

Dignity Alliance Massachusetts' initial review of the FY 2027 state budget as proposed in [H 2](#).

Item One: AGE should detail the level of FY27 State Home Care Program enrollment that is being supported by the 9110-1630 and 9110-1633 funding recommendations. **Most important, what is AGE projecting for FY27 waitlist levels for both the Basic and ECOP program.**

- **Background-** AGE is now administering waitlists for both the Basic program and the ECOP program. As an example, a recent public records request uncovered that by the end of September the ECOP waitlist had grown to 950 individuals. By now it likely exceeds 1,100 waitlisted individuals. The lack of public interest on the existence of these waitlists is a major departure from prior instances, when such waitlists garnered major media attention and then reactions from state government to address such waitlists.
- **Call to Action-** The Administration and Legislators to require AGE to publicly post actual home care program waitlist information on a monthly basis. Furthermore, AGE should disclose the projected monthly waitlists that accompany their FY27 funding recommendation.
- **Solution-** One option is to convert the ECOP program into a Medicaid-reimbursable offering. If adopted, this technique will generate at least \$38M per year in new revenue from existing service obligations that should be committed to relieving home care program waitlists and supporting public guardianship programs. More information to follow.

Item Two: Exactly what is the Healey-Driscoll Administration's outlook on the Prescription Advantage Program? What is the level of commitment to the ADRC Options Counseling Program and the SHINE Program? In FY26, the Prescription Advantage line item (9110-1455) is funded for \$19.8M. For FY27, the Administration is proposing \$6.6M, a \$13.2M (-66%) reduction. This level of change requires a public statement.

- The Prescription Advantage Program coordinates prescription benefit coverage with the Medicare Part-D program. The program is administered on a calendar year basis, and the cost of the state's subsidy is most intense between September and December. This means that in order for AGE to change the benefit design of the Prescription Advantage program in a manner commensurate with the proposed FY27 reduction in line-item funding, AGE would have had to have made such changes effective January 1, 2026.
- **Call to Action-** The Administration should detail what changes, if any, it is intending to make to the Prescription Advantage program.
- **ADRC Options Counseling Complication-** A strange wrinkle, the Healey-Driscoll Administration moved a long-standing programmatic earmark for the Options Counseling program to the Prescription Advantage 9110-1455 line item. In FY25, the administration spent \$5.05M on Options Counseling conducted by the ADRCs (source- Comptroller's CTHRU website). What is the policy goal of moving the line item to this account? Of the 9110-1455 line item's proposed \$6.6M in funding, how much is planned for Options Counseling?
- **SHINE Program Complication-** The line item does not appear to include funds dedicated to the popular SHINE program (a program that offers counseling to seniors to help them navigate through health insurance coverage options). In FY25, this 9110-1455 line item provided \$1.0M in funding support for SHINE. The Healey-Driscoll Administration should offer a statement on whether or not they support the SHINE program. If the Administration is changing the Prescription Advantage benefit design, it would seem to merit enhanced SHINE presence to extend targeted SHINE consultation to affected Prescription Advantage members.

Item Three: Exactly what activity is being supported by the AGE Administrative Account? For FY27 this line item is proposed to increase from \$5.9M to \$19.4M. Of this \$13.5M increase, how much is simply a cost shift from other line items? Does the proposed funding reflect an increased commitment in the regulatory affairs for Assisted Living Residences, and if so what are the specific investments? In the wake of the ALR Commission Report, it has been anticipated that there would be some sort of FY27 expansion to ALR certification, and perhaps such expansion is reflected in the Governor's proposal for 9110-0100 funding.

Item Four: The impact regarding personal care attendants can be broken down into three primary areas:

Governor Healey's **FY 2027 budget proposal (House 2)** introduces several targeted measures aimed at controlling costs within the **Personal Care Attendant (PCA)** program. While the administration frames these as necessary steps toward sustainability, they represent significant shifts in how the program is funded and administered.

1. Targeted Savings and Service Caps

The FY 2027 budget assumes **\$68 million in total savings** (approximately \$34 million net) from the PCA program.

- **Meal Prep Cap:** A major portion of these savings (roughly \$32 million) is expected to come from **capping payments for meal preparation support**. This follows recommendations from the state's PCA workgroup aimed at reining in utilization growth.

Workgroup Expansion: The administration plans to "build on and continue" the PCA workgroup to identify even further savings for the FY 2028 cycle, signaling that more structural changes may be on the horizon.

2. Broad MassHealth Rate Freeze

To manage a projected budget gap, the administration is proposing a **"rate freeze across the board"** for MassHealth.

- **Impact on Providers:** This means that while utilization (the number of people using the services) is expected to grow, the rates paid for those services—including PCA and Adult Foster Care (AFC)—will remain flat.
- **Sustainability Concerns:** State officials have described the current \$22 billion MassHealth budget as "not sustainable," necessitating these one-time administrative measures and "targeted reductions" to bridge the gap into 2028.

3. Administrative and Eligibility Changes

- **EAEDC Asset Limit:** Although not specific to the PCA line item, the budget proposes a **\$2,000 asset limit** for the Elderly, Disabled, and Children (EAEDC) program. Advocacy groups, including MassBudget, have raised alarms that this could restrict access for the same vulnerable populations who rely on PCA services.
- **Wage Increases:** On a more positive note for the workforce, PCAs are still on track to see the final stages of the 2023 collective bargaining agreement, which aims to raise wages to a scale

of up to **\$25 per hour by 2027** based on experience.

Comparison of Proposed Fiscal Impacts

Category	FY 2027 Budget Impact	Primary Goal
Total Program Savings	\$68 Million (Gross) (State net: \$34 Million)	Control non-discretionary cost growth.
Service Limits	Caps on meal preparation support	Reduce "high-utilization" service costs.
Provider Rates	Broad freeze across MassHealth	Stabilize state spending amid federal cuts.
Workforce Pay	Continued shift toward \$25/hr scale	Retention of the direct care workforce.

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For more information

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