

Home Health Weekly Recap

September 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](#).

Take advantage of two opportunities to learn about building an apprenticeship program: On September 16, speakers from the Department of Labor's (DOL) Office of Apprenticeship will join the 3:00 p.m. ET Workforce Member Network to share strategies and tips for developing apprenticeship programs—[register now](#)! And on September 21, [sign up and join](#) the Moving Forward Coalition's 4 p.m. ET virtual event for details on its collaboration with Geriatric Workforce Enhancement Programs (GWEPS) and efforts to support CNA career opportunities, specifically through an apprenticeship program.

Preparing for New Medicaid Eligibility Requirements. New income or work requirements for certain Medicaid expansion beneficiaries take effect January 1, 2027, potentially creating broader challenges around health care access for all Medicaid-eligible older adults. On October 13, [join LeadingAge for a live event](#) to understand what is changing, who is affected, and how providers can help beneficiaries navigate the new requirements.

Action Alert on Prior Authorization Reform. On September 15, LeadingAge will send 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.

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.

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 and home health 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 Ounder (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.

2027 Annual Meeting Session Proposals Due December 7. Do you have a strategy, solution, or lesson that could help other aging services providers? Consider sharing it at the 2027 LeadingAge Annual Meeting in Minneapolis. LeadingAge is seeking provider-centered proposals grounded in real-world experience and practical application. [Learn more and submit a proposal](#) by December 7.

Last Week's Recap Update. Here is the September 11, 2026 [Home Health Update](#).