



Nursing Home Weekly Recap

April 17, 2026

Nursing Home Network Call: Tuesday, April 28, 2 p.m. ET. Join our monthly Nursing Home Network call on Tuesday, April 28 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](#).

Lobby Day Materials. Materials for LeadingAge's April 22 Lobby Day are now available [here](#), under "Lobby Day April 2026."

House Passes Measure to Extend Haiti TPS. A coalition of Republicans joined Democrats in the House of Representatives on April 16, 2026, to advance legislation extending Temporary Protected Status (TPS) for Haiti, underscoring a growing consensus that Haitian families—and the U.S. communities that rely on their work—need stability. The bill, brought to the floor via [discharge petition](#), would extend Haiti TPS for three years, allowing eligible Haitian nationals already living in the United States to continue working legally and remain protected from deportation as Haiti faces ongoing instability and humanitarian strain. Supporters argue the extension is both a moral imperative and a practical response to workforce shortages, particularly in health care and direct care roles where many Haitian TPS holders are employed. As efforts to diminish or eliminate TPS over the past year have intensified, LeadingAge has pushed to protect it, citing the importance of a stable long-term care workforce. "Foreign-born workers have long been essential to the nation's aging services sector, and the termination of Haitian TPS is one of many recent immigration policy changes that are exacerbating the aging services sector's well-documented and increasing workforce needs," said LeadingAge President and CEO Katie Smith Sloan [earlier this week](#). "We need immigration policies that strengthen, rather than destabilize, the caregiving workforce older adults and families depend on." The measure passed with key Republican "yes" votes from Reps. Maria Elvira Salazar, Mario Díaz-Balart, Carlos Giménez (all of Florida), and others including Rep. Rich McCormick (GA), Rep. Don Bacon (NE), Rep. Mike Lawler (NY), Rep. Nicole Malliotakis (NY), Rep. Mike Carey (OH), Rep. Mike Turner (OH), Rep. Brian Fitzpatrick (PA), and Rep. Kevin Kiley (CA). The bill, HR 1689, was introduced by Reps. Laura Gillen (D-NY) and Rep. Lawler. "Haitians in my district are healthcare workers, small business owners, and faith leaders. They are an integral part of our community. That is why I worked to introduce this bill, led letters to the Administration about working towards a solution, and ultimately signed a discharge petition to bring this bill to the floor for consideration," Rep. Lawler said in a [statement](#) after the House vote. The bill now heads to the Senate, where supporters are urging swift action to keep work authorization and protections in place. Link to this article [here](#).

LeadingAge Southeast and Sinai Residences Urge Supreme Court to Preserve TPS for Haitian

Caregivers. LeadingAge Southeast and Sinai Residences, a LeadingAge senior living provider member,

filed a friend-of-the-court (*amicus*) brief in *Donald Trump et al. v. Fritz Emmanuel Lesly Miot et al.*, asking the U.S. Supreme Court to halt the Administration's efforts to end Temporary Protected Status (TPS) for Haitians and other immigrants. TPS allows individuals to live and work in the United States when conditions in their home countries are unsafe. Prepared by Colombo & Hurd, the brief notes that many of the 330,000–350,000 Haitians who could lose legal status and work authorization hold vital health care roles supporting vulnerable older adults. It argues that ending TPS would worsen long-term care's workforce shortage and disrupt continuity of care, especially in memory care, where trusted caregiver relationships help promote safety, stability, and dignity. The brief further states that ending TPS would do more than create an administrative inconvenience for providers: it would destabilize care in facilities already under strain and facing projected future deficits. Read the joint press release on the *amicus* brief from Sinai Residences, LeadingAge Southeast, and LeadingAge [here](#).

Highlights of President's Budget Request for CMS and CDC. The President's Budget Request was released on April 3. LeadingAge released [an overview of topline budget requests](#) impacting LeadingAge members. A deeper dive into the HHS budget, highlighting key requests for CMS and CDC, is [available here](#). The President's annual budget request is regarded as a messaging tool for the administration; members of Congress draft their own funding bills for various programs, including programs impacting older adults and those who serve them. LeadingAge will continue to monitor the annual appropriations process.

MedPAC Commission Examines Beneficiary Decision Resources, MA Enrollment Impacts on Provider Margins, and I-SNPs' Effects on Nursing Home Residents. At its April 9- 10 meetings, the Medicare Payment Advisory Commission (MedPAC) reviewed new data across three areas: how beneficiaries choose Medicare coverage, the impact of Medicare Advantage (MA) enrollment on provider finances, and the role of Institutional Special Needs Plans (I-SNPs) for nursing home residents.

Medicare Beneficiary Decision-Making Resources

The [first report](#) examined the sources beneficiaries use to decide between traditional Medicare fee-for-service (FFS) and MA. This analysis will appear as an informational chapter in MedPAC's June 2026 report to Congress. The findings were notable: 37% of MA enrollees reported receiving no help when making their enrollment decision, 31% relied on insurance brokers or agents, and 20% sought advice from friends or family. Only 9% of MA enrollees—and 5% of those choosing traditional Medicare—used either the 1-800-MEDICARE hotline or the Medicare.gov plan finder. Even fewer accessed State Health Insurance Programs (SHIPs), a trend attributed in part to declining SHIP funding despite growth in the Medicare population.

These findings underscore the potential role LeadingAge members can play in helping older adults understand Medicare options during open enrollment, as outlined in this [member resource](#). Commissioners discussed possible future recommendations but did not reach consensus. Several raised concerns about broker and agent incentives that may influence plan recommendations, while others pointed to inaccuracies in provider directories on the Medicare plan finder. Commissioners expressed interest in continuing this discussion and revisiting potential policy options.

MA Enrollment and Provider Finances

MedPAC staff also analyzed the relationship between MA enrollment growth and hospital and post-acute care (PAC) provider finances. The [analysis](#) found only a small, statistically insignificant decline in all-payer margins for hospitals and PAC providers. However, the association between MA enrollment and provider finances was stronger in more recent years (2022–2024), aligning with reports from LeadingAge members of increased rate negotiation pressure beginning in 2021 and 2022.

The data reflect averages across all MA plans and do not distinguish between national and regional plans or examine plan-specific impacts. Nor did the analysis assess whether providers manage financial pressure by declining unfavorable contracts or limiting admissions of MA enrollees. Commissioners asked staff to continue examining this issue, including whether higher MA penetration correlates with skilled nursing facility closures or staffing levels.

I-SNPs and Nursing Home Residents

Finally, commissioners continued their [review of I-SNPs](#) and their impact on long-stay nursing home residents. Although only about 12% of nursing home residents are currently enrolled in I-SNPs, research shows that facilities with I-SNPs experience fewer hospital discharges, readmissions, and emergency department visits than those without them.

On average, I-SNP enrollees receive slightly more nurse practitioner visits (4.2 per month) than the overall nursing home population (3.9), as well as more total evaluation and management visits (3.4 compared with 2.4–2.8 for residents with other coverage). Commissioners also discussed ongoing challenges, including network adequacy requirements, the misalignment of MA Star Rating measures with I-SNP populations, and generally low enrollment.

Commissioners expressed strong interest in further work on I-SNPs, with the goal of developing future recommendations. Commissioner Tamara Konetzka, PhD, noted that decades of regulatory approaches have failed to substantially improve nursing home quality and suggested that the I-SNP model may be more effective by aligning financial incentives to reduce avoidable hospitalizations and support additional clinical staffing. Several commissioners supported efforts to address barriers to broader adoption and to increase awareness of the model's potential benefits. The presentation shared with commissioners will not be included in the June 2026 MedPAC Report to Congress but could become part of future reports.

IRS Issues No Tax on Tips Final Rule. The Internal Revenue Service's final rule on Occupations That Customarily and Regularly Receive Tips; Definition of Qualified Tips is available for [public inspection](#) with a publication date of April 13, 2026, in the Federal Register. This rule implements Section 70201 of the One Big Beautiful Bill Act which establishes a tax deduction of up to \$25,000 for qualified tips. Qualified tips are defined as cash tips received by an individual in an occupation that customarily and regularly received tips on or before December 31, 2024, as provided by the Secretary of Treasury. The rule designates 71 such occupations, which include dining room attendants, personal care and service workers, hairdressers, and hairstylists. To be considered a “qualified tip,” the amount must: (a) be paid voluntarily without any consequence in the event of nonpayment; (b) not be the subject of negotiation; and (c) be determined by the payor. The “no tax on tips” deduction is in effect for the 2025 tax year and is set to expire after the 2028 tax year. Watch for an analysis of this final rule from LeadingAge in the coming days.

OSHA's Revised National Emphasis Program on Heat-Related Hazards. The Occupational Safety and Health Administration (OSHA) released a [directive](#) on April 10, 2026, which revises its implementation of a National Emphasis Program (NEP) to protect employees from outdoor and indoor heat-related hazards. Among the NEP's revisions is an updated list of targeted industries for programmed inspections on days that the National Weather Service has announced a heat warning or advisory for the local area. One of the newly targeted industries is NAICS Code 6241 – Individual and Family Services, which may include adult day care centers, companion services, and home care. OSHA's regional or area offices must implement a 90-day outreach program for newly targeted industries before any programmed inspections. The directive is in effect for 5 years.

House Hearing on Medicare Fraud. On April 21, the House Committee on Ways and Means will hold a hearing, “Protecting Patients and Taxpayers: Cracking Down on Medicare Fraud.” According to a Committee press release, the hearing will examine “the prevalence of fraud, waste, and abuse in Medicare and efforts to combat fraud to protect patients and taxpayers.” Hearing witnesses have not been announced. LeadingAge will monitor the hearing and anticipated submitting a statement for the hearing record.

Nonprofit Voter Engagement. With the midterm election season already upon us, questions inevitably arise about how nonprofit organizations can participate meaningfully in voter engagement while still remaining nonpartisan. A coalition of nonprofit organizations, consisting of Independent Sector, Nonprofit VOTE, Alliance for Justice’s Bolder Advocacy program and the League of Women Voters, are launching Voices in Action, a national nonpartisan initiative designed to help nonprofit leaders turn everyday community impact into meaningful civic engagement. The kickoff [webinar](#) for his initiative will be on May 5, 2026, at 2 p.m. ET. Additional resources on nonprofit voter engagement, including a [Voter Engagement Guide](#), can be found at [Voting and Community Engagement | National Council of Nonprofits](#).

First Round ELEVATE Mandatory LOI Closed, Separate LOI for Round 2. The Center for Medicare and Medicaid Services (CMS) announced April 16 that the opportunity to submit a mandatory letter of intent (LOI) for the first year of grants for the Enhancing Lifestyle and Evaluating Value-based Approaches Through Evidence (ELEVATE) \$100M grant opportunity has closed. This communication also clarified that there will be a separate, mandatory LOI for the second application period in 2027. This is good news as it means that organizations who missed submitted the LOI will still be eligible to apply for the 2027 grants. According to the ELEVATE information, we expect the 2027 LOI and application period to follow a similar timeline to 2026, with applications due in mid-May. LeadingAge members interested in applying in the second round should review the 2026 funding opportunity information to begin preparing for the 2027 process. Also of note, of the 30 grants to be awarded, three are specifically set aside for dementia care proposals. The Notice of Funding Opportunity, fact sheets, FAQs and templates can be found on the [ELEVATE Model webpage](#).

Deadline to Apply to Participate in ACCESS Model Extended. The Center for Medicare and Medicaid Services (CMS) announced on April 13 that it has extended the deadline to apply to participate in the Advancing Chronic Care with Effective Scalable Solutions (ACCESS) model to May 15, 2026. Applicants must be Part B providers or suppliers who meet in addition to other criteria. To date, CMS has approved more than 150 organizations for participation in the model, which will launch on July 5, 2026.

Rural Provider Network April 15. Join LeadingAge Wednesday, April 15 at 3:00 pm ET for the next Rural Provider Network call. We’ll hear from Regan McManus on LSA’s *Rural Aging Action Network (RAAN)* and its new e-report, *Rural Voices Shaping Transformation*, developed with The SCAN Foundation. Drawing on conversations with older adults in rural Minnesota, North Dakota, and South Dakota, the report highlights how rural seniors navigate Medicare, Medicaid, and essential supports—and underscores both the importance of HCBS and the inequities created by outdated Medicaid asset rules for those who are “land rich but cash poor.” We’ll also share policy updates, discuss advocacy in action and raising your voice at the state level, and hear round robin updates from participants. We hope you’ll join this timely, interactive conversation. Register for these calls [here](#).