NATIONAL ALLIANCE FOR CAREGIVING

AARP

RUSH

LIVE WEBINAR

Caregiver Training Services in Practice: Utilization, Impact, and Implementation

June 24, 2026
1:00PM - 2:00PM ET

Agenda

About NAC

The Big Picture: Why Caregiver Integration Matters

Lived Experience

Exploring Utilization and Advancing Impact of Caregiver Training Services

Provider Perspective

Q&A

About NAC

Established in 1996, the National Alliance for Caregiving (NAC) is a system change organization transforming how we value the **63 million family caregivers** through **research**, **advocacy**, and **narrative change**.

CANCER CAREGIVING COLLABORATIVE

Dedicated to championing systemic change that ensures cancer caregivers receive the equitable support, training, and financial relief they deserve.

TRANSPLANT CAREGIVING COLLABORATIVE

Focuses on enhancing the recognition, inclusion, and support of family caregivers within the transplant system.

Key Insight

Caregiver Recognition & Support

33%

Percentage of family caregivers who want policies that require health care professionals to assess their needs to care for their recipients

NAC and AARP, Caregiving in the U.S. 2025

Complexity & Intensity of Caregiver Demands

Family caregivers are essential for patient safety

- **7 in 10** monitor the severity of their care recipient's health condition
- **55%** routinely take on **medical and nursing** responsibilities
- **Yet, only 22% report receiving training**
- 57% report being in an intense caregiving situation

This is the core challenge: high responsibility, inconsistent or no support

NAC and AARP, Caregiving in the U.S. 2025

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“None of this obviously came with a roadmap. And I figured this out through ***trial and error****, piecing things together day by day…”*

- A. K.

-

NAC & Cancer*Care*, Caring without a Roadmap: Insights from Cancer Caregivers

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Impact on Caregiver Well-Being

Health Status

- 1 in 5 caregivers report their own health as fair or poor

Physical Health

- 45% experience moderate to high physical strain from caregiving duties

Emotional Strain

- 64% report moderate to high emotional strain

The strain is real, widespread, and preventable, if health systems treat caregivers as partners, not bystanders.

NAC and AARP, Caregiving in the U.S. 2025

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*"**The hardest part for me is you really do become a tech in a way.** You have to do things like the **port**, and I deal with things like the **dosage** of the medication, and **it wasn't easy.**"*

-Nancy

NAC, Transplant Caregiving in the U.S.: A Call for System Change

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The Support Caregivers Need

Stress & Emotional Support

- 30% need help managing emotional and physical stress

Information & Training on Safety

- 27% need guidance to keep their care recipient safe at home

Help Navigating the System

- 26% need assistance managing their recipient's paperwork and eligibility for services

Care Coordination

- 26% report coordinating care is “very” or “somewhat difficult”

NAC and AARP, Caregiving in the U.S. 2025

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"Nothing fulfills our lives more than caring for our loved ones but for us to sustain that care, to keep them out of the hospital system, we need to sustain ourselves.

- Parvathy

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Lived Experience

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Early Use and Impact of Medicare Caregiver Training Services

June 2026

Context for Research.

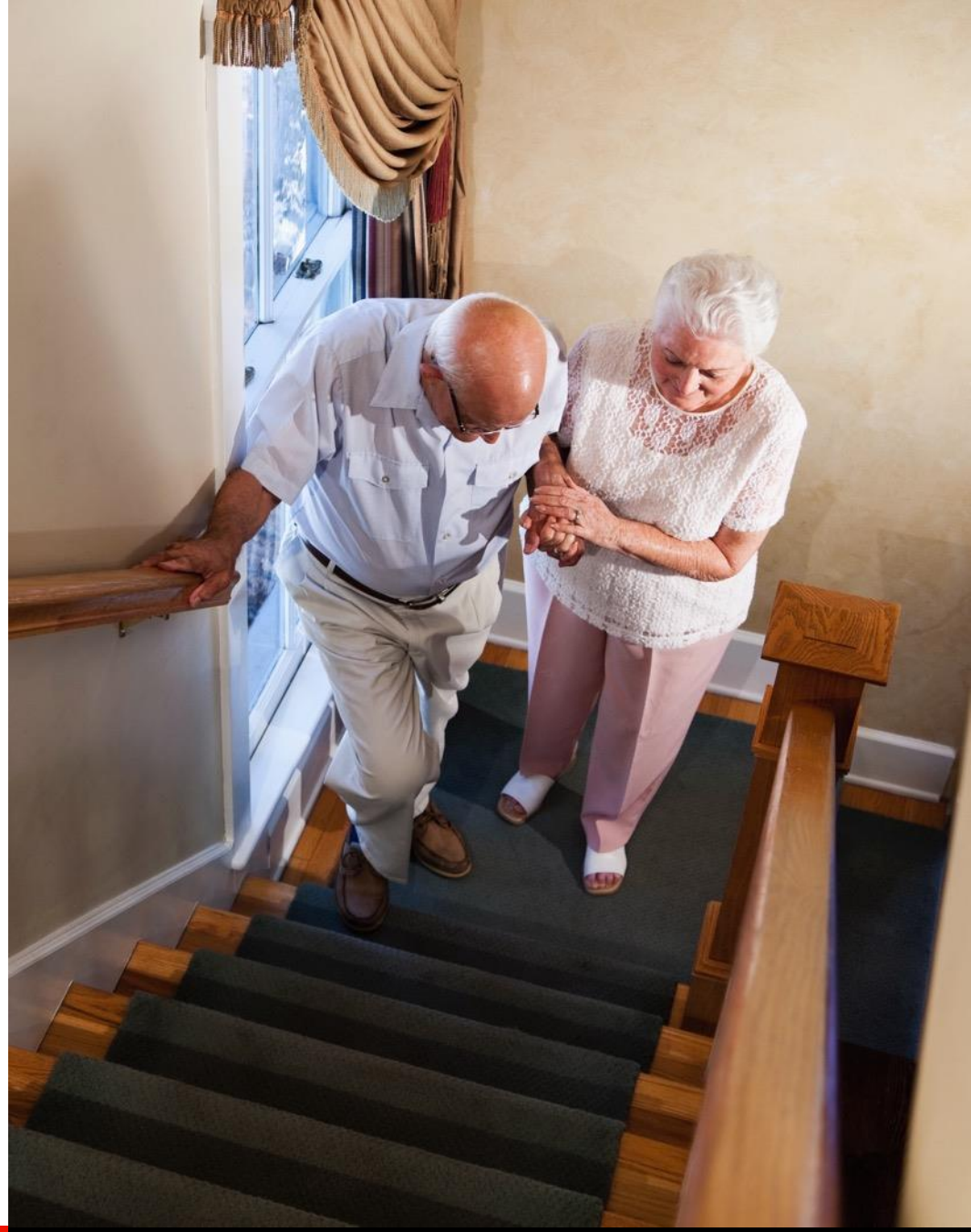
Nearly **1 in 4** American adults is a family caregiver.

	2015	2020	2025
Total family caregivers *of adults or children with medical conditions or disabilities*	**43.5M** (prevalence: 24%)	**53.0M** (prevalence: 21.3%↑)	**63.0M** (prevalence: 24.0%↑)
Family caregivers of adults	**39.8M** (prevalence: 16.6%)	**47.9M** (prevalence: 19.2%↑)	**59.0M** (prevalence: 22.5%↑)

↑↓ = *Significantly higher or lower than prior wave.*

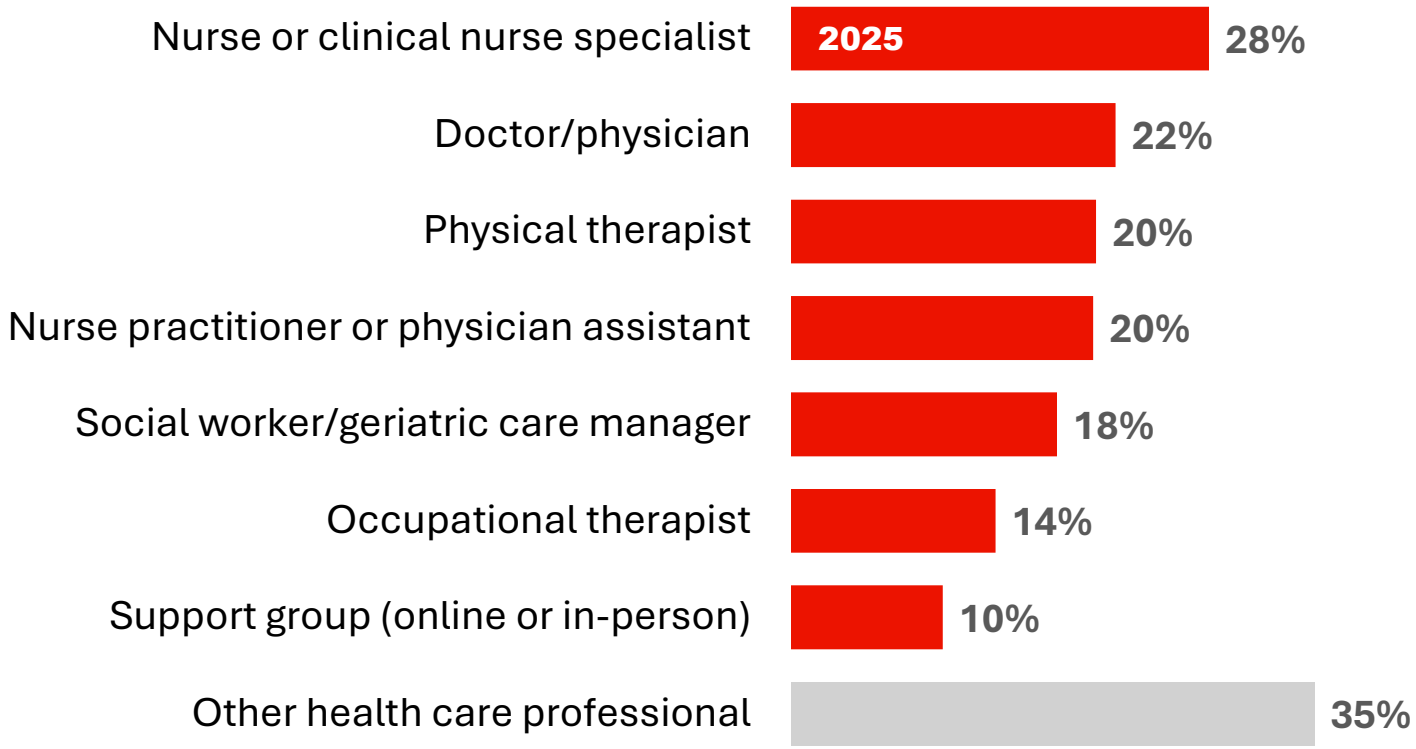
Caregivers **rarely receive** the **training** needed for daily care.

Only **11%** of caregivers report receiving any formal training to help with ADLs, IADLs, or behavioral management and modification.



When training happens, it's often delivered by **health professionals**.

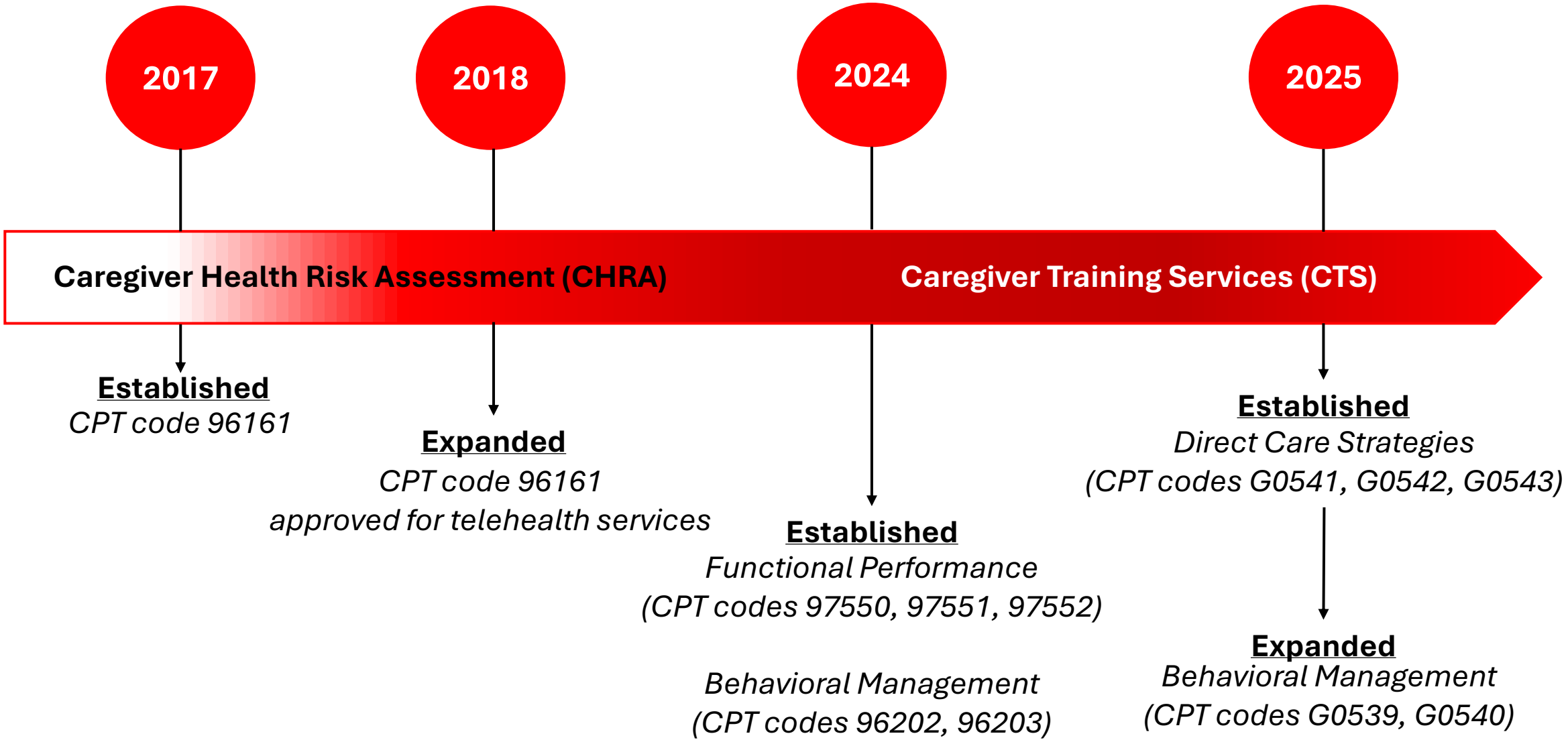
Top mentions only (2 percent or greater)



Under new billing codes,
certain health care providers can be paid for training caregivers of Medicare enrollees.

- *N17. (if received training) Who prepared you to assist your [recipient] with activities of daily living (ADLs), instrumental activities of daily living (IADLs), or behavioral management/modification?*
- *2025 base: Caregivers of recipient age 18+ who received training for ADLs or IADLs (n=946)*

History of Caregivers in the Physician Fee Schedule.



Purpose of our Research.

To increase awareness of the availability of CTS codes across stakeholder groups;

offer insight into the early uptake of CTS codes among Medicare providers and beneficiaries;

highlight barriers to CTS code implementation and identify opportunities to scale CTS; and

educate and clarify the role of CTS relative to other caregiver supports.

Overview of CTS Codes

Qualified Providers	Physicians, NPPs, and QHPs	Physicians and NPPs		
Purpose	to assess health risk	to provide training		
CPT Codes & Descriptions	**Caregiver Health Risk Assessment (CHRA)**	**Behavioral management**	**Functional performance**	**Direct care strategies**
	A one-on-one standardized assessment tool to evaluate a caregiver's stress, well-being, or other issues that could impact the patient's care or health.	Training on structuring the environment to support and reinforce desired patient behaviors, reducing the negative impacts of the patient's diagnosis(es) on daily life, and developing highly structured technical skills to manage the patient's challenging behavior.	Training on facilitating activities of daily living (ADLs), transfers, mobility, communication, and problem-solving to reduce the negative impacts of the patient's diagnosis on their daily life and assisting the patient in carrying out a treatment plan.	Training on supporting the care of patients with an ongoing condition or illness, with an emphasis on reducing complications and promoting stability in the home environment.
	96161	**For training with an individual caregiver:** G0539, G0540	**For training with an individual caregiver:** 97550, 97551	**For training with an individual caregiver:** G0541, G0542
		For training with a group of caregivers: 96202, 96203	**For training with a group of caregivers:** 97552	**For training with a group of caregivers:** G0543

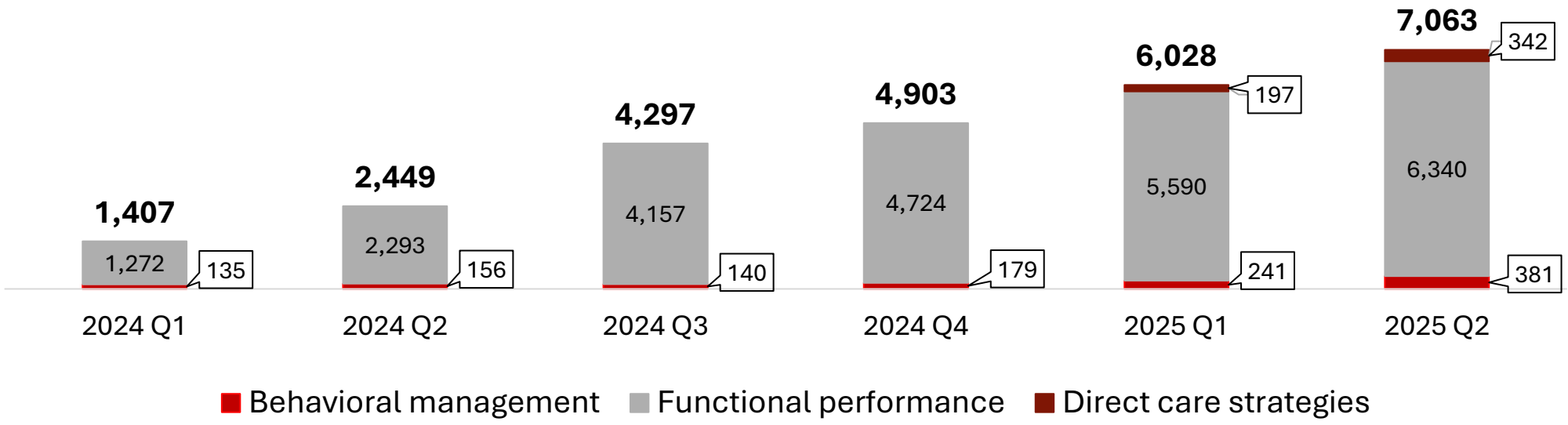
Methodology.

A mixed-methods research approach comprising the following components:

- **Medicare claims analysis** of Medicare Part B claims for CHRA and CTS codes between first-quarter 2024 and second-quarter 2025. The analysis excluded denied claims and examined the volume of claims and provider types. The analysis compared the utilization of CHRA and CTS codes to PIN codes, which were established under the PFS in 2024.
- **Landscape review of existing** literature to examine the utilization and impact of CTS and CHRA codes, including peer-reviewed studies and gray literature**.**
- **In-person stakeholder roundtable event** with 20 participants from across the care continuum, including family caregivers, caregiver advocacy organizations, providers, and provider associations, who shared direct experiences and perspectives with CTS codes, caregiver support needs, and implementation challenges.
- **Virtual interviews with 18 stakeholders** representing 14 stakeholder groups, including providers, caregiver advocacy groups, billing vendors, provider associations, and health plans. Interviewees shared valuable insights on caregiver integration, CTS code utilization, and the broader caregiving landscape.

Findings.

Caregiver Training Services (CTS) Claims by Type (Q1 2024 - Q2 2025)



Findings.

Gaps hindering CTS code effectiveness

Awareness and Communications

Consistent communication channels are essential for accurate and aligned CTS knowledge across stakeholders

Definition and Payment Policies

CMS guidance must be prescriptive and consistent with clinical practice, and incentives aligned with effort

Coverage and Reimbursement Inconsistencies

Consistent coverage policies and inclusion of CTS in alternative payment models are critical for provider buy-in

Buy-In and Integration From Health Systems

Clear return on investment is needed as leverage to make the case for operational implementation

Provider Education on Family Caregiver Integration

Experience working with caregivers and provider capacity are important determinants of CTS use

Findings.

Opportunities to further advance CTS implementation and utilization

STRATEGIC COMMUNICATION

CMS | Publish and update a single, accessible CTS guidance resource

Payers | Notify providers of CTS availability and coverage policies

Provider Associations | Run information campaigns to highlight the clinical and financial value of CTS

Health Systems | Shift internal culture and mindset on caregiver integration

Providers | Act as internal champions for CTS

INCREASE ACCESS

CMS | Simplify billing requirements

Payers | Promote universal coverage and policies across plan types beyond Medicare FFS

CREATE INCENTIVES

CMS | Develop and incorporate performance measures for caregiver training

Payers | Build caregiver training measures into contracts

Provider Associations | Advocate for higher reimbursement aligned with effort and value

Findings.

Opportunities to further advance CTS implementation and utilization (cont.)

DEVELOP INFRASTRUCTURE

CMS | Utilize web presence for guidelines and educational resources for Medicare Advantage plans, health systems, and providers

Payers | Integrate caregiver identification into enrollment

Provider Associations | Develop decision trees, identify use cases, and create resource repositories

Health Systems | Develop screening tools and establish referral pathways

BUILD CAPACITY

CMS | Broaden billing eligibility to additional providers working with caregivers

Provider Associations | Partner with caregiver-focused organizations to ease capacity constraints

Health Systems | Embed caregiver engagement strategies into clinical education and training programs

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Implementation of the Caregiver Training Service Codes

Stephanie Bailey, LCSW
Diane Mariani, LCSW, CADC

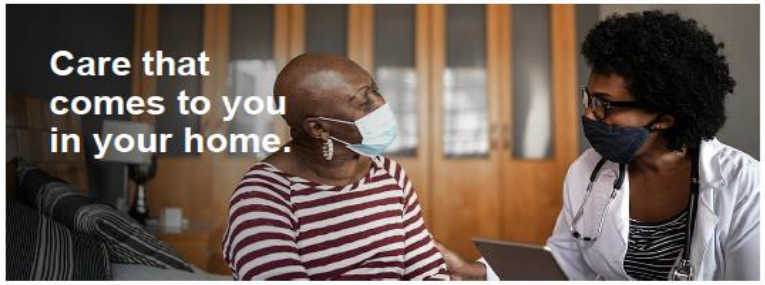
Rush University System for Health |

Age-Friendly Health Systems
Committed to Care Excellence for Older Adults

Rush@Home and Rush Caring for Caregivers (C4C)

Rush@Home

An HCCI Practice Excellence Partner



If you have trouble getting to the doctor's office, Rush@Home care comes to you.

Rush@Home is a primary care house calls program for people on Chicago's West Side and in the near western suburbs.

Our team of primary care providers, certified medical assistants, nurses and social workers provides care and support to keep you or your loved one healthy and comfortable at home.

We can help you manage health conditions such as heart failure or asthma and make sure you're on the right medications. Our social workers can help you and your family get other resources you might need, like house cleaning and food deliveries.

We also provide supportive services for caregivers too! The **Rush Caring for Caregivers** program focuses on the well-being of family caregivers and is available by phone, virtual, or in-person.

Whether you or the person you care for needs a checkup, medication refills, X-rays, bloodwork or other medical services, our Rush@Home team has you covered. We accept all insurances that are accepted by Rush primary care providers.

Call (312) 947-HOME (4663), scan to code, or visit rush.edu/patients-visitors/rush-home-visits to learn more.

Services offered:

- In-home primary care
- Coordinating care with home health agencies, social services and other care providers
- Bloodwork
- Immunizations
- In-home X-rays
- Ordering durable medical equipment
- Refilling medications
- Helping with advance care planning to make sure your health care wishes are honored

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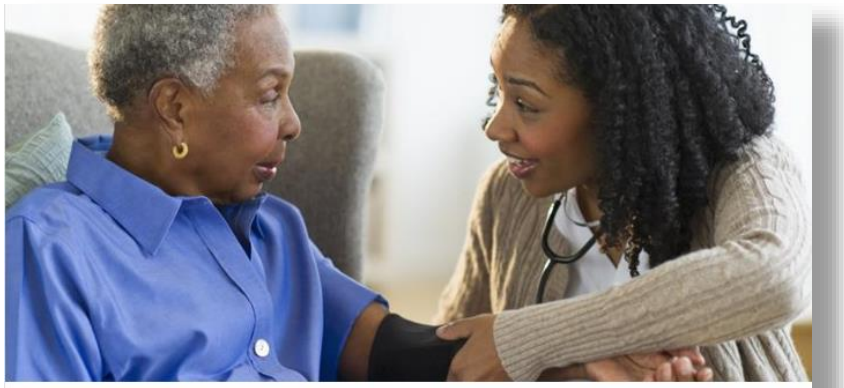


RUSH Caring for Caregivers

Caring for Caregivers aims to support family or friends that are providing care for adults 60 and older. Focusing on What Matters to the caregiver, we assist in developing a plan for the caregivers' health and well-being that incorporates the care needs of the older adult.

1. **Skill Building Meetings** can include occupational therapists, nurses, pharmacists, or nutritionists in teaching skills to caregivers, such as transferring patients without injuring themselves or performing basic medical care.
2. **Planning for What Matters Sessions** with our social worker to discuss what matters most to both caregiver and care recipient and develop health and life plans that reflect your preferences.
3. **Care Team Planning Meetings** involve learning to create and work with care teams most effectively, focusing on communicating effectively and ensuring that older adults and their caregivers are included in planning for care.

Initial consultation is provided at no cost. Additional services are covered by most insurances. Support for Rush Caring for Caregivers is made available through a generous grant from the RRF Foundation for Aging. We are open to all Rush employees as well.

RUSH | Excellence is just the beginning.

For more information, call 312.563.0350 or email us at caregivers@rush.edu

Tower Resource Center
1620 W. Harrison St.
4th Floor, Suite 04527

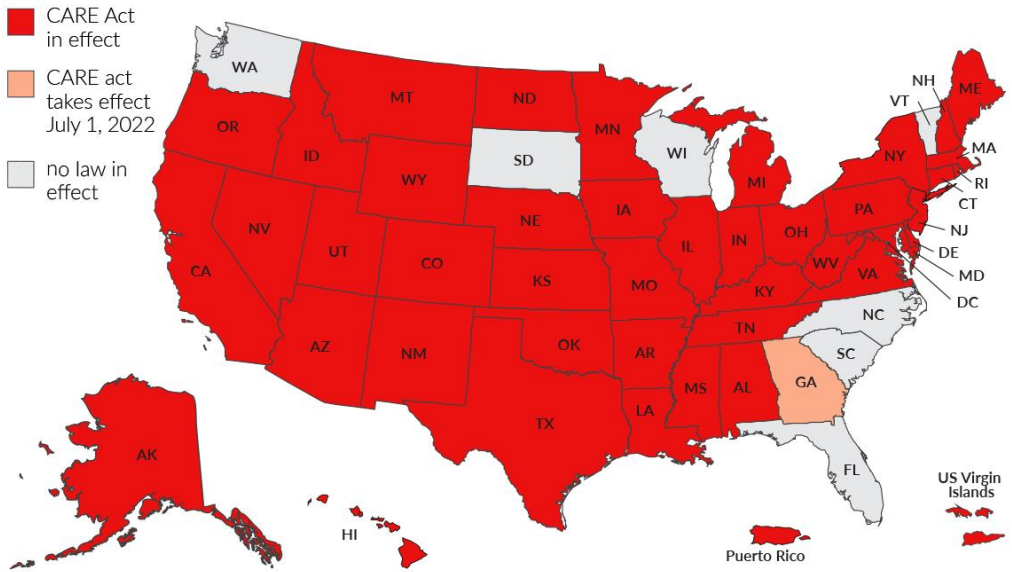
Parking is available at the Rush garage on the southeast corner of Paulina and Harrison Streets.

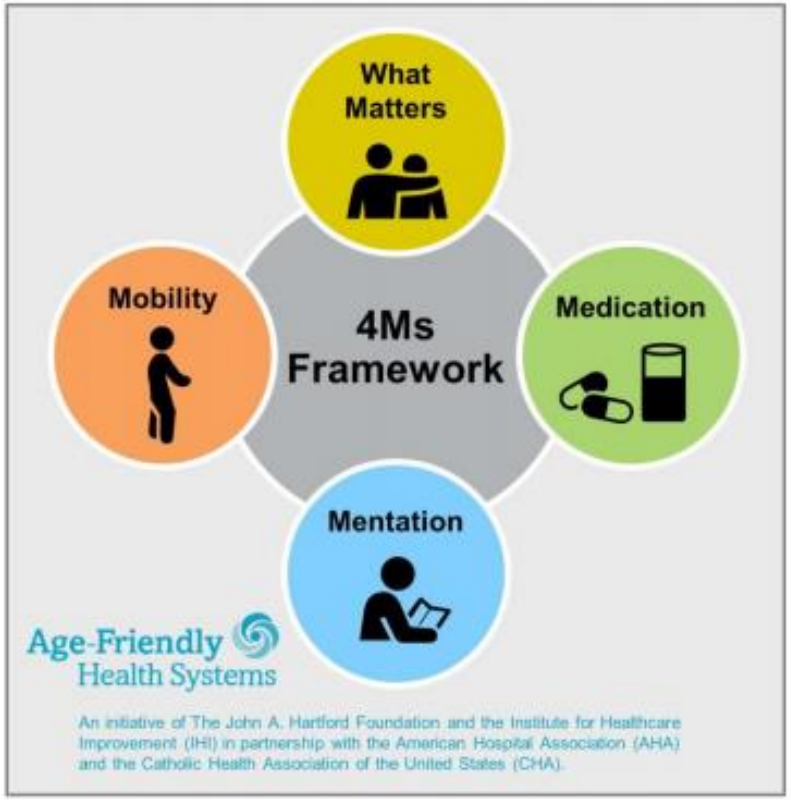
From the 4th floor, follow the signs to the Tower.

Valet parking is also available in front 1620 W. Harrison St. Parking at both locations will be validated in full.

Telehealth services are available.

Caring for Caregivers is Rooted in the CARE Act and the 4Ms of Age-Friendly Health Systems





What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

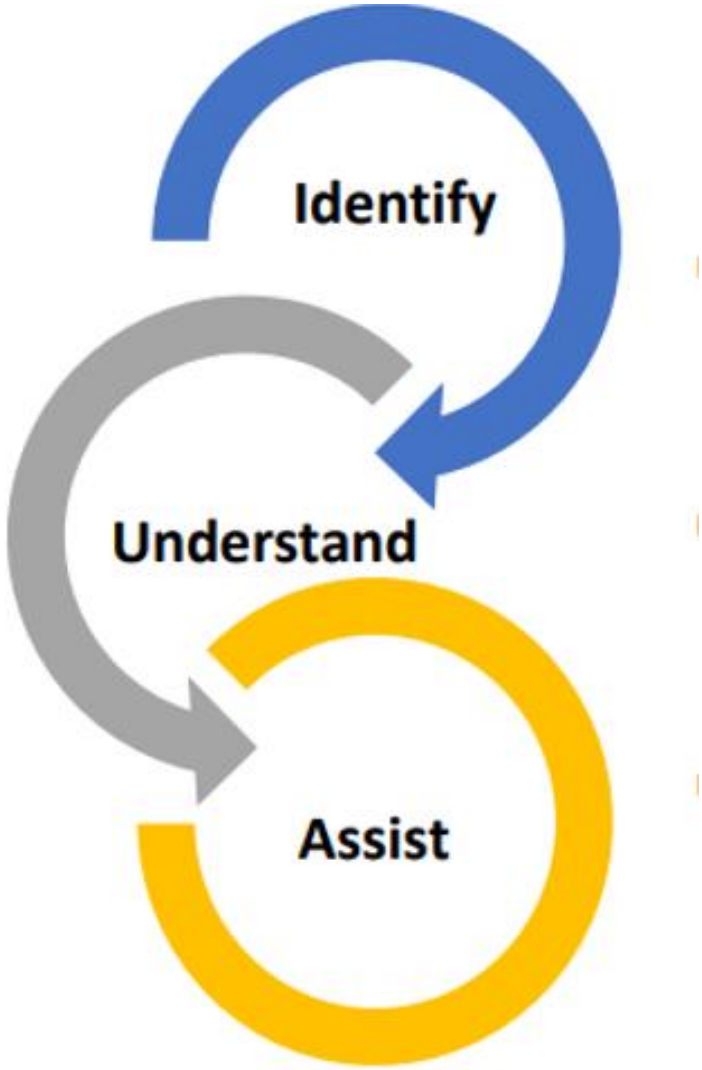
Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Caring for Caregivers – Key Areas



- Identify and record family caregivers in the older adult's health record in compliance with the Care Act
- Understand and assess the needs of the dyad: family caregiver and care recipient utilizing a strengths-based approach
- Based on what Matters, identify resources and develop an individualized, person-centered, customized plan

Implementation process at Rush

- **Compliance** reviewed new Physician Fee Schedule (PFS) codes using Medicare coverage database
- **Revenue Integrity** integrated codes into Electronic Health Record for designated departments and staff, and supports Relative Value Units (RVU)
- **Revenue Cycle** worked with Compliance to understand documentation requirements and conducts coding review

Caregiver Behavior Management Training

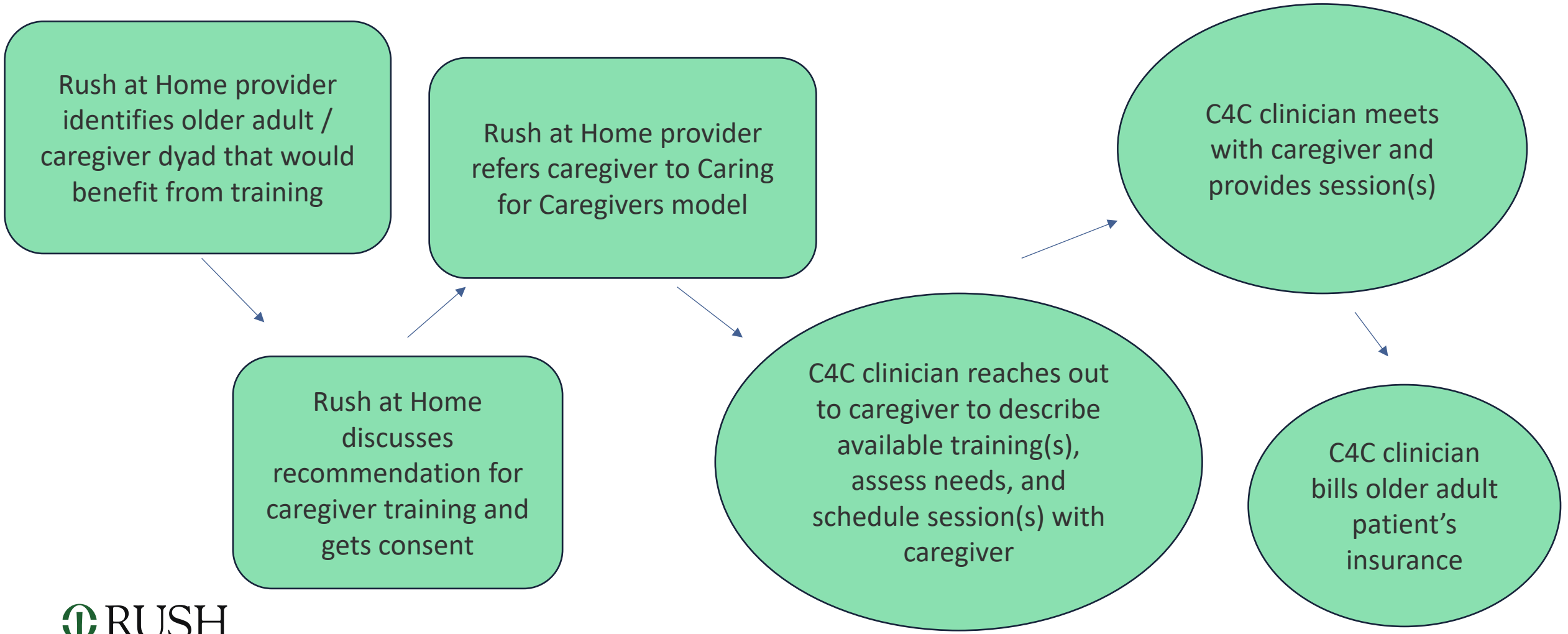
- These codes allow all clinicians (psychologists, LCSWs, physicians, APPs) to bill for services that involve training a patient's caregiver(s) in interventions and strategies to help manage or treat the patient's condition
- The codes identify the efforts of the physicians/QHPs to train the caregiver(s) regarding intervention methods that they may use to manage a patient's disease(s)/illness(es).

Caregiver Behavior Management Training

Some diagnosis examples for CBMT:

- Neurodegenerative diseases (i.e., Alzheimer's and other dementias, Parkinson's, Huntington's)
- Anxiety
- Depression
- OCD
- Sleep disorders
- Substance use disorders

Rush@Home and C4C – Caregiver Training Service Codes



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Caregiver Behavior Management Individual Training

Training for caregivers to help them manage or modify behaviors related to a patient's mental or physical health condition

- **Codes G0539-G0540 are time based**
  - G0539 for initial 30 mins, G0540 for each additional 15 mins

➢Patient consent is required from the patient or their representative; must be documented in the medical record

➢Ensure documentation supports the training content, duration, and patient consent.

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Caregiver Behavior Management Group Training

- **Codes 96202/96203 are time based**
  - 96202 60 mins, 96203 each additional 15 mins
  - Total time must be documented
  - Subject to the "CPT® Time Rule"
    - **Minimum of 31 mins of time** to report 96202. Time of 30 mins or less is not reported

➢ Patient consent is required from the patient or their representative; must be documented in the medical record

➢ Ensure documentation supports the training content, duration, and patient consent.

➢ No patient presence. Encounter is either face-to-face or telehealth with the caregivers usually in a multifamily setting.

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Caregiver Behavior Management Training

- The caregivers are trained, using verbal instruction, video and live demonstrations, and feedback from the provider or other caregivers in group sessions, to use skills and strategies to address behaviors impacting the patient's mental or physical health diagnosis.

- The caregivers learn how to structure the environment to actively provide for and reinforce desired behaviors, reduce the negative impacts of the patient's diagnosis on their daily life, and develop highly structured technical skills to better manage specific behaviors.

Caregiver Behavior Management Training

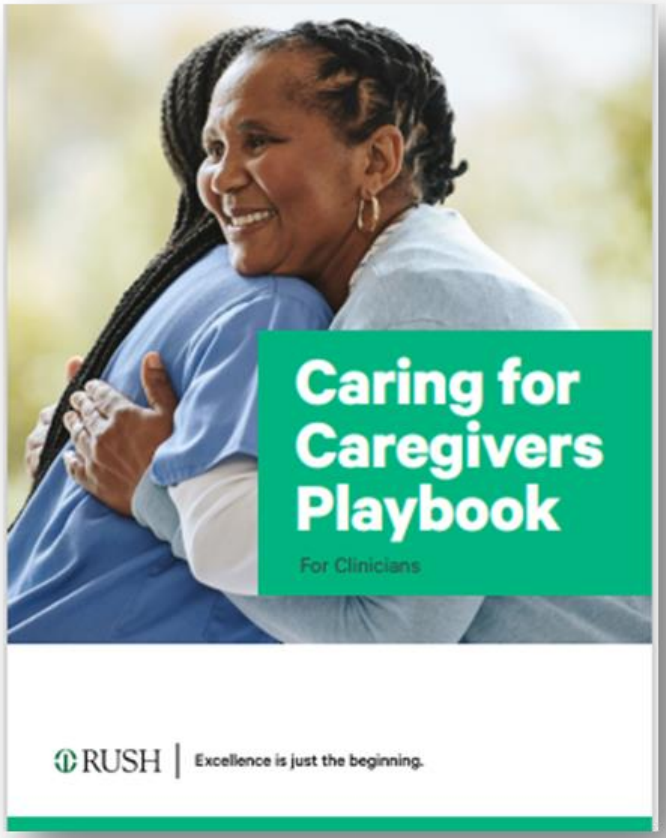
- These skills and strategies help to support compliance with the identified patient’s treatment and the clinical plan of care.

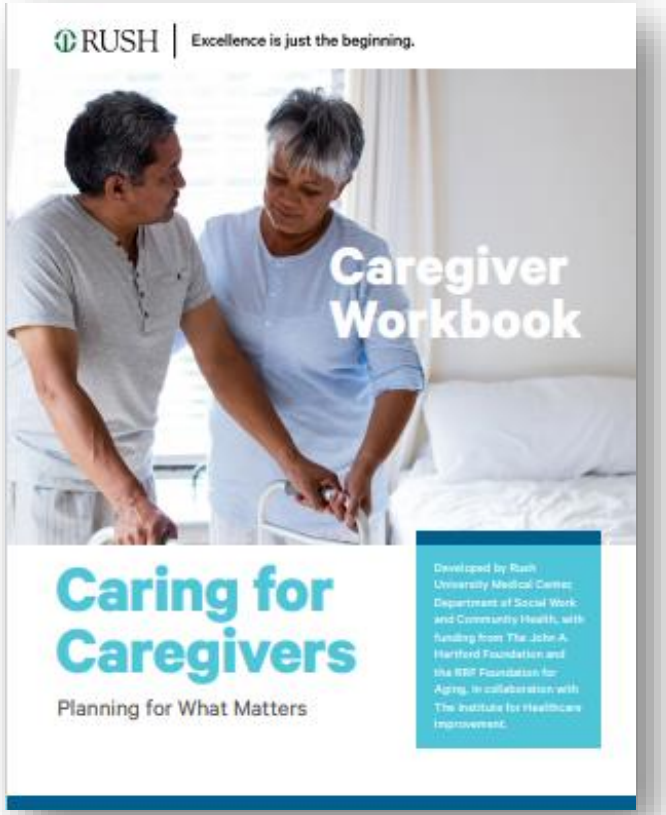
- The provider’s documentation in the medical record for each patient includes description of patient’s status, description of the caregiver's status, in addition to services provided and progress toward and/or modification of treatment goals based on patient and/or caregivers progress or other confounding factors that arise.

Thank you!

Contact Caring for Caregivers:

caregivers@rush.edu





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Discussion & Questions

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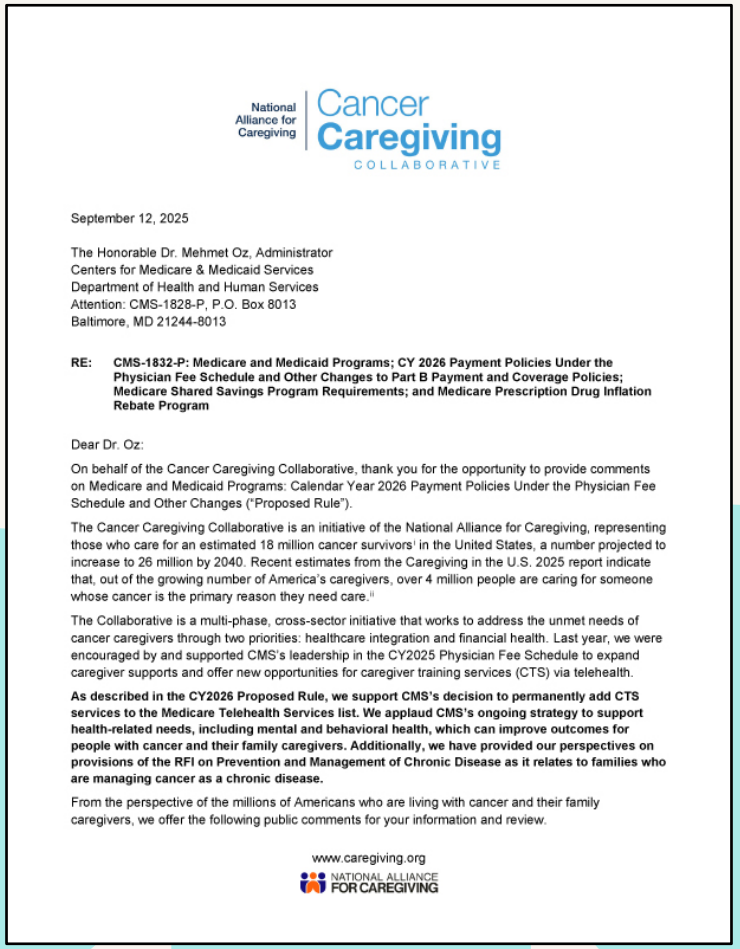
Join NAC's CTS Advocacy Efforts

- Each year, NAC advocates for policies that better support family caregivers by submitting comment letters and developing resources tied to the Medicare Physician Fee Schedule

- **You can join the effort by:**
  - Signing onto our Cancer Caregiving Collaborative comment letter by emailing cancercarecollab@caregiving.org
  - Use NAC's template language to submit comments directly to CMS
  - Help amplify the message across your network



National Alliance for Caregiving | Cancer Caregiving COLLABORATIVE

September 12, 2025

The Honorable Dr. Mehmet Oz, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1828-P, P.O. Box 8013
Baltimore, MD 21244-8013

RE: CMS-1832-P: Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

Dear Dr. Oz:

On behalf of the Cancer Caregiving Collaborative, thank you for the opportunity to provide comments on Medicare and Medicaid Programs: Calendar Year 2026 Payment Policies Under the Physician Fee Schedule and Other Changes ("Proposed Rule").

The Cancer Caregiving Collaborative is an initiative of the National Alliance for Caregiving, representing those who care for an estimated 18 million cancer survivors[i] in the United States, a number projected to increase to 26 million by 2040. Recent estimates from the Caregiving in the U.S. 2025 report indicate that, out of the growing number of America's caregivers, over 4 million people are caring for someone whose cancer is the primary reason they need care.[ii]

The Collaborative is a multi-phase, cross-sector initiative that works to address the unmet needs of cancer caregivers through two priorities: healthcare integration and financial health. Last year, we were encouraged by and supported CMS's leadership in the CY2025 Physician Fee Schedule to expand caregiver supports and offer new opportunities for caregiver training services (CTS) via telehealth.

As described in the CY2026 Proposed Rule, we support CMS's decision to permanently add CTS services to the Medicare Telehealth Services list. We applaud CMS's ongoing strategy to support health-related needs, including mental and behavioral health, which can improve outcomes for people with cancer and their family caregivers. Additionally, we have provided our perspectives on provisions of the RFI on Prevention and Management of Chronic Disease as it relates to families who are managing cancer as a chronic disease.

From the perspective of the millions of Americans who are living with cancer and their family caregivers, we offer the following public comments for your information and review.

www.caregiving.org
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Thank you

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www.caregiving.org

@NA4Caregiving

National Alliance for Caregiving