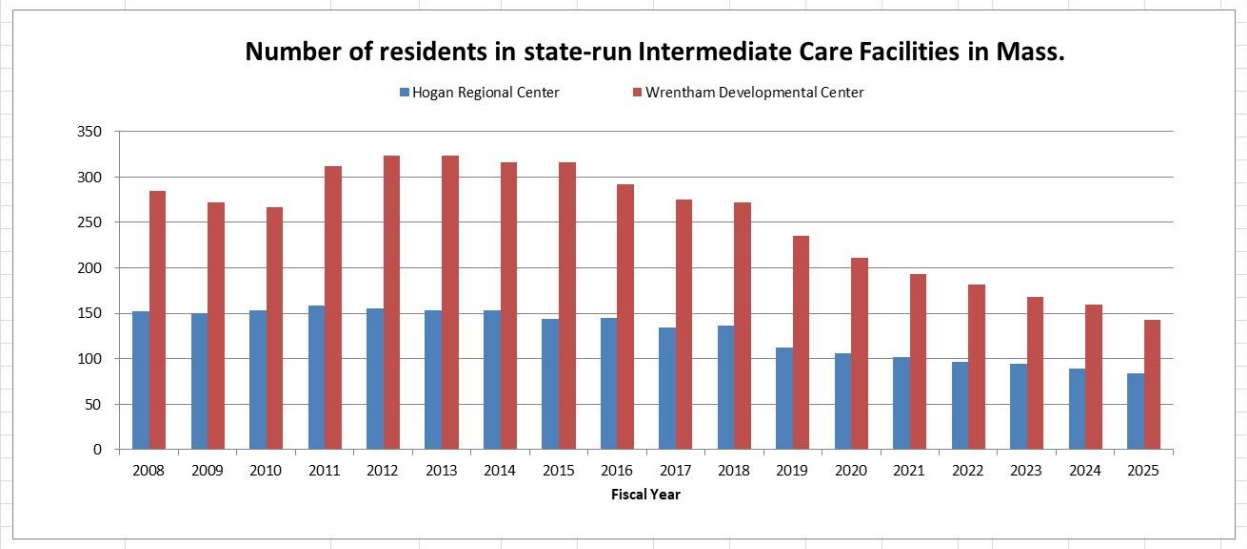
Based on the support we received, we intend to re-propose these measures in the Fiscal 2028 budget and possibly file stand-alone legislation. Our proposed legislation would **affirm a right to care** at Wrentham and Hogan for persons found to be eligible for Intermediate Care Facility (ICF)-level services, inform families of the choices available for residential care, including ICF care, and protect current ICF residents from involuntary discharge.

We are also exploring the possibility of legislation that would require that the administration fill a minimum number of beds at Wrentham and Hogan.

Facilities dying by attrition

Unless the administration agrees to open those facilities to new admissions, they will eventually close. DDS data show the number of residents or the census at both the Wrentham Developmental Center and Hogan Regional Center has continued to drop.

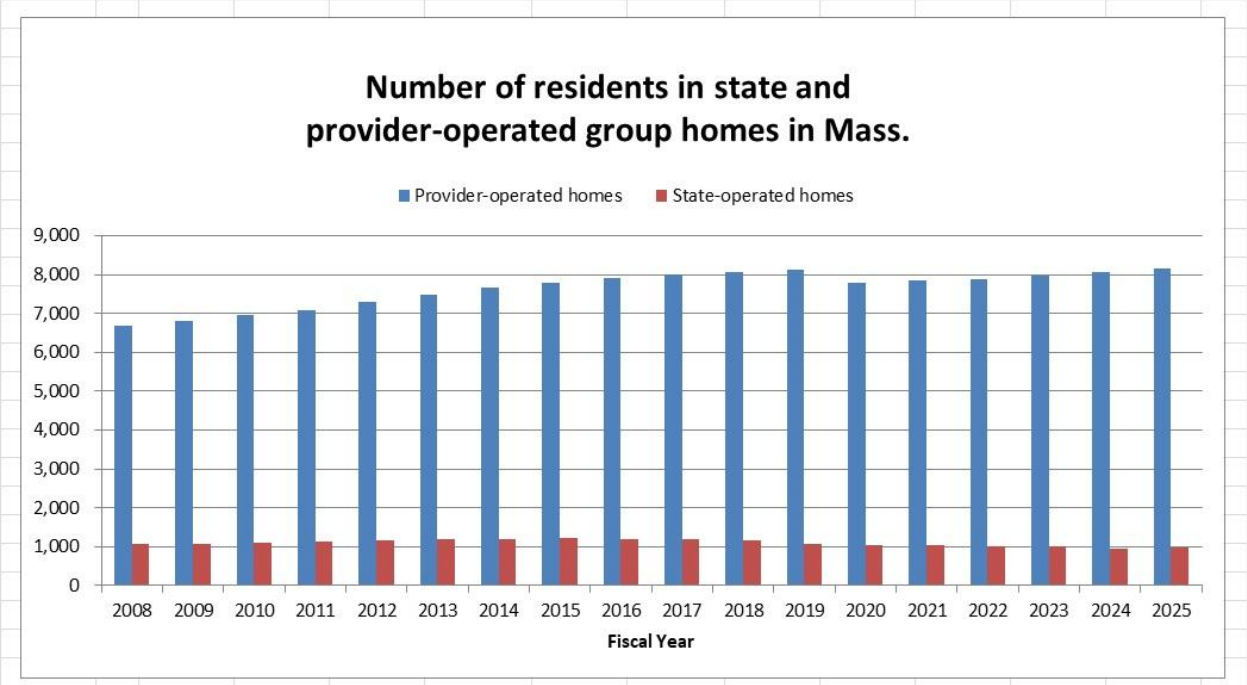
The census at Wrentham dropped from 323 in Fiscal 2012 to 143 in Fiscal 2025 – a 56% drop. The census at Hogan dropped from 155 in Fiscal 2012 to 84 in Fiscal 2025 – a 46% drop.



Source: DDS

From Fiscal 2008 to 2025, the census in the smaller state-run group home system dropped from 1,059 to 965 – an 8.9% decrease, according to DDS data.

Meanwhile, the census in the state's much larger network of privatized group homes continued to climb during that same period, rising from 6,677 to 8,147 — a 22% increase.



Source: DDS

Currently, the privatized group home system in Massachusetts is providing substandard care even as thousands of individuals continue to wait for residential placements.

Even the Arc of Massachusetts, which has pushed for the closures of all remaining ICFs, has acknowledged a "systemic failure" in the largely privatized DDS system in which thousands of persons with I/DD are unable to get services. (Chapter affiliates of the Arc operate group homes under contracts with DDS.)

State-run residential facilities, which have better trained and higher paid staff, are vital to the fabric of care in the DDS system. As Olmstead v. L.C., the landmark 1999 U.S. Supreme Court decision, recognized, there is a segment of the population with I/DD that cannot benefit from and does not desire community-based care. ICFs, in particular, must meet stringent federal standards for care that make them uniquely appropriate settings for persons with the most profound levels of disability and medical issues.

DDS blocking placements at the ICFs, but won't disclose its actual admissions policy

Despite the value of the ICFs, DDS does not inform individuals and families seeking residential placements that these state-run facilities even exist. During the past few years, we have reported on two admissions to ICFs in Massachusetts (here and here), but those admissions have been the exceptions. In at least two instances in the past few years, families have been unsuccessful in efforts to win placements for their loved ones at the Wrentham Center.

That policy decision by DDS to discourage or block new admissions guarantees that the number of residents in state-run residential care will continue to drop, and that the ICFs, in particular, will eventually be closed.

For unclear reasons, DDS has declined to reveal its written admissions policy regarding the Wrentham and Hogan Centers. In response to our request for its policy, the Department has stated since February 2025 that the policy is under development and is therefore exempt from disclosure under the state's Public Records Law.

In October 2026, we appealed to the state public records supervisor, arguing that given that time span, the admissions policy was very likely no longer under development and had become the Department's de facto operating policy. The supervisor ordered DDS to clarify whether the policy is truly still under development.

Parallels to the Pappas Rehabilitation Hospital

The de facto policy of allowing DDS-run facilities to close through attrition appears to be identical to the more widely publicized decision of the Healey administration to close the Pappas Rehabilitation

Hospital, a facility for children with multiple disabilities and medically complex conditions. While the administration maintains it has no plans to close Pappas, the number of residents in that facility has precipitously declined due to an apparently highly restrictive admissions policy.

We are continuing to work with state legislators, unions, and others to point out the similarities between the Pappas and Wrentham and Hogan situations. Even if Pappas is ultimately saved, it begs the question what will happen to its residents once they age out of the facility should Wrentham, Hogan, and the state-operated group home network ultimately disappear.

Right to ICF care

Despite DDS's de facto policy of blocking admissions, the federal Medicaid law and its regulations confer the right to the choice of ICF care to individuals and their families and guardians.

As Medicaid.gov, the federal government's official Medicaid website, explains, "States **may not limit access to ICF/IID service**, or make it subject to waiting lists, as they may for Home and Community Based Services (HCBS)" (our emphasis).

ICF budget language should be changed to ensure a right to care

We are seeking two modifications to the language that is included every year in the ICF line item in the state budget (5930-1000). In one instance, the language mistakenly implies that the U.S. Supreme Court ordered the closures of institutions for persons with developmental disabilities.

In the second instance, the annual budget language lists three conditions for discharging clients from ICFs to the community, but leaves out one of the key conditions in the Supreme Court's landmark 1999 decision, Olmstead v. L.C., which is that the client or their guardian does not oppose the discharge. We are requesting that that condition be added to the language in the line item.

1. In the first instance, the budget language states that DDS must report yearly to the House and Senate Ways and Means Committees on "all efforts to comply with …Olmstead…and… **the steps taken to consolidate or close an ICF**…" (our emphasis)

However, closing institutions was not the intent of the Olmstead decision, which was written by the late Justice Ruth Bader Ginsburg. The decision explicitly states that federal law — specifically the Americans with Disabilities Act (ADA) — does not require deinstitutionalization for those who don't desire it.

We believe the language should be changed to state: "…the steps taken to consolidate or close an ICF **and the steps taken to inform families of the choices available for residential care including ICF care. DDS clients who have been found to be eligible for ICF-level care have a right to choose an ICF setting."**

We are concerned that the current line item language could allow the administration to justify continuing to underfund the line item, and possibly to seek the eventual closures of the Wrentham and Hogan centers.

2. The three conditions listed in the annual budget language for discharging clients to the community are:

(i) the client is deemed clinically suited for a more integrated setting;

(ii) community residential service capacity and resources available are sufficient to provide each client with an equal or improved level of service; and

(iii) the cost to the commonwealth of serving the client in the community is less than or equal to the cost of serving the client in an ICF/IID…" (my emphasis)

The first two of those conditions do match conditions listed in the Olmstead decision for allowing the discharge of clients to the community. However, there is a further condition in Olmstead, which is that **such a discharge is "not opposed" by the client or their guardian**. That condition is not included in the budget language, and we are asking that it be included.

As the Olmstead decision held:

> We emphasize that nothing in the ADA (Americans with Disabilities Act) or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings. . . Nor is there any federal requirement that community-based treatment be imposed on patients who do not desire it.

Adequate funding needed for state-run facilities in the Fiscal Year 2028 budget

We are continuing to work to preserve state facilities, including ICFs and state-operated group homes in Massachusetts as residential options for persons with intellectual and developmental disabilities (I/DD). The ICF line item in the state budget primarily funds the Wrentham Developmental Center and the Hogan Regional Center.

1. DDS ICF line item (5930-1000). Based on the federal Bureau of Labor Statistics inflation rate of 4.3% in the New England region as of Septembe 2026, we are requesting a **$5.8 million increase** in this line item, from **$134,334,811** in the current fiscal year, to **$140,111,208** in Fiscal Year 2028.

The ICF line item decreased by 12% between Fiscal 2012 and 2027 in non-inflation-adjusted numbers.

2. DDS state-operated group home line item (5920-2010). We are requesting a **$16 million increase** in this line item, from **$372,359,320 to $388,370,771** in Fiscal 2028.

The state-operated group home line item increased by 126% between Fiscal 2012 and 2027 in non-inflation-adjusted numbers. However, that compares with an increase during that period of 173% in the corporate-provider residential line item (5920-2000). The corporate community-residential line item was over **$2 billion** in Fiscal 2027.

Choice in residential services

DDS holds considerable authority regarding residential placements. Families cannot change residential providers without DDS approval. We would support a voucher system, which would allow family choice, create competition, and improve the quality of care. This would also help families who need to move to other parts of the state for work or family reasons.

Guardianship reform

Reform is needed of the guardianship system in probate court, which traps many families in losing disputes with DDS.

We would support a guardianship reform bill that would provide for free legal representation for family members and that would presume that parents or siblings would be suitable guardians in petitioning for guardianships.

We have long supported proposed legislation that would presume that parents, in particular, would be suitable guardians of their adult children with I/DD. This legislation was first proposed by the late Stan McDonald, who had sought unsuccessfully to regain guardianship of his intellectually disabled son.

The legislation has never gotten out of the Judiciary Committee, however.

Independent DDS appeals process

The appeals process that persons must follow regarding Individual Support Plans (ISPs) contains a serious conflict of interest in that DDS controls the entire process.

When a family member or guardian of a DDS client appeals the client's ISP, DDS appoints a hearing officer of its choice to decide the case. After the hearing officer decides, the DDS commissioner can reverse the decision. We have reported on at least two instances in the past year and a half in which this appeals process has been marred by apparent bias on the part of the DDS-selected hearing officer against appellants.

We would support a bill, which would place the entire ISP appeals process under the control of the independent state Division of Administrative Law Appeals (DALA).

CPPD Abuser Registry reform

In 2024, we reported that in only a minority of the cases in which the Commission on the Protection of Persons with Disabilities (CPPD) [formerly the Disabled Persons Protection Commission (DPPC)], affirmed initial substantiations of abuse allegations against care providers did the agency conclude that those persons' names should be placed in the CPPD's Abuser Registry.

Following our report, state Senator Patrick O'Connor, the original sponsor of the legislation that created the Registry, said he was worried by our findings and that it "may be time to fine-tune" the law.

We are calling for changes in the law that include requiring the CPPD to consider several factors listed in the regulations for determining whether a care provider against whom abuse has been substantiated fit to continue to provide services. Right now, the regulations say only that the CPPD "may" consider factors such as previous incidents of abuse and the provider's previous work history.

Also, we believe the regulations should explicitly require that the CPPD place care providers in the Registry in all cases in which the agency has affirmed allegations of intentional physical or sexual abuse.

We also would support the expansion of the Abuser Registry to cover staff of MassHealth day habilitation programs.

Funding to corporate providers must result in higher wages for direct-care workers

The increases in state funding to the providers over the past decade have resulted in continuing increases in the pay of the provider executives. The increased state funding, however, hasn't been passed through by the providers to their direct care employees.

We are calling for legislation that would raise the pay of direct-care workers employed by DDS corporate providers to $25 per hour.

Work opportunities needed in congregate care settings

In the wake of the closures of all sheltered workshop programs in Massachusetts as of 2016, we are calling for legislation authorizing the introduction of work opportunities for individuals in community-based day programs.

The last time such legislation was proposed appears to have been in 2019 in the form of then H.88. That legislation, however, did not make it out of committee.

Safeguards and corrections needed in Supported Decision Making legislation

During the past several legislative sessions, Supported Decision Making (SDM) bills have come close to final enactment. We have raised numerous concerns about the bills with members of a number of legislative committees.

SDM reflects a growing movement to restrict guardianships of persons with I/DD and replace those guardians with "networks" of more informal advisors.

While SDM may be appropriate for individuals with relatively high levels of cognitive ability and low support needs, we are concerned that the bill does not distinguish between levels of cognitive ability. Removing an individual who lacks the capacity to make their own decisions from the protection of a guardian presents risks, particularly if the guardian is a family member.

Perhaps the most onerous provision the SDM legislation, as we have pointed out to key legislators, is that it would add to the burden of proof that a petitioner already faces in probate court in order to become a guardian. The legislation specifically would require those petitioners to state why a more limited guardianship **or an SDM agreement** is "inappropriate."

We think that provision may predispose probate court judges to deny guardianship petitions in favor of SDM arrangements.

Thirdly, the legislation does not provide any means of enforcing a weak provision against conflicts of interest held by SDM supporters who work for corporate providers to DDS.

Unfortunately, none of our proposed improvements or safeguards has ever been adopted by the drafters of the legislation.

Unlike guardianship, which provides ongoing court supervision and reporting to protect vulnerable individuals, SDM, under this bill, relies primarily on supporters acting in good faith and on monitoring that occurs only after problems are reported. This lack of proactive safeguards could increase the likelihood of financial or other exploitation for individuals with severe or profound I/DD, particularly given the limited research on SDM outcomes for this population.

It is important to note that individuals currently have the ability to enter SDM agreements without this legislation. Based on our regular experience in Probate and Family Court, we have seen cases in which SDM arrangements would be appropriate.