

— VOR ANNUAL MEETING · 2026

A Voice of Reason in a Pivotal Moment

Protecting Choice, Preserving Care

SWHA • MASSACHUSETTS DDS CRISIS • JUNE 18 OLC MEMO • OUR PATH FORWARD

Who Is **SWHA**?

Saving Wrentham and Hogan Alliance — Massachusetts



OUR MISSION

Protect Rights, Dignity & Care

Protect the rights, dignity, and care of individuals with intellectual and developmental disabilities in Massachusetts.



WHAT WE PROTECT

Wrentham & Hogan Centers

Wrentham and Hogan developmental centers — homes for people who choose and thrive in structured, specialized residential care. We back choice, competition, and placement based on clinical needs, not ideology.



HOW WE WORK

Advocacy & Coalition-Building

Coalition-building, legislative advocacy, data-driven research, and family testimony at every level of government — plus legal options to improve care for high-acuity individuals.



WHO WE SERVE

Families & High-Acuity Adults

Adults with severe and profound autism, high-acuity I/DD, and families who choose ICF/IID settings as the right care environment.

Massachusetts DDS: A System Under Pressure

SWHA · JANUARY 2026

The financial reality behind Massachusetts disability services — what the official numbers hide

HIDDEN COSTS

\$1.3B+

Hidden annual public costs in the HCBS system, **invisible in standard comparisons**



PROVIDER CAPTURE

\$227.9M

Social Security contributions **captured annually** by HCBS providers from residents' benefits



POTENTIAL SAVINGS

\$70M+

Potential **annual savings** if ICF/IID admissions returned to full capacity via economies of scale



5-YEAR OUTLOOK

\$350M

Projected **5-year cumulative savings** from reopening ICF/IID admissions across Massachusetts





The Missing Continuum of Care

Massachusetts has built a one-size-fits-all system — but individuals with profound disabilities need more.



3 ITEMS

- ✓ **Group homes** with fragmented HCBS services
- ✓ **Community waiver programs** — token offers count as "served"
- ✓ **A statewide strategy council** (EO 656 — a first step)

ⓘ *EO 656 created a strategy council — meaningful, but insufficient alone*



4 GAPS

- ✗ **Crisis stabilization facilities exist at Hogan & Wrentham — access takes connections or a lawyer**
- ✗ **Intensive specialized day services for high-acuity individuals requiring structured programming**
- ✗ **Open ICF/IID admissions for individuals who need and choose specialized residential care**
- ✗ **On-site clinical and medical support in residential settings for medically complex individuals**

ⓘ *MA DDS admission freeze leaves high-acuity individuals without appropriate options*

"Rights without infrastructure are rights in name only."

— SWHA

Saving Wrentham & Hogan Alliance



Who Needs Specialized Residential Care?



HIGH-ACUITY INDIVIDUALS

- ✓ Severe and profound intellectual disability requiring around-the-clock structured support
- ✓ Medically fragile with complex co-morbidities requiring on-site clinical oversight
- ✓ Dangerous behaviors requiring continuous, trained one-on-one supervision
- ✓ Profound autism with sensory and behavioral crises that overwhelm typical community settings
- ✓ Unable to generalize skills across environments — consistency and structure are therapeutic necessities

VS



WHAT COMMUNITY SETTINGS OFFER

- ✗ Staffing ratios insufficient for behavioral crises — no capacity for one-on-one crisis intervention
- ✗ Services fragmented across multiple vendors — no integrated clinical or behavioral team
- ✗ No on-site medical or clinical team — acute needs escalate to emergency rooms by default
- ✗ Reliance on emergency systems — ER and crisis teams become default when community placements fail
- ✗ Frequent placement breakdowns causing trauma, regression, and loss of therapeutic progress



For these individuals, ICF/IID is not institutionalization — it is **the right choice.**

The True Cost of Forced Deinstitutionalization

Comparing **ICF/IID integrated costs** versus **HCBS fragmented costs** — Massachusetts annual spending

ANNUAL COST COMPARISON — ICF/IID VS. HCBS

■ ICF/IID — Integrated Cost Fully visible in Medicaid rate

Medicaid Daily Rate *All-inclusive: clinical, residential, therapy, medical*

✓ On-site medical & behavioral teams · ✓ Economies of scale · ✓ No hidden costs

■ HCBS — Fragmented Costs \$1.3B+ hidden annual costs

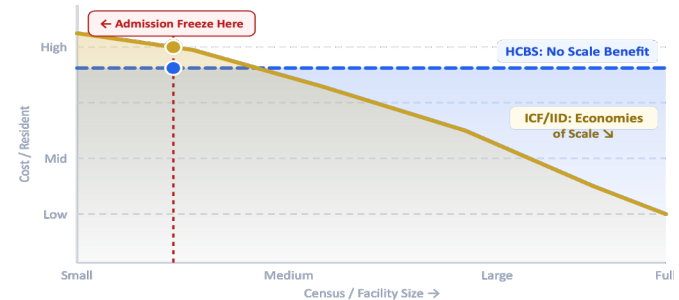


HCBS fragmented costs: Base Rate · \$3.26B budget · Day \$411M · Trans \$33.6M · Social Security Recapture: \$227.9 M- Crisis SNAP-\$53M Medical/Dental- \$413M Police-\$750K

One ER visit for a behavioral crisis can cost more than a month at the Wrentham Developmental Center

Source: SWHA Cost Comparison Study, January 2026

COST PER RESIDENT VS. CENSUS SIZE



- ✓ Fixed infrastructure costs spread across more residents as census grows
- ✓ MA's admission freeze locks ICF/IID at artificially high per-resident costs
- ✓ HCBS adds costs with every new individual — no efficiency at scale

ⓘ Key Insight: **MA's admission freeze is the cost driver — not the ICF/IID model itself.** Reopening admissions restores economies of scale and unlocks **\$70M+ in projected annual savings.**

Ψ JUNE 18, 2026

DOJ · OFFICE OF LEGAL COUNSEL OPINION

“

“Neither the Rehabilitation Act nor Title II of the ADA imposed an integration mandate on states in their treatment of mentally disabled individuals.”

”

— Principal Deputy AAG Lanora Pettit, U.S. Department of Justice, Office of Legal Counsel

- **What it covers:** Reinterprets *Olmstead v. L.C.* (1999) — the cornerstone of disability integration law, holding that only "unjustified institutional isolation" is prohibited
- **What it concludes:** States are **NOT** legally required to provide community-based care instead of institutional care
- **What it withdraws:** 25+ years of DOJ enforcement pressure on states to deinstitutionalize — consent decrees, investigations, and litigation threats

This is the most significant federal disability policy shift in a generation.

What the OLC Memo **Means** — and What It **Doesn't**

✓ What the Memo **DOES**

- ✓ **Removes federal pressure** on states to close ICFs and move individuals to community settings
- ✓ Creates **legal breathing room** for states like Massachusetts to reopen ICF/IID admissions without DOJ interference
- ✓ Affirms that **Olmstead never required maximum integration** — only that unjustified isolation is prohibited
- ✓ May or may not open the door to **family choice and ICF/IID expansion** without DOJ consent-decree threats

⚠ What the Memo **DOES NOT** Do

- ✗ Does **NOT mandate institutionalization** of anyone — individual rights and choices remain fully protected
- ✗ Does **NOT strip community-based rights** or services — HCBS programs and Medicaid waiver options remain intact
- ✗ Does **NOT change Massachusetts state law** — DDS admission restrictions remain in force until Beacon Hill acts
- ✗ Does **NOT guarantee MA DDS will reopen admissions** — sustained legislative pressure is still required

⚡ The federal DOJ has **stepped back**. Now Massachusetts must **step up**.

What's at Stake for High-Acuity Individuals

① POLICY DECISION POINT

The choice before Massachusetts — and its real-world consequences for families

VS

✓ If Massachusetts Reopens ICF/IID Admissions OPPORTUNITY PATH

- ✓ **Stable, predictable therapeutic environments** designed for individuals with severe behavioral and sensory needs
- ✓ **On-site medical and behavioral health teams** providing continuous, integrated clinical support
- ✓ **Economies of scale reducing per-person cost** as census returns to capacity at Wrentham and Hogan
- ✓ **Family peace of mind** with licensed, federally regulated care and transparent oversight
- ✓ **Prevention of crisis-driven ER visits** and traumatic placement breakdowns for high-acuity individuals

🛡️ Choice preserved · Costs reduced · Families protected

⚠️ If Massachusetts Maintains the Status Quo RISK PATH

- ✗ **Continued placement crises** as community options chronically fail high-acuity individuals with nowhere to turn
- ✗ **ER and emergency psychiatric over-reliance** substituting for appropriate residential care during behavioral crises
- ✗ **Cost spiral from fragmented HCBS** and emergency interventions adding hidden billions to state spending
- ✗ **Loss of Wrentham and Hogan** as declining census makes closure inevitable — irreversible once gone
- ✗ **Future generations with profound I/DD** left without appropriate, humane residential options in Massachusetts

⚠️ Crisis deepens · Costs rise · Options disappear

Inaction is not neutral — it is a policy choice with real human consequences.

Our Continued Advocacy

Our continued commitment to Massachusetts families



EDUCATION

Continue Educating Families & Officials

Keep educating families, legislators, and the public about ICF/IID care and the people who depend on it.

PUBLIC MESSAGING

Continue Public Messaging

Keep sharing the case for preserving care options.

LEGAL ACTION

Develop Legal Strategy

Work with the NCSA to develop our plan for potential legal action.

LEGISLATIVE ADVOCACY

Continue Legislative Advocacy

Keep advocating to protect access to ICF/IID care and the right to informed choice.

PARTNERSHIPS

Continue Our Partnerships

Keep partnering with VOR, NCSA, AFSCME, MNA, COFAR, the Wrentham Family Association, and others.

VOR Annual Meeting 2026 — June 8–10 marks our continued commitment to coordinated national advocacy.

Our Core Messaging Framework

SWHA · VOR 2026

Six messages every advocate, legislator, and journalist should hear

1

Choice IS the Civil Right

Olmstead never required one-size-fits-all community placement. True civil rights mean families can choose ICF/IID care.

2

The OLC Memo Confirms What VOR Has Always Said

Federal law never mandated deinstitutionalization. Massachusetts has been acting on a misreading of Olmstead for decades.

3

ICF/IID Is Not Institutionalization — It Is Individualized Care

For high-acuity individuals, specialized residential care is the right therapeutic environment, not a punishment.

4

The Hidden Costs Are Real

HCBS fragmentation costs Massachusetts over \$1.3 billion in hidden annual spending. Reopening ICF/IID saves \$70M+ per year.

5

Massachusetts Must Build the Continuum

EO 656 is a start. But families need open admissions, crisis beds, and specialized day services — now.

6

No One Should Fall Through the Cracks

When community placements fail high-acuity individuals, there must be a safe, high-quality alternative ready.

"Rights without infrastructure are rights in name only." — SWHA

Continuing the Work Together.

With gratitude to the members, families, and partners who carry this work forward



With Gratitude

Thank you to every member, family, and partner whose dedication has sustained this work throughout the past year.

> WITH THANKS



Continued Commitment

Our advocacy continues through education, legislative engagement, public messaging, and partnership with allied organizations.

> MOVING FORWARD



Stay Connected

We welcome your questions and involvement in the year ahead. Reach us anytime to stay engaged. *Thank you.*

> STAY IN TOUCH