Home Health Weekly Recap

July 31, 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 Member Network August 7. The August 2026 home health member network will cover the CY2027 Home Health Proposed Rule including the payment and quality changes for home health providers as well as a review of the enrollment, revocation, and program integrity proposals for all provider types enrolled in Medicare. We will discuss LeadingAge's proposed response to this proposed rule. All members are welcome to join these calls and can register here.

Tip Sheet: Proposed CY 2027 Home Health Comments. To support members in developing comments on the Centers for Medicare & Medicaid Services' (CMS) calendar year (CY) 2027 Home Health proposed rule (CMS-1844-P), LeadingAge has developed this resource, which includes tips and links to additional information related to the proposed home health provisions. *NOTE*: In addition to home health specific proposals, the CY 2027 Home Health proposed rule included substantial changes to Medicare enrollment for all provider types. For comment guidance on those, please refer to a separate, soon-to-be published document, "Tips for Submitting Comments on Medicare Enrollment Provisions."

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.

Join the National Healthcare at Home Best Practices Study. LeadingAge is excited to announce the launch of the second National Healthcare at Home Best Practices Study led by HealthPivots. As a study sponsor, LeadingAge encourages home health and hospice agencies to participate in the study to ensure a strong showing of nonprofit, mission driven providers. This is a valuable opportunity to benchmark your agency's practices against peers nationally and gain insights that can help shape future strategy. We encourage you to sign up today to ensure your agency doesn't miss out on the results. For agencies who already signed up for the study, you should have received a survey link via email. Links and reminders are sent every Tuesday, so please check your inbox (and spam folder) if you haven't seen yours. Those who did not previously sign up can Sign Up Here, and a survey link will be sent to you. The deadline to participate is September 15. Only participating agencies will receive the aggregate results from the study.

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

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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 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.

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.

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.

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.

Last Week's Recap Update. Here is the July 24, 2026 Home Health Update.