

CMS Announces RFA on New Dementia Care Model

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The Centers for Medicare & Medicaid Services (CMS) has announced the request for application for the new Guiding and Improved Dementia Experience ([GUIDE](#)) model from the CMS Innovation Center. The GUIDE Model will test whether providing an alternative payment methodology dementia care programs to Medicare beneficiaries with dementia and their 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.

The GUIDE Model will be an 8-year voluntary model that is offered nationwide, and will run from July 1, 2024 through June 30, 2032. The GUIDE Model will have two participant tracks, one for established dementia care programs and one for new dementia care programs. The first performance year for the established program track will begin on July 1, 2024. The new program track will have a one-year pre-implementation period that begins on July 1, 2024, and its first performance year will begin on July 1, 2025. Application will be accepted from November 15, 2023, through January 30, 2024.

GUIDE Participants will be Medicare Part B-enrolled providers or suppliers (excluding durable medical equipment (DME) and laboratory suppliers) that establish Dementia Care Programs to provide ongoing, longitudinal care to people with dementia. A GUIDE Participant must participate in the GUIDE Model under a single, Medicare Part B-enrolled Taxpayer Identification Number (TIN) that is eligible to bill for Medicare Physician Fee Schedule (PFS) services.

A GUIDE Participant must meet specified care delivery requirements. If the GUIDE Participant cannot meet the GUIDE care delivery requirements alone, the GUIDE Participant may contract with one or more other providers, suppliers, or organizations, including both Medicare-enrolled and non-Medicare enrolled entities, to meet the care delivery requirements. For example, contracting with a Medicare enrolled home health agency to provide respite care or other care delivery services. These providers, suppliers, or organizations will be known as "Partner Organizations."

Eligible beneficiaries will be community-dwelling² Medicare FFS beneficiaries, including beneficiaries dually eligible for Medicare and Medicaid, who have dementia. Beneficiaries will be assigned to one of five model tiers based on the complexity of their needs, and, if applicable, their caregiver needs. Model services, care intensity, and payment will vary by model tier.

For more information see the GUIDE [website](#).