GERONTOLOGICAL SOCIETY OF AMERICA®

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Meaningful Lives As We Age

July 31, 2026

Administrator Mehmet Oz
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Medicaid Program; Community Engagement Requirement for Certain Individuals (CMS-2454-IFC; RIN 0938-AV98; Docket No. CMS-2026-2047)

Submitted electronically via https://www.regulations.gov/docket/CMS-2026-2047

Dear Administrator Oz:

On behalf of the Gerontological Society of America (GSA), the nation's oldest and largest interdisciplinary organization devoted to the scientific study of aging, we appreciate the opportunity to comment on the Interim Final Rule, Medicaid Program: Community Engagement Requirement for Certain Individuals. GSA's more than 6,000 researchers, educators, and practitioners work to understand and improve the health, independence, and well-being of older adults, including the millions who rely on Medicaid for coverage and long-term services and supports.

America's 63 million family caregivers are the backbone of our healthcare and long-term care systems, providing hundreds of billions of dollars in unpaid care each year to help older adults, people with disabilities, and individuals with serious illnesses remain safely in their homes and communities. GSA's research base consistently shows that family caregiving for older adults intensifies with age and often coincides with the caregiver's own emerging health and functional needs, making the accuracy and administrability of Medicaid's caregiver and medical frailty exclusions especially consequential for the older adult population GSA represents.

While we appreciate CMS's recognition of family caregivers' critical role and the decision to exclude them from Medicaid community engagement requirements, portions of the rule may unintentionally leave some caregivers and care recipients, including many older adults, without the protections Congress intended. We respectfully recommend the following:

1. CMS Should Require a Standardized Assessment Tool to Identify Family Caregivers

CMS should require states to use a standardized assessment tool to identify family caregivers rather than allowing each state to determine what constitutes "other information sufficient." A structured assessment would promote consistent eligibility determinations and provide caregivers a reliable means of demonstrating their caregiving responsibilities where formal documentation does not exist. CMS should also continue allowing caregivers to establish their status through their own account of their caregiving responsibilities. Because family caregivers, including the adult children and spouses of older adults who make up much of GSA's research constituency, rarely possess formal documentation, caregiver-reported information should remain sufficient evidence of caregiver status beyond 2027. Combined with a standardized assessment, this approach would promote consistent implementation and equitable access to caregiver exemptions.

2. CMS Should Close the Gap Between Its Caregiver and Medical Frailty Disability Definitions

The Interim Final Rule applies different disability standards to exempt family caregivers and the individuals receiving care. As written, the same disability may exempt a caregiver while not exempting the disabled individual, an

inconsistency that will disproportionately affect older adults whose functional limitations do not always meet a strict activities-of-daily-living threshold. CMS should align the disability pathway of the medical frailty definition with the "disabled individual" definition used for the caregiver exclusion by amending § 435.554(c)(5)(i) so individuals who meet the ADA definition of disability at 28 CFR 35.108 qualify as medically frail without also demonstrating that their disability significantly impairs their ability to comply with community engagement requirements.

At a minimum, CMS should adopt a deeming rule providing that when an individual's disability qualifies a parent, guardian, caretaker relative, or family caregiver for the exclusion under § 435.554(c)(3), that individual is also deemed medically frail under § 435.554(c)(5). Either approach would ensure consistent treatment of disability and prevent the untenable outcome of protecting a caregiver while leaving the disabled person, who in many cases is an older adult, subject to requirements their condition may make impossible to meet.

3. CMS Should Strengthen the Federal Medical Frailty Standard to Reflect Functional Need

The rule's emphasis on activities of daily living may overlook individuals whose conditions substantially impair their ability to work despite retaining basic self-care abilities, a pattern well documented in GSA-affiliated research on cognitive aging, chronic disease, and functional decline among older adults. CMS should assess medical frailty based on functional impact and direct states to treat existing indicators of substantial care needs, including receipt of long-term services and supports (LTSS), participation in home and community-based services (HCBS), documented functional limitations, and significant caregiver involvement, as evidence of medical frailty. Where these indicators already exist in state data, individuals should be identified as medically frail on an ex parte basis without additional documentation.

4. CMS Should Monitor and Publicly Report Caregiver Exclusion Outcomes

CMS should provide additional guidance on monitoring implementation and publicly report data by exclusion category, including the number and percentage of individuals receiving the family caregiver exclusion; the number identified through automated data sources versus those required to apply; and the number of denials, disenrollments, and procedural terminations involving individuals later determined eligible for the caregiver exclusion. Transparent, age-disaggregated reporting would allow GSA and other research organizations to evaluate how these exclusions are functioning for older caregivers and care recipients, and would help CMS identify implementation challenges so that caregivers receive the protections Congress intended.

Conclusion

GSA appreciates CMS's recognition of the critical role family caregivers play and strongly supports the caregiver exclusion. We urge CMS to build on that foundation by ensuring caregivers supporting older adults, people with disabilities, and individuals with serious illnesses and complex care needs can reliably access the protections Congress intended. A more consistent approach to identifying medically frail individuals will help prevent inappropriate coverage losses and better reflect the realities faced by older caregivers and the older adults they support.

Thank you for the opportunity to provide input. If you have any questions, please contact Patricia D'Antonio, Vice President of Policy and Professional Affairs at pdantonio@geron.org or 202-587-5880.

Sincerely,

James C. Appleby, BSPharm, MPH, ScD (Hon)
Chief Executive Officer