Home Health Weekly Recap

October 10, 2025

Weekly National Policy Pulse Calls. Join more than 1000 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 on 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.

LeadingAge Policy Pulse Joint Reception | 5:45 – 7:00 p.m. Westin Seaport Hotel
Be sure to attend this joint network reception for LeadingAge's policy umbrella, encompassing Nursing Home, Affordable Housing, CCAH, HCBS, Home Health, Hospice, Managed Care, Assisted Living and Workforce. Look out for an invitation soon within your LeadingAge member network or **RSVP here**.

Read more about federal government operations at HHS and HUD during a shutdown in this serial post.

Update on Medicare Claims Processing During Shutdown. Per a Medicare Learning Network (MLN) newsletter sent on October 1, 2025, the Centers for Medicare and Medicaid Service (CMS) clarified the impact of the legislative shutdown on Medicare payment processing. In the newsletter, Medicare Administrative Contractors (MAC) were directed to put a temporary hold on claims. This pause may prevent both the MACs and providers from incurring additional burden and cost associated with a need to reprocess claims denied due to the expiration of the telehealth and hospital at home waivers and similar items in the event that those services are ultimately extended by Congress as part of a continuing budget resolution or other action. The hold is only expected to last 10 business days, or until October 14, 2025. There is a statutory minimum payment floor of 14 days - meaning MACs hold electronic claims for 14 days before releasing payment regardless of the situation.

Veterans Affairs Clarifies Articles in October Provider Advisor. The monthly newsletter which spans VA provider types, was released on October 8, and includes reference to two initiatives which, on the surface, seemed they could affect adult day providers. LeadingAge received clarification from VA central office for Geriatric and Extended Care (GEC) that neither the provisions citing increased documentation requests nor the use of the external provider scheduling (EPS) platform should be anticipated by adult day providers serving veterans. The increases in documentation requests will apply to 'low risk clinics,' of which GEC programs are nor considered. The use of EPS is optional and still being rolled out across the nation; it may not yet be available in all areas. Archived Provider Advisors can be found here.

CDC Adopts ACIP Recommendations. The Centers for Disease Control & Prevention (CDC) officially adopted on October 6 the recommendations of the Advisory Committee for Immunization Practices (ACIP) to update the adult and child vaccine schedules for 2025/2026. Regarding COVID-19 vaccination, this means that individuals age 6 months and older are recommended to undertake shared decision-making with a clinician when consider whether to receive a COVID-19 vaccination. It is also recommended that these informed consent conversations include a discussion about the risks, benefits, and uncertainties of COVID vaccination, and for individuals ages six months to 64 years, there is an emphasis during these conversations that the benefits of COVID vaccination are greatest for those who are at risk for severe illness. The Stay-Up-to-Date page on the CDC website is expected to be updated on October 7. It is unclear if CDC will release a Quarter 4 definition for Up to Date for NHSN reporting or if this definition will be released closer to calendar year 2026 quarter 1 reporting, as surveillance definitions can only be updated on the reporting quarter but no

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definition was released for Quarter 4. LeadingAge will continue to monitor this situation and provide updates to providers.

LeadingAge LTSS Center Report Shows Relationship Between Net Worth and Mortality. In a report released by the LeadingAge LTSS Center @ UMass Boston and the National Council on Aging, authors show significant differences in anticipated age of mortality based on an individual's net worth. *The 80%,* authored by Jane Tavares, Marc Cohen, Maryssa Pallis, Kerry Glova, and Reena Sethi, through analysis of data from the Health and Retirement Study, found that 80% of Americans over age 60 have tenuous financial stability and would be unlikely to weather a significant financial shock. These shocks include divorce, paying for long term services and supports, or a serious health setback. The data also show that 60% of older adults would not be able to afford paying to age in place if their needs extended beyond two years, particularly with increasing costs for basic living expenses such as housing, food, transportation and healthcare. Summing up the reports major points, "Our updated 2022 report shows that economic inequality has a health cost: the mortality rate is nearly double, and the age of mortality is 9 years lower on average for the bottom 20% as compared to the top 10%." Read the full report here.

Leading Coalition of National Aging Groups Urges Congress to Extend ACA Premium Tax Credits. On October 2, the Leadership Council of Aging Organizations (LCAO), which consists of 68 leading national nonprofit organizations, urged Congressional leaders to permanently extend the expiring enhanced premium tax credits (EPTCs). The looming loss of the EPTCs for individuals enrolled in healthcare coverage plans via the Affordable Care Act (ACA) Health Insurance Marketplace could trigger stark rises in premiums, with some estimations as high as 58.9%. This is particularly relevant to over 10 million individuals between the ages of 45-64. LeadingAge is on the LCAO steering committee. Read the letter here.

Last Week's Recap Update. Here is the October 3, 2025 Home Health Update.