

# Discovering Pathways of Support:

What CMS's new GUIDE Model  
means for dementia patients, caregivers,  
and providers

**ATI Advisory**



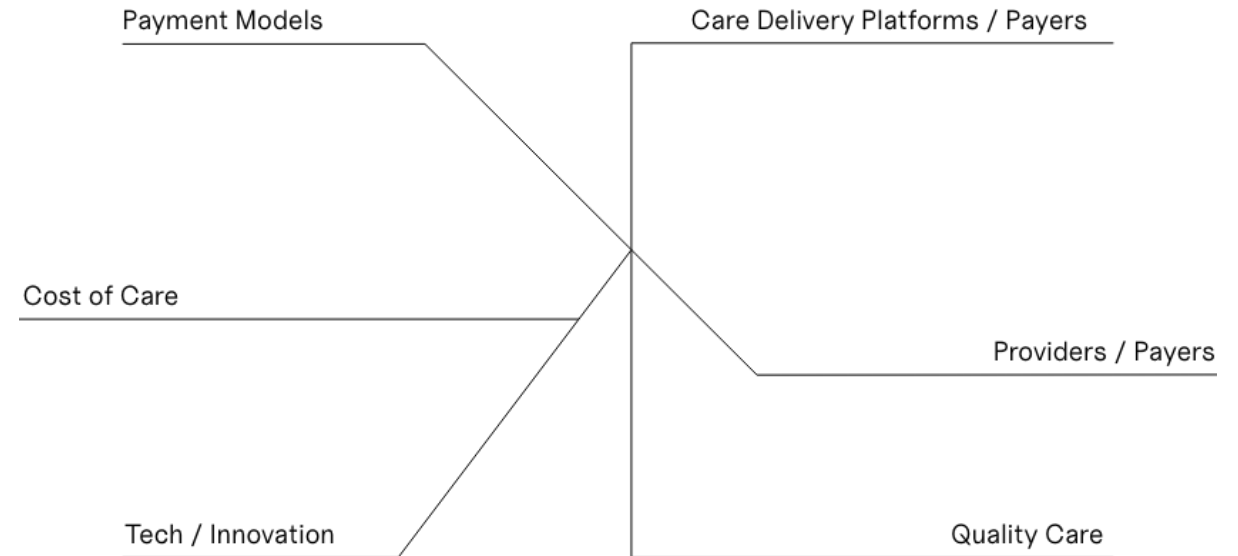
# Agenda

- Brief overview of ATI Advisory
- Introduction to our panelists
- Brief overview of the GUIDE model
- Discussion

ATI ADVISORY'S PURPOSE: MAKE CARE BETTER FOR EVERYONE

# Solving the hardest problems in healthcare

- **Maximizing healthcare value**  
Aligning payment with high quality care
- **Eliminating complexity & inequality**  
Integrating programs and service delivery, including pharmacy
- **Scaling person-centered care and services**  
Shifting to more accessible service delivery infrastructure



**ATI GUIDES PUBLIC AND PRIVATE  
LEADERS IN HEALTHCARE**

**We deliver objective  
research, deep  
expertise, and  
actionable ideas**

**Expertise**

- Value-based payment and advanced payment models
- Medicare reimbursement policy
- Medicare Advantage and special needs plans
- Medicare-Medicaid integration
- Post-acute and long-term services and supports/senior living
- Program of All-Inclusive Care for the Elderly (PACE)
- Health equity
- Behavioral health
- Complex care populations
- Prescription drug pricing, Part D and supply chain redesign

**Qualifications**

- Financial services
- Healthcare payer and provider organizations
- CMS, OMB, CMMI
- Senate Finance Committee
- Health services research and data science
- Budget analysis and modeling

→ How will the  
GUIDE Model  
resonate across the  
care spectrum?



**Tyler Cromer**

Principal and Head of Medicare  
Innovation, ATI Advisory



**Kris Engskov**

Co-Founder and CEO, Rippl



**Kemi Reeves**

Dementia Care Specialist-Lead, UCLA  
Alzheimer's and Dementia Care Program;  
Gerontological Nurse Practitioner



**Will Saunders**

Founder and CEO, At Home Harmony

## GUIDING AN IMPROVED DEMENTIA EXPERIENCE (GUIDE) MODEL

The GUIDE Model offers alternative payment for participants delivering a dementia care management model, which must include:

- Comprehensive, person-centered assessments and care plans
- Care coordination and care management
- 24/7 access to a support line
- Caregiver education and support
- Respite services
- Screening and referrals for health-related social needs to community-based services

→ Eligibility: Medicare Part B enrolled providers/suppliers

→ Offers two program tracks, depending on applicant experience:

CMS announced the GUIDE Model on July 31, delivering on the commitment in President Biden's April 2023 Executive Order on caregiving

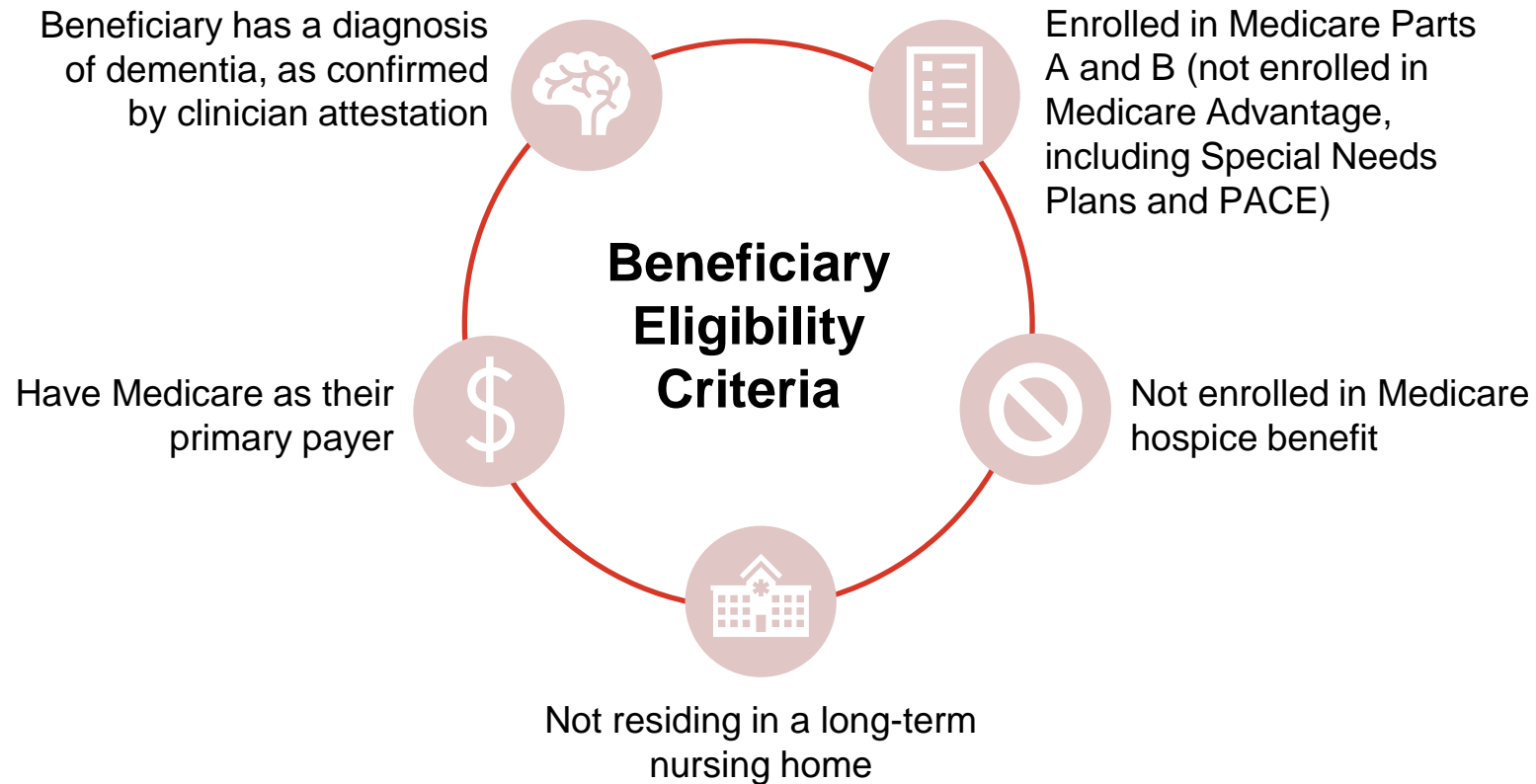
### Established Programs

- Designed for participants already providing comprehensive dementia care
- Applicants should be ready to immediately implement GUIDE's care delivery requirements

### New Program

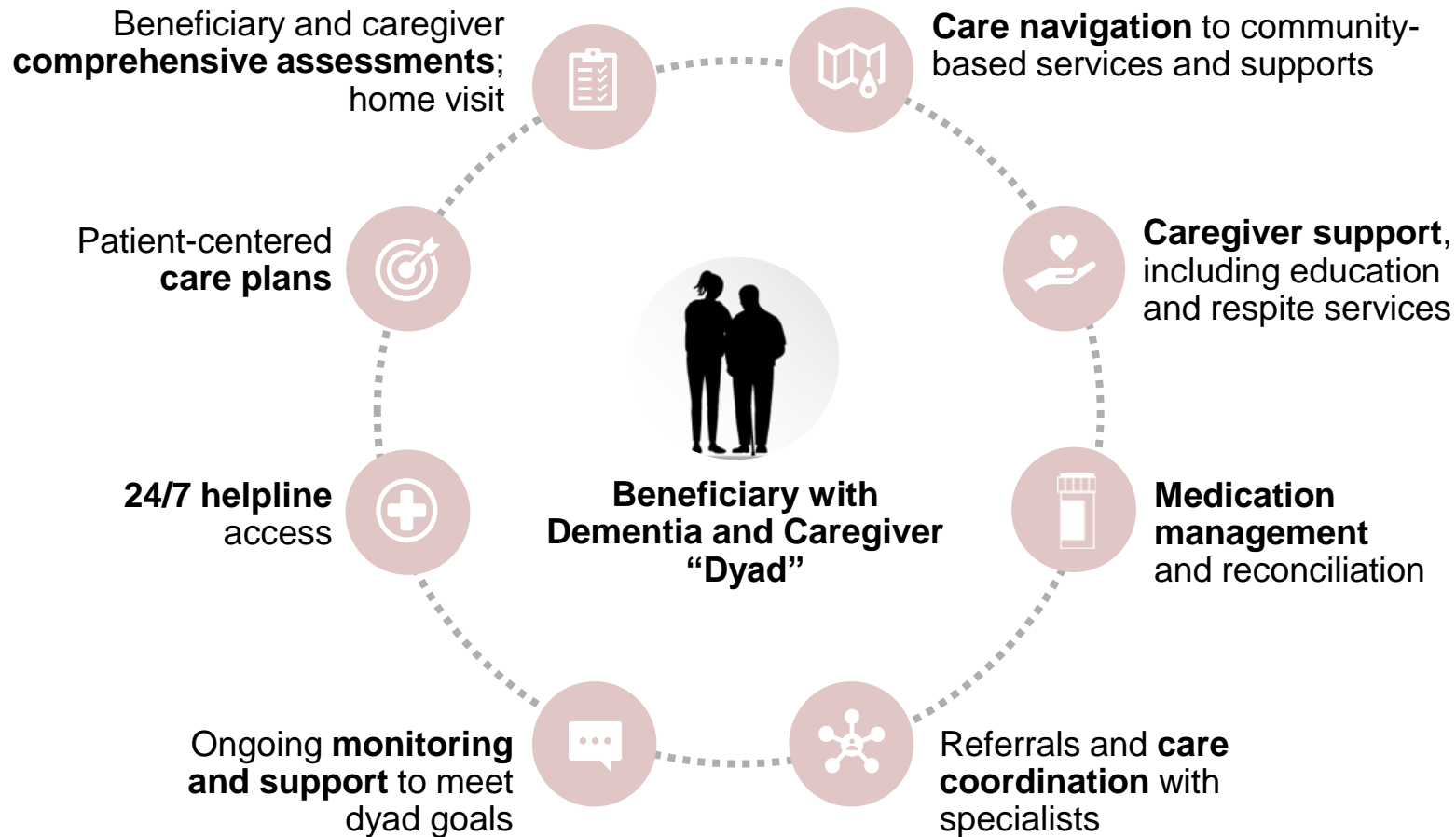
- Designed for participants not operating a comprehensive outpatient dementia care program who are interested in scaling support
- Participants will have a one-year pre-implementation period to establish their programs

## GUIDING AN IMPROVED DEMENTIA EXPERIENCE (GUIDE) MODEL



The GUIDE Model's intended beneficiary population is community-dwelling Medicare fee-for-service beneficiaries, including beneficiaries dually eligible for Medicare and Medicaid, living with dementia

## THE GUIDE MODEL CARE DELIVERY REQUIREMENTS





## PAYMENTS UNDER THE GUIDE MODEL

### Infrastructure Payment

→ Certain safety net providers will be eligible for a one-time, lump sum infrastructure payment to support program development activities

### Dementia Care Monthly Payment

- Participants will receive a monthly per-beneficiary-per-month (PBPM) payment for providing care management, coordination and caregiver education and support services to beneficiaries and caregivers
- Adjusted by performance and a Health Equity Adjustment
- PBPM will replace certain other billing codes (such as Chronic Care Management)

### Respite Care Payment

→ Participants will be able to bill for respite services for beneficiaries with moderate to severe dementia who also have a caregiver, up to an annual **\$2,500** respite cap amount



	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
<b>First 6 months (New Bene Payment Rate)</b>	\$150	\$275	\$360	\$230	\$390
<b>After first 6 months (Established Bene Payment Rate)</b>	\$65	\$120	\$220	\$120	\$215

## GUIDE MODEL CONSIDERATIONS FOR PROVIDERS

### Mission Alignment

- Do the model goals align with your organizational goals and populations served?
- Would participating in this model advance your mission?

### Capabilities and Gaps Assessment

- Do you have the needed capabilities in-house already?
- Do you want to build capabilities internally or partner?
- Do you have capacity to apply, participate, build partnerships, run the program, bill, and report and share data?

### Financial Assessment

- What are the start-up costs?
- Does the financial model cover the costs of the dementia care management services?
- How many beneficiaries do you need to make the model work?
- If participating in a Total Cost of Care Model, like the Medicare Shared Savings Program, how does this impact your shared savings?

Thank you  
for attending

**ATI Advisory**

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