Nursing Home Weekly Recap

July 31, 2026

Nursing Home Network Call: Tuesday, August 25, 2 p.m. ET. Join our monthly Nursing Home Network call on Tuesday, August 25 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.

Bipartisan "Protecting Patients from Automated Denials Act" Introduced. On July 16, Reps. Greg Murphy (R-NC) and Herb Conaway Jr. (D-NJ) introduced the Protecting Patients from Automated Denials Act (HR 9734), legislation aimed at increasing oversight of artificial intelligence (AI) in health plan coverage determinations and prior authorization denials. The bill would require any AI-assisted denial to be reviewed and approved by a qualified physician operating under the supervision of the plan's medical director. Physicians would also be required to attest that they exercised independent medical judgment and that the denial was not generated or dictated by AI. In addition, the legislation would grant the HHS Secretary authority to audit and inspect the use of AI in prior authorization decisions, including reviewing denial data, internal policies, algorithms, employee practices, and denial overturn rates.

Several provisions would codify existing Medicare Advantage requirements, including that coverage decisions must be based on an individual patient's medical history, physician recommendations, and clinical circumstances rather than broader population-based criteria. The bill would further reinforce prohibitions on using AI or algorithms as the sole basis for denying care and require review by a qualified health care professional. The legislation would also strengthen provider protections by requiring physicians to attest that coverage determinations reflect their independent clinical judgment and by ensuring providers can communicate directly with the physician reviewer to discuss denials. Providers have reported that some Medicare Advantage plans have refused to identify the reviewing health care professional, disclose relevant qualifications, or permit direct communication regarding denial decisions. LeadingAge supports the codification of existing regulatory provisions and the additional protections the bill offers.

CHARTS Act Would Provide EHR Grants to Aging Services Providers: On July 22, Rep. Emanuel Cleaver (D-MO) introduced the Connecting and Advancing Technology for Health Records Systems (CHARTS) Act, legislation that would establish a two-year pilot grant program to support electronic health record (EHR) adoption and interoperability among nursing homes, home health agencies and other aging services providers. Under the bill, eligible providers could receive federal grants to implement, upgrade, or enhance EHR systems and improve their ability to exchange health information with other providers across the care continuum. The legislation would authorize $5 million annually over the next two years,

and individual grants to each provider could not exceed $500,000. The legislation also directs the Department of Health and Human Services to evaluate the pilot program and issue a recommendation on broader expansion if the program demonstrates improved care coordination, quality outcomes, and efficiency. The bill represents a positive first step towards addressing the exclusion of many aging services providers from earlier federal EHR incentive programs and is intended to strengthen interoperability between hospitals, physicians, home health agencies, nursing homes, and other providers. LeadingAge will continue to monitor the legislation as it moves through Congress.

CMS releases FY2027 Final Rule. On July 29, the Centers for Medicare and Medicaid Services (CMS) released the final FY2027 SNF PPS Rule. The rule finalizes that 2.4% payment update, the removal of the two COVID vaccination measures from SNF QRP: COVID-19 Vaccination Coverage Among Healthcare Personnel and Percent of Patients/Residents Who Are Up to Date, and all payer MDS reporting. CMS's press statement is here and the link to the text of the rule is here. Our press statement can be found here and we will be providing more analysis in the coming days.

Member Input on MA Contracting Sought by August 5 for GAO Meeting. LeadingAge will be meeting with the Government Accountability Office (GAO) in August on Medicare Advantage contracting power and provider network adequacy at the request of Sens. Ron Wyden (D-OR), Catherine Cortez Masto (D-NV), Mark Warner (D-VA) and Elizabeth Warren (D-MA). While we have heard feedback from members over the years about being shut out of networks, and offered inadequate rates, we wanted to check to make sure prior feedback is still accurate and gather any new experiences. The full list of questions and how to submit responses can be accessed here and we ask members to answer any or all of the GAO questions, or to send an email to Nicole Fallon nfallon@leadingage.org that speaks to these issues and the member's experience. Feedback provided will be shared in aggregate with GAO staff and members will not be individually identified.

USCIS Confirms Termination of TPS for Haiti — EADs No Longer Valid, Immediate Reverification Required: The U.S. Citizenship and Immigration Services (USCIS) has issued guidance confirming that Temporary Protected Status (TPS) for Haiti is terminated, effective July 27, 2026 and further informing employers that all associated Employment Authorization Documents are no longer valid:

"Forms I-766, Employment Authorization Document, (EADs) with category A12 or C19 issued to TPS Haiti beneficiaries are no longer valid. ***Employers completing Form I-9 must reverify TPS Haiti beneficiaries who presented these EADs and cannot continue to employ a person who does not provide proof of current employment authorization."*** (emphasis in original)

USCIS had previously extended employment authorization for Haitian TPS holders to Monday, July 27 – the third short-term extension since the Supreme Court's June 25 ruling in *Mullin v. Doe* terminating TPS protections for Haiti and Syria.

What the termination confirmation means for employers:

- Forms I-766 (EADs) with category A12 or C19 issued to TPS Haiti beneficiaries are no longer valid, effective immediately.
- Employers must reverify any employee who presented an EAD bearing one of these codes for Form I-9 purposes.
- Employers cannot continue to employ anyone who does not provide proof of current employment authorization.

Recommended next steps: If you have not done so already immediately identify any employees with TPS Haiti–based A12/C19 EADs on file and begin reverification, documenting all actions taken.

You may wish to direct affected employees to immigration counsel to explore other pathways (pending adjustment of status, other EAD categories, family-based petitions, etc.), but employees unable to present alternative valid work authorization at this time cannot continue in active employment status.

We know this is a difficult time for our employees and our communities, and LeadingAge will continue monitoring related litigation and agency action and will issue further guidance as warranted.

Resources for Residents Who Want to Advocate for Their Caregivers. As immigration policy continues to shift—including recent developments affecting Temporary Protected Status (TPS) for Haiti and other countries—LeadingAge has heard from a growing number of member communities whose residents are asking how they can advocate for the caregivers they value and rely upon every day. Many residents have expressed concern about the uncertainty facing foreign-born members of the aging services workforce and are looking for constructive ways to make their voices heard. We encourage members to use LeadingAge's resident advocacy materials, which were developed to help residents share their experiences and support policies that promote workforce stability. The toolkit includes background information, sample messages, advocacy tips, and other resources residents can use to communicate with their elected officials about the importance of maintaining a stable caregiving workforce. Members may also wish to direct interested residents to the Care for Seniors, Care for America campaign, a coalition effort focused on elevating the voices of older adults, caregivers, providers, and families in support of policies that strengthen the care workforce. LeadingAge is a participant in this effort, which highlights the connection between workforce stability and access to quality care for older adults. At a time when many residents are asking how they can help, these resources provide practical ways to engage and ensure that policymakers hear directly from the people most affected by workforce challenges in aging services.

Announcing LeadingAge Clinical Procedure Manual, 23rd Edition! Newly updated in 2026, more than 300 clinical procedures to ensure high-quality and consistent care delivery. The LeadingAge Clinical Procedure Manual (CPM) is a must-have tool for providers committed to ensuring high quality care. Procedures are the backbone of clinical practice. Providers can use the CPM to ensure they are performed with reliable consistency by every clinician, every time. From activities of daily living to clinical tasks to safety and wound care, the manual covers a wide range of procedures that home and community-based and other providers deliver every day. Members receive a 30% discount. Read more about the manual including a list of procedures and a sample chapter here.

KFF Releases RHTP Tracker. On July 27, KFF released a compendium of state-level information on the Rural Health Transformation Program (RHTP). The RHTP was established in HR 1 and designates funding for the support and development of rural healthcare infrastructure. The tracker includes an interactive map and links to states' funding awards, applications, and approved plans and budgets. KFF indicates they will update the tracker as more information is available. The map and tracker are available here.