



Workforce Weekly Recap
Friday, 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](#).

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.

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.

DHS Updates Guidance on Hiring Foreign Students. The Department of Homeland Security has issued updated guidance for colleges and universities on [Curricular Practical Training](#) (a program that allows students to work in their field while studying) requiring that placements be mandatory components of degree programs—not elective options (see the updates [here](#) and [here](#)). If you employ international students through CPT, it's time to audit your current workforce, confirm which academic programs still qualify, and work with your institutional partners to determine how these changes may impact your ability to employ foreign students going forward. We will provide additional information through the [Pathways for Foreign-Born Workers](#) serial post shortly.