



**Workforce Weekly Recap**  
**Thursday, June 18, 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](#).

**Department of Homeland Security Proposes Further Work Authorization Restrictions for Foreign-Born Staff.** As mentioned on the National Policy Pulse call this week, the Department of Homeland Security (DHS) has published a notice of proposed rulemaking, which if finalized without modification, would likely create new uncertainty at multiple points in the employment cycle—at the hiring stage, at renewal of work authorization documents, and in the event of an unanticipated status change. For more information on the proposed rule, including potential effects on members and what we suggest members do at this time, see the article [here](#).

**House Appropriators Advance Labor-HHS-Education Bill.** On June 9, the House Committee on Appropriations passed its fiscal year 2027 (FY27) Labor, Health and Human Services, Education, and Related Agencies funding bill. Our agency-by-agency review highlights the bill's funding proposals related to workforce and other areas, including nursing home survey and certification and other proposals related to the hospital wage index, Medicare Advantage, and Older Americans Act reauthorization. Access the article [here](#).

**MACPAC Sends June Report to Congress with PACE and Administrative Burden Reduction Recommendations.** The Medicaid and CHIP Payment Access Commission (MACPAC) met their statutory deadline of June 15 to send a biannual report to congress. Commissioners are tasked with providing non-partisan recommendations to the administration and congress on Medicaid policies and payments that is supported by staff researchers that develop recommendations to improve Medicaid efficiency, economy, and quality. The seven-chapter report spans the gambit of provider member interests, with attention to Medicaid prior authorization and automation, PACE program quality measures, and community engagement requirement implementation. The first chapter focuses on the implementation of community engagement requirements from HR 1, making the case for timely guidance to states from CMS and public data transparency at the state level as communications and requirements are deployed. Chapter two addresses the use of prior authorization in Medicaid and urges increased state oversight of prior authorization use and improved disclosure of use by managed care organizations which leads fittingly into chapter 3: State and Federal Tools for Ensuring Accountability of Medicaid Managed Care Plans. In this chapter, the Commission seeks to better understand managed care plan performance data and better assess ways to hold plans accountable for fulfillment of contract obligations. Chapter four and five focus on populations and services beyond the normal scope of members. Chapter six provides positive attention to the Program of All-Inclusive Care for the Elderly (PACE). Commissioners and staff note that PACE programs provide abundant data to CMS, though no data is publicly available for assessing PACE programs. As such, the commission requests that CMS publish already submitted data and develop PACE-specific quality measures to support benchmarking and comparison of programs across geographies. Additionally, MACPAC directs CMS to consider ways to align state and federal audits to reduce duplication of effort and administrative burden on all parties. Chapter seven assesses states' approaches to provider enrollment and credentialing and how policies contribute to administrative burden on states and providers along with the respective impacts on program integrity. While MACPAC Reports are non-binding and informational-only, the attention of commissioners and staff to these areas is welcome and timely. The full report is available [here](#).

**LeadingAge Analysis: CMS Medicaid Interim Final Rule on Work Requirements.** Late on June 1, the Centers for Medicare and Medicaid Services (CMS) released an interim final rule with comment (IFC) entitled Medicaid Program; Community Engagement Requirement for Certain Individuals. Community engagement requirements, more commonly called work requirements, were adopted as a mandatory eligibility qualification of Medicaid expansion enrollees in the congressionally enacted HR 1. The legislation, HR 1, commonly referred to as One Big Beautiful Bill, or the Working Families Tax Cut Act, required CMS to release rulemaking to establish eligibility and exemption criteria for states to deploy work requirements which need to be operational by January 1, 2027. The rule provides states with more details on establishing exemption criteria, timing for redeterminations, and steps beyond work requirements to align other related provisions from the law. Such provisions include the moratorium on enforcement of the 2024 Eligibility and Enrollment Rule, and changes to text from that rule to allow for increased frequencies of eligibility determinations, also mandated in the law for the Medicaid expansion population. Work requirements and increased frequencies of Medicaid renewals are new burdens on the expansion population- those 19-64 not enrolled via other eligibility pathways such as waiver or nursing home eligibility. A deeper dive into the rule is available [here](#).