June XX, 2026

Dr. Mehmet Oz

Centers for Medicare & Medicaid Services

Department of Health and Human Services

200 Independence Ave, SW

Washington, DC 20001

RE: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals (IPPS) and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year (FY) 2027 Rates; Requirements for Quality Programs; and Other Policy Changes

Dear Administrator Oz,

On behalf of the National Alliance for Caregiving (NAC), we appreciate the opportunity to provide comments regarding the proposed nationwide expansion of the Comprehensive Care for Joint Replacement (CJR) Model. NAC is a national nonprofit organization dedicated to improving the quality of life for family caregivers and the millions of older adults, individuals with disabilities, and others who rely on family care every day.

As CMS works to expand value-based care models that improve outcomes and reduce unnecessary spending, we encourage the federal government to recognize and support one of the most critical yet often overlooked members of the care team -- the family caregiver. We strongly urge CMS to incorporate and promote the use of Caregiver Training Services (CTS) within the expanded CJR model as a key strategy for improving recovery, strengthening care transitions, and advancing patient-centered care.

Joint replacement procedures increasingly rely on successful recovery in the home setting. Following discharge, family caregivers are frequently responsible for assisting with mobility, medication management, wound care, infection prevention, transportation to follow-up appointments, activities of daily living, and monitoring for signs of complications. For many patients, particularly older adults and those with multiple chronic conditions, a safe recovery at home is only possible because a family caregiver is present to provide this support.

1730 Rhode Island Ave. NW,
Suite 812
Washington, D.C. 20036

TEL 202-918-1013
EMAIL info@caregiving.org

Yet family caregivers are often expected to perform these complex tasks with little preparation or training. NAC's research consistently finds that family caregivers are taking on increasingly medical and nursing-related responsibilities while reporting significant gaps in education and support. These challenges are especially acute during transitions from hospital to home, when caregivers are navigating new care responsibilities, unfamiliar equipment, medication changes, and concerns about potential complications.

Addressing these gaps requires more than simply offering training. Effective caregiver preparation begins with a structured assessment of each caregiver's individual circumstances, including their health literacy, physical capacity, prior caregiving experience, living situation, and the complexity of the patient's post-discharge care needs. A caregiver who is elderly, managing their own health conditions, or providing care in a home with limited accessibility presents different learning needs than one who is younger, healthy, and experienced. Without this foundational assessment, training may be poorly matched to the caregiver's actual situation, limiting its effectiveness and potentially contributing to the very complications the CJR model is designed to prevent. Importantly, the Medicare Caregiver Training Services billing codes (CPT 97550–97552) already contemplate an assessment component, consistent with established OAA caregiver support program standards and the GUIDE Model's emphasis on individualized care planning. CMS has a strong existing framework on which to build.

Providing structured caregiver training can help address these gaps while advancing the core objectives of the CJR model. When caregivers understand how to safely support mobility, prevent infections, manage medications, identify warning signs, and coordinate follow-up care, patients are more likely to experience successful recoveries and avoid preventable complications. Better prepared caregivers can also help reduce costly admissions to emergency rooms and other inpatient settings.

The inclusion of caregiver training is particularly important given the scale of family caregiving in the United States. More than 63 million Americans currently provide care to an adult or child with health needs, representing a 45 percent increase over the past decade. Family caregivers contribute almost a trillion dollars in unpaid care annually, effectively serving as an extension of the formal healthcare workforce.[1] As healthcare

[1]AARP and National Alliance for Caregiving. *Caregiving in the US 2025*. Washington, DC: AARP. July 24, 2025. https://doi.org/10.26419/ppi.00373.001

1730 Rhode Island Ave. NW,
Suite 812
Washington, D.C. 20036
TEL 202-918-1013
EMAIL info@caregiving.org

delivery increasingly shifts toward home and community settings, supporting caregivers is no longer optional -- it is essential to achieving high-quality, efficient care.

CMS has already recognized the importance of caregiver education through the establishment of Medicare Caregiver Training Services (CTS) billing codes. The expanded CJR model presents an important opportunity to further encourage adoption of these services and ensure that participants fully integrate caregivers into care planning and discharge processes. We encourage CMS to explicitly promote the use of CTS within potential model guidance -and to recommend that participating hospitals incorporate a structured caregiver needs assessment prior to initiating training services, ensuring that education is tailored to the caregiver's capacity, the patient's care complexity, and the home environment.

We also support CMS's continued efforts to expand access to caregiver training through telehealth. Virtual delivery of caregiver training can significantly improve accessibility while maintaining high levels of engagement and effectiveness. Research has demonstrated strong caregiver satisfaction with remote education programs, with participants reporting increased confidence and practical application of newly learned skills in caring for their loved ones.

As CMS advances a nationwide expansion of the CJR model, caregiver training services represent a high-value investment that aligns directly with the model's goals of improving quality, enhancing care coordination, reducing avoidable utilization, and supporting recovery in the least restrictive setting possible. Family caregivers are indispensable partners in post-acute care and equipping them with the knowledge and skills necessary to support recovery will benefit patients, providers, and the Medicare program alike.

Thank you for your consideration of these comments and for your continued commitment to advancing person- and family-centered care.

Sincerely,

National Alliance for Caregiving

1730 Rhode Island Ave. NW,
Suite 812
Washington, D.C. 20036

TEL 202-918-1013
EMAIL info@caregiving.org

1730 Rhode Island Ave. NW,
Suite 812
Washington, D.C. 20036

TEL 202-918-1013
EMAIL info@caregiving.org