

SENIOR CARE POLICY BRIEF

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NEWSFLASH

- The Centers for Medicare & Medicaid Services (CMS) has drafted an [interim final rule that could rescind the 2024 minimum staffing standards](#) for nursing homes. The rule is currently under review at the Office of Management and Budget, and there will be no opportunity for public comment. It's unclear whether CMS plans to rescind the entire staffing rule or solely the provisions requiring specific nursing hours and 24/7 registered nurse coverage. (Learn more about the rule at [NursingHome411](#).)
 - ⇒ Whether or not the 2024 rule survives, nursing homes will still be required to provide sufficient staff to ensure that every resident receives quality care, based on their individualized assessment.
 - ⇒ Visit LTCCC's [Nursing Home Staffing Data](#) page for the latest staffing information for every U.S. nursing home (in compliance with federal reporting requirements).
- The [U.S. Department of Justice sued ProMedica Health System](#) and its affiliates for allegedly providing "grossly substandard" nursing home services between 2017 and 2023. The lawsuit describes failures in basic care, including wound treatment, hygiene, and feeding assistance, and even accuses the facilities of falsifying medical records to cover up neglect.
 - ⇒ This case underscores the urgent need for stronger oversight, accountability mechanisms, and transparency to safeguard the well-being and rights of residents.
- In 2024, [38 state survey agencies failed to meet annual nursing home recertification goals](#), overwhelmed by more than 107,000 complaints. Only 14 of 52 agencies fully met standards, and 12 partially met them, *McKnights* reports.
 - ⇒ The number of complaints has grown more than 30% since 2019.
 - ⇒ Survey delays put residents at risk. When they are widespread and persistent, they send a signal to the nursing home industry that it is unlikely to be held accountable for substandard care and demeaning conditions.

"Despite receiving regular reports detailing the nonexistent, grossly substandard, and/or non-[Nursing Home Reform Act] compliant care provided by the Four Defendant Facilities, the Defendants were focused more on financial performance than on quality of resident care."

- [DOJ v. ProMedica Complaint](#)

RESEARCH ROUNDUP

- A [new survey of over 360 nursing home providers](#) reveals that Medicare Advantage (MA) plans are routinely denying or delaying medically necessary post-acute care, often against doctors' orders. According to the American Health Care Association, two-thirds of providers report experiencing denials or delays daily or weekly, and more than two-thirds (67%) say coverage has been pulled prematurely against medical advice.

How often do Medicare Advantage plans deny or delay post-acute care services in your facility(ies) for your Medicare Advantage patients?

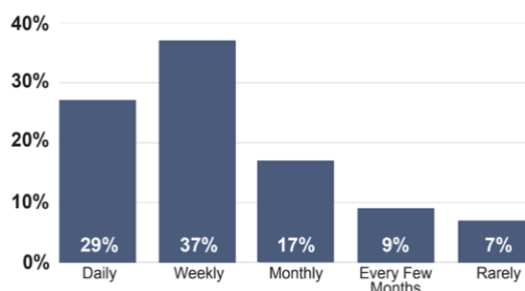


Chart via [Provider Insights Report](#).