



Nursing Home Weekly Recap

September 18, 2026

Nursing Home Network Call: Tuesday, September 29, 2 p.m. ET. Join our monthly Nursing Home Network call on Tuesday, September 29 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](#).

Action Alert on Prior Authorization Reform. On September 16, LeadingAge sent out an Action Alert urging members to contact their senators and representatives in support of the Improving Seniors' Timely Access to Care Act. The legislation would modernize Medicare Advantage (MA) prior authorization by requiring electronic prior authorization processes, establishing more consistent response timeframes, and improving transparency and reporting around MA plans' use of prior authorization. The bill has broad bipartisan support in both chambers, having passed unanimously out of two House committees this year, and Congress needs to hear that now is the time to bring it over the finish line. The alert is [here](#).

LeadingAge Submits Comments on the CY2027 Physician Fee Schedule. LeadingAge submitted [comments](#) on September 14, 2026, on a number of proposals and requests for information contained in the CY2027 proposed rule concerning payment policies under the physician fee schedule (PFS) and other changes to Part B payment and coverage policies. In our comments, we supported CMS' proposal to equalize the rate for nursing facility visits and CMS' proposed transition timeline for Fast Healthcare Interoperability Resources-based quality reporting that would account for variations across programs. However, we expressed concerns over CMS' proposal to only allow payment for remote patient monitoring services when they are furnished by employees of the practice rather than third party contractors, as that could result in reduced access to care. Additionally, we provided a number of recommendations relating to how CMS could reconfigure care management codes for longitudinal care management of senior living residents, including not making it contingent upon physical employment of or primary care practitioner ownership of the workforce. With respect to palliative care, we emphasized the need for CMS to provide a sustainable billing pathway – in particular, the creation of a distinct code that identifies specialty palliative care and is paid for through a monthly bundle that sustains the non-billing members of the interdisciplinary team. Lastly, with respect to the Medicare Shared Savings Program Accountable Care Organizations (SSP ACOs), we provided recommendations that would help to expand partnerships between SSP ACOs and aging service providers including how residents could be aligned to the ACO and opportunities for aging services providers to receive financial incentives for participating in these ACOs.

Coalition Partners to Host Webinar on El Salvador TPS. As many LeadingAge members know firsthand, the future of Temporary Protected Status (TPS) is creating significant uncertainty for employees, employers, and communities across the country. Two LeadingAge coalition partners – [WorkPermits.US](#) and the [American Business Immigration Coalition](#) (ABIC) – will host a virtual webinar on Thursday, September 17 at 3p ET that will provide U.S. employers with critical updates regarding the status of work authorization for Salvadoran employees with TPS. As of September 9th, El Salvador TPS is [still in place](#), pending the government's decision on whether to extend the program. Nonetheless, for employers, changes to TPS can have real consequences for workforce stability, employee retention, recruitment, and business operations. It is important for employers to understand what these changes mean, what responsibilities they have, and how they can support their employees with TPS. During the virtual webinar, expert panelists will cover compliance responsibilities, employer legal obligations, and actionable advocacy steps to protect essential workers. [Register here](#) if interested in this topic, and as always, reach out to Associate Director for Immigration Advancement [Shane Myers](#) if you have questions or concerns.

CDC Releases Updated Return-to-Work Guidance. The Centers for Disease Control & Prevention (CDC) has released updated guidance outlining recommendations for [work restriction for healthcare personnel](#) related to respiratory viruses. LeadingAge has vigorously advocated for such guidance for years. The guidance replaces the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 previously used for work restrictions for healthcare personnel exposed to or infected with COVID-19. The new guidance is based on recommendations from CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC), approved during the Committee's last meeting in November 2024 before it was disbanded in March 2025. The new guidance applies to respiratory illnesses "not addressed elsewhere" in CDC guidance, including flu, respiratory syncytial virus (RSV), and COVID-19. According to this guidance, asymptomatic healthcare personnel who have been exposed to a respiratory illness do not need to be restricted from work but should wear source control from the day of first exposure through at least the fifth day after exposure. Healthcare personnel with a suspected or confirmed viral respiratory infection should be restricted from work until all four conditions are met:

- At least three days have passed since symptom onset (or first positive test, for asymptomatic infections),
- The individual is fever-free for at least 24 hours without the use of fever-reducing medications,
- Symptoms are improving, and
- The individual feels well enough to return to work.

Testing to determine the specific respiratory illness is not required; however, CDC recommends following guidance specific to the respiratory pathogen should the individual opt for testing. LeadingAge is very pleased to see this updated guidance after years of advocacy and urges CDC to similarly update transmission-based precautions for healthcare settings and retire outdated guidance for SARS-CoV-2 infections among patients in healthcare settings, including residents in nursing homes.

House Subcommittee Reviews Medicare Payment, Cybersecurity Bills. On September 15, the House Energy and Commerce Health Subcommittee reviewed 17 bills addressing Medicare provider payment,

cybersecurity, and access to care. Much of the hearing focused on efforts to stabilize the Medicare Physician Fee Schedule, including the bipartisan Patients First Act and Provider Reimbursement Stability Act. While these proposals are primarily aimed at clinicians rather than aging services providers, physician payment policy can affect older adults' access to primary and specialty care. The Patients First Act also includes changes related to alternative payment models and future measures of care efficiency that could intersect with post-acute care. The subcommittee also reviewed a broad health care cybersecurity discussion draft that would strengthen federal cybersecurity standards and create grants and other resources for certain health care organizations. Nursing homes are not separately identified among the grant-eligible providers in the current draft, although hearing testimony specifically highlighted skilled nursing facilities among resource-constrained providers facing cybersecurity workforce, technology, and funding challenges. Other proposals of interest to aging services include legislation expanding Medicare coverage of blood-based Alzheimer's and dementia screening tests, allowing Medicare payment for certain pharmacist-provided testing and treatment services, and reducing barriers to diabetic foot care and therapeutic footwear. The hearing was an initial step in the committee's consideration of these proposals. Unlike a markup, a hearing does not include votes on these proposals, but the timing of this hearing in one of the last remaining legislative days before the pre-election recess suggests committee leaders are continuing to lay the groundwork for possible year-end action on health care legislation. An in-depth recap of the hearing and the bills under consideration is available on the LeadingAge website [here](#).

Bipartisan Bill Seeks to Stop Medicare Advantage Payment Clawbacks. Reps. Greg Landsman (D-OH) and Bob Onder (R-MO) introduced the bipartisan [Protecting Approved Care Act](#), legislation aimed at preventing Medicare Advantage (MA) plans from retroactively denying or reducing payment for care that has already been approved and delivered. The bill would apply protections to prior authorizations, pre-service and concurrent determinations, and authorizations for transfers from hospitals to post-acute care settings. LeadingAge appreciates the bill's focus on practices our nonprofit and mission-driven members increasingly encounter, including plans denying or making only partial payment for previously approved services and seeking lower payments than CMS-required assessments indicate. Providers should be able to rely on an MA plan's approval when they furnish care in good faith rather than face burdensome appeals or legal action after services have already been delivered. LeadingAge is reviewing the legislation and its implications for members and will continue engaging with Congress on policies that ensure MA plans appropriately cover and pay for needed care.

CMS Releases Guidance to States on Medicaid Work Requirements and Medical Frailty. The Centers for Medicare and Medicaid Services (CMS) held a webinar for states, where CMS shared information on the application of medical frailty exemptions within the new work reporting requirements. Work reporting requirements are applicable to the Medicaid Expansion population, those between 19 and 64, with income slightly over legacy eligibility requirements. During the call, CMS outlined optional steps states can take to verify medical frailty for exemption from work requirements. The slides provided a three-tiered option as an available framework for establishing exemption. CMS shared potential data sources and medical codes for consideration, as well as examples in an effort to help states understand their options and obligations. Though more information was and remains necessary on how CMS intends to support states in implementing community engagement medical frailty exemptions, the slides provide little new information, with examples not addressing the harder-to-determine grey areas, but providing obvious examples of exemption eligibility within tiers. Additionally, the guidance provides no

information to states about how claims data can actually demonstrate an individual's ability to work, as was required by the interim final rule. The [slides](#) and call come quite late in the timeline for states. With the January 1 compliance date, states are already communicating with enrollees to whom the new requirements apply. Pivoting to a new policy practice on medical frailty exemptions would add complexity to an already capacity-limited policy and timing challenge. States opting to accept self-declaration of exemption eligibility could find limited utility in the CMS presentation, with longer timelines to finalize exemption criteria.

CMS Report on MFP Highlights Successful, Though Stagnant Program. The Money Follows the Person Demonstration (MFP), initially introduced in late 2007, was established by Congress to provide enhanced funding to transition individuals for whom community living was desired and suitable from nursing homes into their homes in the community. The program has successfully transitioned more than 144,600 individuals through 2025. Growth from 2023 to 2024 was above 8%, while growth from 2024 to 2025 stagnated to .1%. CMS indicates the report should be available [here](#), though it does not appear the resource was added upon the writing of this blurb. Despite the more recent slowing in transition numbers, the administration's desire to publish the report and include an email release highlighting notable growth from '23 to '24 seems to indicate a broader support for the program. MFP is a voluntary program, with most states participating at some point over the history of the program. Currently the program is reauthorized through federal fiscal year 2027, though not guaranteed beyond September 30, 2027. More on MFP is available [here](#).