

## Hospice Weekly Recap

January 30, 2026



**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](#).

**Reviewing Agency Contingency Plans as Lapse in Appropriations Looms.** As the January 30 funding deadline for Fiscal Year 2026 appropriations nears, LeadingAge is monitoring federal agency activities and potential impact on providers by care settings and community types, as well as funding for certain programs impacting aging services, to help members navigate a government shutdown, should one come to pass. [Read here](#) for an overview of agency lapse plans, what providers can expect, by specific care settings and community types, and funding of some programs.

**Potential Hospice Face-to-Face Telehealth Flexibility Lapse and Potential New Guardrails.** With deadline for reaching agreement on a spending package approaching on January 30, 2026, hospice providers should be prepared for the potential expiration of the telehealth face-to-face visits. LeadingAge encourages members to review upcoming face-to-face visits in the next 30 days and prioritize their completion either through in person or telehealth visits. If Congress does come to an agreement on the [current spending package proposal](#), the hospice face-to-face recertification via telehealth would be extended until December 31, 2027. The language includes guardrails first negotiated in late 2024 as part of a funding package which was never passed. The policies include first, a requiring the Centers for Medicare and Medicaid Services (CMS) to create, and providers to use, claims code modifiers when a visit is done via telehealth - this is something LeadingAge has advocated for across multiple comment periods. Second, the language outlines three specific of oversight specific guardrails for hospice use of virtual face-to-face visits; 1. The language would disallow hospices which serve individuals in an area subject to a moratorium on enrollment of hospice programs. As a reminder, there are currently no moratoriums on hospice enrollment anywhere in the US . However, it has been mentioned by Administration officials as a potential step to tamp down on fraudulent providers. 2. If the individual is receiving care, form a hospice under a Provisional Period of Enhanced Oversight (PPEO). Currently this would only effect new hospices, or hospices with 100% ownership change, in six states, AZ, CA, NV, TX, OH and GA. 3. If physician OR nurse practitioner (NPs) performing the face-to-face is not enrolled in Medicare or properly opted out, virtual telehealth could not be used. Last year, as part of CMS updated policy, all physicians certifying hospice enrollment had to be formally enrolled or opt-ed out of Medicare for the hospice to bill. Adding NPs to this requirement would be new. Additionally, since the face-to-face is not a billable visit, if this language moves forward, CMS will need to update the requirements of the face-to-face to confirmation if the NP conducting the face-to-face is properly enrolled or outed out of Medicare. Given the recent scrutiny on hospice, LeadingAge is evaluating the potential impacts of these guardrails and talking to members of Congress and the Administration about the language.

**Research Institute for Home Care Announces Dissertation Grant Funding for 2026.** The Research Institute for Home Care [announced](#) for the third year, a new round of dissertation grant funding. The Institute is seeking to sponsor one or more dissertation research projects to help advance the full spectrum of home care and may seek to improve care delivery at home through quality and innovation as part of our annual Home Care Research Grant. The dissertation grant is a vital part of the Institute's commitment to building an

evidence-base for the future of care at home by directly supporting the home care researchers of the future. Funding will be awarded up to \$10,000 maximum per project. Up to three projects will be funded in this cycle. The Institute's dissertation grant exists to further research of home care as it pertains to both the current challenges facing healthcare delivery and critical areas of need in the future. Topics considered will be consistent with the Institute's mission of expanding and improving access to and delivery of health care in the home by informing policy and identifying best practices and patient care models. Projects must have focus in at least one of the following areas: Workforce, Rural Health, Patient Access to Home Care, Virtual Care and Technology Utilization, Disease-specific Innovation. Submissions will be accepted through Friday, May 1st.

**New Quarterly Hospice Quality Reporting Reminders and Updates.** Swingtech sends informational messages to hospices related to the Quality Reporting Program (QRP) on a quarterly basis. Over the last year the outreach has been inconsistent, with the last quarterly update going out in March 2025. The new outreach communication can be found on the HGRP Requirements and Best Practices webpage in the [downloads section](#). The outreach includes information on the full annual payment update training, Hospice Outcomes and Patient Evaluation (HOPE) tool information, and iQIES information. Most of the information was released prior to January 2026 but is compiled here for quick reference. If you want to receive Swingtech's quarterly emails, then add or update the email addresses to which these messages are sent by sending an email to [QRPHelp@swingtech.com](mailto:QRPHelp@swingtech.com). Be sure to include the name of your facility and the Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN) along with any requested updates.

**CMS Seeks Ideas for Strengthening Domestic Supply Chain for PPE, Essential Medicines.** The Centers for Medicare and Medicaid Services (CMS) announced an Advance Notice of Public Rulemaking and is seeking public input on potential approaches for improving the American-made supply chain of personal protective equipment (PPE) and essential medicines with a goal of reducing reliance on foreign made medical supplies. For full details on the request and how to submit comments click [here](#). Individuals will have 60 days to comment following publication in the Federal Register, which is expected to occur on January 29, 2026.

**Senate reportedly reaches a deal to split appropriations package into two votes.** On January 29, it is reported that the Senate reached a deal (blessed by the White House) to split the Appropriations package votes into two separate votes — one would be a continuing resolution that would fund the Department of Homeland Security (DHS) for 2 weeks while negotiations around guardrails for Immigration and Customs Enforcement (ICE). The other vote would be on the other remaining 5 appropriations bills as one package — including the funding for HHS, HUD, and the health extenders among others. This vote in the Senate could occur as soon as Friday January 30th. The House is not due back until Monday February 2 so there would be a short shutdown, but if the House seems set for passage on Monday, OMB might not trigger shutdown procedures. LeadingAge will continue to monitor progress on FY2026 appropriations.

**Fate of Congressional Appropriations + Health Extenders Package Unclear; Shutdown Likely.** As we reported last week, on January 22, the House passed the remainder of this year's appropriations bills. There were two votes on Jan 22 — one of which included funding for the Departments of Defense, Labor, Health and Human Services, Education, Labor, Transportation, and Housing and Urban Development. This package passed the House by a vote of 341-88. Separately there was a vote on the funding for the Department of Homeland Security (DHS) which passed the House by a much narrower margin of 220-207. This narrower vote was mostly along party lines with 7 Democrats joining all Republicans (except Thomas Massie) in voting to pass the bill.

Unlike the House, the Senate expected to vote on all the remaining appropriations bill as one vote so Senators would have to make a decision on all the spending bills together as opposed to a separate DHS funding vote. After this past weekend's events in Minneapolis, Senator Schumer announced that Senate Democrats would be voting no on DHS funding and a number of moderate Democrats that Republicans would rely on to move the funding package echoed Senator Schumer's position. Therefore, if the votes are not separated — and so far, there is no indication from Leader Thune that he plans to hold separate votes — it is expected that all of the appropriations bills will fail on the Senate floor. This means appropriations for a number of agencies, including HUD and HHS, will lapse and will be shutdown starting on Jan 31st. Health extenders, like telehealth and hospital at home, will also lapse so we would expect to see the same issues we saw in October. LeadingAge will monitor the appropriations bills and share any updated shutdown guidance that is issued this week if that continues to be the most likely outcome.

**House Passes FY 26 Funding Bill for HHS, HUD, and More.** As reported previously, the House of Representatives passed the final four FY 26 funding bills on January 22 that includes funding for the Department of Health & Human Services (HHS) and Department of Housing and Urban Development (HUD). The bill will now go to the Senate for a vote ahead of the January 30 end of the current Continuing Resolution. Failure to pass the bills ahead of the January 30 deadline would result in a second lapse in federal appropriations. Find analysis on what is in these bills for LeadingAge member settings [here](#).

**CMS Updates Federal Poverty Level Guidelines** Each year the Centers for Medicare and Medicaid Services (CMS) release updates to the federal poverty level standards upon which states base Medicaid eligibility. On January 23, CMS released the 2026 Standards outlining income and asset thresholds for individuals, and families. The update includes a 2.6% increase from calendar years '24 and '25. The informational [bulletin](#) contains additional information on 2026 eligibility for Medicare Savings Program (MSP) categories. The full guidelines are available in the [federal register](#).

**CBO releases Distribution of Household Income, 2022 report.** On January 21, the Congressional Budget Office (CBO) released *Distribution of Household Income, 2022*, an update to their ongoing work examining how federal taxes and means-tested transfers shaped U.S. household incomes from 1979 to 2022. This report highlights the pandemic-era swings from 2019 to 2022. It finds that while pre-tax, pre-transfer income rose for majority of the income groups, incomes after taxes and transfers fell because of the expiration of temporary COVID-19 support. In addition, a sharp drop in capital gains briefly reduced income inequality in 2022, but inequality still rose overall from 2019 to 2022. CBO's report shows how federal programs including Social Security, Medicare, and Medicaid play a crucial role in the economic stability of older adults and how additional federal aid during pandemic had additional implications for house income stability when it was available

**Last Week's Recap Update.** Here is the January 23, 2026 [Hospice Update](#).