

CMS/CMMI GUIDE Model and Autism

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Background


- The Centers for Medicare & Medicaid Services (CMS) has rolled out the *Guiding and Improved Dementia Experience* (GUIDE) Model designed to address health disparities among older adults with dementia/health care needs.
- The GUIDE Model presents an opportunity to improve health outcomes for adults with intellectual disabilities (ID) and dementia.
- *The NTG's efforts will supplement the GUIDE work by providing tailored training, education, information, and technical assistance media to enhance the reach and capacity of GUIDE Model sites to provide high-quality care to adults with ID living with dementia and their caregivers.*



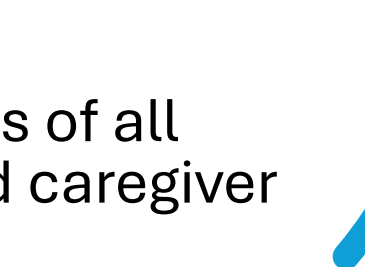
CMS's Aim with GUIDE

- The aim of CMS is to use the GUIDE Model to test, *over 8 years*, an alternative payment model for participants that deliver key supportive services to people with dementia, including comprehensive, person-centered assessments and care plans, care coordination, and 24/7 access to a support line.
- This approach is intended to allow people living with dementia to remain safely in their homes for longer periods and improve their quality of life and the lives of their unpaid caregivers





GUIDE Model – Guiding an Improved Dementia Experience

- Began in 2024 -- Medicare (CMS) reimburses an average of
 - \$275/month first 6 months, then \$150/month for Dementia Care-model care until entrance to memory care or hospice
 - Components: Navigator, Practitioner clinical supports, 24/7 helpline,
 - Provides \$2500/federal year per beneficiary for respite care (in-home or day care)
 - Beneficiaries qualify if have Medicare fee-for service, but not managed care/advantage plans
 - Program to continue for 8 years
 - Data tracks program payments, costs of all medical services, costs/savings, and caregiver stress reduction
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The GUIDE Model

What GUIDE offers

- The GUIDE Model offers various services including comprehensive assessments, care coordination, and supports, with eligibility based on significant caregiving needs

Components

- *“Care Navigators”* -- are individuals on the Participant’s Care Team who have completed the Care Navigator Training and provide GUIDE Care Delivery Services to GUIDE Beneficiaries
- *“GUIDE Practitioners”* -- are individuals who (a) are a Medicare-enrolled physician or other non-physician practitioner identified by an individual NPI; (b) bill under the TIN of the Participant; (c) are not precluded by CMS from participation in the Model; and (d) are identified by the Participant on the GUIDE Practitioner Roster
- *“GUIDE Model Participants”* -- are Medicare Part B-enrolled providers or suppliers that are participating in the GUIDE Model
- *“Partner Organizations”* -- are contracted providers, suppliers, or organizations, including both Medicare-enrolled and non-Medicare enrolled entities, that meet care delivery requirements



GUIDE Model Care Delivery Requirements

- Comprehensive assessment
- Care planning
- Ongoing monitoring and support
- Medication reconciliation and management
- 24/7 access to a care team member or helpline
- Care coordination and transitional care management
- Referrals and coordination for services and supports
- Caregiver education and support
- Respite Services





Navigators / Participants – Focus of Services

- Appointments with specialized neurologists in less than one week, with no referral required
- Integrated behavioral health care including psychiatrists and therapists who can support patients and caregivers
- 24/7 access to care coordination to help with scheduling appointments, obtaining medications or medical equipment, arranging home-based services or transportation, accessing financial or legal planning and support, access to meals and other supports, and caregiver skills education and training including support groups
- Coordination of respite care coverage including scheduling and logistics



Beneficiaries

- **Beneficiaries** are those adults eligible to receive services under the GUIDE Model if they meet the following criteria:
 - Have dementia, as confirmed by attestation from a clinician on the GUIDE Participant's GUIDE Practitioner Roster
 - Are enrolled in Medicare Parts A and B (not enrolled in Medicare Advantage, including Special Needs Plans, or PACE programs) and have Medicare as their primary payer
 - Have not elected the Medicare hospice benefit and are not a long-term nursing home resident
- **People with Medicare must have dementia to be eligible for voluntary alignment to a GUIDE Participant** and may be at any stage of dementia—mild, moderate, or severe.
 - When a person with Medicare is first assessed for the GUIDE Model, CMS will rely on clinician attestation rather than the presence of ICD-10 dementia diagnosis codes on prior Medicare claims.
 - A clinician on the GUIDE Participant's Practitioner Roster must attest that based on their comprehensive assessment, beneficiaries meet the *National Institute on Aging-Alzheimer's Association diagnostic guidelines** for dementia and/or the DSM-5 diagnostic guidelines for major neurocognitive disorder.
 - Alternatively, they may attest that they have received a written report of a documented dementia diagnosis from another Medicare-enrolled practitioner.



* We will need to determine whether CMMI will migrate this to the new AA criteria for AD

Caregivers

*Caregivers are **defined*** as relatives, or unpaid nonrelatives, who assist the beneficiary with activities of daily living and/or instrumental activities of daily living.

- Depending on the beneficiary's need, the assistance may be episodic, daily, or occasional.

Determining beneficiary's caregiver status:

- The GUIDE Participant will identify the beneficiary's primary caregiver and assess the caregiver's knowledge, needs, well-being, stress level, and other challenges, including reporting caregiver strain to CMS using the *Zarit Burden Interview*.*
- If the beneficiary comes to the GUIDE Participant without a caregiver, the GUIDE Participant must make a reasonable effort to help identify a caregiver for the beneficiary and put safeguards into its care delivery plan to support the beneficiary continuing to reside in the community.

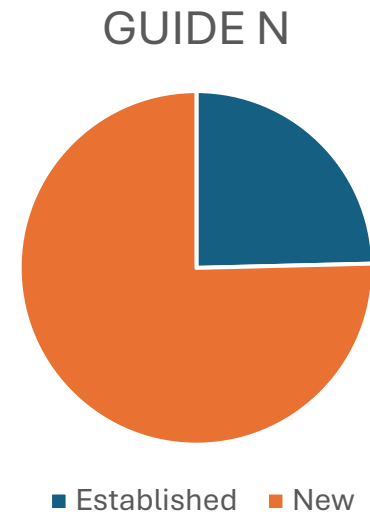


*Zarit Burden Interview (<https://wai.wisc.edu/wp-content/uploads/sites/1129/2021/11/Zarit-Caregiver-Burden-Assessment-Instruments.pdf>)

What do we know about Participants?

CMS has authorized 390 *Participants to be* part of the 8-year GUIDE demonstration.*

- *Tier 1* – ‘Established’ program track
 - N= 96 (25%)
 - “shovel-ready” started July 1, 2024
- *Tier 2* – ‘New’ program track
 - N= 294 (75%)
 - “Preparatory” to start providing services on July 1, 2025

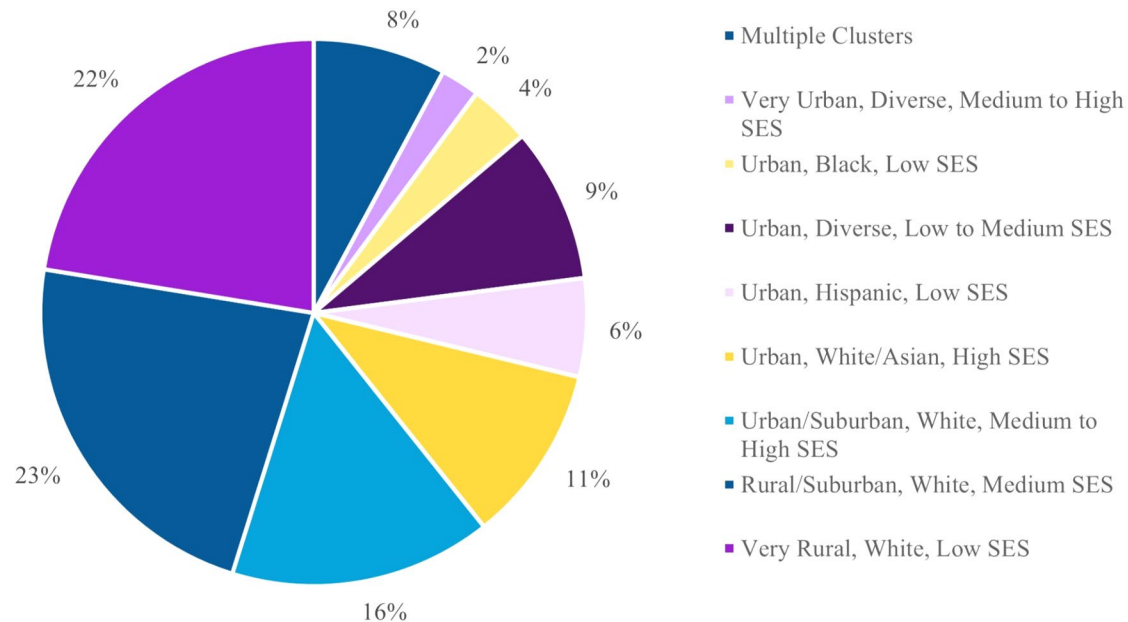


* CMS Announcement via email on July 8, 2024; <https://www.cms.gov/blog/guiding-improved-dementia-experience-clearing-path-comprehensive-high-quality-dementia-care>



Breakdown of GUIDE Participant Communities

GUIDE Participant Service Area Communities



GUIDE Participants represent a wide range of health care providers, including large academic medical centers and small group practices

- 68% are physician group practices or clinics
- Others are community-based organizations, health systems, hospice agencies, and other practices

Partner organizations may include respite providers, adult day care centers, hospitals, community-based organizations, home health agencies, and others

Dementia Care Programs (DCPs) will also help caregivers access respite services and interventions



NTG Project General Strategies

- Our project, *Changing Thinking!*, presents an opportunity to enact systemic change and deliver high-quality care to disadvantaged and marginalized groups, including adults with autism and dementia
- Project supported by funds from the CDC via the Special Olympics Center for Inclusive Health for a potential five-year period
- The NTG initiative will target GUIDE program care navigators, practitioners, and managers, and offer culturally responsive educational materials, training, and protocols to address barriers to care disproportionately experienced by adults with ID, including those from marginalized communities



Our targets

- Develop **training packs** on **three critical areas** of knowledge for GUIDE Care Navigators, Practitioners, Participant key personnel, and Partner providers
 - Including caregiving in an ID context, screening and diagnostics for dementia, and connecting with partners providing a range of ID focused services and supports.
- **Ancillary content materials** on health equity, brain health, and wellness practices to help maximize function and well-being.
- Develop **webinar** content for Participants on the alignment of ID within the GUIDE program activities and services
- Create **informational materials** for contracted partner organizations that will enhance collaboration with Participants on ID and dementia care practices.
- **Collaborate** with the Alzheimer's Association on ID content infusion for their full Navigator training package.



Intersections with autism

- Navigators are required to take 20 hours of training at initiation and then to take supplemental content training
 - *Is the nature of autism included in vendor or in-house training components on diverse populations?*
- The NTG supplement on intellectual/developmental disabilities will contain a module on autism
 - *We will be looking for input on best practices in messaging caregiver issues, diagnostics, and post-diagnostic supports associated with dementia*
- Are there providers ('Partner organizations) with older clientele dx'd with autism and who are Medicare/Medicaid beneficiaries that might be encouraged to affiliate with Participants for specialized support services?
- Could AS create advisories on autism, aging, and dementia that would serve as resources for Navigators and Practitioners?

Clinical Resources – Autism & Dementia

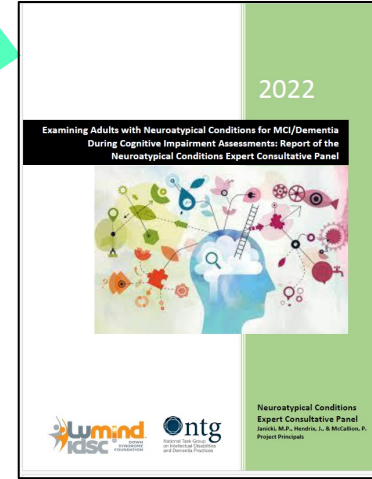
This GSA KAER Companion document describes how generic dementia assessment and care practices can be applied to meet the unique needs of adults with developmental disabilities including autism



‘Addressing Brain Health in Adults With Intellectual Disabilities and Developmental Disabilities A Companion to the GSA KAER Toolkit for Primary Care Teams: Supporting Conversations About Brain Health, Timely Detection of Cognitive Impairment, and Accurate Diagnosis of Dementia’

Adults with NACs present with varying degrees of risk for dementia

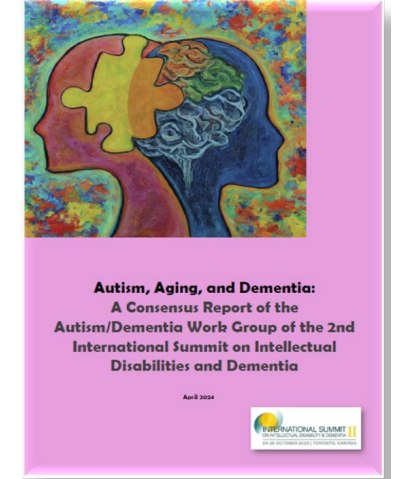
To increase the accuracy rate in the assessments, clinicians need to be aware of how older age affects each of the NACs, be familiar with expectations for cognitive decline and risk of dementia (and what type) and be facile with adapting testing situations and measures



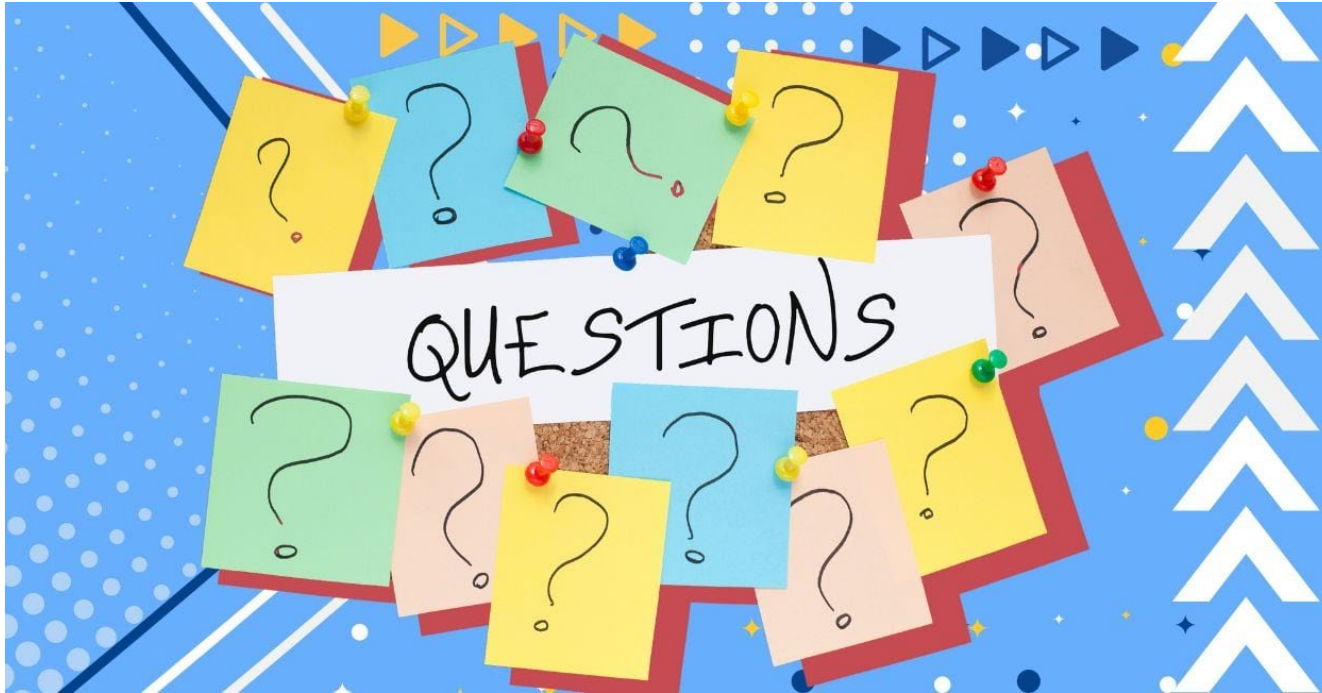
‘Examining Adults with Neuroatypical Conditions for MCI/Dementia During Cognitive Impairment Assessments – Report of the Neuroatypical Conditions Expert Consultative Panel’

A product of the 2nd International Summit on Intellectual Disabilities and Dementia, held in Toronto, Canada, on October 24-25, 2023

The report covers neurobiological, genetic, and environmental factors associated with dementia and their effects on the lifespan and lived experience of older adults with autism



‘Autism, aging, and dementia: A consensus report of the Autism Working Group of the 2nd International Summit on Intellectual Disabilities and Dementia’



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