

## **CMS Guiding an Improved Dementia Experience (GUIDE) Model**

### **FAQ Summary for the Webinar PDF Slide Deck**

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#### ***What is the GUIDE Model?*** (PDF page 3, slide 8)

The GUIDE Model is an 8-year voluntary model that will test whether a comprehensive package of,

1. care coordination and management,
2. caregiver support and education, and
3. respite services

can improve quality of life for people with dementia and their caregivers while delaying avoidable long-term nursing home care and enabling more people to remain at home through end of life.

#### ***Who can offer GUIDE (a GUIDE Dementia Care Program – GUIDE DCP)?*** (PDF page 4, slide 19)

Medicare Part B providers and suppliers who are eligible to bill for Medicare Physician Fee Schedule (Billing TIN). DME and laboratory suppliers are **not** eligible.

#### ***Which patients (beneficiaries) are eligible to receive services from a GUIDE DCP?*** (PDF page 6, slide 11)

- Need to have a dementia diagnosis confirmed by attestation from clinician practicing with a participating GUIDE dementia care program.
- Enrolled in Medicare Parts A&B.
- Cannot be enrolled in Medicare Advantage or Special Needs Plans (SNPs)
- Cannot be enrolled in Medicare Hospice
- Cannot be enrolled in PACE
- Not Residing in Long-Term Nursing Home

#### ***Who is on the GUIDE Dementia Care Program (GUIDE DCP) team?*** (PDF page 9, slide 14)

- Interdisciplinary care team, minimally has to have of a
  1. “Dementia Proficient Clinician”
    - Is eligible to bill Medicare Part B
    - At least 25% of a clinician’s patient panel comprised of adults with any cognitive impairment, including dementia; **or**
    - At least 25% of a clinician’s patient panel aged 65 years old or older; **or**
    - Have a specialty designation of neurology, psychiatry, geriatrics, geriatric psychiatry, behavioral neurology, or geriatric neurology.
  2. Care Navigator
    - Must have standard training

Additional team members are optional and up to the program

#### ***What patient and caregiver services are required?*** (PDF page 10, slide 15)

- Comprehensive assessment
- Care plan
- 24/7 access
- Ongoing monitoring and support
- Referral and support coordination
- Caregiver support
- Medication management
- Care coordination and transition

**How are GUIDED Dementia Care Programs (GUIDE DCP) paid?** (PDF pages 12,13,14, slides 18, 19, and 20)  
 GUIDE DCP are paid per patient per month in the program. However, that rate will be adjusted for service delivery performance and health equity scores. There is also coverage for respite services for patients that have a caregiver; it has an annual cap of \$2,500.

Per Beneficiary Per Month Payment Rates (see PDF page 7 for definitions of low, moderate, high)

|  | Monthly payment rates for beneficiaries <b>with</b> caregiver |                                      |                                  | Monthly payment rates for beneficiaries <b>without</b> caregiver |  |
|--|---|--------------------------------------|----------------------------------|--|--|
|  | <b>Low</b> complexity dyad tier                               | <b>Moderate</b> complexity dyad tier | <b>High</b> complexity dyad tier | <b>Low</b> complexity individual tier                            | <b>Moderate to high</b> complexity individual tier |
| First 6 months<br>( <b>New</b> Beneficiary Payment Rate)               | \$150   | \$275                                | \$360                            | \$230  | \$390  |
| After first 6 months<br>( <b>Established</b> Beneficiary Payment Rate) | \$65  | \$120                                | \$220                            | \$120  | \$215  |

**What are the data reporting requirements?** (PDF pages 15, 16, 17, slide 22, 23, 24)

Yes, this is a CMS Innovative Center model being evaluated; hence, there reporting requirements, including protected health information (PHI).

The major areas data will be reported on, include:

- Quality data (annually reported)
- High-risk medication use
- Beneficiary (patient) quality of life
- Caregiver burden
- Care delivery data
- Beneficiary (patient) and caregiver assessment data
- Sociodemographic (annually): examples race, ethnicity, sex assigned at birth, disability status, preferred language
- Health related social needs (HRSN) data: providers will be encouraged to use preferred HRSN screening tools: the [Accountable Health Communities \(AHC\) HRSN Screening tool](#) or the [Protocol for Responding to and Assessing Patient Risk \(PRAPARE\) tool](#)

GUIDE DCP providers will need to establish a Health Equity Plan; it will be due after the agreement has been signed, but before their program starts.

**What is the timeline?** (PDF page 18, slide 26)

Applications will be taken in the Fall of 2023 and Winter of 2024. Establish programs will launch July 2024; they will have the full 8 years to offer services (until June of 2032). New programs will have a pre-implementation period from July 2024 to June 2025; then start offering services July 2025 until June 2032.

**Are there resources to assist with questions and the process?** (PDF page 19, slide 27)

Yes, here is the general website: <https://innovation.cms.gov/innovation-models/guide>

- Letter of Intent (LOI): <https://app1.innovation.cms.gov/GUIDELOI/s/>
- Model Factsheets
  - Model Overview: <https://innovation.cms.gov/media/document/guide-dementia-fs>
  - GUIDE Model Dementia Pathways Infographic <https://innovation.cms.gov/media/document/guide-dementia-care-journey>
- Helpdesk Email: [GUIDEModelTeam@cms.hhs.gov](mailto:GUIDEModelTeam@cms.hhs.gov)