



# CHANGING THINKING!

ADVISORY 24-2 (Draft 4)

## TARGETING PARTNERS

### WHAT ARE PARTNERS?

If GUIDE Participants can't meet the GUIDE care delivery requirements alone, they can contract with other Medicare providers/suppliers to meet the care delivery requirements. These contracted providers/suppliers are referred to as “Partner Organizations.”<sup>1</sup> Such Partners can be home and community-based/long-term services and support provider, including organizations which provide respite services, caregiver education and training, support groups, adult day health, and personal care services.<sup>2</sup> Partners can participate in more than one GUIDE Dementia Care Program and can be added or dropped during the duration of the 8-year period of the Model. Partners can be intellectual and developmental disabilities (I&DD) providers that are Medicare providers/suppliers.

CMS notes that GUIDE Participants may contract with Partner Organizations. A GUIDE Participant may decide to contract with a Partner Organization(s) to meet the GUIDE care delivery requirements. A Partner Organization is an entity that has agreed to perform at least one of the GUIDE Care Delivery Services through a Partner Organization Arrangement. The GUIDE Participant will be responsible for the arrangement and payment to its Partner Organizations. Partner Organizations may not bill Medicare for delivery of GUIDE care delivery services. If a Partner Organization is Medicare enrolled, it does not need to reassign billing rights to the GUIDE Participant because of serving as a Partner Organization in the GUIDE Model

### WHAT SERVICES COULD PARTNERS PROVIDE?

Participants are required to make available respite services, screening for health-related social needs (HRSNs), and activities that would reduce the ‘burden’ experienced by unpaid caregivers. As to *respite*, the CMS pays model participants for respite services, which are temporary services provided to a beneficiary in their home, at an adult day center, or at a facility that can provide 24-hour care for the purpose of giving the unpaid caregiver

<sup>1</sup> <https://www.cms.gov/priorities/innovation/innovation-models/guide#:~:text=Model%20Design&text=If%20the%20participant%20can%27t,know%20as%20%E2%80%9CPartner%20Organizations.%E2%80%9D>

<sup>2</sup> <https://www.cms.gov/files/document/guide-strength-partners-fs.pdf>

temporary breaks from their caregiving responsibilities. As to *screening for HRSN's*, model participants are required to screen beneficiaries for psychosocial needs and health-related social needs and help navigate them to local, community-based organizations to address these needs.<sup>3</sup> As for *aiding caregivers*, model participants are to provide caregiver training and support services, including 24/7 access to a support line, as well as connections to community-based providers. Any or all these services, if the Participants are unable to provide directed, may be contracted to Partners.<sup>4</sup> GUIDE Participants are required to maintain a list of Partner Organizations (“Partner Organization Roster”) and update it as changes are made throughout the course of the GUIDE Model.

## **WHY TARGET PARTNERS?**

Beneficiaries and their caregivers can benefit from being in alignment with a Participant in their community and many I&DD providers are familiar and experienced with providing support services to beneficiaries with I&DD and their families. Many I&DD providers can easily work out contractual arrangements to provide needed HCBS services, if financially viable. The CT! Project is well-suited to target the nation’s network of I&DD providers and provide them with information and technical assistance to work out such contractual arrangements with local Participants, if needed.

## **HOW TO REACH THEM?**

We can undertake approaches to the nation’s I&DD providers via industry associations and other organizations that advise and help connect such providers. This would include connecting with private sector associations or national organizations such as ANCOR, ACCSES, Easter Seals, The ARC, etc., various state-level provider organizations representing either generic I&DD or service-specific providers, and the state I&DD agencies via their representative, NASDDDS. This would also include any HCBS network groups.

## **WHAT TO PROVIDE?**

To aid Partners, we need to be strategic and cognizant of timing. *With respect to Track 1 Participant areas*, about 25% of all Participants who began working on July 1st, we can undertake a targeted campaign to reach out to the providers in the Tract 1 Practitioner

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<sup>3</sup> Health-related social needs, or HRSNs, are used to describe individual-level social needs and are individual-level adverse social conditions that negatively impact a person's health or health care. HRSN collection and referrals are part of the model's broader care delivery requirements for comprehensive assessment and referral for social services and supports. GUIDE Participants are supposed to annually report aggregated, domain-level data from HRSN screening domains such as food insecurity, housing instability, transportation needs, utility difficulty, and interpersonal safety, starting after the first model performance year.

<sup>4</sup><https://www.cms.gov/priorities/innovation/innovation-models/guide>

catchment areas and inform them of potential opportunities to become Partner organizations, detailing the framework and financial benefits. To make this happen, we need to:

- Clarify what does it mean to be a ‘Medicare providers/supplier’ and whether Medicaid HCBS provider status would qualify
- Identify services that Partners might provide and define ‘contracting’ within rules of the GUIDE model (Partners do not ‘bill’ Medicare for what services they provide but get funds from Participants via a negotiated contract).
- Work with CMMI to expand its recommended outreach to partners from the I&DD network, by going beyond the ‘ACL Resources and NIH ADRC Directory’ and actively consider engaging partner partners “who serve underserved populations with higher incidence of dementia” – which would I&DD providers via our ‘usual suspects’.<sup>5</sup>
- Develop a fact sheet on the benefits and process of being a Partner and what would be contractable services, including billing and financial aspects under Medicare (this would include information on the monthly Dementia Care Management Payment (DCMP) that Participants receive<sup>6</sup>, and which would be shared with Partner Organizations as they agree via a contract to provide services).
- Undertake an analysis of the Tract 1 Participant catchment areas and organize a contact plan.
- Implement contacts with national associations/organizations to provide information on GUIDE and becoming a Partner and getting on their local Participant’s “Partner Organization Roster”.
- Target implementation in Track 1 areas.

*With respect to Track 2 Participant areas, which make up the bulk of the GUIDE Model Participants, we can develop technical materials for distribution early in 2025 that would*

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<sup>5</sup> <https://www.cms.gov/files/document/guide-strength-partners-fs.pdf>

<sup>6</sup> The Monthly Dementia Care Management Payment (DCMP) is a per beneficiary per month care management payment provided to Participants that covers care management, care coordination, and caregiver education and support services to beneficiaries and caregivers. Participants can also access a payment of up to \$2,500 per year for respite services for qualified beneficiaries (which be provided to a partner under contract). The DCMP monthly payment rates for beneficiaries with a caregiver can range from \$150 to \$360 during the first six months of service and from \$65 to \$220 afterwards. For beneficiaries without a family caregiver, the first six-month payment can range from \$230 to \$390, and thereafter, from \$120 to \$215. Payments within these ranges are contingent upon the care ‘complexity level’. This means that depending upon how much the Participant provides internally, Partners under contract, receive some negotiated portion of these payments to augment the services the Participant is not directly providing.

provide information on the benefit of being Partners and what they would need to do to be eligible under the GUIDE Model guidelines. This could be done via the national associations as well as targeted distribution of materials in select catchment areas throughout the nation.

- Implement contact with national organizations to provide information.
- Analyze Track 2 catchment areas to determine density and type of I&DD providers.
- Contact I&DD providers to let them know of the opportunity to become Partners
- Develop updated fact sheets and other technical materials, as well as organize educational opportunities to inform I&DD providers about GUIDE and its opportunities.
- Provide on-going technical assistance to groups of I&DD providers with bill-backs.
- Share informational materials on the nature of the I&DD network with Participants.<sup>7</sup>

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<sup>7</sup> This product would be done as an informational sheet/website for the health/public health community unfamiliar with the dynamics and specifics of the I&DD system and could cover (legislations, financing, and state regulatory issues).