CHANGING THINKING!

Advisory 24-8

GUIDE, Intellectual Disabilities, and Partner Services

Precis

This advisory is designed to aid Partner Organizations in the intellectual disability space when providing contracted services to beneficiaries and their families under the GUIDE program. It covers aligning beneficiaries with intellectual disability who reside in settings other their family home – in particular group homes. Covered are setting issues, caregiver roles and functions, and the mechanics of being designated as a caregiver in out-of-home living situations. Partner arrangements with Participants are explored, especially with the use of group homes and other supportive living settings. Questions are raised as to how alignment is handled with housing settings where beneficiaries reside absent a caregiver (other than paid staff). Also covered are advanced dementia care situations.

This advisory is a product of the Changing Thinking! Project and solely reflects the opinion of the National Task Group.

CAREGIVERS AND OUT-OF-HOME HOUSING

GUIDE. The Guiding an Improved Dementia Experience (GUIDE) Model, initiated by the Centers for Medicare and Medicaid Services (CMS), is a voluntary nationwide model test that aims to support people with dementia and their unpaid caregivers. The model began on July 1, 2024, and will run for eight years to 2032.

Beneficiaries. GUIDE model beneficiaries are adults with dementia who meet specific eligibility criteria for Medicare-funded services. To qualify, individuals must (1) have a dementia diagnosis confirmed by a clinician, (2) be enrolled in Medicare Parts A and B, (3) have Medicare as their primary payer, (4) not be enrolled in Medicare Advantage, Special Needs Plans (SNPs), or PACE programs, (5) not be receiving hospice services, and (6) not reside in a long-term nursing home. Many adults with intellectual and developmental disabilities (IDD) qualify for Medicare due to disability status. Approximately one in ten adults with IDD are dually eligible for both Medicare and Medicaid, with half of this population receiving services from state IDD systems. Medicare covers individuals under 65 if they have a qualifying disability, while Medicaid provides coverage based on permanent disability as defined by the Social Security Administration. Given these overlaps, a substantial number of adults with

IDD could benefit from GUIDE services, emphasizing the need for tailored, dementia-capable care in this underserved population.

Group homes. GUIDE caregivers support beneficiaries with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), whether they are paid or unpaid. This broad definition includes caregivers in diverse non-nursing facility settings, such as assisted living facilities, group homes operated by intellectual and developmental disability (IDD) service providers, independent living arrangements, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IDDs). By recognizing caregiving across these settings, the GUIDE model promotes a more inclusive approach to dementia care and support for individuals with IDD.

These settings may include specialty dementia care group homes (where all residents have been diagnosed or are suspected of having dementia) or generic group homes for adults with IDD (where one or more residents of a group may have been diagnosed or are suspected of having dementia), managed by private or public agencies that provide community-based (i.e., non-institutional) housing for adults with intellectual or developmental disabilities. Residents with dementia or who are suspected of having dementia may have 'aged in place' with a group home or were recently provided housing in a particular group home due to a level of care need.

Caregivers and group homes. The GUIDE program's primary goal is to prevent nursing home or other similar setting admissions and enhance caregiver support to help individuals with dementia remain in the community. In the GUIDE model, the "caregiver" for a beneficiary residing in assisted living or a group home is defined as a relative or unpaid non-relative who assists the beneficiary with activities of daily living (ADLs), even if the primary care is provided by a facility's staff. Essentially, any individual who provides additional support beyond the services offered by the facility—such as a family member, friend, or designated person—qualifies as a GUIDE caregiver. Caregiver responsibilities can include assisting the beneficiary during visits, providing short-term stays in the family home (e.g., weekend visits), and collaborating with providers on care planning. These roles supplement the care provided by the housing facility and enhance the beneficiary's overall support network. If a beneficiary resides in a group home, family or designated caregivers are eligible for inclusion in the GUIDE program and can receive support and care coordination for the supplementary assistance they provide. The specific services that they receive depend on the caregiver's role and the beneficiary's individual needs.

Nursing homes. Full-time residence in a nursing home or similar congregate care facility disqualifies adults with dementia, including those adults with an intellectual disability, from participation in the GUIDE program as a beneficiary. For residents with IDD being referred to, or residing in such facilities, the PASRR process might be used to make an alternative care determination, with placement into a qualifying setting and potential alignment with a local Participant for dementia care services.[1]

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[1] The Preadmission Screening and Resident Review (PASRR) process is a federal requirement for anyone applying to a Medicaid-certified nursing facility. The process involves a preliminary screening and an in-depth evaluation. The goal of PASRR is to ensure that people with mental illness, intellectual disabilities, or developmental disabilities receive the appropriate care and placement. See Medicaid.gov (n.d.). Preadmission Screening and Resident Review. [Preadmission Screening and Resident Review | Medicaid](https://www.medicaid.gov/medicaid/long-term-services-supports/institutional-long-term-care/preadmission-screening-and-resident-review/index.html) [https://www.medicaid.gov/medicaid/long-term-services-supports/institutional-long-term-care/preadmission-screening-and-resident-review/index.html]

Caregiver situations. Under the GUIDE model, "secondary caregivers" — individuals who do not live with the beneficiary — are eligible for services. This category includes caregivers supporting beneficiaries residing in group homes, assisted living facilities, or other housing arrangements. A secondary caregiver may be a relative or an unpaid non-relative who assists with activities of daily living (ADLs) and other supportive tasks, even if paid staff at the residence provide primary care. According to CMS, a caregiver is anyone offering supplemental support beyond what the facility provides, including family members, friends, or other designated persons. The type and frequency of assistance can vary, ranging from episodic to daily or occasional care, depending on the beneficiary's needs. Examples of caregiving scenarios include beneficiaries who:

- Reside alone or in apartments with housemates, a spouse, or a partner, and receive regular or occasional support from a caregiver.
- Live in homes funded by public programs, foundations, agencies, or collectives of parents/relatives of the residents and receive regular or occasional support from a caregiver.

For beneficiaries in agency-supported group homes or ICF-IIDs,[2] the agency is responsible for the beneficiary's basic care, supports, and care planning. If the agency has a contract with a GUIDE Participant, it may:

- Provide certain services (e.g., assessments, dementia care planning, ongoing monitoring) and bill the Participant.
- Request that the Participant deliver required services (e.g., comprehensive assessments, medication management), with the Participant covering the costs.

If a beneficiary lacks a caregiver, CMS requires the GUIDE Participant to make a "reasonable effort" to identify one and implement safeguards in the care delivery plan to ensure the beneficiary can continue living in the community.[3] In some cases, a family member, guardian, or advocate may act as a passive or secondary caregiver by overseeing the beneficiary's interests. These individuals may recommend that the agency provide the necessary services or refer the beneficiary to the GUIDE Participant for additional support.

Alignment activities. Living situation (such as group homes, etc.) operators can refer a resident with dementia or suspected to have dementia, who meets the eligibility criteria for GUIDE (i.e., being a Medicare beneficiary or being dual eligible) to a Participant organization for alignment assessment, including validation of a dementia diagnosis and an assessment of needs that can be addressed by GUIDE alignment. This would serve the purposes of enrolling the resident in GUIDE and potentially enabling the beneficiary to receive additional assistance due to dementia. Residents already on 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.

[2] See: CMS.gov (2024). Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) | CMS [https://www.cms.gov/medicare/health-safety-standards/certification-compliance/intermediate-care-facilities-individuals-intellectual-disabilities-icfs/iid]
[3] CMS. GUIDE Model Frequently Asked Questions. https://www.cms.gov/priorities/innovation/guide/faqs

Data show that more than one in 10 individuals who are dually eligible for Medicare and Medicaid have a neurodevelopmental condition, such as an intellectual or developmental disability (IDD).[4] Additionally, up to half of those served by state IDD systems are dually eligible. While Medicare and Medicaid fund physical and behavioral health services for individuals with IDD, dementia-specific services are often lacking. The GUIDE model addresses this gap by enabling dementia-related physical and behavioral health services through contracts between GUIDE Participants and IDD Partner providers. For IDD providers, including group home operators, partnering with GUIDE Participants offers financial support and access to resources for delivering dementia-capable care. Many GUIDE Participants may defer to IDD Partner organizations for their specialized expertise in person-centered service coordination and support navigation for IDD populations.

Another critical factor is CMS's initiative to standardize quality measures for home- and community-based services (HCBS). Starting in 2028, states must report on the HCBS Quality Measure Set, which evaluates service quality and outcomes for people with IDD and their families.[5] IDD Partner organizations can demonstrate their commitment to quality dementia-capable care by affiliating with GUIDE Participants. This collaboration enables them to provide contracted dementia-related services, meet GUIDE program requirements, and align with integrated care standards that will satisfy future HCBS quality measures.

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. This means that a group home operator can rely on a physician's diagnostic impression to start the referral. The Participant organization will respond by having a clinician on the GUIDE Participant's Practitioner Roster attest that based on their comprehensive assessment, beneficiaries meet the National Institute on Aging-Alzheimer's Association diagnostic guidelines for dementia[6] and/or the DSM-5 diagnostic guidelines for major neurocognitive disorder.[7] Alternatively, they may attest that they have received a written report of a documented dementia diagnosis from another Medicare-enrolled practitioner – including one that could be affiliated with the group home operator.

GUIDE and PARTNER ORGANIZATIONS

CMS notes that if the Participant can't meet the GUIDE care delivery requirements alone, they may contract with other Medicare providers/suppliers to meet the care delivery requirements. The GUIDE Participant may contract with one or more other "providers, suppliers, or organizations",

[4] Gould, A., Anthony, S., Banach, E., Frohlich, J., Heaphy, D., & Lansky, A. (December 23, 2024). Redesigning integrated care for dually eligible people with intellectual/developmental disabilities. *Health Affairs* (e-print). 10.1377/forefront.20241220.325183

[5] Gould, A., Anthony, S., Banach, E., Frohlich, J., Heaphy, D., & Lansky, A. (December 23, 2024). Redesigning integrated care for dually eligible people with intellectual/developmental disabilities. *Health Affairs* (e-print). 10.1377/forefront.20241220.325183

[6] McKhann GM, Knopman DS, Chertkow H, Hyman BT, Jack CR Jr, Kawas CH, Klunk WE, Koroshetz WJ, Manly JJ, Mayeux R, Mohs RC, Morris JC, Rossor MN, Scheltens P, Carrillo MC, Thies B, Weintraub S, Phelps CH. The diagnosis of dementia due to Alzheimer's disease: recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease. *Alzheimers Dement*. 2011 May;7(3):263-9. doi: 10.1016/j.jalz.2011.03.005.

[7] Hugo J, Ganguli M. Dementia and cognitive impairment: epidemiology, diagnosis, and treatment. Clin Geriatr Med. 2014 Aug;30(3):421-42. doi: 10.1016/j.cger.2014.04.001.

including both Medicare-enrolled and non-Medicare enrolled entities, to meet the care delivery requirements. These contracted providers/suppliers are known as “Partner Organizations.”

Participants may partner with one or more Partner Organizations by establishing a formal “Partner Organization Arrangement” with each. These arrangements must be in writing and exclusively between the Participant and the Partner Organization. The Participant is responsible for ensuring that all services provided by Partner Organizations to GUIDE Beneficiaries meet the required standard of care. Each Partner Organization must agree to participate in the GUIDE Model and provide at least one of the GUIDE Care Delivery Services during the Agreement Performance Period. Proposed Partner Organizations must be included in a Partner Organization Roster[8] submitted to CMS for vetting.[9] Participants are required to maintain an up-to-date Partner Organization Roster, reflecting all active partnerships. While they can add or remove Partner Organizations as needed throughout the model’s duration, any changes must be promptly documented in the Roster.

GUIDE Participants may contract with various community-based organizations to provide community-based services and supports, including respite services and other care delivery requirements specified in the model. Participants can engage with multiple Partner Organizations, and Partner Organizations may partner with multiple GUIDE Participants without restriction. However, each Partner Organization must establish a formal Partner Organization Arrangement with each GUIDE Participant it supports.[10] Participants can add or remove Partner Organizations as needed during the model’s duration but are required to maintain an up-to-date Partner Organization Roster reflecting these changes.

Partner GUIDE Services. Within the intellectual and developmental disabilities provider community, services that may be contracted include assessments, caregiver education, respite (in-home, day, or occasional overnight), and medical or health supports for beneficiaries. Community agencies offering such services may become Partner Organizations through contractual arrangements.

CMS specifies that GUIDE Participants can contract with Partner Organizations to meet care delivery requirements but retain responsibility for arranging and paying for these services. Partner Organizations cannot bill Medicare directly for GUIDE care delivery services. If a Partner Organization is Medicare-enrolled, it does not need to reassign billing rights to the GUIDE Participant to serve in this role.[11]

Beneficiary related services can be provided under contract by intellectual/developmental disabilities Partner organizations in various ways

1. Contractual provision of in-home respite services

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[8] CMS. Guiding an Improved Dementia Experience (GUIDE) Model
Strength in Partnerships Factsheet. https://www.cms.gov/files/document/guide-strength-partners-fs.pdf
[9] CMS. Guiding an Improved Dementia Experience (GUIDE) Model Participation Agreement (Section 3.05ff).
[10] CMS. GUIDE Model Frequently Asked Questions. https://www.cms.gov/priorities/innovation/guide/faqs
[11] CMS. GUIDE Payment Methodology Paper - Including Overview of Beneficiary Alignment, [5.2 Billing and Payment for GUIDE Respite Services]. https://www.cms.gov/files/document/guide-payment-methodology-paper.pdf

    a. A local intellectual/developmental disabilities provider agency can provide in-home respite services to permit caregivers time away from home and would be focused on aiding the beneficiary in the absence of the caregiver.
    b. This would be undertaken at a contracted unit rate for the beneficiary (up to $2,500 per year). The Partner agency would bill the Participant directly for the cost of the respite service
2. Contractual provision of out-of-home respite services, either by enrollment in an adult day service program or use of a respite bed in a group home or other residence setting (e.g., apartment, etc.)
    a. The intellectual/disability disabilities provider agency would, under a contractual arrangement with the Participant, provide X hours/days of respite in a day services program (up to $2,500 per year for each beneficiary).
3. Contractual provision of assessment and re-assessment of beneficiaries within the scope of GUIDE program requirements for collection and reporting of data about the beneficiary and service needs.
4. Contractual provision of caregiver education drawn from the agencies experience and expertise with aiding long-term caregivers of adults with intellectual/developmental disabilities and applications to transition to dementia-related care practices.
5. Contractual assistance for community services referrals for the caregiver/beneficiary for services beyond the remit of the Participant and noted as warranted under the dementia care plan.

Payments. The process for reimbursement for services provided by a Partner Organization should be outlined in the contract established between the Participant Organization and the Partner Organization. Fees for provision are set in the contract and will be paid by the Participant based upon the Dementia Care Management Payment (DCMP) Base Payment Rate designation and Model tiers. Respite provision rates are standard, irrespective of Model tiers. The intellectual/developmental disabilities Partner Organization can invoice at a set rate for both 24-hour respite and 8-hour unit of service in a day services program – up to a cap of $2500 per beneficiary per year.

GROUP HOMES and GUIDE

CMS states that beneficiaries residing in assisted living settings, including group homes, may qualify for alignment with a GUIDE Participant if they meet all other eligibility criteria. This means Medicare or dual-eligible beneficiaries living in group homes—whether funded by the state, private funds, or Medicaid as an ICF-IID—could be eligible for GUIDE services. Adults with intellectual or developmental disabilities who have been diagnosed with dementia qualify for the GUIDE Model, regardless of the funding source of their group home.

To align with a GUIDE Participant, a referral must include verification of the dementia diagnosis and an assessment of service needs under the Dementia Tier. This process also involves assigning a Dementia Care Management Payment (DCMP) Base Rate. Both residents with an involved caregiver who is not a paid group home staff member and those without an involved caregiver are eligible. It is important to note that the coverage applies only to dementia-related services and does not extend to housing costs.

Agencies (that is, IDD providers) who want to offer overnight respite services for non-residents or to provide designated services for resident beneficiaries can become Partner organizations. Participant organizations and Partner organizations can negotiate and agree upon how Partner Organizations will be reimbursed (e.g., monthly rates, hourly rates) after services are delivered. Partner Organizations can also contract with Participant Organizations for GUIDE-eligible services delegated to them and this can be reimbursed from the monthly rates received by the Participants (outside of the respite rate). These GUIDE-eligible services may include assessments, treatment or interventions, community referrals, and care planning.

DAY SERVICES and GUIDE

GUIDE Participants may offer *respite care through adult day centers* or 24-hour facilities, though this is not mandatory. Details about GUIDE Respite Services, including payment arrangements, are outlined in the Participation Agreement. Beneficiaries eligible for voluntary alignment with a GUIDE Participant may be at any stage of dementia—mild, moderate, or severe. The choice of an adult day center program should align with the beneficiary's needs, providing appropriate day care services as well as respite for caregivers.

Programs operated by intellectual and developmental services providers are acceptable venues for respite care. CMS does not specify registration or licensure requirements for adult day services used for respite, nor does it distinguish between funding sources, whether Medicaid, state or local public funds, or fee-for-service models. However, Section 9.05(D) of the Participant Agreement requires that a respite provider under GUIDE meets one of these requirements: (1) A Medicare-certified facility that can provide 24-hour care; (2) A Medicare-certified provider that provides in-home respite services; (3) A Medicaid-certified adult day center; (4) A Medicaid-certified facility that can provide 24-hour care; (5) A Medicaid-certified provider that provides in-home respite services; or)(6). A company or organization licensed or certified in the state in which the company or organization provides services, to provide one of the following services: (a) respite care; (b) home care; (c) residential services; (d) adult day services; or (e) residential facility or group home – but not a private residence.

Additionally, there is no requirement regarding whether the day program should be operated as social care or day health. For providers to accept beneficiaries into adult day centers, the provider/Partner must be on a list of acceptable Partners. The list is required to be maintained by the Participant.

RESPITE and GUIDE

The GUIDE Model requires Participant organizations to offer respite services by providing temporary relief from caregivers while also offering beneficiaries opportunities for social engagement outside the home or alternative housing setting. Respite services are specifically intended for beneficiaries with unpaid caregivers and may be provided in several ways: through an adult day center or a 24-hour care facility, or in-home via a home health provider or similar arrangement. While in-home respite provision is relatively straightforward, out-of-home options are more complex.

The GUIDE Model covers three types of respite services with an annual cap of $2,500 per beneficiary. These include:

- In-home respite, delivered directly or through contracted providers.
- Adult day center respite, encompassing both medical and social programs.
- 24-hour care facility respite, which may include dementia care homes or group homes operated by intellectual and developmental disabilities providers offering designated respite beds.

While the GUIDE Model mandates that all Participants provide in-home respite services, they are not required to offer respite through adult day centers or 24-hour facilities. However, Participants have the flexibility to decide which types of respite services to make available to meet the diverse needs of beneficiaries and caregivers.

Payment for respite services should be included in the contract between the Participant and a Partner organization. Respite Services rates are reimbursable on the following schedule: [12,13]

Respite Services Setting	G-Code	Service-Unit	Base Rate
In-Home respite	G0529	4-hour unit	$120
Adult Day Center	G0530	8-hour unit	$78
Residence Overnight	G0531	24-hour unit	$260

The annual billing for respite by Participants under GUIDE for individual beneficiaries cannot exceed $2,500. Respite can continue to be provided to meet the beneficiary's needs (if the $2,500 is expended) but must be funded by other than GUIDE respite funds per beneficiary (such as private pay, state respite services funds, insurance, etc.)

For dually eligible beneficiaries who receive respite care through a state Medicaid program, the GUIDE Participant "shall contact and attempt to coordinate the delivery of GUIDE Respite Services with the beneficiary's Medicaid state agency and/or Medicaid managed care plan's case manager." GUIDE Respite Services are intended to be additive to, and not duplicative of, any available Medicaid respite care benefit offered to dually eligible beneficiaries. The GUIDE Participant is prohibited from billing under both the GUIDE Model and Medicaid for the same unit of respite (e.g., billing under both the GUIDE Model and Medicaid for the same 24-hour nursing home stay).[14] Legally, if a beneficiary is a 'dual eligible', then Medicare assistance is provided. As GUIDE is a Part B Medicare benefit, adults if dually eligible and have signed up for Part B (part A is automatic), then they would be able to benefit under GUIDE.[15]

CAREGIVER EDUCATION and GUIDE

[12] CMS. GUIDE Payment Methodology Paper Including Overview of Beneficiary Alignment.
[13] GUIDE Respite Payments s]. https://www.cms.gov/files/document/guide-payment-methodology-paper.pdf; Note that some alteration to the service-unit accounting is under consideration to permit billing for segments of the 4-and 8-hour units.
[14] CMS. GUIDE Payment Methodology Paper - Including Overview of Beneficiary Alignment, [1.4.2 Partner Organizations]. https://www.cms.gov/files/document/guide-payment-methodology-paper.pdf
[15] Legal interpretation from a Medicaid/Medicare attorney (January 15, 2025).

The GUIDE Participant agreement mandates that Participants provide caregiver education and support through a structured *caregiver support program*. This program must include caregiver skills training, information on dementia diagnoses, access to support groups, and ad hoc one-on-one support calls. Participants may collaborate with Partner Organizations for the delivery of these caregiver education and support services.

Agencies or providers within the intellectual and developmental disabilities system that offer family or caregiver support components can partner with Participants to extend their services for families or caregivers of beneficiaries with intellectual disabilities or a broader population, as specified in the agreement. Fees for these services are negotiated between the Participant and the Partner Organization and are drawn from funds allocated to the Participant based on the beneficiary's level of care.

ADVANCED DEMENTIA and GUIDE

Beneficiaries may enter and remain aligned with the Participant regardless of their stage of dementia (i.e., mild, moderate, or severe) including advanced dementia. However, beneficiaries are not eligible for initial enrollment in GUIDE or continued participation if, when in an advanced stage of dementia and are enrolled in hospice services, whether provided at home or in a hospice facility. This would apply to group homes and other out-of-home community settings.

Currently, there are no provisions within GUIDE for supporting caregivers after the beneficiary enters hospice care, as the hospice provider becomes the primary care entity and assumes responsibility for caregiver support. This limitation also applies to services delivered through contracts with Partner Organizations.

Palliative care operates differently. Providers of palliative care may act as Participants or enter into Partner Organization contracts to support beneficiaries. According to CMMI, palliative care services can be integrated into a beneficiary's dementia care plan to address late-stage dementia needs.[16] Palliative care focuses on symptom management and enhancing quality of life for individuals with serious illnesses, while hospice care is a specialized form of palliative care designed for patients in the final stages of life who have ceased curative treatments and are expected to live six months or less.[17]

Partner Organizations may also contract with Participants to deliver advanced dementia care services as outlined in the dementia care plan. However, these services explicitly exclude the provision of housing.

TERMINOLOGY

We have chosen, for the most part, to use the terminology as used in various GUIDE Model resources. To aid in the crosswalk between GUIDE terms and those generally used in the intellectual and developmental disabilities system, we offer the following:

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[16] Palliative Care News. Where Palliative Care Fits into CMMI's GUIDE Model for Dementia Care. Nov 2023. https://hospicenews.com/2023/09/29/where-palliative-care-fits-into-cmmis-guide-model-for-dementia-care/

[17] UPMC. The difference between palliative and hospice care. https://www.upmc.com/-/media/upmc/services/palliative-and-supportive-institute/resources/documents/the-difference-between-palliative-and-hospice-care.pdf

GUIDE term	Equivalent term in IDD system	Comments
Alignment	Enrollment, admission	Providing for entry into services
Beneficiary	Recipient of services, client, consumer	Specifically, person enrolled in Medicare or Medicaid
Caregiver	Caregiver, carer, family member	Any unpaid person providing care
GUIDE Respite Services	Respite, day program services	Services providing caregivers with relief of caregiver for a determinant amount of time; day program services for adults with IDD and dementia
Dementia Tier	Stage of dementia; level of care need	Specific determination for funding in GUIDE based on diagnostic and behavioral information and degree of caregiver care involvement
Navigator	Case manager	Employee who enrolls person with dementia in GUIDE and provides follow-up casework
Partner Organization	Agency, provider	Organization that provides services to persons with disabilities, Waiver providers
Partner Organization Agreement	Contract, licensure authorization	Formal agreement between Participant and IDD agency to provide stipulated services for designative payment rate
Participant	Provider	Organizations with a 'GUIDE Participation Agreement' from CMS to participate in GUIDE model
Practitioner	Physician, health provider	Medical personnel charged with dementia diagnostics and follow-up medical care

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