National Alliance for Caregiving

Cancer Caregiving COLLABORATIVE

Trends in Innovation:

Implementing and Refining Caregiving Training Services in Medicare

June 2025

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National Alliance for Caregiving

Background

About the Cancer Caregiving Collaborative

The Cancer Caregiving Collaborative, powered by the National Alliance for Caregiving (NAC), is a cross-sector initiative addressing the unmet needs of cancer caregivers through research, policy, and practice change. The Collaborative focuses on two core priorities: integrating family caregivers into healthcare teams and the financial impact of cancer caregiving. Its core strategies include peer learning and resource sharing, policy and education, and storytelling. The Collaborative hosted a workshop on November 19, 2024, in Washington, D.C., to explore Medicare reimbursement codes for Caregiver Training Services (CTS), a critical step toward formally acknowledging—and a step toward integrating—family caregivers into the care team.

About this Brief

Focused on Medicare, this brief aims to provide an overview of the Calendar Year (CY) 2025 Medicare Physician Fee Schedule (PFS) Caregiver Training Services (CTS) reimbursement for direct care activities necessary to support cancer patients in adhering to their treatment plans. The brief also provides two case studies from Northwell Health and RUSH University Medical Center who are at different stages of the process in implementing CTS, an example workflow, sample checklists for integration, and a set of recommendations for those interested in exploring CTS implementation in their systems or practices. Together, this information aims to provide insight from the cutting edge of innovation, drawing on new programs under Medicare and current knowledge of caregiver integration into healthcare systems.

By sharing information about recent innovations in CTS, NAC's goal is to foster a growing knowledge base of how to include family caregivers as partners and key decision-makers on the care team. **Consider these insights as guideposts for health systems and providers seeking to integrate caregiver training and support codes and expand assistance for family caregivers navigating complex conditions, such as cancer.**

Focus on Cancer Caregiving

While some healthcare models involve family caregivers to a small extent, they typically fail to reimburse the coaching, education, and training provided to friends and family members supporting the patient. In other cases, these models may overlook family caregivers entirely, leaving them to rely on informal workarounds to participate in the patient's treatment plan. As awareness of the family caregiver's role in supporting patients with serious illnesses continues to evolve, the introduction of Medicare reimbursement for CTS formally recognizes family caregivers as essential participants in a patient's care and a critical step toward integrating them into the care team.

Robust caregiver support and training can significantly reduce unplanned acute care utilization[1] and overall costs for cancer patients,[2] alleviate financial toxicity for cancer patients and caregivers,[3] and drive substantial cost savings through targeted psychosocial interventions.[4] **The Collaborative focuses on assessing and optimizing caregiver training and supporting implementation in oncology settings due to both the high burden cancer places on patients and their families, and the potential to improve patient outcomes by actively including family caregivers in the care process.** This brief highlights general considerations and opportunities for success, as well as elements specific to oncology practices and patient experiences.

Getting Involved and Sharing Feedback

To learn more about getting involved with the Cancer Caregiving Collaborative or to provide feedback on this brief, please email cancercarecollab@caregiving.org.

Not Legal or Compliance Guidance

This brief is provided for informational purposes only and is not intended to offer legal or compliance guidance within the Medicare program. When implementing recommendations suggested in the brief, please consult your organization's legal counsel to ensure compliance with all appropriate Medicare regulations and other federal, state, or local laws.

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[1] *Burgdorf, J. G., Arbaje, A. I., Stuart, E. A., & Wolff, J. L. (2021). Unmet family caregiver training needs associated with acute care utilization during home health care. Journal of the American Geriatrics Society, 69(7), 1887. https://doi.org/10.1111/jgs.17138*

[2] *Poco, L. C., & Malhotra, C. (2024). More competent informal caregivers reduce advanced cancer patients' unplanned healthcare use and costs. Cancer Medicine, 13(11), e7366. https://doi.org/10.1002/cam4.7366*

[3] *Edward, J. S., McLouth, L.E., Rayens, M. K., Eisele, L. P., Davis, T. S., & Hildebrandt, G. (2023). Coverage and cost-of-care links: Addressing financial toxicity among patients with hematologic cancer and their caregivers. JCO Oncology Practice, 19(5), e696–e705. https://doi.org/10.1200/OP.22.00665*

[4] *Badger, T. A., Sikorskii, A., Segrin, C., Given, C. W. (2021) Supportive health education reduces health care utilization and costs in Latinas with breast cancer and their caregivers. Supportive Care in Cancer, 29(3), 1225–1233. https://doi.org/10.1007/s00520-020-05593-9*

Case Study: Northwell Health CTS Pilot Program

The following profile includes insights from Tara Anglim, EdD, LCSW-R, ACHP, SW, Associate Executive Director, Culture and Experience, Northwell Health. While not limited to cancer care, the Northwell Health pilot can provide significant insights to oncology practices looking to implement CTS services and seek reimbursements.

Northwell Health took a three-pronged approach to include family caregivers:

- **Training on Caregiver Basics:** Based in New York, a CARE Act state, Northwell offers training on the implementation of the CARE Act, which requires inclusion of the caregiver at hospital discharge and discharge training. Because all providers receive this training, they have an existing situational awareness of family caregivers and how to identify them.
- **Implementing in Existing Workflows:** In the pilot program, speech therapists were identified as the primary provider of CTS. Many speech therapists currently offer patient and caregiver education that is not reimbursed under Medicare; the inclusion of CTS builds on an existing workflow that can potentially be reimbursed. Providers were given a workflow chart of the new process to assist in implementation.
- **Aligning with Other Caregiver Supports:** The Northwell Health system, the largest in New York state, has pioneered caregiver resource centers that are supported by philanthropic and charitable contributions. In addition to CTS provided through the pilot program, caregivers could receive additional support services through one of nine Family Caregiver Centers, such as the Reichert Family Caregiver Center in Huntington, NY.

In the speech therapy pilot program, caregivers were assessed by a speech therapist for skill and knowledge and then referred to specific training programs to help with the patient's treatment plan.

RECOMMENDATIONS

✓ **Include family caregivers in shared decision-making.**

✓ **Assess the caregiver's skill and knowledge.**

Case Study: Northwell Health CTS Pilot Progrma Continued

Speech therapists offered 30-minute training sessions for the caregiver, without the patient present, and in-person. Training aligned with the treatment plan for the patient and was offered where there was medical complexity present due to disease, such as a primary diagnosis of cancer or dementia.

The training offered by the speech therapists was person-centered and individualized to the family unit. Following a swallow evaluation of the patient, the speech therapist would then provide targeted training to the family caregiver on safe feeding and safe drinking for people at a high risk of aspiration. The training protocol included education on aspiration precautions and dysphasia.

RECOMMENDATIONS

✓ **Train the family caregiver to address the patient's needs.**

Challenges

Some providers found it challenging to meet the 30-minute threshold with other time constraints and patient needs. Education typically hit a 20-minute threshold, falling short of billing requirements. As a small team, CTS impacted other clinical activities that were needed, such as swallow evaluations.

Others found that it cut against best practice to conduct the training without the patient present (in contrast to conditions like dementia). Typically, patient education on at-home care and treatment adherence are conducted with both the caregiver and the patient.

The caregiver's role and a description of the training provided were documented in the electronic health record with timestamps for the training. The EHR is powered by Soarian.

✓ **Document the caregiver's role in the patient's medical record.**

Working with the Revenue Cycle, program expenses were billed to the Medicare program under the new CY 2024 Billing Codes for CTS.

✓ **Bill the Medicare program for CTS.**

Initial feedback from the pilot program indicated the need for more prepared trainings at the length recommended by Medicare (30 minutes or longer). Frontline providers lost revenue providing CTS as the reimbursement rates are lower than other fee-for-service care provided by speech therapists. Future iterations of the program are considering how the training might be offered virtually and by other types of allied health professionals, such as licensed clinical social workers.

Key to the program is patient centricity—the provider needs to identify that there is a patient and caregiver who need additional support. There are opportunities to track additional data about the caregiver training as the program evolves, particularly whether it is effective at meeting the patient's treatment goals.

✓ **Evaluate quality and track quality measures for program improvement.**

Understanding the Northwell Health System

Mission

Northwell[29] strives to improve the health of the communities and is committed to:

- providing the highest quality clinical care
- educating the current and future generations of healthcare professionals
- searching for new advances in medicine through the conduct of biomedical research
- promoting health education; and
- caring for the entire community regardless of the ability to pay.

CTS Pilot Location

The CTS Pilot program was offered at a community-based hospital within Northwell Health for one business quarter, allowing the researchers to quickly evaluate the successes and challenges of a CTS program.

Population Served

The pilot program focused on speech therapy patients and their caregivers. Patients were Medicare or Medicaid beneficiaries who could give consent or have a surrogate decision-maker give consent.

Caregivers within the Northwell Health system could also get support and referrals to one of nine Family Caregiver Centers. The caregiver centers are open to the community and are funded outside of the Medicare program as a charitable initiative.

The speech therapy practice was identified as a primary target for a pilot program because of the low volume of patients and the existing workflow, which prioritizes family education as part of its services.

Future Direction

As additional pilots are planned, Northwell Health anticipates a more standardized CTS program. Ideally, this standardized, 30+ minute program would offer skills building that could include:

- 4Ms of an Age-Friendly Health System, a concept developed by the John A. Hartford Foundation
- State Caregiver Advise, Record, and Enable (CARE) Act
- Patient advocacy

How It's Funded

The CTS Pilot program was built into existing workflows. The speech therapy practice was identified as a primary target for a pilot program because of the low volume of patients and the existing workflow, which prioritizes family education as part of its services.

The largest administrative cost was additional licensing to record the CTS billing codes and training on the new workflow. The program was implemented by repurposing existing staff time and forms.

Organizational Structure

Northwell Health is organized as a 501(c)(3) nonprofit organization with an annual revenue of $2.46 billion (CY 2023).[30] It has approximately 85,000 employees across 900 health centers, including 21 hospitals and 890 outpatient facilities. There are approximately 4,200 physicians in the Northwell Health system across 100 medical specialties.

Northwell Health is both New York's largest health system and its largest private employer.

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[29] *Northwell Health. (n.d.) About Northwell. Retrieved from https://www.northwell.edu/about-northwell*

[30] *Northwell Healthcare, Inc. (2023). ProPublica Nonprofit Explorer (IRS 990 filings). https://projects.propublica.org/nonprofits/organizations/112965586*

Additional Considerations for Implementing a CTS Program

Keep patient consent as an ongoing conversation.

- A patient's cognition and ability to consent fluctuates even in conditions other than dementia. For patients with comorbidities, it's critical to offer patient education to ensure that the patient understands the decisions they are making. This should cover treatment as well as consent for the inclusion of a family caregiver.
- Patient education should be at the individual's health literacy level and address speech barriers or other obstacles to learning.

Consider pilot programs that can start small and grow.

- Speech therapy was identified as an ideal home for an initial CTS pilot program because their existing workflows already include unreimbursed education and training for family caregivers as part of the standard of care. The Medicare CTS codes offer a way to mitigate the expense of offering this training.
- Programs may benefit from identifying 2–3 areas of training for their curriculum, which can be offered in 30-minute increments. Standardized training may also allow for better pre- and post-evaluation.
- Education should prioritize the "teach-back" method to ensure that the caregiver understands the content of the training and allow the caregiver to ask questions as needed.

Be flexible and fail fast.

- In the first year of the pilot program, initial findings showed that low reimbursement rates for CTS created a barrier to offering the services through a speech therapist. Because speech therapy treatment is person-centered and tailored to the family, standardized materials weren't available, creating an additional administrative burden for speech therapists. Finally, the 30-minute threshold for patient education, which had to be provided outside of the presence of the patient, created logistical barriers as many caregivers could not attend training sessions without having care providers for the patient.
- In its second year, Northwell is evaluating offering CTS led by an LCSW and evaluating common, key education areas for CTS that can be administered in 30-minute increments.

Keep the patient and caregiver at the center of care.

- The goal of including and supporting caregivers is not to seek Medicare reimbursement. Rather, the goal is to teach family caregivers tangible skills to improve patient outcomes and quality of life for both the patient and the caregiver.
- CTS are one component of a caregiver-centric model. Northwell Health relies on other support services, referrals, and resources for caregivers, including Caregiver Centers within the healthcare system. Northwell's Caregiver Centers are locations that connect caregivers with coaches and volunteers to help them with current needs, such as navigating entitlements, addressing elder care planning, getting information on palliative care and hospice, or even a quiet place to be while a family member receives care in a hospital.
- Including caregivers in models of care is a paradigm shift for medical providers. It's important for health systems to consider multiple ways of educating providers about caregiver needs beyond CTS. For example, system-wide education on initiatives like the CARE Act can help providers be aware of, identify, and connect with family caregivers.

The goal of including and supporting caregivers is not to seek Medicare reimbursement. Rather, the goal is to teach family caregivers tangible skills to improve patient outcomes and quality of life for both the patient and the caregiver.

Resources and Contact

Northwell Caregiver Centers

https://cancer.northwell.edu/navigating-care/caregiver-support

Northwell Aging Institute

600 Community Drive, Ste 300
Manhasset NY 11030

Email:
AgingInstitute@Northwell.edu

Case Study: RUSH Caring for Caregivers (C4C), Rush University Medical Center

The following profile includes insights from Diane Mariani, LCSW, CADC, Program Manager, Rush University Medical Center. While not limited to cancer care, the RUSH pilot can provide significant insights to oncology practices looking to implement CTS services and seek reimbursements.

RECOMMENDATIONS

Caregivers have three different pathways to connect with the RUSH Caring for Caregivers (C4C) team—phone, email, and a referral from either the patient's (care recipient's) medical provider (such as the primary, specialty, or inpatient team) or the caregiver's medical provider.

As Illinois is a CARE Act state, RUSH also complies with the requirement to identify family caregivers within the medical record. Providers are encouraged to educate family caregivers on shared access, meaning showing them how they can receive access to the patient's medical records and communicate directly with the care team. Shared access ensures the provider knows and recognizes the caregiver as separate from the patient, allowing their own unique EHR login rather than conflating the patient and caregiver as one user. It offers next-level recognition, communication, and integration to the caregiver within the healthcare team.

✓ **Include family caregivers in shared decision-making.**

A C4C clinical team member conducts an initial "Getting to Know You" meeting with the caregiver, which is a conversation using reflective listening to understand the caregiver's role, strengths, needs, and stressors. Evidence-based screeners/assessments are also utilized.

Assessment tools include:

- Patient Health Questionnaire-9 (PHQ-2)
- General Anxiety Disorder-7 (GAD-2)
- Burden Scale for Family Caregivers (Short Version)
- BRIEF Health Literacy screener
- Custom assessments, available through the C4C learning network, including:
    - Social Determinants of Health (SDOH) Assessment
    - Bio-psychosocial/Spiritual Assessment

✓ **Assess the caregiver's skill and knowledge.**

Case Study: RUSH Caring for Caregivers (C4C), Rush University Medical Center Continued

C4C then co-creates a plan for the family caregiver's physical and emotional health and well-being, which also incorporates the care needs and preferences of the older adult.

These services can be delivered in person, by telephone, or by video conferencing, and there is no charge to the caregiver for the initial meeting.

Additional sessions with C4C are typically covered by the caregiver's insurance, whether that is Medicare, Medicaid, or employer health plans.

Three types of training are offered to caregivers in the program:

Skill Building

- Ideally, interventions would be offered by an interdisciplinary care team. Small teams can provide extended support through referrals that can build skills.
- Currently, these are referrals to other healthcare professionals such as an OT, RN, PharmD, or nutritionist based on the identified needs of the dyad to promote caregiver confidence in their ability to provide care.
    - For example, a referral to an occupational or physical therapist can help a caregiver understand how to safely lift and transfer a patient. A referral to pharmacists can help the caregiver understand how to manage medications at home.

Planning for "What Matters"

- The caregiver participates in brief psychotherapy sessions (between 1–5 sessions).
- Sessions are person-centered and individualized based on identified needs of the dyad (caregiver and patient/care recipient).
- Therapeutic strategies focus on identifying "What Matters" to the dyad.
- The clinical team and caregiver work together to create a plan that meets the needs of the dyad.

Care Team Planning

- Engages the patient's (care recipient's) full care team in ensuring the older adult's care plan is grounded in "What Matters" to the person who needs care.
- Increases communication among team members, including the caregiver as a member of the healthcare team.

Caregivers are identified and documented in the electronic health record (EHR), which is powered by Epic. Caregiver questions are included in the Medicare Annual Wellness visit and can be included as part of the provider's interaction with patients or in the Social Determinants of Health (SDOH) screening.

Within the EHR, the caregiver's name will then appear in the patient's identification box. Details about the caregiver, their contact information, and relationship to the patient are captured under "Supportive Care Team."

RECOMMENDATIONS

✓ **Train the family caregiver to address the patient's needs.**

✓ **Document the caregiver's role in the patient's medical record.**

Case Study: RUSH Caring for Caregivers (C4C), Rush University Medical Center Continued

RECOMMENDATIONS

Currently, all billing for caregiver support services under the C4C model goes through the caregiver's health insurance. RUSH is building out the framework for billing CTS codes, and it will initiate implementation of CTS codes in the next few months, which will be billed through the care recipient's Medicare insurance.

✓ **Bill the Medicare program for CTS.**

The C4C model evaluates progress by following up with caregivers at 1- and 3-months post-intervention completion. Data demonstrates reductions in burden, depression, and anxiety symptoms at these intervals, and these follow-ups are an opportunity to check back in on any new needs.

✓ **Evaluate quality and track quality measures for program improvement.**

Understanding RUSH Caring for Caregivers (C4C)

Mission

The mission of the RUSH Caring for Caregivers model is to support family members or friends who are caring for adults 60 and older by:

- offering services that aim to reduce caregiver stress and prevent caregiver burnout, and
- assisting caregivers in finding a balance between the needs of the person they are caring for and their own needs.

Program Location

The model supports caregivers throughout the state of Illinois. Anyone receiving care at RUSH is eligible, as are community members who are not part of the RUSH system. Employees of RUSH Health can also participate in the C4C program.

The model supports caregivers throughout the state of Illinois. Anyone receiving care at RUSH is eligible, as are community members who are not part of the RUSH system.

Program Goals

- To address how caregivers are identified within the healthcare system, including how their contact information is entered into and updated in the electronic health record (EHR).
- To provide services and supports for family caregivers that focus on their physical and emotional health and well-being.

Alignment with Other Initiatives

- 4Ms of an Age-Friendly Health System, a concept developed by the John A. Hartford Foundation
- State Caregiver Advise, Record, and Enable (CARE) Act

How It's Funded

The creation and development of the model was funded through philanthropic investment from the RRF Foundation for Aging. The John A. Hartford Foundation provided funding to pilot test the model in six Age-Friendly Health Systems and to then to scale and spread the model nationally to Age-Friendly Health Systems and Area Agencies on Aging. The current model is sustainable through billing codes covered by Medicare, Medicaid, and private insurance plans and is billed to the caregiver's health insurance.

The model is designed to be adaptable and flexible for implementation in a variety of care settings as well as for diverse patient populations. Caring for Caregiver Learning Communities provides a collaborative space for participants to explore the Caring for Caregivers and GUIDE models' caregiver support implementation strategies, related workflows, and sustainability, including billing and the utilization of the new CMS Caregiver Training Services codes.

Organizational Structure

The C4C model is a project under the Center for Excellence in Aging, a department of Rush University Medical Center under the Rush University System for Health (RUSH), which is itself part of a clinically integrated network of physicians and hospitals called Rush Health.

The Rush University Medical Center is organized as a 501(c)(3) nonprofit organization with annual revenues of $2.66 billion (CY 2023).[32] It serves approximately 140,000 patients in Chicago, Aurora, and Oak Park and employs approximately 13,000 people.

Rush University Medical Center includes three hospitals, including a 671-bed hospital for adults and children, the 61-bed Johnston R. Bowman Health Center, and Rush University. The Medical Center includes both clinical care and basic and clinical research, with more than 70 residency and fellowship programs.[33,34]

The Rush Health system includes Riverside Medical Center, RUSH Copley Medical Center, RUSH Oak Park Hospital, RUSH University Medical Center, and over 140 physician practices.

Additional Considerations for Implementing a CTS Program

Flexibility is key.

- The C4C program is designed to be adaptable, nimble, and flexible. The program has been used by geriatric clinics, cancer centers, movement disorder clinics, and more formal structures like the PACE program.
- The implementation of the program depends on the patient need and the recognition of the caregiver's role in supporting the patient within their healthcare system.

Start small and work to become sustainable.

- Determine whether seed funding may be obtained through philanthropic funding, grants, or other sources.
- Creating a caregiver training program can start small and slow, such as reassigning existing staff to caregiver training as part of their total job responsibilities.
- Starting slow allows the program administrators to change course and tweak the program as needed.
- Track program progress and use successes to build momentum.

Don't go it alone—find others with the same shared goal.

- Look for internal champions who can connect caregiver support programs to patient outcomes, and who share the value of a person and family-centered healthcare system.
- Leverage networks like the C4C Learning Community to build from shared learnings and troubleshoot implementation barriers.

Resources and Contact

RUSH Caring for Caregivers (C4C)

https://aging.rush.edu/caringforcaregivers/

C4C Learning Community

https://aging.rush.edu/professional-older-adult-family-care/c4c/#intro

For more information, please contact:

Center for Excellence in Aging
Rush University Medical Center

620 W. Harrison St
4th Floor, Suite 04527
Chicago, Illinois 60612

Phone: 312-563-0350

Email: caregivers@rush.edu

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[32] *Rush University Medical Center. (2011–2023). ProPublica Nonprofit Explorer (IRS 990 filings). https://projects.propublica.org/nonprofits/organizations/362174823*

[33] *RUSH. (n.d.). About us – about our system. Retrieved from https://www.rush.edu/about-us*

[34] *RUSH Health. (2022). RUSH health value report 2022. Retrieved from https://services.rush-health.com/get.media?id=04ba415a-ca64-4095-a748-33cc23daafad*

Appendix

Appendix A: CTS Implementation Checklist

1. Gain support for caregiver engagement from leadership.

- ☐ **Promising Practices**
  - ☐ Build from successes in existing oncology models that offer family support and engagement, leveraging insights from medical social workers and other family support specialists.
  - ☐ Articulate the "Return on Investment" (ROI) for integrating CTS codes into models of care, including:
    - Potential for new Medicare revenue from CTS reimbursement.
    - Potential mitigation of cost for models that currently include family education or caregiver training.
    - Opportunity for claims data collection to evaluate whether CTS can improve outcomes and reduce costs.
    - Improve the treatment of cancers with behavioral and cognitive symptoms where additional caregiver support is needed to manage challenging behaviors at home and in the community.
    - Opportunity for market differentiation by leading the way in CTS innovation.
  - ☐ Start small, with a pilot program, and adjust based on community needs.

2. Include family caregivers in shared decision-making.

- ☐ **Promising Practices**
  - ☐ Adopt existing patient-focused shared decision-making frameworks to include family caregivers in the decision-making process.
  - ☐ Educate caregivers on shared access, including their rights to be included in access to medical records under the Caregiver Advise, Record, and Enable (CARE) Act and other similar regulations.
- ☐ **If Billing for CTS, Medicare Requires**
  - ☐ The treating practitioner must obtain the patient's (or the patient's representative's) verbal consent for a specific caregiver to receive CTS; and
  - ☐ The patient's (or their representative's) verbal consent for one or more specific caregivers to receive CTS and the identified need for the CTS must be documented in the patient's medical record.

3. Assess the caregiver's skill and knowledge.

☐ Promising Practices

☐ Review and adopt efficient, effective caregiver assessment tools:

- Caregivers as Partners in Care Team's Caregiver Identification Tool provides simple prompts to identify a patient's caregiving team and formalize support roles.
- Accountable Health Communities (AHC) Health-Related Social Needs Screening Tool is a comprehensive tool to assess a patient's need for caregiving support, safety, access to food, housing, and affordability of utilities.
- Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE) is a social drivers of health screening that is available in 25 languages.
- Zarit Burden Interview Assessment Tool (used by CMS GUIDE Model participants) is a short series of questions to gauge caregiver stress.

☐ Medicare Recommends

☐ An assessment of the caregiver's skill and knowledge when the caregiver's help or assistance is "reasonable and necessary" to achieve the patient's treatment goals.

☐ If Billing for CTS, Medicare Requires

☐ Documentation of verbal consent from the patient (or their representatives) to allow one or more specific caregivers to receive CTS.

☐ Documentation in the patient's medical record of the identified need for CTS.

4. Train the family caregiver to support key patient needs.

☐ Promising Practices

☐ Develop CTS programs that support caregivers facing common issues within oncology settings, such as

- Conducting medical and nursing tasks at home and in the community.
- Nutrition and meal preparation.
- Managing financial strain and avoiding financial toxicity.
- Managing changes in mood, behavior, mental health, and cognition.

☐ Identify whether existing training programs can be modified or incorporated into CTS.

☐ Medicare Recommends

☐ Ensure CTS is offered to support medical treatment scenarios where assistance from a caregiver is necessary and/or the patient cannot follow through with the treatment plan for themselves. Medical or direct care CTS should align with the patient's treatment plan and help "effectuate the desired patient outcomes."

☐ If Billing for CTS, Medicare Requires

☐ The CTS provided are furnished after the patient's treatment plan is established.

☐ The CTS provided are reasonable and necessary, meaning they are "integral to a patient's overall treatment."

☐ The training provided is offered outside of the patient's presence and is at least 30 minutes long if training is conducted in an individual setting, and at least 60 minutes long for training conducted in a group setting.

☐ Each training activity is clearly identified and documented in the treatment plan.

☐ The training does not duplicate other billable caregiver training, such as training under the Medicare Home Health plan of care, at-home therapy, or DME services for medical equipment and supplies.

- ☐ Appropriate medical professionals to conduct the training. Only the medical professionals identified in the Medicare Physician Fee Schedule can conduct the training.
  - Physicians, nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse midwives (CNMs), physician assistants (PAs), and clinical psychologists (CPs) can provide caregiver training services if they “personally perform” the training or if other personnel provide it as “an incident to their professional services.”
  - Mental and behavioral health providers—such as clinical social workers, marriage and family therapists, and mental health counselors—can bill Medicare for CTS that they “personally perform for the diagnosis or treatment of mental illness,” assuming all other Medicare billing requirements are met. However, under existing Medicare rules, they cannot bill for services provided by auxiliary personnel.

5. Document the caregiver’s role in the patient’s medical record.

- ☐ **Promising Practices**
  - ☐ Align documentation of the caregiver’s role and completed CTS with other recordkeeping of the caregiver’s role in the treatment plan, such as the OASIS assessment used in the Medicare Part B home health program.
  - ☐ Consider how the data about caregiver roles and training will be shared with other care settings, including the interoperability of the data across health record systems.
  - ☐ When applicable, document the CTS in the patient’s hard copy medical record with patient labels.
- ☐ **Medicare Recommends**
  - ☐ Documentation that the family caregiver received CTS in the electronic health record, the length of the CTS, and the date and time of the training.
  - ☐ Documentation of the family caregiver’s role in administering the patient’s treatment plan in the electronic health records.

6. Bill the Medicare program for CTS.

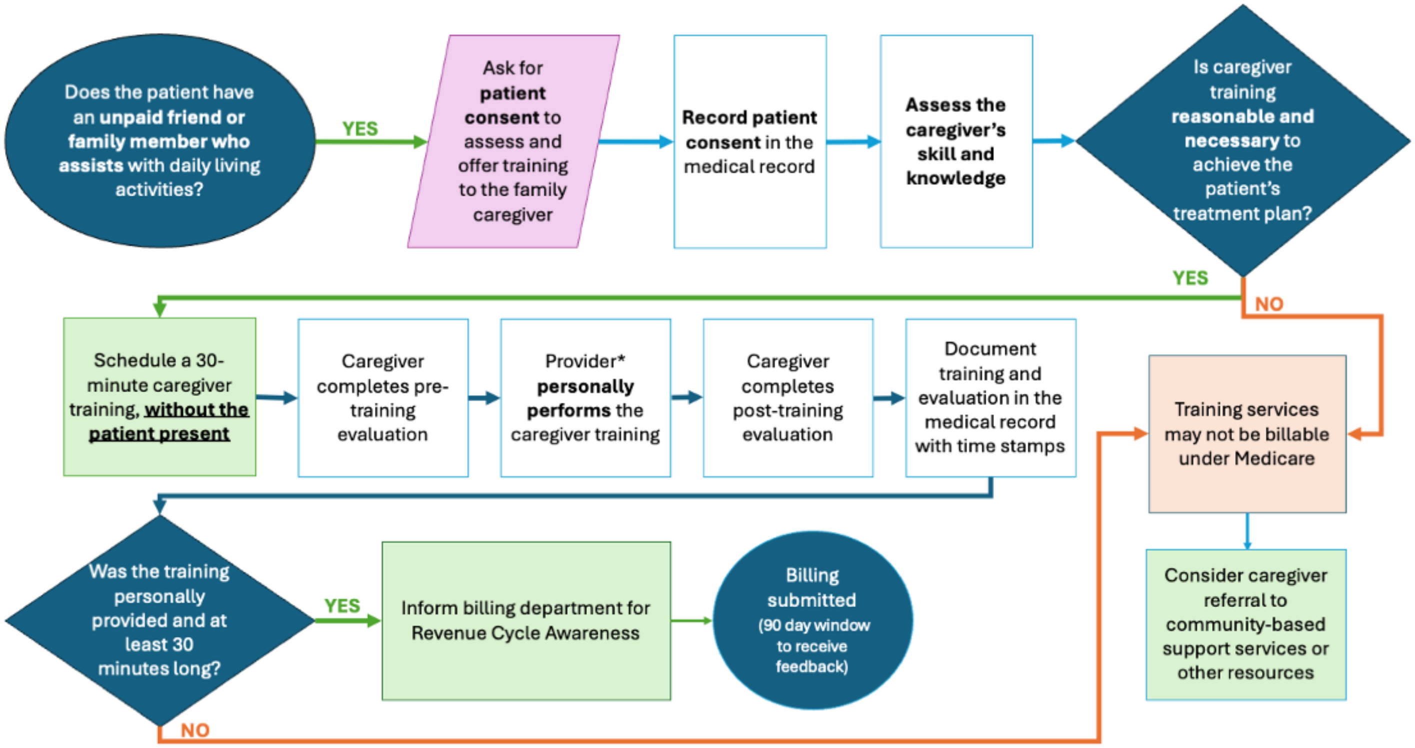
- ☐ Bill Medicare under the patient for CTS provided to the patient’s caregiver.
- ☐ Evaluate whether other types of caregiver support services, such as education and psychosocial counseling, should be billed through the patient’s or caregiver’s health insurance plan.
- ☐ Submit billing code information to the appropriate department in alignment with the revenue cycle of the organization.

7. Evaluate quality and track quality measures for program improvement.

- ☐ Implement pre-CTS caregiver evaluations and track outcomes against the initial assessment at regular intervals.

Appendix B: CTS Integration Workflow

The following workflow is an example of how to integrate CTS into existing healthcare models. It is modified from a model developed by Tara Anglim, EdD, LCSW-R, ACHP, SW, Associate Executive Director, Culture and Experience, Northwell Health, and Michaela Barkley PMP, former Senior Manager of Operations, Katz Institute for Women's Health, Northwell Health.



**Under the 2025 Medicare Physician Fee Schedule, CTS can only be conducted by physicians, nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse midwives (CNMs), physician assistants (PAs), and clinical psychologists (CPs). In some cases, mental health professionals (such as clinical social workers, marriage and family therapists, and mental health counselors) who provide CTS for the diagnosis or treatment of mental illness may also bill for CTS.*