



August 25, 2023

On July 31, 2023, the Centers for Medicare & Medicaid Services (CMS) [announced](#) a new voluntary nationwide model – the Guiding an Improved Dementia Experience (GUIDE) Model – a model test that aims to support people living with dementia and their unpaid caregivers. It will achieve these goals through a comprehensive package of care coordination and care management, caregiver education and support, and respite services.

Program Overview

Participants in the GUIDE Model will establish dementia care programs (DCPs) that provide ongoing, longitudinal care and support to people living with dementia through an interdisciplinary team. GUIDE participants will be Medicare Part B enrolled providers/suppliers, excluding durable medical equipment (DME) and laboratory suppliers, who are eligible to bill for Medicare Physician Fee Schedule services and agree to meet the care delivery requirements of the model.

The eight-year model will offer two tracks: one for established programs and one for new programs. Established programs must have an interdisciplinary care team, including a care navigator, use an electronic health record platform that meets the standards for Certified Electronic Health Record Technology, and meet other care delivery requirements that will be outlined in the Request for Application coming this Fall. *Note for members: For most home-based primary care practices, your current practice plus a care navigator would constitute an interdisciplinary team.* New programs must not be operating a comprehensive community-based DCP at the time of model announcement and will have a one-year pre-implementation period to establish their programs. CMS will support model participation for these organizations by providing technical assistance and learning support as well as a pre-implementation year to prepare for model participation.

Beneficiary Eligibility

The GUIDE model is designed for community-dwelling Medicare FFS beneficiaries, including beneficiaries dually eligible for Medicare and Medicaid. Eligibility criteria for model beneficiaries are outlined below:

- Dementia Diagnosis: Beneficiary has dementia confirmed by attestation from clinician practicing within a participating GUIDE dementia care program
- Enrolled in Medicare Parts A & B: Beneficiary must have Medicare as their primary payer and not enrolled in Medicare Advantage, including Special Needs Plans (SNPs).
- Not Residing in Long-Term Nursing Home
- Not Enrolled in Medicare Hospice: Services overlap significantly with the services that will be provided under the GUIDE model.

- **Not Enrolled in PACE:** Services overlap significantly with the services that will be provided under the GUIDE model.

Payment Methodology

The Model's core payment methodology is a per beneficiary per month care management payment, called the Dementia Care Management Payment (DCMP), that is adjusted for health equity and performance on a set of quality metrics, plus a separate payment for respite services. The PBPM does not account for total cost of care and replaces the Chronic Care Management (CCM) payments under the Medicare Physician Fee Schedule (MPFS). Providers will still be able to bill for visits separately from the monthly payment, including home visit codes. PBPM rates range from \$65-\$390, depending on whether a beneficiary is a "new" beneficiary (first 6 months) vs. an "established" beneficiary ("after first 6 months"), whether they have a caregiver, as well as their level of medical complexity. Please see the table below for details. Respite payments for caregiver services are separate from the PBPM and caregivers do not need to live with the beneficiary to qualify for the respite payment.

Per Beneficiary Per Month Payment Rates

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

Participants in the new program track that are classified as safety net providers will also be eligible to receive an infrastructure payment of up to \$75,000 to cover some of the upfront costs of establishing a new dementia care program. Safety net provider status will be defined based on the share of a provider's patient population that receives the Medicare Part D Low Income Subsidy or is dually eligible for Medicare and Medicaid.

Next Steps for Interested Providers and Practices

CMS strongly encourages prospective applicants to submit a *non-binding letter of interest* (LOI) by September 15th. CMS anticipates releasing a GUIDE Model Request for Applications (RFA) this Fall, with the specific release date still to be announced. The RFA will include more detailed information on the model. Additional high-level information can be found on CMS' [website](#) and on the GUIDE webinar slides [here](#).

The American Academy of Home Care Medicine has been serving the needs of thousands of home care medicine professionals since 1988, through an interdisciplinary team of HBPC care providers working with patients' community supports. Our members include home care physicians, nurse practitioners and physician assistants who make house calls, care for homebound patients, act as home health agency and hospice medical directors, and refer patients to home care agencies; home care organizations; medical directors of managed care plans; and administrators of medical groups interested in home care. Their specialties include internal

medicine, family practice, pediatrics, geriatrics, psychiatry, and emergency medicine.

MEDIA CONTACT:

Ray Quintero

Strategic Advisor, American Academy of Home Care Medicine

202.909.2870