GUIDE Model Overview Fact Sheet

MODEL PURPOSE

Alzheimer's Disease and Related Dementia (ADRD) is a major public health issue and is increasingly affecting the American population. About 6.7 million Americans currently live with Alzheimer's disease or another form of dementia, a number that is projected to grow by nearly 14 million by 2060. To help address this, the Guiding an Improved Dementia Experience (GUIDE) Model aims to:

Improve quality of life for people with dementia by addressing their behavioral health needs and functional status, coordinating care for dementia and co-occurring conditions, and improving transitions between community, hospital, and post-acute settings.

Reduce burden and strain on unpaid caregivers of people with dementia by providing caregiver skills training, support services, referring to community-based social services and supports, 24/7 care team access, and respite services.

Prevent or delay long-term nursing home care for as long as appropriate by supporting caregivers and enabling people with dementia to remain safely in their homes for as long as possible.

CARE DELIVERY APPROACH

The model will promote quality dementia care by defining and requiring a comprehensive, standardized care delivery approach that will include the following:

Standardized set of services for patients and their caregivers.

An interdisciplinary care team to deliver these services.

A training requirement for care navigators who are part of the care team.

The interdisciplinary care team will deliver services by creating and maintaining a **person-centered care plan**, which will include details on the patient's goals, strengths, and needs; comprehensive assessment results; and recommendations for service providers and community-based social services and supports.

CROSS-SECTOR COLLABORATION

The care plan will identify the patient's primary care provider and specialists and outline the care coordination services needed to manage the patient's dementia and co-occurring conditions.

CAREGIVER SERVICES

Programs will assess and address caregiver needs and include the caregiver as part of the care team. Caregiver services will include ongoing monitoring and support and 24/7 access to a support line.

GUIDE Model Overview Fact Sheet

MODEL PROGRAMS

GUIDE is an 8-year voluntary model offered in all states, U.S. territories, and D.C. The GUIDE Model is designed to attract a range of Medicare Part-B enrolled providers and practitioners with the expertise and capabilities to establish a Dementia Care Program ("programs") and provide ongoing, longitudinal care and support to people with dementia.

Participants must maintain an **interdisciplinary care team** to meet GUIDE's care delivery requirements. At a minimum, care teams must include the following:

1. Care navigator who has received required training in dementia, assessment, and care planning.
2. Clinician with dementia proficiency as recognized by experience caring for adults with cognitive impairment; experience caring for patients 65 years or older; or specialty designation in neurology, psychiatry, geriatrics, geriatric psychiatry, behavioral neurology, or geriatric neurology.

Note: Additional members may be included at the program's discretion, such as pharmacists or behavioral health specialists.

Model Tracks

ESTABLISHED PROGRAM

+ Designed for programs with a history of providing comprehensive dementia care
+ Programs were ready to immediately implement GUIDE's care delivery requirements

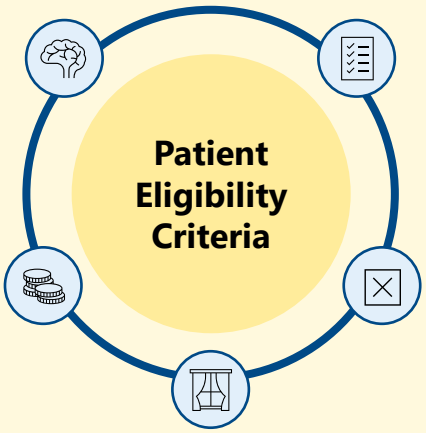
NEW PROGRAM

+ Designed for programs newly operating a comprehensive dementia care program who are interested in scaling support
+ Programs submitted a detailed plan for implementing a dementia care program

MODEL PATIENT ELIGIBILITY

The GUIDE Model's intended population is community-dwelling Medicare FFS patients, including patients dually eligible for Medicare and Medicaid, who have dementia. Eligible patients must meet the following criteria:

- ✓ Patient has dementia, as confirmed by program's clinician attestation.
- ✓ Have Medicare as their primary payer.



- ✓ Enrolled in Medicare Parts A and B (not enrolled in Medicare Advantage, including Special Needs Plans).
- ✓ Not enrolled in Medicare hospice benefit or PACE.
- ✓ Not residing in a long-term nursing home.

GUIDE Model Overview Fact Sheet

PATIENT TIERS

Patients who align to model participants will be in one of five "tiers," based on a combination of their disease stage and caregiver status. Patient needs, and correspondingly, care intensity and payment, will increase by tier.

	TIER	CRITERIA
Patients **with** a caregiver	Low complexity	Mild dementia
	Moderate complexity	Moderate or severe dementia and low to moderate caregiver strain
	High complexity	Moderate or severe dementia and high caregiver strain
Patients **without** a caregiver	Low complexity	Mild dementia
	Moderate to high complexity	Moderate or severe dementia

PAYMENT OVERVIEW

INFRASTRUCTURE PAYMENT

GUIDE will provide a one-time, lump sum infrastructure payment to safety net providers in the New Program Track to support program development activities.

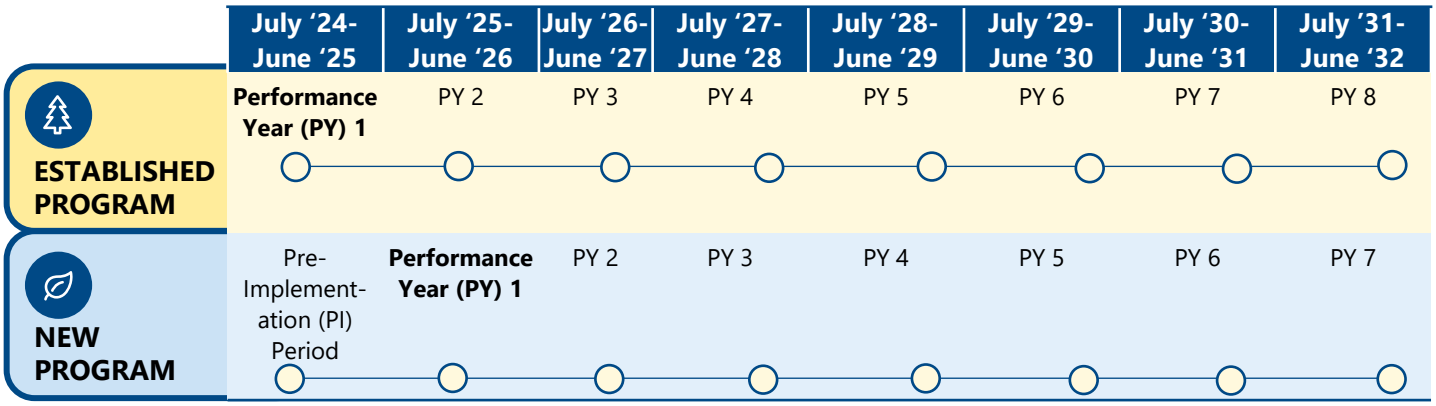
PER-BENEFICIARY-PER-MONTH PAYMENT

The model will pay participants a monthly, per-beneficiary amount for providing collaborative care, caregiver education, and support services to patients and caregivers.

RESPITE PAYMENT

GUIDE will also pay for respite services for a sub-set of model patients, which is not currently a Medicare-covered service outside of the hospice benefit.

MODEL TIMELINE



Model Contact Information and Resources

Help Desk: GUIDEModelTeam@cms.hhs.gov

https://www.cms.gov/priorities/innovation/innovation-models/guide