



Centers for Medicare & Medicaid Services (<http://www.cms.gov/>)

Guiding an Improved Dementia Experience (GUIDE) Model Letter of Interest (LOI)

Thank you for your interest in The Guiding an Improved Dementia Experience (GUIDE) Model.

Please complete this **non-binding** LOI to help us better assess your interest in the GUIDE Model. Information from the LOIs help the Center for Medicare & Medicaid Innovation (Innovation Center) better understand organizations' goals and challenges in applying to the GUIDE Model so that we can facilitate a smooth application process. While you are encouraged to submit a LOI, this form is not required to apply for participation in the GUIDE Model.

GUIDE will be an 8-year voluntary national model that may be offered in all states, U.S. territories, and the District of Columbia. Those interested in providing ongoing, longitudinal care to people with dementia and collectively meeting the model's care delivery requirements, should submit a LOI. We understand that at this time, you may not be able to provide comprehensive details. We encourage anyone with interest in participating in the GUIDE Model, but still in the planning phase, to fill out the LOI.

Section A. Prospective Applicant Organization Name and Address

All fields are required unless marked optional.

1. Organization Name

2. Street Address 1 (If your organization has multiple locations, please enter the primary organization site where GUIDE information should be sent)

3. Street Address 2 (Optional)

4. City

5. State

6. Zip Code

Section B. Prospective Applicant Primary and Secondary Contact Information

Primary Contact Information

All fields are required unless marked optional.

1. Email Address

I would like to be added to the GUIDE Model listserv to receive emails about GUIDE Model resources, events, and general model information. (Optional)

2. Primary Contact First Name

3. Primary Contact Last Name

4. Title/ Position

5. Business Contact Number

6. Business Contact Extension (Optional)

Secondary Contact Information (Optional)

1. Email Address

I would like to be added to the GUIDE Model listserv to receive emails about GUIDE Model resources, events, and general model information. (Optional)

2. Secondary Contact First Name

3. Secondary Contact Last Name

4. Title/ Position

5. Business Contact Number

6. Business Contact Extension

Section C. Participation

All fields are required unless marked optional.

1. Eligible model participants will be Medicare Part B enrolled providers and practitioners who are eligible to bill for Medicare Physician Fee Schedule services and that provide or will provide ongoing, longitudinal care to people with dementia. Participants will be defined by a single Medicare Part-B enrolled Taxpayer Identification Number (TIN), plus the National Provider Identifiers (NPIs) of individual physicians and other qualified health practitioners who have or plan to re-assign their billing rights to the participant TIN and expected to participate in the model. Please list your organization's TIN. It is highly recommended that you provide your organization's TIN to help CMS monitor interest in GUIDE and support application processing efforts.

If you do not know your TIN or NPIs at the time of completing this form, you may skip the question.

Tax Identification Number (Optional)

2. How would you describe your organization (Check all that apply):

- Accountable Care Organization
- Independent Group Practice/Clinic
- Home Health Agency
- Hospice Agency
- PACE Organization
- Practice within a health system
- Practice within network of individual practices (e.g., IPA)
- Tribal Clinics and/or Community Organization
- Not Sure
- Other

3. Has your organization, through an interdisciplinary team, provided any of the following services to people with dementia for the past 24 months or longer? (check all that apply):

- 24/7 access
- Care coordination and transitional care management
- Caregiver education and support
- Care planning
- Comprehensive assessment
- Medication management and reconciliation
- Ongoing monitoring and support
- Referral and coordination of social services and supports
- Respite services (including in-home respite, adult day centers, and respite in a 24-hour facility)
- None of the above

4. Why are you interested in participating in the GUIDE Model? Please be specific:

5. Do you have any concerns about, or barriers to participating in the GUIDE Model? Please be specific:

6. Is there any information that you need before making a final decision to apply?

7. If applicable, what types of other Medicare-enrolled organizations do you plan to partner with in order to participate in the model? Please check all that apply:

- Behavioral Health Centers/Providers
- Federally Qualified Health Centers
- Home Health Agencies
- Hospice Agencies
- Hospitals
- Long-Term Care Facilities
- Occupational or Physical Therapy Practices/Providers
- PACE Providers
- Primary Care Clinics/Providers
- Specialty Practices/Providers (please specify)
- We do not plan to partner with other organizations
- Unsure
- Other

8. If applicable, what other types of organizations, besides Medicare-enrolled providers and suppliers, do you plan to partner with in order to participate in the model? Please check all that apply:

- Financial (e.g., TANF, SSDI/SSI, cash assistance)
- Health-related services (e.g., insurance, prescription assistance, home health, durable medical equipment)
- Housing (e.g., shelter, public housing, transitional support)
- Local Area Agency on Aging or Aging and Disability Resource Center
- Nutrition and Food (e.g., SNAP/WIC, food pantries, Meals on Wheels)
- Transportation (e.g., medical transport, public transit)
- Respite providers
- Utilities (e.g., energy assistance/subsidies [LIHEAP], telephone)
- We do not plan to partner with other organizations

Unsure

Other

9. Do you know of any other organizations or individuals that may be interested in receiving information regarding the GUIDE Model? And if so, please provide their contact information. (Optional):

--None--

Section D. Certification

All fields are required unless marked optional.

*

(required)

I certify I have the authority to submit this Letter of Interest on behalf of the submitting organization.

Submit

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Technical Issues: Please contact the CMMI Salesforce Help Desk at 1-888-734-6433, option 5 or email CMMIForceSupport@cms.hhs.gov (<mailto:CMMIForceSupport@cms.hhs.gov>). The site has been optimized for the Google Chrome browser. For the best experience, please download Google Chrome and make it your default browser. All modern browsers (i.e. Microsoft Edge -Chromium vs., Firefox, Safari) will also work, but certain features may not display well.

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[USA.gov \(https://www.usa.gov/\)](https://www.usa.gov/) | [HHS \(https://www.hhs.gov/\)](https://www.hhs.gov/) | [CMS \(https://www.cms.gov/\)](https://www.cms.gov/) | [CMMI \(https://innovation.cms.gov/\)](https://innovation.cms.gov/)

HHS Websites

[hhs.gov](https://www.hhs.gov)
www.medicare.gov
[icare.gov](https://www.medicare.gov)
[yMedicare.gov](https://www.Medicare.gov)
[l.gov](https://www.medicare.gov)
[edicaid.gov](https://www.medicare.gov)
[IsNow.gov](https://www.insurekidsnow.gov)
www.insurekidsnow.gov
[are.gov](https://www.hhs.gov)
www.HealthCare.gov
[Open](https://www.hhs.gov/open/)
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Tools

[Acronyms](https://www.cms.gov/apps/acronyms/)
(<http://cms.gov/apps/acronyms/>)
[Contacts](https://www.cms.gov/apps/contacts/)
(<http://cms.gov/apps/contacts/>)
[Glossary](https://www.cms.gov/apps/glossary/)
(<http://cms.gov/apps/glossary/>)
[Archive](http://archive-it.org/collections/2744) (<http://archive-it.org/collections/2744>)

Helpful Links

[Web Policies & Important Links](http://cms.gov/About-Web-Policies-Important-Links) (<http://cms.gov/About-Web-Policies-Important-Links>)
[For Developers](http://developer.cms.gov) (<http://developer.cms.gov>)
[Privacy Policy](http://cms.gov/About-CMS/Agency-Information/Aboutwebsite/Privacy-Policy.html) (<http://cms.gov/About-CMS/Agency-Information/Aboutwebsite/Privacy-Policy.html>)
[Plain Language](http://www.medicare.gov/about-us/plain-writing/plain-writing.html) (<http://www.medicare.gov/about-us/plain-writing/plain-writing.html>)
[Freedom of Information Act](http://cms.gov/center/freedom-of-information-act-center.html) (<http://cms.gov/center/freedom-of-information-act-center.html>)
[No Fear Act](http://cms.gov/About-CMS/Agency-Information/Aboutwebsite/NoFearAct.html) (<http://cms.gov/About-CMS/Agency-Information/Aboutwebsite/NoFearAct.html>)
[Nondiscrimination/Accessibility](http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html) (<http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html>)

Additional Helpful Links

[HHS.gov](http://www.hhs.gov) (<http://www.hhs.gov>)
[Inspector General](https://www.oig.hhs.gov)
(<https://www.oig.hhs.gov>)
[USA.gov](http://www.usa.gov) (<http://www.usa.gov>)
[Help with file formats & plug-ins](http://cms.gov/About-CMS/Agency-Information/Aboutwebsite/H)
(<http://cms.gov/About-CMS/Agency-Information/Aboutwebsite/H>)