National Alliance for Care at Home

JULY 2025

CY 2026 Home Health Proposed Rule Comment Primer

Background

On June 30, 2025, the Centers for Medicare & Medicaid Services (CMS) issued the Calendar Year (CY) 2026 Home Health Prospective Payment System (HH PPS) Proposed Rule (CMS–1828–P). The National Alliance for Care at Home (the Alliance) issued a **statement** in response. See the Alliance's high-level **summary**. The Alliance conducted a **webinar** on July 7. The proposed rule and its wage index tables can be found **here**.

This proposed rule includes a devastating **9% cut** to the home health 30-day payment rate—with total payments estimated to decrease by $1.13 billion in 2026. This unprecedented reduction—the largest single year cut in recent memory—would have ripple effects across the country, jeopardizing access to essential care delivered in the home. Providers are already being forced to cut staff and reduce service areas. Patients in rural and underserved communities are at risk of losing access to care altogether.

CMS is seeking public comments on this proposed rule by **August 29, 2025**. Given this payment cut will profoundly impact patient access to home health services, it is critical that we make our voices heard.

This comment primer has been prepared to help providers, clinicians, and other interested parties submit effective comments to CMS. It highlights the key comment themes, provides talking points, and suggests question and comment prompts to facilitate meaningful and impactful feedback. Our goal is to support a robust, unified response from the home health community and ensure CMS receives robust input that reflects the real-world impacts of the proposed rule on home health access.

Importantly, submitting a comment is just one way to make your voice heard. The Alliance is implementing a nationwide grassroots campaign to amplify the collective voice of our membership. Through coordinated advocacy, we can show CMS and Congress the true impact of these proposed cuts and protect home health access for the millions of patients and families who depend on this important benefit.

If you have any questions about the proposed rule, how to submit a comment, or need additional guidance, please reach out to our team at regulatory@allianceforcareathome.org. For questions about our grassroots efforts, reach out to a member of our public affairs team at grassrootsreplies@allianceforcareathome.org.

We are stronger together.

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CY 2026 Home Health Proposed Rule – Key Themes

- This Proposed Rule is a **9% cut to reimbursement, the largest single year cut in recent memory**
- This Proposed Rule **Will Exacerbate an Existing Access to Care Crisis**
- This Proposed Rule **Does Not Address Fraud, Waste, and Abuse in Any Meaningful Way**
- This Proposed Rule **Does Not Save Money – It will Increase Overall Medicare Spending**
- This Proposed Rule W**ill Further Destabilize an Already Fragile Home Health Delivery System and Negatively Impact the Entire U.S. Healthcare System**
- This Proposed Rule **Continues a Flawed Interpretation and Implementation of Congressional Mandate of Budget Neutrality**



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CY 2026 Home Health Proposed Rule – Talking Points

What's Being Proposed

- CMS is proposing a 9% cut to the home health 30-day payment rate in CY 2026.
- This would be the largest single-year cut to home health in recent memory.

What the Numbers Say

- The payment rate should be $2,121.49 with standard updates.
- CMS is proposing to reduce it to $1,933.61.
- That's a cut of $187.88 per episode, or nearly 9%.
- In some regions, home health agencies will face even larger reductions. For example, areas with a -5% drop in the wage index value would mean an additional -3.75% in reduced payments.

How CMS Is Getting There

CMS is applying:

- A permanent cut (~4%) tied to the behavioral adjustment formula.
- A temporary cut (~5%) to "recoup" what they claim are past overpayments.

These are in addition to the usual rate-setting formula.

Why It Matters

- Cuts of this size impact the ability to retain and hire staff, limiting our ability to serve patients and ultimately impacting patient access to care.
- Providers may be forced to:
  - Limit admissions or service areas.
  - Delay or reduce investments in workforce and care delivery.
  - Cease operations altogether.
- The impact will be especially severe in rural and underserved communities.

What You Can Say to Lawmakers

- "This 9% cut threatens our ability to provide care at home — where patients want to be and where Medicare saves money."
- "We're already managing tight margins and growing demand. A nearly $190 drop per episode is not sustainable."
- "We need Congress to step in: delay these cuts and protect access to home health."

What We're Asking For

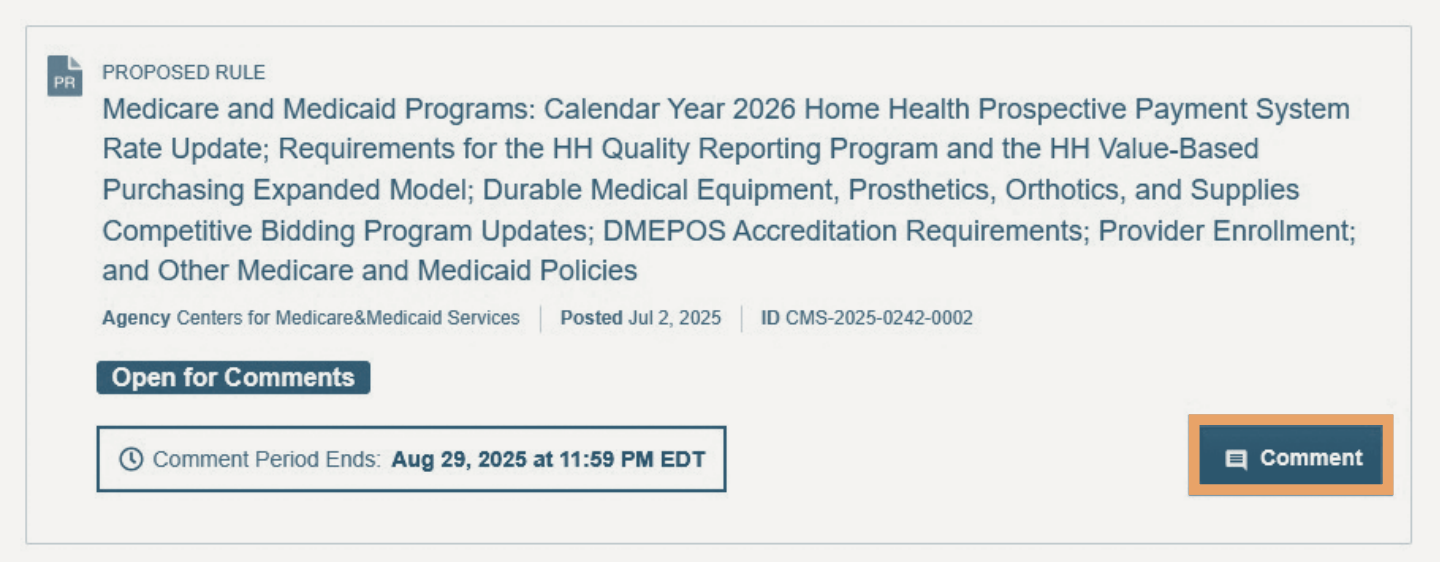
- Oppose the CY 2026 Home Health proposed rule.
- Rescind cuts and preserve critical access to care for patients and families that need it.
- Support legislation that strengthens—not weakens—home-based care, the preferred choice for patients and the highest-value option for our Medicare trust fund.

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CY 2026 Home Health Proposed Rule – Comment Tips

How Do I Submit a Comment?

- Go to **regulations.gov** on your internet browser.
- Search for the proposed rule's docket number. For the CY 2026 Home Health Proposed Rule, the docket number is: **CMS-2025-0242**.
- Click on comment in the bottom right-hand corner.



Where Do I Begin in my Comment?

- **Introduce yourself** (if commenting individually) or your organization.
- Explain why you are commenting. Why is this rule important to you?

What Next?

- Identify the **specific proposal(s)** that you are commenting on.

What Should I Say?

- Describe **how the proposal will impact you or your organization.**
- Describe **how the proposal will impact your patients** and/or your **referral partners.**
- State your **recommendation.** For example:
  - *"Do not finalize the temporary and permanent adjustments."*

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Any Other Suggestions?

- **Be specific** as possible. For example:
  a. Provide data points or citations to articles (peer-reviewed journal articles are the gold standard)
- Keep the tone **professional and respectful.**
- **Important:** Do **not** include any patient protected health information in your comment!



CY 2026 Home Health Proposed Rule – Comment Prompts

What Can Home Health Agencies Say about Payment Cuts?

- Describe what a **nearly 9% payment cut in the 30-day payment rate** in 2026 would mean for your agency.
- Explain the **real-world impact** of these cuts. For example:
  - You could share if a cut of this magnitude equals a certain loss covering care (e.g., a 9% cut to the 30-day payment rate is **[XXX]** less revenue, which covers **[X]** nurses or **[Y]** patient visits at our agency)
- Describe the **operational changes** or **tough decisions** you would face as an agency. For example:
  - Do you anticipate needing to freeze hiring, cut staff hours, reduce the number of patients you can serve, or close offices?
- **Personalize your response:** *"A cut of this size would force us to* **[lay off staff/limit admissions]**, *directly impacting care for seniors in our community."*

What Can Staff and Clinicians Say about Home Health Payment Cuts?

- Describe your **personal reaction** to the home health payment cut. How does this impact you?
- Describe how you personally connect with **patients and families** in your community. What would it mean for these patients and families if your agency were forced to cut back on its services or service area?

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What Can We Say about the Payment Update?

- Describe **how dependent your agency is on Medicare payments** to stay afloat.
- Describe the extent your **agency's costs have increased** in the last year. For example:
  - Have labor costs, supplies, PPE, and/or overall expenses exceeded the proposed 2.4% annual payment update?
- Describe **specific gaps between rising costs and Medicare payments.** For example:
  - *"Nursing salaries went up* **[X]%** *this year, far above the payment update."*
- Explain **what happens if payments don't keep pace** with rising costs. Will you run a deficit, be forced to cut back on services, or be forced to delay investments in quality improvement? What does this mean for your patients? What about your referral sources, such as hospitals, who may no longer be able to refer patients to you due to inadequate staffing?

CY 2026 Home Health Proposed Rule – Comment Prompts

What Can We Say about Workforce?

- **Paint a picture of staffing** in your region. For example,
  - Are you in a rural area with a low wage index? If so, explain how you still have to pay nurses competitive wages (possibly similar to urban areas) due to nursing shortages or because staff can commute to better-paying areas.
  - Are you in an urban area? Explain how you have to compete with high-cost providers for a limited pipeline of workers.
- Have you **lost employees** to other care settings or different areas? Describe the extent this has occurred. **Emphasize the impact**.
- Have you needed to offer **sign-on bonuses** or **travel pay** at increased rates to attract and/or retain your workforce?
- Describe how the **workforce crisis is affecting your agency,** and how proposed payment cuts will worsen it. For example:
  - Do you have open positions you can't fill such as nurse vacancies or therapist shortages? Describe [X] number and type of positions your agency would like to open but can't due to inadequate reimbursement.
- **Share a concrete story** by describing **what positions** you would like to hire, **why you can't hire** them, and **what the impacts are** of your inability to hire them. For example:
  - *"We've been trying to hire a [X] [position(s)], but due to budget limits we can't match competitive rates. This means the position remains unfilled, and we've had to decline new patient referrals in the meantime."*
- Have you had to **turn away referrals** because you lack staffing? **Describe the extent and impact.**
- **Tell a personalized story:** perhaps an exemplary clinician who left because of low pay that you would have loved to retain, but couldn't afford to match pay elsewhere. *Important:* **How did this impact the patients and families they worked with?**

Grassroots Campaign Overview

How Your Comment Fits into Our Broader Campaign

Submitting a comment to CMS is a powerful individual action, but its impact grows exponentially when combined with coordinated grassroots advocacy. The Alliance is implementing a grassroots campaign intended to amplify the voice of our membership, ensuring that policymakers hear consistent, compelling messages from across the country. By engaging in our campaign, whether by submitting a comment, sharing your story, or engaging with lawmakers—you help build the collective momentum necessary to stop these devastating cuts.

Learn more and take action by visiting our **Legislative Action Center**, where you'll find our latest action alert and information. For additional details and resources about the home health rule and the impact of payment cuts on home health care, please visit our **webpage**.

Grassroots Campaign Goals

The goal is to stop the proposed 9% cut ($1.135 billion) to Medicare home health services in the CY 2026 rule. This campaign aims to build sustained pressure on CMS to withdraw the payment cuts and calls on Congress to intervene if necessary to protect patient access, support the workforce, and preserve the integrity of home health care.

Through a phased grassroots strategy—focused on education, mobilization, storytelling, and policymaker engagement—we will elevate the voices of providers and patients, drive public awareness, and generate the momentum needed to change the course of this policy.

The following activities are being spearheaded by the Alliance as part of our grassroots campaign. Each phase outlines specific actions the Alliance is taking to inform, mobilize, and engage our members, elevate provider and patient voices, and maximize our collective impact with policymakers. We encourage our members to participate in these efforts and leverage the opportunities provided throughout each phase to tell your story.

Campaign Phases

PHASE 1: MOBILIZE & EDUCATE (JULY/AUGUST)

- Launch campaign messaging across member communications channels
- Activate a nationwide action alert using our grassroots platform
- Distribute a digital toolkit including message templates, comment guides, and social media assets
- Begin gathering provider stories and financial impact data to strengthen advocacy materials
- Build a campaign webpage to host key resources, updates, and a call to action

PHASE 2: ACTIVATE & AMPLIFY (JULY/AUGUST)

- Host themed roundtables to educate members on policy provisions and elevate advocacy steps
- Launch a coordinated comment-writing campaign, encouraging robust provider participation
- Highlight member voices on social media and through local storytelling efforts
- Engage lawmakers to raise the issue with CMS and support Congressional letters or statements
- Encourage in-district visits and local engagement between providers and lawmakers

PHASE 3: SURGE & SUBMIT (AUGUST)

- Final push for CMS comment submissions
- Deliver provider stories, data, and letters to Capitol Hill offices
- Equip advocates with last-minute tools, including comment tips and updated one-pagers
- Continue coordination of in-district visits and social amplification

PHASE 4: HILL ACTION & FLY-IN ENGAGEMENT (SEPTEMBER)

- Elevate the campaign during in-person advocacy activities, including Alliance Advocacy Week
- Capture provider voices through video and social media campaigns
- Drive direct lawmaker engagement during peak Hill activity

PHASE 5: SUSTAIN PRESSURE POST-FINAL RULE (SEPTEMBER-EOY)

- Respond to the final rule with updated messaging and renewed calls for oversight or legislative action
- Launch a Final Rule Response Toolkit with messaging, templates, and media resources
- Keep grassroots advocates engaged for continued outreach and story sharing
- Monitor opportunities for Congressional action, oversight hearings, or end-of-year legislation



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Cross-Cutting Strategies

HILL ENGAGEMENT

- Align grassroots tools with legislative asks
- Provide lawmakers with district-specific impact materials and stories
- Amplify Hill activity through social media and member channels
- Encourage member op-eds and public statements in targeted districts

STATE AND LOCAL ACTIVATION

- Engage state associations to distribute advocacy materials and organize local visits
- Provide district-level data and templates for state-specific media and outreach

COALITION BUILDING

- Collaborate with allied organizations to broaden advocacy reach
- Coordinate shared alerts and social campaigns targeting common Hill champions

COMMUNICATIONS & MEDIA STRATEGY

- Work with Narrative Strategies to elevate provider stories and press visibility
- Support national and local earned media outreach, with a focus on workforce and access themes

Working Together for Maximum Impact

Every action—from writing a comment, sharing a story, or contacting lawmakers—contributes to the overall strength of our campaign. By aligning our voices and efforts, we can demonstrate to CMS and Congress the overwhelming opposition to these cuts and the urgent need to protect access to home health. Thank you for standing with us. Together, we can ensure our voice is heard.



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