



Medicaid, HCBS, and PACE Weekly Recap October 10, 2025

Next PACE Network Call: Tuesday October 21, 2025 @ 1 p.m. ET; Register [here](#)

Next Adult Day Network Call: December 11, 2025 @ 1 p.m. ET; Register [here](#) (The normal cadence will restart in the new year. The upcoming meeting for October occurs during the NADSA conference; [Georgia](#) will be there and presenting, please reach out with questions or to catch up. The November meeting falls on Thanksgiving.)

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 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](#).

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 not 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](#).

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](#).

Remote NCLEX Testing Likely to Launch in 2026. The National Council of State Boards of Nursing (NCSBN) announced plans to introduce [remote NCLEX testing](#) potentially as early as 2026. Although no official launch

date has been confirmed, the announcement is welcome news for nursing licensure accessibility. Remote NCLEX testing would allow eligible candidates to take the exam from home or another approved location, eliminating the need to travel to an official test center. The exam would maintain the same content, length, scoring and standards as the in-person version, and remote testing would be optional – candidates could still choose to test at a center. Importantly, remote testing would be available to both U.S.-based and international nursing candidates. Regarding security, NCSBN says it will use advanced technology and robust measures for remote proctoring in order to ensure exam integrity. For test takers, the potential benefits would be myriad. Remote testing would offer candidates the flexibility to choose a time and location that suits them and the comfort of a familiar environment that could reduce stress and improve performance. Moreover, this development would reduce barriers to access, which may be particularly beneficial to international test takers who, in some cases, acquire substantial travel and visa costs to get to a testing center abroad. By lowering those logistical barriers and potentially speeding up licensure, this change could impact international nurse recruitment pipelines. LeadingAge will share updates as more details and a specific timeline become available.

EPI Underscores Immigration is Essential to Addressing Workforce Gaps. In two recent reports, the Economic Policy Institute (EPI) added to the widespread consensus among labor economists that U.S. workforce shortages cannot be solved without immigration. [First](#), the U.S.-born labor force is projected to shrink annually over the next decade due to the population aging. As a result, immigration is forecast to account for nearly all labor force growth over that time. Moreover, EPI [reports](#) that labor force participation rates among U.S.-born individuals are currently near historic highs. Therefore, even the most ambitious policies to boost labor force participation among the U.S.-born—including prime-age workers—would not reverse these demographic trends meaningfully. Structural reforms that target known barriers to participation—like reducing incarceration, improving health, expanding childcare, and investing in education—can help, but their impact would be modest and delayed by years. In contrast, immigration directly offsets demographic decline. EPI also points out the larger economic and social implications of these conclusions about the labor force. Without immigration, the ratio of workers to retirees will worsen, straining programs like Social Security and Medicare. GDP growth would also slow and sectors like long-term care would struggle to meet demand. LeadingAge supports both domestic workforce policy that reduces barriers to labor force participation and immigration reform that expands pathways for essential workers to come to the U.S. to fill critical roles in sectors like aging services.

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

Staffing Standard Litigation Update: Victory Sealed in State-Led Lawsuit. In recent days the U.S. Court of Appeals for the Eighth Circuit filed a judgment that brings to an end litigation concerning the CMS minimum

staffing requirements. As we [reported earlier](#), the U.S. Department of Health on September 18 filed motions to voluntarily dismiss the government's appeals of two federal court decisions that vacated the staffing requirements – namely, the favorable decisions earned by LeadingAge state partners and state Attorneys General in the U.S. District Court for the Northern District of Iowa, and by LeadingAge and other plaintiffs in the U.S. District Court for the Northern District of Texas. On September 19, the Court of Appeals for the Fifth Circuit granted the government's motion to withdraw in the Texas case. All that remained was for the Eighth Circuit to do the same with respect to the Iowa case, and that Court officially entered judgment on October 3 granting the government's motion and dismissing the appeal. LeadingAge joins our State partners and members in celebrating the successful outcomes in both cases!

Last week's weekly recap: [October 3 Medicaid, HCBS, and PACE Weekly](#)