



A Campaign for **Action** on the National Strategy to Support Family Caregivers

POWERED BY THE NATIONAL ALLIANCE FOR CAREGIVING

September 9, 2024

The Honorable Chiquita Brooks-LaSure, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1784-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Submitted electronically via <http://www.regulations.gov>.

**RE: CMS-1807-P: CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program**

Dear Administrator Brooks-LaSure:

On behalf of the [Act on RAISE Campaign](#), we appreciate the opportunity to comment on the CY 2025 Physician Fee Schedule (PFS) proposed rule (CMS-1807-P). The Act on RAISE Campaign—powered by the National Alliance for Caregiving—brings together more than 120 stakeholders across the caregiving ecosystem to advocate for the implementation and strengthening of the country’s first-ever National Strategy to Support Family Caregivers (National Strategy), which directly impacts the one in five Americans who make up our nation’s community of unpaid family caregivers. These fifty-three million family caregivers, who often go unrecognized, form the backbone of our long-term care system. It is these families and families of choice, who help older adults, people with disabilities, and people with serious illness manage their health and wellness.<sup>1</sup>

The CY2025 Medicare PFS proposed rule continues to advance systemic changes that recognize and honor the vital role of family caregivers within healthcare teams. The proposed rule builds off advances made in the FY2024 PFS final rule, and we applaud

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<sup>1</sup> AARP and National Alliance for Caregiving. Caregiving in the United States 2020. Washington, DC: AARP. May 2020. <https://doi.org/10.26419/ppi.00103.001>

CMS for its role in advancing vital cross-cutting action from federal policymakers to mitigate the growing challenges facing family caregivers.

This action aligns with the National Strategy, particularly Goal 2: Advance partnerships and engagement with family caregivers. Specifically, the CY2025 Medicare PFS proposed rule advances two key outcomes of the Strategy:

1. Outcome 2.1: Recognizing family caregivers as essential partners in care teams for the individuals they support.
2. Outcome 2.3: Including and considering family caregivers, where appropriate, in developing care recipient plans across various settings and circumstances.

The proposed rule provides an ongoing opportunity to identify, implement, and improve policies to support caregivers in support of these outcomes. We commend CMS for revising Caregiver Training Services (CTS) provisions to leverage current agency authority to:

- Boost the supply of education and long-term care and to provide support for family caregivers;
- Support family caregivers of beneficiaries of federal healthcare programs and services;
- Recognize and address systemic barriers to healthcare services and benefits for people of color and other underserved groups; and
- Help patients, families, and caregivers better navigate the caregiving experience.

The population of older adults is growing at a historic rate, and this growth increases the demands placed on family caregivers. According to *Caregiving in the US*, a joint report of the National Alliance for Caregiving (NAC) and AARP, between 2015 and 2020, the number of unpaid family caregivers increased by more than ten million, to fifty-three million family caregivers—and the ratio of available caregivers to those who need care—is declining. The Act on RAISE campaign urges the CMS to identify additional opportunities to do more to support this growing community as these challenges will become more acute with demographic shifts, impacting the Medicare and Medicaid programs and the health of beneficiaries.

***The Act on RAISE Campaign offers the following comments in response to changes proposed for CTS in the CY 2025 Physician Fee Schedule.***

***We support the following proposed rule policy changes to:***

- I. Establish new coding and payment opportunities for caregiver training services for direct care services and supports that include specific clinical skills aimed at enabling caregivers to provide hands-on treatment, complication mitigation, infection care, and patient monitoring;
- II. Provisionally add CTS to the Medicare Telehealth Services List;

- III. Establish a new coding and payment allowance for caregiver behavior management and modification training for caregiver(s) of an individual patient; and
- IV. Allow for verbal consent for CTS.

In addition, we appreciate the opportunity to respond to the agency's request for information regarding services addressing health-related social needs (HRSN) including Community Health Integration (CHI) and Principal Illness Navigation (PIN) services (PIN). Ensuring successful implementation of services to address patients' HRSNs has the potential to alleviate burden on family caregivers.

### **I. Establishing new coding and payment opportunities for caregiver training for direct care services and supports**

According to the most recent and industry-standard research conducted by NAC and AARP,<sup>2</sup> six in ten family caregivers assist with medical and nursing tasks such as injections, tube feedings, and changing catheters. Unfortunately, according to the same report, fewer than three in ten caregivers surveyed (29 percent) said they have had general conversations with health professionals, such as a doctor, nurse, or social worker, about their caregiving duties. Only 13 percent said a healthcare professional has asked what they need to take care of themselves.

Furthermore, only seven percent report receiving any training related to tasks they perform.<sup>3</sup> Black and Latino American caregivers (67 percent each) more often help with medical/nursing tasks than do White caregivers (52 percent). While four in ten caregivers are in high-intensity caregiving situations, the proportion of caregivers (31 percent) who reported difficulty in coordinating care among healthcare providers is growing.<sup>4</sup>

We commend CMS for proposing training supports for caregivers who are providing care requiring medical and clinical skills including hands-on treatment, patient monitoring, and reducing complications as described in [HCPCS Code GCTD1](#), [HCPCS Code GCTD2](#), and [HCPCS Code GCTD3](#). We agree that expanding available caregiver training services beyond functional skills and behavior management/modification to include training for the sixty percent of family caregivers who are assisting with direct-care management—such as wound care and dressing and infection control—will contribute to improved patient safety and support treatment goals. This is especially important for family

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<sup>2</sup> [Supra at 1](#)

<sup>3</sup> Burgdorf J, Roth DL, Riffin C, Wolff JL. Factors Associated with Receipt of Training Among Caregivers of Older Adults. *JAMA Intern Med.* 2019;179(6):833–835. doi:10.1001/jamainternmed.2018.8694

<sup>4</sup> [Supra at 1](#)

caregivers managing complex chronic diseases, serious illnesses, and disabilities such as cancer, transplant-related conditions, and dementia.

## **II. Provisionally adding CTS to the Medicare Telehealth Services List**

We applaud CMS for heeding recommendations to add CTS to the list of available telehealth services in CY 2025. While we understand that there is limited current evidence justifying permanent inclusion on the list of available telehealth services, we agree that provisionally adding these services will allow providers to implement CTS more broadly and build that evidence base. However, we caution that unless additional resources are dedicated to the technical assistance needed to ease provider adoption, the availability of CTS services—whether provided in-person or remotely—will lag the growing need.

We believe that including CTS on the list of available telehealth services will be particularly important for the 12 percent of family caregivers who live in rural settings.<sup>5</sup> These rural caregivers often contend with significant barriers to accessing healthcare and support services. A 2009 report from the Rural Health Research & Policy Centers found that 77 percent of rural counties are designated as Health Professional Shortage Areas, limiting access to both primary and specialized care.<sup>6</sup> This scarcity of healthcare resources places an added hardship on rural caregivers, who must often travel long distances for medical appointments. These factors, combined with the higher prevalence of chronic conditions in rural populations, underscore the critical need for targeted support and telehealth resources for rural caregivers.

We also echo the comments offered by the [Cancer Caregiving Collaborative](#) that the provisional approval of [CPT Code 97550](#) and [CPT Code 97551](#) to provide caregiver training to support an individual's functional status in the home and community aligns with existing provider guidance offered by HHS to improve the delivery of care and will be especially important for caregivers of people living with cancer and other immunocompromising illnesses. Limiting exposure to in-person healthcare facilities can protect them from the risk of infections and other complications.

## **III. Establishing a new coding and payment pathway for behavior management and modification training for caregiver(s) of an individual patient**

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<sup>5</sup> *Supra* at 1  
<sup>6</sup>

[https://www.researchgate.net/publication/237592457\\_Persistent\\_Primary\\_Care\\_Health\\_Professional\\_Shortage\\_Areas\\_HPSAs\\_and\\_Health\\_Care\\_Access\\_in\\_Rural\\_America](https://www.researchgate.net/publication/237592457_Persistent_Primary_Care_Health_Professional_Shortage_Areas_HPSAs_and_Health_Care_Access_in_Rural_America)

Again, we commend CMS for incorporating recommendations from—and considering the experiences of—patients and providers to ensure that caregiver training for behavior management and modification services are allowable in individual as well as group settings. This important change recognizes the unique burdens faced by caregivers for individuals with mental illness and/or those with Alzheimer’s Disease and Related Dementias (ADRD).

Caregiving for people struggling with mental health issues, cognitive decline, and/or other behavioral challenges can be especially difficult. Care recipients may demonstrate upsetting, confusing, and unpredictable behavior and choices, and/or refuse that support or be non-compliant with the treatment plans. While we appreciate that CMS included group training for these caregivers in the CY2024 Medicare PFS, given the individual nature—and variability of—behavioral symptoms associated with mental illnesses—as well as the outsized stigma of mental health challenges—applying a person-centered approach to caregiver training is particularly important. An estimated thirteen million caregivers support adults with mental health conditions and substance use conditions,<sup>7</sup> and expanded access to behavior management and modification training for caregiver(s) of an individual patient is important progress toward comprehensive caregiver support.<sup>8</sup>

#### **IV. Allowing for verbal consent of the patient or representative for the provision of CTS**

Because caregiver training services are provided on behalf of the patient but without the patient present, we appreciate the intent of requiring that consent for CTS be documented in the patient’s medical record included in the CY2024 PFS. However, we support the proposal in the CY2025 PFS allowing verbal consent from the patient or patient representative to administer CTS. We agree with CMS that this change would align consent requirements with other services paid for under the PFS that may be furnished without the patient present. We also believe that allowing for verbal consent will streamline the provision of CTS through telehealth.

#### **Responding to the request for information (RFI) about services to address health-related social needs**

In the CY2024 PFS, CMS took the expansive step to recognize the distinct affect that unaddressed individual HRSNs contribute to negative health outcomes and increased total cost of care for beneficiaries. The Act on RAISE Campaign supported including a payment pathway for CHI and PIN services and social determinants of health (SDOH) risk assessment as an important and forward-looking approach to sustaining the

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<sup>7</sup> *Supra* at 2

<sup>8</sup> <https://www.ncbi.nlm.nih.gov/books/NBK396398/>

essential contribution that community health workers (CHWs), community-based organizations (CBOs), and community care hubs (CCHs) provide in addressing HRSNs when implementing a whole-person model of care. We agree that allowing patient HRSNs to be addressed can also reduce the immense burdens that family caregivers face.

We appreciate that CMS is issuing a broad RFI on the newly implemented CHI and PIN services to learn more about existing barriers and viable solutions to promote broader provider adoption of these critical supports. In response to the RFI, we encourage CMS to pay particular attention to comments submitted by the [Partnership to Align Social Care](#). Specifically, we encourage CMS to consider implementing updates in the CY2025 PFS that clarify that CCHs as well as CBOs can serve as employers for eligible auxiliary personnel; and update time-based billing requirements to align with those included for CTS. Currently CHI/PIN services require a 60-minute threshold each month to bill, which can serve as an impediment because the minimum threshold is too high. We support a 30-minute threshold as reflected for CTS and other services.

Lastly, we again echo the importance of supporting technical assistance activities that will enhance implementation of these new and milestone services that address the socio-economic factors contributing to patient and caregiver health outcomes.

***The Act on RAISE Campaign encourages CMS to consider addressing the following as it finalizes the proposed rule:***

- I. Consider expanding the list of qualified providers of CTS to facilitate a patient's functional performance to include auxiliary personnel identified in operating under general supervision of and billing incident-to a Medicare provider or nonphysician practitioner (NPP);
- II. Provide clarification on CTS standards, or reference existing leading caregiver training programs, to ensure high-quality training;
- III. Clarify and confirm that CTS will not serve as a substitute for Medicare-covered home health aide benefits under the law, but rather as additional Medicare benefits to increase a willing and able caregiver's knowledge; and
- IV. Ensure payment rates for CTS are adequate to incentivize implementation among providers and consider implications of co-pay requirements on widespread adoption.

In addition, we urge agency leaders to consider the technical assistance and awareness building activities that would help providers and their partners to address barriers to implementation and fully realize the opportunity to improve supports for patients and their caregivers inherent in both CTS and services to address HRSNs.

**I. Consider expanding the list of qualified providers of CTS to facilitate a patient's functional performance to include auxiliary personnel**

**identified in operating under general supervision of and billing incident-to a Medicare provider or nonphysician practitioner (NPP)**

Caregivers are vital participants in many patients' care plans, and we appreciate that the proposed rule again recognizes and respects this too-long unsung contribution through proposals to expand available CTS. However, we echo last year's comments noting that there are existing caregiver support and training programs based in communities and funded through federal programs such as the Older Americans Act, the Geriatric Workforce Enhancement Program, the Lifespan Respite Program, etc. We encourage CMS to enable Medicare providers to learn about and partner with these programs and providers as CTS curriculums are developed.

Specifically, we again ask CMS to align the list of eligible CTS providers with those outlined under the provision of CHI/PIN services provided by auxiliary personnel billing incident-to a Medicare provider. For example, we encourage CMS to consider including reference to CHWs as eligible paraprofessionals that can implement CTS to facilitate the patient's functional performance (Activities of Daily Living and Instrumental Activities of Daily Living) and behavior management/modification strategies operating under general supervision of a Medicare provider or NPP. This change would also ensure that Registered Nurses (RNs) and Certified Nursing Assistants (CNAs) could deliver CTS, an omission that has been specifically identified as a barrier to adoption and implementation. Furthermore, we urge CMS to include a definitive reference and inclusion of community-based organizations and community care hubs contracting as third-party organizations with eligible Medicare providers to deliver CTS services. We believe this inclusion would align with and complement our comments regarding CHI.

**II. Provide clarification on CTS standards, or reference existing leading caregiver training programs, to ensure high-quality training**

Again, we commend CMS for the proposal to reimburse physicians, nurses, and other clinicians who provide training to caregivers for patients under an individualized treatment or therapy plan of care. However, we again encourage CMS to consider referring to and/or encouraging providers to implement CTS programs that—at a minimum—encourage quality standards for CTS as part of the final rule or in subsequent guidance. The Act on RAISE Campaign would welcome the opportunity to work with CMS to identify existing evidence-based and evidence-informed caregiver training programs to ensure that caregivers receiving CTS are adequately equipped to provide safe and high-quality care to their care recipients.

**III. Clarify and confirm that CTS does not serve as a substitute or replacement for Medicare-covered home health aide benefits under the law, but rather as additional Medicare coverage to increase a willing and able caregiver's knowledge**



Again, we appreciate and commend CMS for including expanded service and payment opportunities for CTS in the proposed rule. However, we urge CMS to take the appropriate precautions to ensure that Home Health Agencies (HHAs) are aware that CTS are an inappropriate, inadequate, and illegal substitution or replacement for a Medicare-covered home health aide. We echo the concerns included in the Center for Medicare Advocacy 2023 response to the CMS request for information (RFI) about access to necessary home health aide services.<sup>9</sup> For qualifying patients, Medicare law authorizes up to 28-35 hours per week of home health aide and nursing services in addition to therapies and medical social services.<sup>10</sup> However, utilization of home health aide services has declined by 95 percent in the past two decades.<sup>11</sup>

Increasingly, HHAs improperly require family caregivers to perform aide services or require a caregiver to be present as a condition of accepting a patient for services. These and other restrictions are rarely enforced, and we strongly urge CMS to ensure that the provision of CTS does not further erode already dwindling access to home health aide services for qualifying beneficiaries.

***IV. Ensuring payment rates for CTS are adequate to incentivize implementation among providers and consider implications of co-pay requirements on widespread adoption.***

As providers consider whether to implement CTS, we encourage CMS to evaluate whether existing reimbursement rates adequately incentivize providers to include caregivers in patient care plans. Members of the Act on RAISE Campaign have acknowledged, anecdotally, that the current payment rate may not be sufficient to justify the significant shifts to workflow required to implement these supports. Additionally, we have heard anecdotally that providers are also reticent to implement services that occur outside of the presence of the patient due to the co-pay requirements. Similarly, this is a barrier to implementation for CHI/PIN services that can also support caregivers. We realize that CMS does not have the regulatory authority to waive co-pay requirements for these services—and that most Medicare beneficiaries have additional insurance that covers co-pays.<sup>12</sup> However, we encourage CMS to evaluate whether the existing co-pay requirements for CTS and CHI/PIN hinder accessibility to these important services for patients and their caregivers.

**Conclusion**

The Act on RAISE Campaign recognizes and appreciates CMS's commitment to supporting and expanding access to critical caregiver training services and to advance

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<sup>9</sup> <https://medicareadvocacy.org/wp-content/uploads/2023/08/Home-Health-Aides-2024-NPRM-RFI-Response.pdf>

<sup>10</sup> 42 U.S.C. §1395x(m)(1)-(4). Receipt of skilled therapy can also trigger coverage for home health aides.

<sup>11</sup> Federal Register 2023-14044.pdf (govinfo.gov), pages 43663, 43671.

<sup>12</sup> <https://www.kff.org/medicare/issue-brief/a-snapshot-of-sources-of-coverage-among-medicare-beneficiaries/>



coordinated community-based continuums of services and supports available through Medicare and the CY2025 PFS proposed rule. We look forward to continuing to collaborate with agency officials and other stakeholders to ensure family caregivers are valued and supported in their vital role with Medicare beneficiaries. If you have any questions about this submission, please contact Michael Wittke at [mike@caregiving.org](mailto:mike@caregiving.org).

Sincerely,

**Act on RAISE Steering Committee and Campaign Partners**

AARP

Aging 100

Alzheimer's Association

Alzheimer's Impact Movement

Alzheimer's Research and Prevention Foundation

American Association of Caregiving Youth

The Arc of the United States

The Association for Frontotemporal Degeneration

Benjamin Rose Institute on Aging

California Coalition on Family Caregiving

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Center for Medicare Advocacy

Diverse Elders Coalition

Essential Caregivers Coalition

Family Caregiver Alliance

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