

Guiding an Improved Dementia Experience (GUIDE) Model Application Support Office Hour Session

Center for Medicare and Medicaid Innovation
January 11, 2024

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Agenda

This webinar provides a brief overview of the GUIDE Model and will answer questions from prospective applicants. The following topics will be discussed:

- 1** | Welcome and Introduction
- 2** | GUIDE Model Overview and Participation
- 3** | Model Readiness
- 4** | Application Process, Timelines, and Demo
- 5** | Q&A Session
- 6** | Closing & Resources

Welcome and Introduction

Today's Presenters



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Poll Question #1

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GUIDE Model Overview and Participation

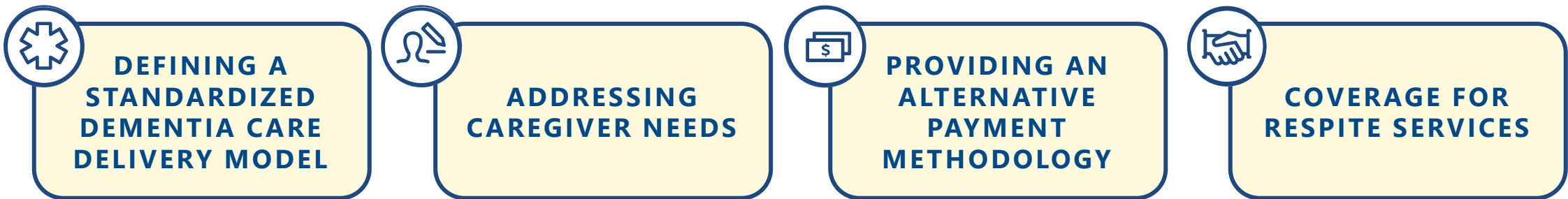
GUIDE Introduction and Model Goals

Model Overview

The GUIDE Model will test whether providing an alternative payment methodology for participating dementia care programs to deliver a package of care management and coordination, caregiver education and support, and GUIDE respite services to Medicare beneficiaries with dementia and their unpaid caregivers reduces expenditures while preserving or enhancing quality of care.

The GUIDE Model is designed to enhance quality of care by improving quality of life for people with dementia and reducing burden and strain on their caregivers. It is expected to reduce Medicare and Medicaid expenditures primarily by preventing or delaying long-term nursing home stays, and secondarily by reducing hospital, emergency department, and post-acute care utilization.

Model Drivers

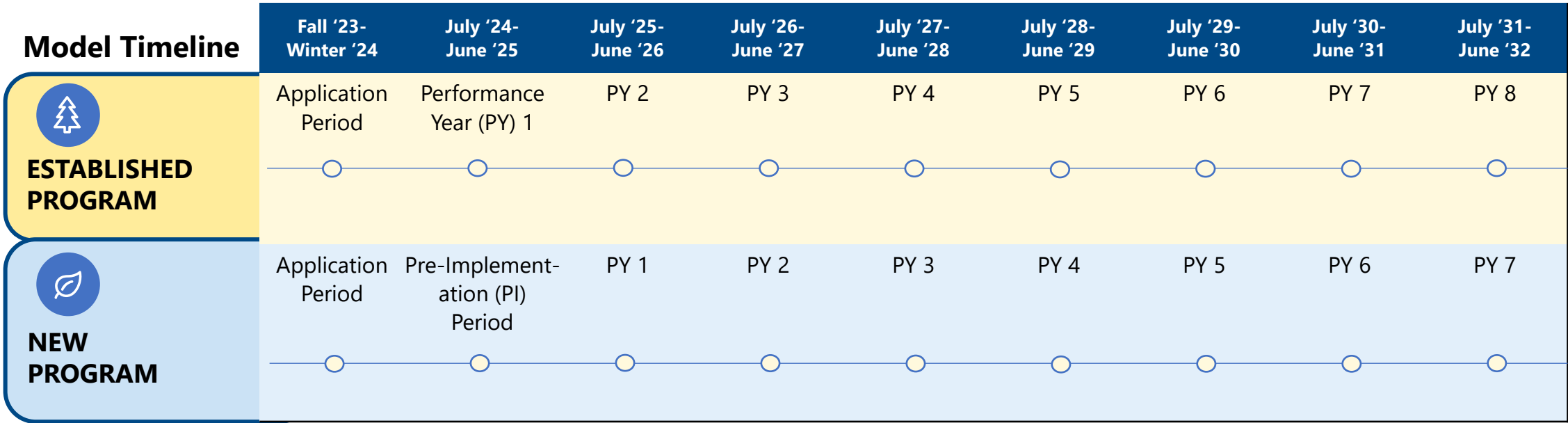


Model Participation Overview

The GUIDE Model will be an 8-year voluntary national model that is offered in all states, U.S. territories, and the District of Columbia. The Model Performance Period will begin on July 1, 2024, and end on June 30, 2032.

Established Program Track and New Program* Track

The purpose of the two tracks is to allow established programs to begin their performance in the model on July 1, 2024, while giving organizations that do not currently offer a comprehensive community-based dementia care program, including safety net organizations, time and support to develop a new program.



*New program development is intended to help increase beneficiary access to specialty dementia care, particularly in underserved communities.

Participant Track Assignment



ESTABLISHED PROGRAM

To be eligible as an Established Program Track participant, an organization must:

- + Provide comprehensive dementia care
- + Meet 6 out of 9 Clinical Dementia requirements for 12 months prior to application



NEW PROGRAM

- + For the New Program Track, GUIDE will recruit and support model participation for organizations that do not currently offer comprehensive dementia care or have prior experience with alternative payment models.
- + Applicants do not have to meet the model's care delivery requirements at time of application but must submit a plan for implementing a dementia care program.
- + Applicants must identify a program director who has primary accountability for implementing their dementia care program.

Participant Eligibility Requirements

The GUIDE Model eligibility criteria for Participants is described below:



Who is Eligible?

Participants must be Medicare Part B-enrolled providers or suppliers (excluding durable medical equipment (DME) and laboratory suppliers) that establish Dementia Care Programs (“DCPs”) to provide ongoing, longitudinal care to people with dementia.




Who Can Participate?

Participants must meet the care delivery requirements described in the care delivery section of the RFA but may choose to partner with other organizations, including both Medicare-enrolled providers and suppliers, and non-Medicare enrolled entities, such as community-based organizations, to meet these requirements.

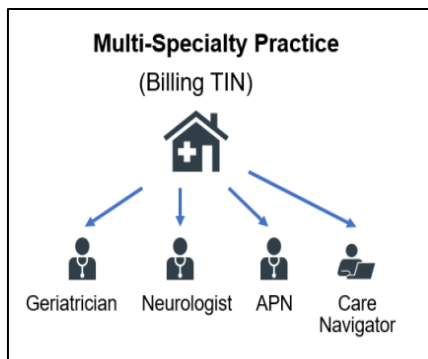
A Participant must participate in the model **under a single, Medicare Part B-enrolled TIN** that is eligible to bill for Medicare Physician Fee Schedule (PFS) services.

Provider Taxpayer Identification Number (TIN) Guidance

Below is guidance for providers regarding TINs.

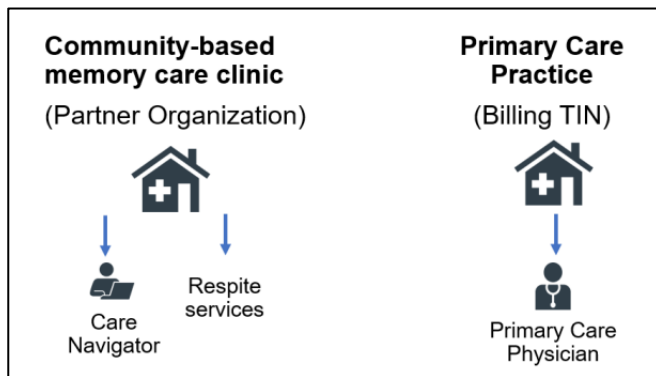
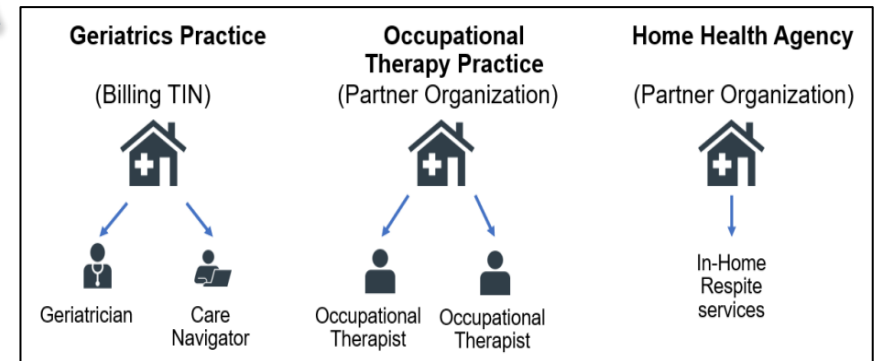
 Participants will be identified by a **single TIN** that is used to bill for GUIDE services, **plus the NPIs of individual Medicare-enrolled physicians and other nonphysician practitioners** who have re-assigned their billing rights to the GUIDE Participant's billing TIN.

Example TIN/NPI Combinations

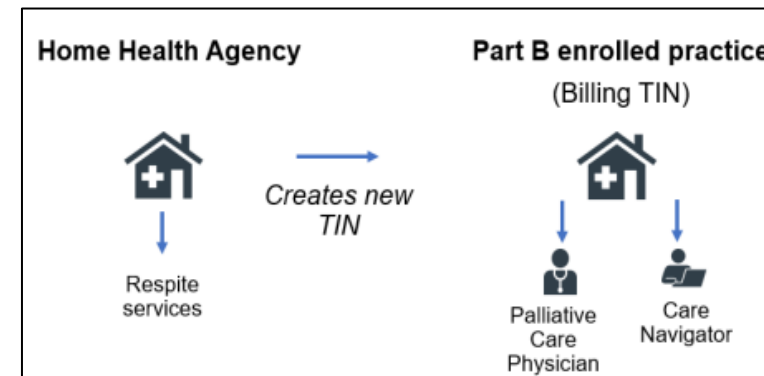


A multi-specialty practice where model services are billed under the practice's TIN.

All model services are billed by the GUIDE Participant, in this case the geriatrics practice's TIN, and all practitioners must re-assign their billing rights to this TIN.



Part B-enrolled primary care practice is the GUIDE Participant, and model services are billed under the primary care practice's TIN.

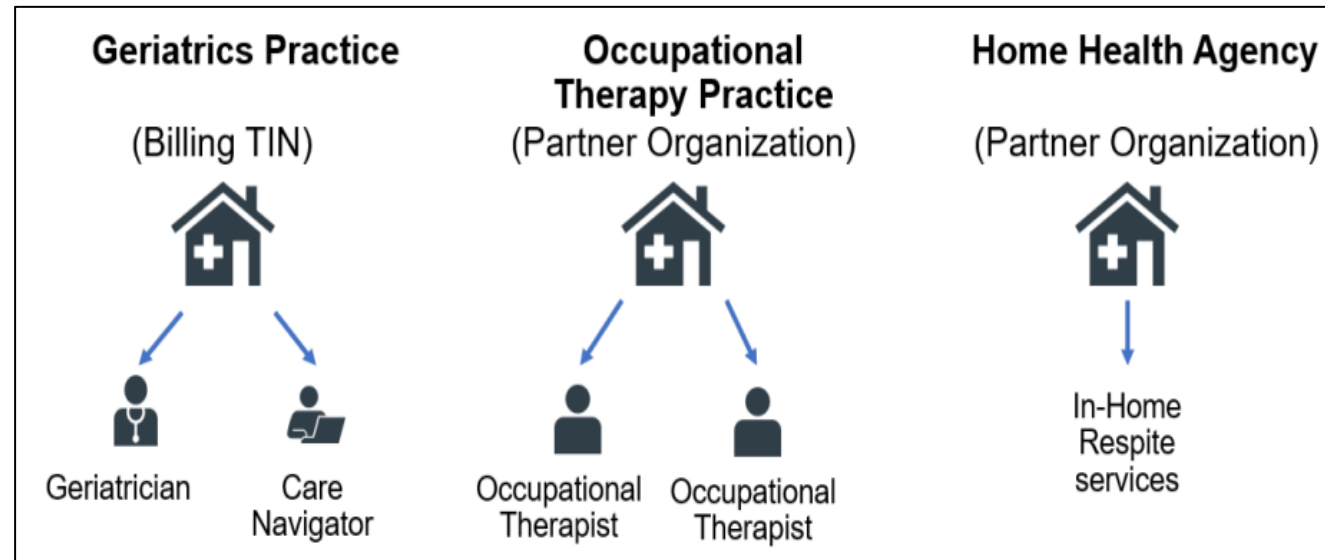


The Part B-enrolled practice is the GUIDE Participant, and model services are billed under the practice's TIN.

Partner Organizations

If a Participant contracts specifically with other Medicare providers/suppliers or other non-Medicare enrolled entities, these contracted providers/suppliers/entities will be known as “Partner Organizations.”

Example Dementia Care Program With Partner Organizations



A Medicare provider partners with an occupational therapy practice and a home health agency to form a DCP

The Participant will be expected to maintain a list of Partner Organizations (“Partner Organization Roster”) and keep it up to date throughout the course of the GUIDE Model. Applicants do NOT need to have all partners finalized when applying.

To learn more, access the [Strength in Partnership Factsheet](#)

Eligible Beneficiaries

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:



GUIDE Beneficiary Eligibility Criteria



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



Has Not Elected the Medicare Hospice Benefit

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

Voluntary Alignment Process

The GUIDE Model will use a voluntary alignment process. Participants must document that a beneficiary (or their legal representative if applicable) consents to align to the Participant.

Participants may request a list of potential beneficiaries who may be eligible for voluntary alignment. Additionally, Participants may have beneficiaries self-referred to them based on letters sent by CMS, or by other provider referrals.

Participant Readiness

Participation Requirements and Agreement

Participants must meet the below requirements throughout the performance period of their assigned track (i.e, July 1, 2024 - June 30, 2032, for the established program track and July 1, 2025 - June 30, 2032, for the new program track).

GUIDE Participation Requirements



Meet the interdisciplinary care team, care delivery, and training requirements (see the Care Delivery section and Appendix B of the RFA).



Use an electronic health record platform that meets CMS and Office of the National Coordinator for Health Information Technology (ONC) standards for Certified Electronic Health Record Technology (CEHRT).



May provide care delivery services virtually or in-person but must have the ability to conduct an initial home visit in-person for aligned beneficiaries who have moderate to severe dementia.



Must make available for eligible beneficiaries GUIDE Respite Services in the beneficiary's home. Participants have the option to offer eligible beneficiaries GUIDE Respite Services at an adult day center or a facility that can provide 24-hour care.



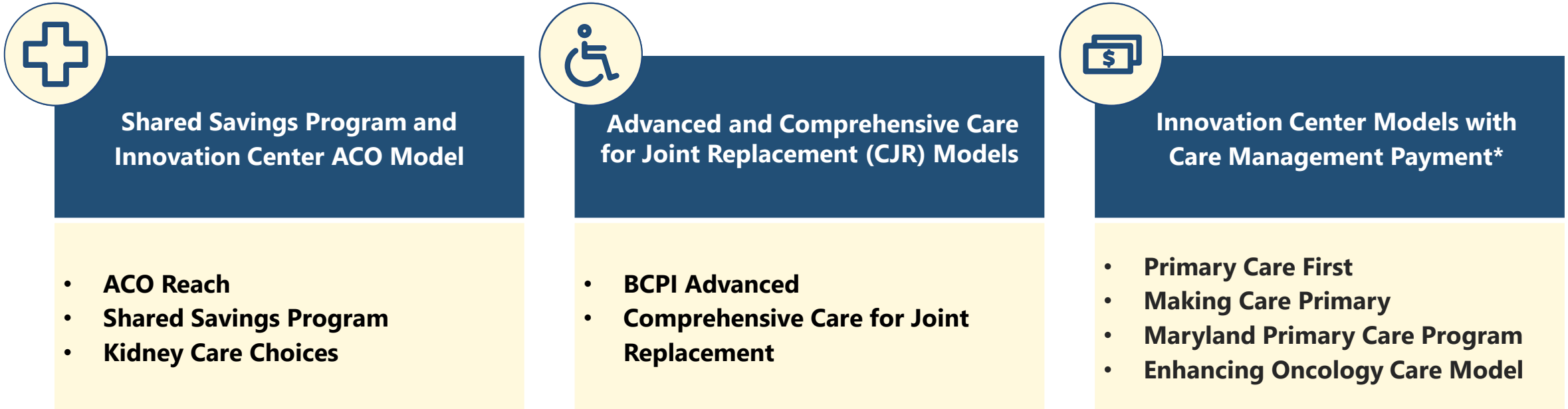
Maintain an up-to-date GUIDE Practitioner Roster and Partner Organization Roster (if applicable).



Comply with all model reporting requirements, including care delivery, sociodemographic data, and quality reporting.

Model Overlap Policies

CMS will allow organizations (identified at the TIN level) to participate in both the GUIDE Model and all other current Innovation Center models for which they meet the eligibility criteria, as well as the Medicare Shared Savings Program. Both beneficiaries and participants may overlap in any of the below models.



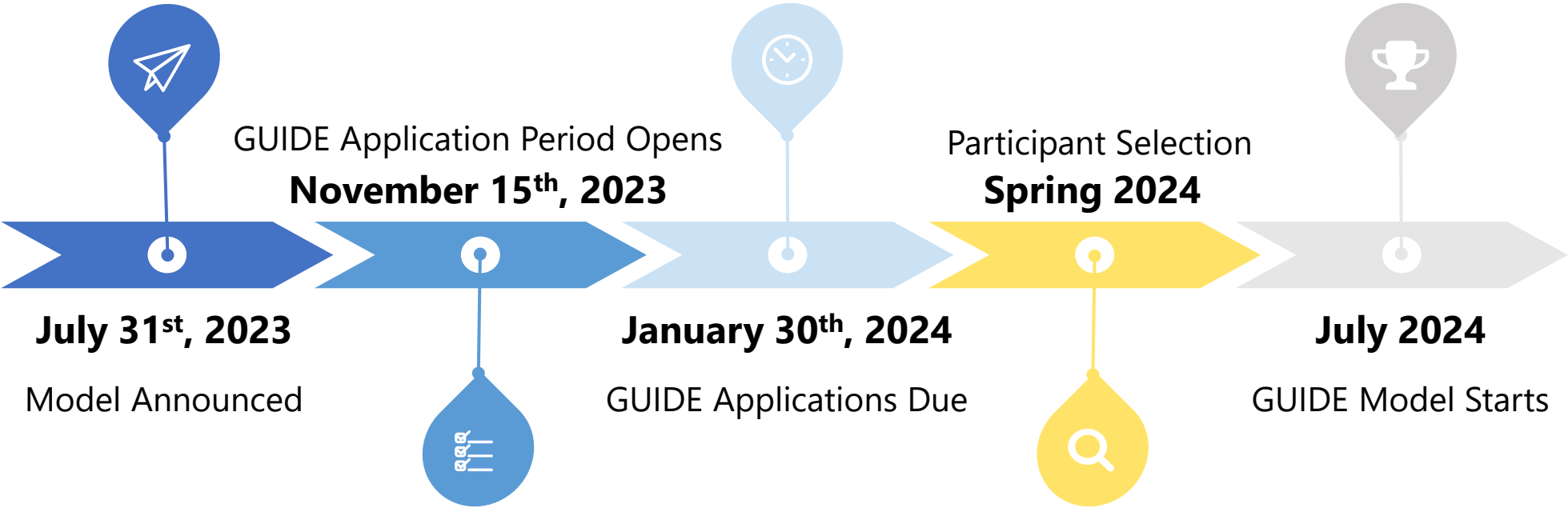
*CMS may recoup parts of the DCMP if deemed duplicative of the same payments for the same provider and beneficiary combination in a different Innovation Center model.

Application Process, Timelines, and Demo

Application Timeline

All GUIDE Model applications must be submitted through the online application portal by 11:59pm Eastern Daylight Time on January 30, 2024. In selecting Participants, CMS will consider factors critical to ensuring a robust evaluation of the Model. CMS may also deny participation based on the results of a program integrity review.

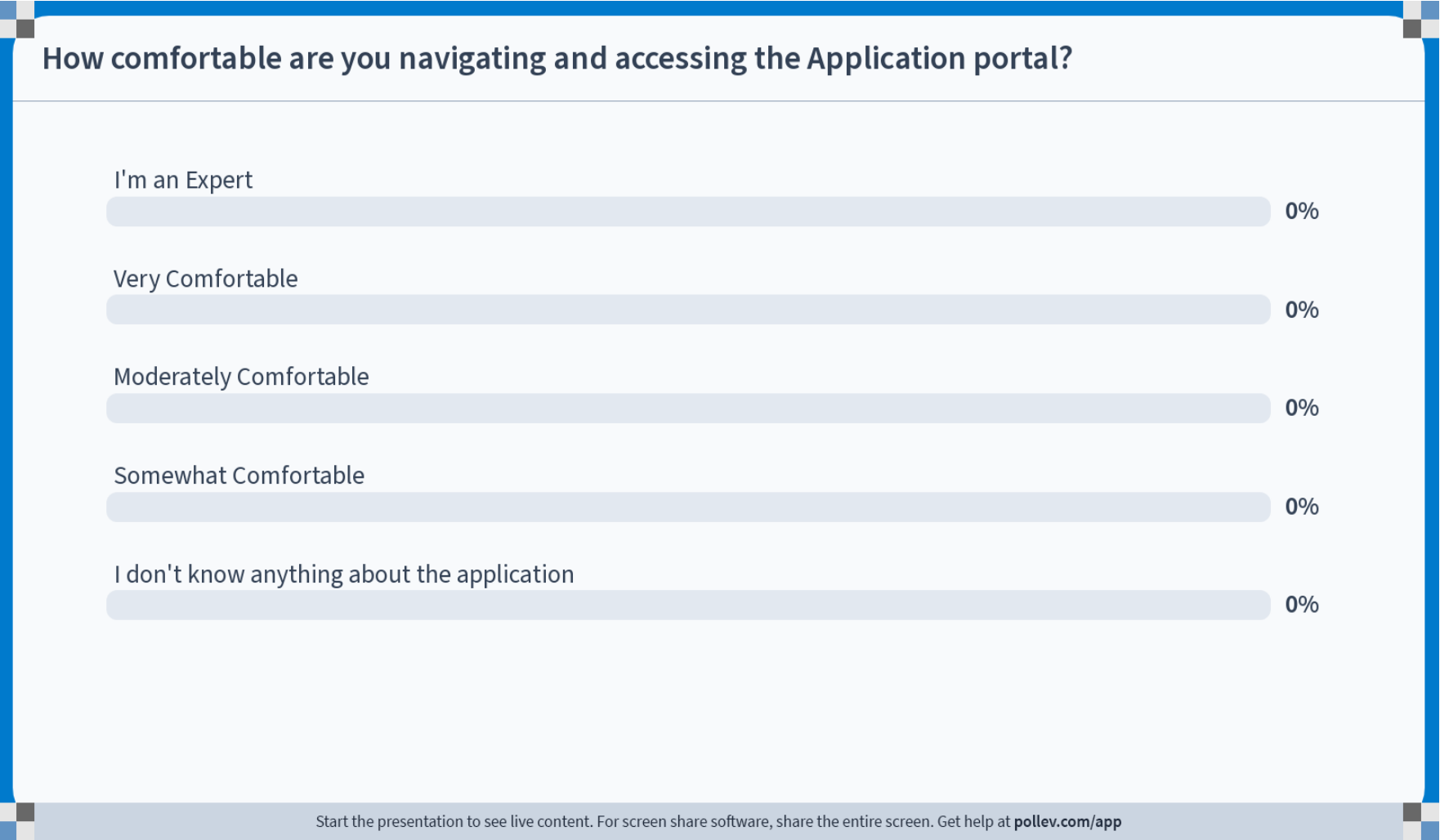
Interested organizations may prepare to apply to the GUIDE Model considering the timeline* outlined below.



Privacy Policy: CMS will safeguard the information provided in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). For more information, please see the CMS Privacy Policy at <http://www.cms.gov/privacy>.

Q&A Session

Poll Question #2



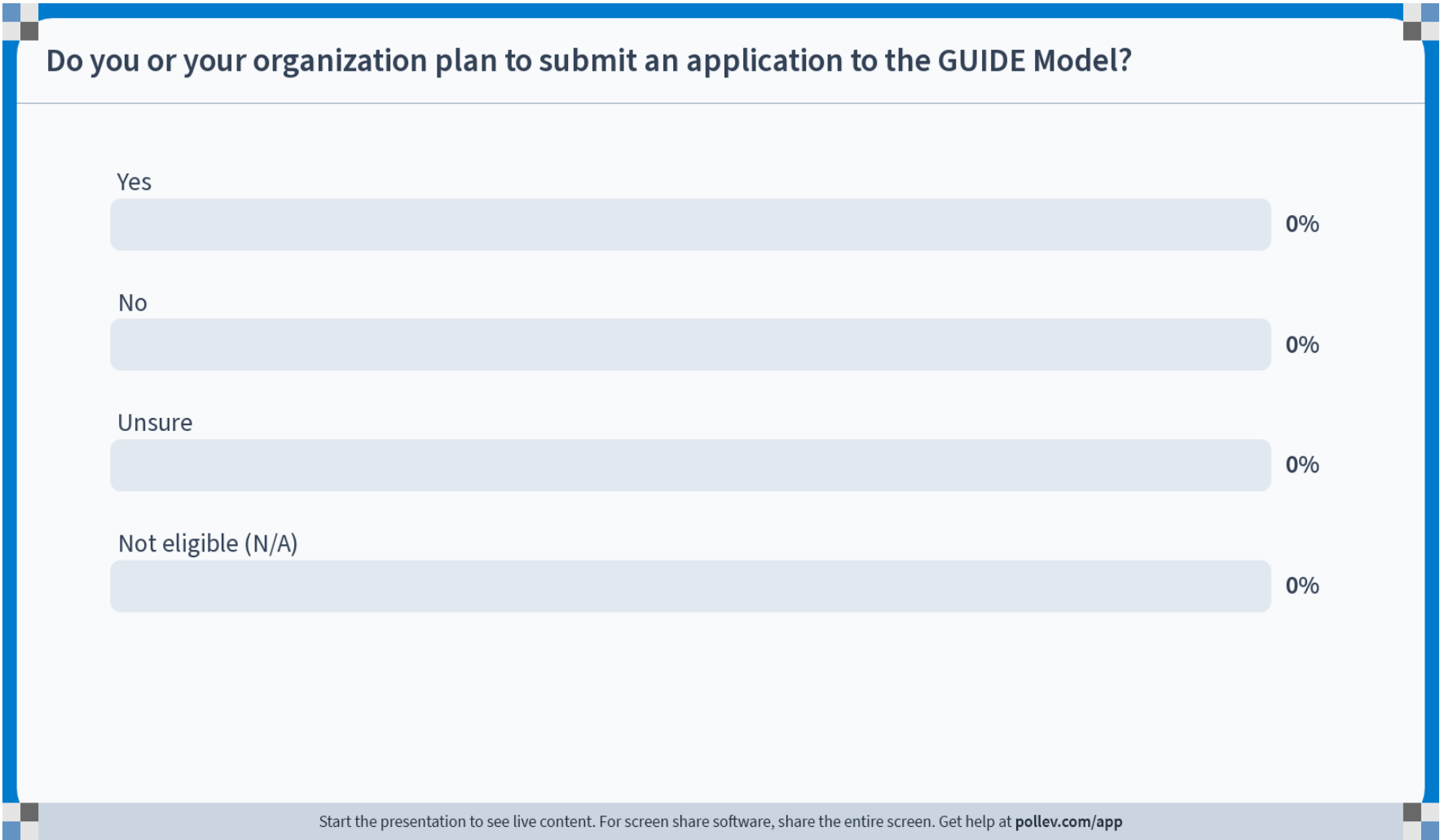
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Poll Question #3



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Frequently Asked Questions (FAQs)

FAQ #1



Is an applicant assigned to the established program track expected to only provide 6 of the 9 care delivery domains during the performance period?

FAQ #2



Can a healthcare organization with multiple TINs submit multiple applications? Is there any limit to how many applications can be associated with one organization?

FAQ #3



Applicants are required to provide CMS a list of service areas by zip code. Is this list of service areas by zip code limited or can Participants expand the list over the course of the model?

FAQ #4



What is the difference between model tracks and how is an applicant assigned to a track?

FAQ #5



What credentials/certifications are needed to complete the Home Visit Assessments for beneficiaries?

Live Q&A



Open Q&A

Please **submit questions via the Q&A pod** to the right of your screen.

Closing & Resources

Model Resources

The GUIDE Model team has a host of resources to support interested organizations. To see the latest resources, visit the Model's Website at <https://innovation.cms.gov/innovation-models/guide>.



Application Link

All application materials are available on the Model's Website, including the [application portal](#). The application period is open from November 15, 2023, to January 30, 2024.



Model Factsheets

[Model Overview](#), GUIDE Model [Dementia Pathways Infographic](#), and [Participant Incentives Factsheet](#), and [ACL Partnership Factsheet](#) may be found on the Model's website.



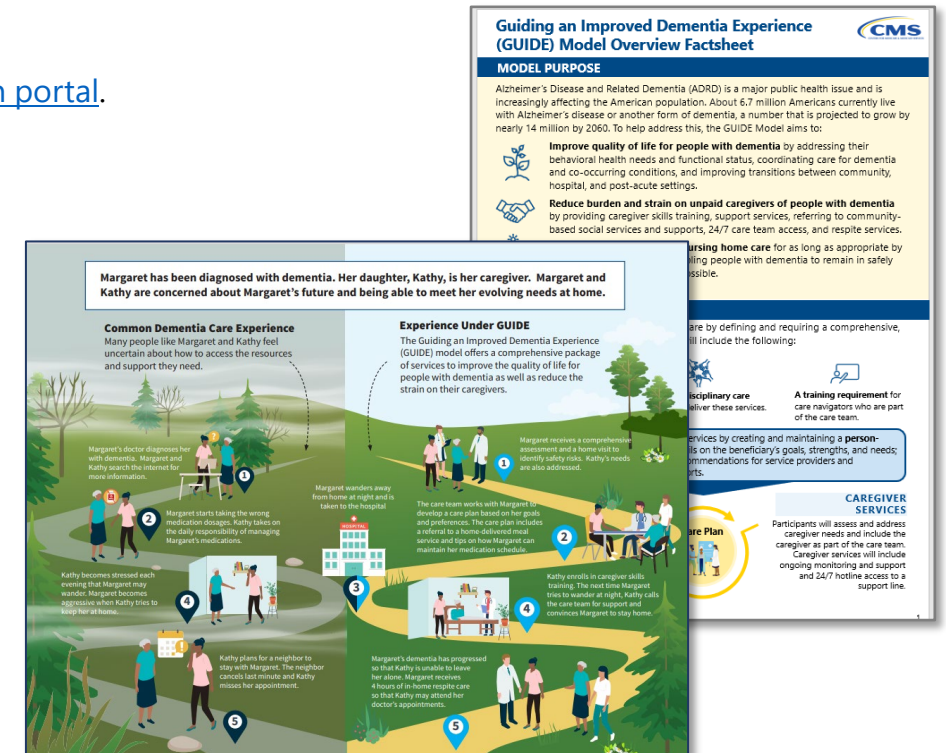
Request for Applications (RFA)

Programs interested in applying can access the [RFA](#) on the Model's Website.



Helpdesk

If you have questions for the GUIDE Model team, please reach out to us via email at GUIDEModelTeam@cms.hhs.gov.



Thank You for Attending this Webinar



We appreciate your time and interest!

Please take the survey following this webinar so we can learn how to make our events better.

Do you have questions? Email your comments and feedback to GUIDEModelTeam@cms.hhs.gov with subject line ***GUIDE RFA Application Support Webinar***

THANK YOU!