

## **Executive Summary: Family Caregivers and the CY 2026 Medicare Physician Fee Schedule Final Rule**

The CY2026 Medicare Physician Fee Schedule (PFS) Final Rule reflects meaningful progress toward recognizing and supporting family caregivers as essential partners in care. Building on advocacy from the [National Alliance for Caregiving](#) (NAC), the [Caregiver Nation Coalition](#), and the [Cancer Caregiving Collaborative](#), CMS continues to strengthen pathways that acknowledge the vital role of caregivers in improving quality, reducing costs, and supporting aging in place.

While the rule includes several important advancements, there remain significant areas requiring further clarification, investment, and policy development.

### **Key Wins for Family Caregivers**

#### **Caregiver Training Services (CTS) Permanently Approved for Telehealth**

CMS finalized its proposal to include CTS on the Medicare Telehealth Services List on a permanent basis.

Why it matters:

- Expands access to caregiver training, particularly in rural and underserved areas.
- Provides stability and predictability for providers planning telehealth-based caregiver support.
- Strengthens opportunities to build an evidence base for the impact of CTS.

#### **Expanded Access to Community Health Integration (CHI) for Mental and Behavioral Health**

CMS finalized the addition of psychiatric diagnostic evaluations (90791) and Health Behavior Assessment and Intervention (HBAI) codes as initiating visits for CHI delivered by clinical social workers, marriage and family therapists, and mental health counselors.

Why it matters:

- Reduces barriers to behavioral health access for patients and caregivers.
- Aligns CHI services with the expertise of mental health practitioners.
- Supports earlier intervention and better care coordination for families navigating chronic or serious illness.

#### **CMS Signals Future Payment Pathways for Community-Based Services**

In responding to its Request for Information, CMS acknowledged the need for new strategies to prevent and manage chronic disease including partnerships with community-based organizations and the Aging and Disability Network.

Why it matters:

- Positions family caregivers as integral to future Innovation Center models.

- Supports incorporating family caregivers as integral members of care teams particularly those caring for someone with a chronic disease or illness.
- Opens the door to potential coverage for evidence-based caregiver support programs, palliative care expansion, and interventions that address chronic disease management, nutrition, physical activity, and social isolation.

## Other Changes of Note for Family Caregivers

### Opportunities to Improve Upstream Drivers of Health

CMS finalized terminology changes, replacing “social determinants of health (SDOH)” with “upstream driver(s)” of health to better reflect the root causes of clinical and non-clinical needs.

Why it matters:

- Maintains the importance of addressing non-medical factors that influence caregiver impact and care quality.

### Opportunities for Continued Advocacy

Despite progress, CMS did not address several critical recommendations. These remain important priorities for future rulemaking and implementation and remain core advocacy priorities for the coming year.

- Support and expand the CTS program and provide guidance and clarification on the billing processes for CTS to increase awareness of the payment pathway.
- Provide clarification on CTS standards, or reference existing leading caregiver training programs, to ensure high-quality training.
- 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.
- Evaluate whether existing reimbursement rates adequately incentivize providers to include caregivers in patient care plans and evaluate whether the existing co-pay requirements for CTS and CHI/PIN hinder accessibility to these critical services.
- Update time-based billing requirements for CHI/PIN to align with those included for CTS. (60-minute v. 30-minute threshold)
- Consider and support the technical assistance and awareness-building activities that would help providers and their partners to address barriers to implementation.
- Ensuring that CTS codes are coded and billed following the same coding guidance as other timed CPT codes used and understood by physical and occupational therapists.

## Conclusion

The CY 2026 PFS Final Rule reflects continued progress toward integrating family caregivers into the Medicare system particularly through telehealth expansion for caregiver training and improved access to behavioral health aligned CHI services.

At the same time, implementation barriers remain, and CMS did not address several critical recommendations that would strengthen CTS, streamline CHI/PIN services, and help caregivers contribute fully to care delivery and chronic disease management.

NAC, along with the Caregiver Nation Coalition, and the Cancer Caregiving Collaborative, will continue to advocate for stronger caregiver inclusion, clearer guidance, and expanded reimbursement pathways in future CMS rulemaking and Innovation Center models.