



Joyce Famakinwa, Oct 08, 2025

Following the federal government shutdown last week, gridlock in Washington, D.C. continues to complicate care delivery for the home-based care industry.

With this top of mind, home-based care providers are sounding off about the government shutdown's implications for the industry.

The loss of [telehealth flexibilities](#) has received significant attention from home-based care leaders, but they also have other concerns. The possible delay of the 2026 home health final payment rule, lapses in government-funded programs and administrative slowdowns are just a few of the areas home-based care leaders highlighted.

Home Health Care News recently caught up with seven industry leaders to learn their thoughts on the government shutdown and what it means for their business and access to care.

The shutdown is already creating real challenges for patients and providers.

For home health care, the biggest concern is that the shutdown could delay the release of the CY2026 payment rule. Years of cumulative rate cuts have already forced agencies to turn away patients and scale back services. Another delay in clarity from CMS only deepens the uncertainty for providers when it comes to care planning, staffing, and patient transitions from hospital to home.

VNS Health, alongside policymakers and providers nationwide, is urging CMS to act, to correct the flawed methodology driving these cuts and to restore stability to the home health benefit. CMS has the authority to fix this — Congress doesn't need to act for them to do the right thing.

Shutdowns are temporary. But the damage caused by inaction, however short, can lead to lost access, delayed care, avoidable hospitalizations and unnecessary deaths, all leading to harmful reverberations that could last for years. Our patients can't afford to wait.

— **Dan Savitt, CEO & President of VNS Health**

Given the bipartisan support for telehealth flexibilities, the lapse of it during the government shutdown has unnecessarily and significantly disrupted access to care for seriously ill patients — particularly in home health and hospice settings. The requirement for in-person encounters from a limited provider workforce means agencies can only reach a fraction of the patients they normally serve. This directly limits access to timely, medically necessary care for vulnerable populations, especially in rural and underserved areas.

Unlike other Medicare-authorized services, telehealth use in home health and hospice is tied to eligibility requirements. Providers cannot retroactively adjust claims if telehealth allowances are reinstated after the fact, creating a dangerous gap in care continuity.

In home health, the required face-to-face encounter must occur before services can begin. Agencies often rely on independent physicians to perform these encounters, and when those physicians are unavailable, patients cannot be admitted — or worse, must be discharged. This disproportionately affects rural providers, where physician access is already limited, and leaves patients without essential care.

AccentCare proactively completed required face-to-face encounters prior to the shutdown, minimizing disruption for both our home health and hospice patients. However, the administrative nature of these encounters underscores the need for permanent telehealth flexibility. Congress should act to make this allowance permanent. The uncertainty surrounding these extensions diverts an already limited workforce and risks care interruptions for those who need it most.

— Dr. Balu Natarajan, chief medical officer at AccentCare

The shutdown does not immediately halt Medicare or Medicaid claims, but it creates serious financial and patient-care risks. Medicare has already communicated with fiscal intermediaries and MACs about potential disruptions. If the shutdown persists and appropriations are not met, MAC reserves could be depleted, leading to delayed reimbursements and financial strain that could impact providers' ability to sustain services.

The larger, less visible risk lies in patient well-being. Programs like Meals on Wheels, which rely on Older Americans Act funding, face cuts during a lapse. In past shutdowns, thousands of seniors lost daily meal deliveries, driving malnutrition, ER visits and avoidable hospitalizations. Losses in transportation and caregiver support further compound these pressures.

Our focus is resilience: exercising financial stewardship, managing resources carefully and reinforcing community partnerships to ensure patients continue to receive uninterrupted care.

— David Kerns, CEO of The LTM Group

While the federal government shutdown does not currently impact Bayada's ability to provide compassionate, reliable care to the medically complex and vulnerable populations we serve, we are closely monitoring the situation and hope for a swift resolution. We urge policymakers to ensure that any shutdown does not reach a point where it disrupts access to care for medically fragile children, adults and seniors who rely on specialized one-on-one care to stay safe and healthy at home.

At the same time, our greatest concern right now lies with the ongoing state budget discussions — particularly in North Carolina and Pennsylvania — which are already affecting individuals' ability to access the care they need to remain safe and healthy at home.

— Dave Totaro, chief government affairs officer of Bayada Home Health Care, and president and executive director of Hearts for Home Care

A week into the shutdown, the home-based care industry faces looming challenges around Medicare and Medicaid reimbursement processing, certification renewals and regulatory oversight. While American Advantage Home Care hasn't experienced direct operational impacts yet, we're monitoring the situation closely and remain hopeful for resolution by mid-month.

However, the uncertainty itself demands action. Our patients and their families need reassurance during this anxious time, and that's where we must step up as an organization. We're taking a more active role in communicating directly with those we serve — not just about potential disruptions, but about our unwavering commitment to them. We're reaching out proactively to reassure patients that, regardless of federal delays, we will continue advocating for their needs and providing uninterrupted care. This could mean alterations to care plans and a greater reliance on in-home caregivers should the shutdown persist much longer.

This moment reinforces why trust and relationships matter so deeply in home-based care. Our responsibility extends beyond clinical services; we must be a steady presence that our patients can count on when external circumstances create worry. We're prayerful, hopeful and prepared to navigate payment complexities, maintain caregiver stability and absorb administrative burdens to ensure our patients never question whether their care will continue.

Our message is clear: American Advantage Home Care stands firmly with our patients, today and always, and we believe in the promise of America.

— **Cleamon Moorer Jr., president and CEO of American Advantage Home Care**

While the government shutdown creates short-term uncertainty, the home-based care industry remains largely insulated from immediate disruption. Medicare is an entitlement program, so claims processing and reimbursements will continue during the shutdown. Core CMS functions are deemed essential, and we do not anticipate near-term cash flow impact.

The greater risk lies in administrative slowdowns. Provider enrollment updates, appeals, eligibility verification and other non-essential operations may be delayed as federal employees are furloughed. Should the shutdown persist, we could see strain on Medicare Administrative Contractors that eventually slows reimbursement cycles.

At LiveWell Partners, we are monitoring developments closely but expect reimbursement stability. The bigger picture is how moments like this highlight the need for sustained policy focus on home-based care access and efficiency.

Regardless of Washington's status, our mission doesn't change: to ensure our patients and their families receive reliable, high-quality care at home.

— **Jason Growe, CEO of LiveWell Partners**

The government shutdown is compounding challenges for home health and hospice providers. With telehealth flexibilities expiring on Sept. 30 and no enforcement discretion from CMS, agencies are required to conduct all face-to-face encounters in person. This abrupt shift increases administrative burdens and disrupts patient access, especially in rural and underserved areas. Swift Congressional action to restore telehealth flexibilities is critical to avoid unnecessary care delays and strain on providers.

— **David Jackson, CEO of Choice Health at Home**

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