



## Nursing Home Weekly Recap

September 19, 2025

**Nursing Home Network Call: Tuesday, September 30, 2 p.m. ET.** Join our monthly Nursing Home Network call on Tuesday, September 30 at 2 p.m. ET. We will review the latest nursing home updates, followed by time for feedback and discussion among members. The Nursing Home Network meets on the last Tuesday of each month and is open to all LeadingAge provider members. Register for the Network [here](#) using your LeadingAge login.

**National Policy Pulse Call.** Join over 1,000 of your LeadingAge peers for our National Policy Pulse calls where we keep members equipped to navigate the ever-evolving landscape of aging services national policy. The calls are Mondays at 3:30 p.m. ET. If you're interested in signing up for these members-only calls, please sign up using [the link on our National Policy Pulse webpage](#).

**House releases text of a short-term continuing resolution (CR).** On September 16, the House Appropriations Committee released the text of a short-term continuing resolution that would fund the government and extend expiring health programs through November 21, 2025. This CR is expected to be voted on in the House in the coming days but will not receive bipartisan support. The Democrats are planning to release their own CR proposal in the coming days. More details on what is contained in the bill released today can be found in this [LeadingAge article](#).

**Democrats Offer Counterpoint Continuing Resolution.** On September 17, as a counterpoint to the continuing resolution [offered by House Republicans](#) on September 16, House and Senate Democrats proposed a continuing resolution that would reverse H.R. 1 / the One Big Beautiful Bill Act's cuts to Medicaid and other healthcare funding and extend the enhanced premium tax credits for health insurance purchased through Affordable Care Act marketplace. The ACA enhanced tax credits are set to sunset December 31 absent congressional action. The Democrats' bill would permanently extend these tax credits while the House Republicans' CR does not extend them at all. The counterpoint CR also includes provisions to "protect Congress's power of the purse and prevents Trump from stealing from communities," according to a statement from Senate Minority Leader Chuck Schumer (D-NY), referring to language in the CR to further limit the executive branch's ability to unilaterally decide not to spend congressionally approved spending. Republicans have rejected Democrats' requests for provisions to tighten laws that limit unilateral rescissions despite the White House actively seeking to rescind appropriated funding.

Like the House Republican CR, the Democrats' bill includes flexibility for HUD to fund vouchers at risk in calendar year 2025 but also includes continued funding for homeless assistance Continuum of Care grants expiring in 2026 requires continuation of certain 2024 fair housing funding. The Trump administration has delayed funding for both programs. The Democrats' CR would extend telehealth flexibilities through October 31. The Democrats' CR would extend government funding through October 31; the House Republican CR would do so through November 21. While the Democrats' CR will not pass either chamber, the House is still counting votes to try to pass its own. The House is expected to vote on its CR by September 19 with Senate action possible the final days of September after a congressional

recess the week of September 22. To avoid a government shutdown, Republicans need seven Democrats to support the CR in the Senate where 60 votes are needed for passage.

**Infection Preventionist Training from CDC Renewed.** The [Nursing Home Infection Preventionist training](#) made available by the Centers for Disease Control & Prevention (CDC) has been renewed for another two-year period. This 23-module training is free and helps satisfy requirements from the Centers for Medicare & Medicaid Services (CMS) that nursing homes designate an individual to serve as Infection Preventionist who meets specific education and experience requirements and has completed specialized training in infection prevention and control. Infection preventionists who have previously completed the CDC's training course do not need to take it again; however, recall that CMS's expectation as outlined in the [Long-Term Care Surveyor Guidance](#) is that the infection preventionist "should remain current with infection prevention and control issues and be aware of national organizations' guidelines as well as those from national/state/local public health authorities (e.g., emerging pathogens)." It is recommended that more than one individual working in the nursing home complete this or similar training to ensure coverage in the event of unexpected leave or turnover.

**CMS Releases FY 2026 Mission & Priorities Document.** The Centers for Medicare & Medicaid Services (CMS) released the [fiscal year 2026 Mission & Priorities Document](#) on September 12 that outlines the agency's work for the coming year. Notably, this year's MPD includes information on the Hospice Special Focus Program, revisions to surveyor guidance for Home Health Agencies, revised Facility Assessment guidance for nursing homes, new guidance on the use of Enhanced Barrier Precautions in long-term care, updates to Appendix PP of the State Operations Manual, new surveyor skills review assessments, and an announcement regarding the risk-based survey process in long-term care. LeadingAge will provide analysis of these updates in the coming days.

**LeadingAge Submits Comments on Proposed Physician Fee Schedule for 2026.** On September 12, LeadingAge submitted comments to the Centers for Medicare and Medicaid Services on the agency's proposed [Calendar Year 2026 Physician Fee Schedule](#). We opposed proposed changes that would create a significant payment differential between physician services in skilled nursing facilities and nursing facilities; we supported a proposal to permanently remove the Medicare telehealth frequency limitations for certain inpatient visits, nursing facility visits, and critical care consultation services; and we offered a big-picture perspective on the Medicare Shared Savings Program, with ideas for how this accountable care organization model could evolve to further engage and create opportunities for aging services providers. Read [our comment letter here](#).

**LeadingAge Says 3-Day Stay Must End to Preserve Access to SNF.** LeadingAge submitted comments to CMS on September 15 on the hospital outpatient prospective payment rule (CMS-1834-P) related to a proposal which would completely phase out the procedures on the Inpatient Only List over the next three years. We highlighted that this shift could remove access to skilled nursing facility (SNF) services that have often followed many of these procedures, and especially the musculoskeletal procedures proposed for elimination in 2026. Without a 3-day inpatient hospital stay, Medicare fee-for service (FFS) beneficiaries would no longer be able to receive skilled care or rehabilitative therapies in a SNF, and have those services paid by Medicare. LeadingAge members reported that roughly 20-50% of their admissions currently are for musculoskeletal procedures that would be impacted by the rule change. Therefore, we proposed CMS pursue eliminating the 3-day stay requirement and in the interim, exempt any procedures removed from the Inpatient Only List from requiring a 3-day hospital stay in order to

preserve access to SNF services post-procedure. We also encouraged CMS to reimagine how SNFs could play a key role in reducing Medicare costs for individuals with chronic conditions that need additional short-term support to manage their condition. Our full comment letter can be found [here](#).

**MA Plan Provider Directories to be Part of Medicare Plan Finder for CY26.** In an unusual move, CMS will publish a [second Calendar Year 2026 \(CY26\) Medicare Advantage \(MA\), Part D and Programs of All Inclusive Care for the Elderly final rule](#) on September 19 in the Federal Register. LeadingAge will review the latest final rule in its entirety but according to a CMS memorandum on the final rule, this addition to the previous CY26 final rule focuses on finalizing how MA plan provider directories will be formatted for inclusion in the Medicare Plan Finder in CY27. This additional component of Medicare Plan Finder fills an important gap in the plan finder, which will help beneficiaries more easily evaluate whether their key health care providers are in-network with MA plans they are considering for enrollment. CMS had already finalized an [interim process](#) using a third party vendor to populate the plan finder with MA plan provider directory information for CY26, which is separate from the content of this final rule.

**OIG Adds Medicare Advantage Enrollment Manipulation Schemes to Their Work Plan.** On September 16, the Office of Inspector General [added](#) a new item to their work plan which will look at "schemes" of improper influencing Medicare Advantage (MA) enrollment. Examples highlighted in the announcement include enrolling beneficiaries into MA plans without their consent, structuring incentive payments to agents to minimize enrollment of people with disabilities, and paying kickbacks to providers in exchange for enrollments. OIG acknowledges to date, enrollment manipulation schemes have been identified primarily through whistleblowers, with minimal visibility into schemes that go unreported. To address this gap, OIG will conduct a large-scale analysis of enrollment and disenrollment data to identify aberrant patterns that may signal improper MAO actions to influence enrollment.