



Home Health Weekly Recap

April 17, 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](#).

Home Health Value Based Purchasing Workgroup Meeting April 29. Join LeadingAge April 29 at 3 p.m. ET for the next bi-monthly meeting of the Home Health Value Based Purchasing Workgroup. The highly engaged LeadingAge Home Health Value-Based Purchasing (HHVBP) Workgroup will discuss how to read HHVBP interim performance reports and annual performance reports. With 10 separate excel sheets, these reports can be overwhelming for agency leadership and staff. Join the meeting and learn which sheets to focus on and how to read the information and make critical decisions to improve performance in the program. Led by LeadingAge national office staff and including input from subject-matter experts and LeadingAge members, the workgroup is known for its robust participation in data sharing and engagement. [Register to join the April 29 meeting here!](#)

FYI: Lobby Day. On April 14, LeadingAge held our general Know Before You Go webinar for Lobby Day participants. Here are the materials we shared in a follow-up email to all Lobby Day participants (whether or not they joined the webinar):

- As follow up, see Lobby Day resources [here](#) under "Lobby Day April 2026."
- If you missed the training or would like to view it again - [watch the zoom video recording](#).
- Here is a PDF copy of the [PowerPoint slides](#).

New Medicare Audit on Home Health Long-Length of Stay. On April 6, 2026, Noridian Healthcare Solutions, LLC (Noridian), the Supplemental Medical Review Contractor (SMRC) for the Centers for Medicare and Medicaid Services, posted a new project to their website, [01-158 Home Health Longer Days Notification of Medical Review](#). Noridian will be conducting a post-payment review of claims for Medicare Part A Home Health billed between January 1, 2024, and December 31, 2024. Noridian will be conducting data analysis and medical review activities on home health services within the recertification period when provided greater than or equal to 361 days. The reasons for the review state that under the Patient Driven Groupings Model, reductions in therapy utilization and reimbursement-driven adjustments to care may introduce potential vulnerabilities in payment, particularly for home health services provided for 361 days or longer. This was based on internal CMS data which was not shared in the project overview. As part of the project, Noridian cites a number of references to patient education or teaching and training programs at both the Medicare National Coverage Determinations and Local Coverage Determinations. The details also include other maintenance-based services like monitoring glucose control. Over the last several years, researchers have seen a growth in the length of stay for many home health, particularly in community-entry episodes, which now make up a little less than half of all episodes, driven mostly by for-profit providers. The additional documentation requests are asking for a considerable amount of information from both the initial and recertification periods for these individuals. LeadingAge will continue to monitor this audit.

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.

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.

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](#) .

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](#).

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.

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.

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.

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.

Last Week's Recap Update. Here is the April 10, 2026 [Home Health Update](#).