Givers

To: Secretary Robert F. Kennedy Jr., Administrator Mehmet Oz, and State Medicaid Directors and HCBS Leaders

Re: An open call to raise the standard for providers paying family caregivers through Medicaid

Date: May 19, 2026

Dear Secretary Kennedy, Administrator Oz, and State Medicaid Directors:

I am the CEO of Givers, a company that I founded in 2021 after witnessing my own family's journey with caregiving. Givers is a leading Structured Family Caregiving provider operating across the US. I came into this category as an outsider, and I am writing to recommend based on my learnings that family caregiving programs need higher standards, not less support.

I've come to appreciate family caregivers as the backbone of long-term care in this country. They expand our significantly strained direct care workforce. They keep members in the community, saving taxpayers over $60,000 per year of avoided nursing home placement. They deliver care associated with reduced ED visits, institutionalizations, and adverse health events. The economic and healthcare case for supporting and paying family caregivers is clear.

At the same time, I've seen that integrity standards are too low for a program that is so large and vital to our healthcare infrastructure. The result is a category in which good actors and bad actors are difficult to distinguish from the outside — and where one fraud case puts every legitimate program, and family in need, at risk.

Creating a federal framework for programs paying family caregivers

We fully support state-level best practices suggested by Advancing States, National Association of Medicaid Directors (NAMD), and National Association of State Directors of Developmental Disabilities Services (NASDDDS). Building on that work, four structural features distinguish programs in this category best positioned to operate at high integrity by default.

1. Cohabitation or shared-household care

Cohabitation is the difference between care that is scheduled and care that is continuous. A caregiver living in the same household is present during emergencies, observes change in real time, and integrates care into the rhythm of daily life rather than into billable visits. It also resolves the question of presence at the level of program design rather than per-record verification. Programs without cohabitation can operate at high integrity, but they have to do materially more work, both procedurally and technologically, to get there.

2. Capped cost structure

Hourly billing creates incentives to inflate hours, and scales fraud exposure with the size of the caregiver workforce. Per-diem or otherwise capped reimbursement aligns caregiver compensation with outcomes rather than time billed.

3. Mandatory clinical oversight

Periodic in-home nurse visits, monthly licensed social worker contact, and licensed clinical review of care records should be required as an oversight layer to know what is actually happening in the home, and how care needs are matched to authorized services in real time.

4. Ownership transparency and a prohibition on control by foreign adversary entities

Providers in this category handle protected health information inside a federal-state program whose integrity is a matter of national interest. Two requirements should follow:

- **Domestic incorporation and operational control.** The provider should be US-incorporated, with operational decision-making, clinical leadership, and PHI infrastructure domiciled in the United States — consistent with DOJ's Data Security Program governing bulk sensitive personal data.
- **Beneficial ownership disclosure with enforcement.** CMS already requires disclosure under 42 CFR 455.104, but enforcement is uneven and the 5% threshold often fails to surface ultimate beneficial owners through layered corporate structures. We are asking for lower thresholds and disclosure that follows the ownership chain to its end.

This is not suggested as a restriction on foreign capital. It is aligned with the ownership and data security standards already applied across other federal programs — and a way to ensure the answer to "who owns this provider" is one regulators, families, and the public can actually get.

Controls every provider should be required to meet

Within the above framework, providers overseeing family caregivers need to be held to a higher standard. Verification requirements have not kept pace with currently available technology.

We know that these controls are possible and impactful, because we uphold them voluntarily today across more than one million hours of family caregiver oversight per year.

1. Electronic visit verification (EVV)

EVV is already required for personal care and home health services under the 21st Century Cures Act. Family caregiving services delivered in the home should not be exempt. Records submitted outside a defined radius from the participant’s home should require the caregiver to provide a reason and are flagged for clinical review before the day is billable.

2. Randomized togetherness verification

Location alone is not enough. EVV can confirm a caregiver was at the right address, but not that the caregiver and participant were together at the moment a specific care record was submitted. Providers should require biometric or third-party verification of co-presence at the point of documentation.

3. System-enforced authorization

For many providers, authorization rules are enforced after the fact, in billing review, leaving the door open for more fraud risk than acceptable. Providers should systematically prohibit a caregiver to submit a care record on a day not authorized in the participant's person-centered service plan, ensuring control lives at the point of documentation, not the point of claim.

What we will do

In service of this, Givers will:

- **Publish our integrity framework openly.** Our integrity page (givers.com/integrity) describes the controls above and the technology behind them. We will continue to add detail as the framework evolves, including documentation other providers can reference.
- **Share our operational playbook with any state Medicaid agency that asks.** We will walk through our authorization enforcement, EVV implementation, togetherness verification system, and care-record-to-claim linkage with any regulator who wants to evaluate whether these controls are feasible to require at the state or federal level.
- **Support enforcement where it is warranted.** We have historically aided in enforcement actions against suspected fraud. We will continue not to hide behind category-level concerns about oversight. We welcome oversight, as the cost of one fraud case to the legitimacy of family caregiving is far higher than the cost of strong controls.

In closing

My motivation for this work is personal. Givers exists because I watched my parents care for my aunt at the end of her life and saw, up close, how little support exists for the people who do that work. The case for paying family caregivers is overwhelming on cost, on outcomes, and on what it does for families. But that case is only as durable as the integrity behind it.

We are eager to help set a higher standard for how family caregivers are supported and paid.

Respectfully,

Max Mayblum
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