National Alliance for Caregiving | Cancer Caregiving COLLABORATIVE

Trends in Innovation: **Implementing and Refining Caregiving Training Services in Medicare**

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National Alliance for Caregiving

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.