

## GUIDE Program Frequently Asked Questions (FAQs)

### 1. What is the GUIDE Program?

The GUIDE program was created by the Centers for Medicare & Medicaid Services (CMS) to help individuals with dementia or cognitive issues and their caregivers. The purpose of the GUIDE program is to help the individual remain at home for as long as possible by providing clinical assistance, medication management, respite care, caregiver support, and more.

### 2. What are the eligibility criteria for a GUIDE referral?

Dementia diagnosis or cognitive issues and Medicare Parts A & B. Currently, individuals with Medicare Part C (Advantage Plans) or those receiving hospice or PACE services are not eligible for GUIDE.

### 3. Why are individuals with Medicare Part C (Advantage Plans) not eligible?

The Center for Medicare and Medicaid (CMS) developed this program as a demonstration project and set the eligibility criteria to include Medicare Parts A & B. It is possible that CMS may expand the program beyond regular Medicare at some point in the future. Currently, Medicare Advantage Plans are able to offer additional programs like dental, vision, etc. and maybe at some point one of the Medicare Advantage Plans would decide to add GUIDE as an option as well to their program. But currently AIHS is only able to provide GUIDE to individuals with Medicare Parts A & B.

### 4. If an individual has both Medicare Parts A & B and a Medicaid Waiver, could they meet eligibility requirements?

Yes, an individual with both Medicare Parts A & B and a Medicaid Waiver may be eligible for the GUIDE program. They would also still need to meet the dementia criteria.

## **5. Does an individual need a caregiver to participate?**

No, if the individual meets the requirements detailed above, they do not have to have a caregiver to participate.

## **6. Does an individual need a formal referral for the GUIDE program?**

No, you do not need a formal referral from a medical professional to be referred for the GUIDE program. You may refer yourself or someone you know to the program or referrals may come from healthcare professionals, community agencies, community members, etc.

## **7. What happens during the GUIDE enrollment process?**

- The AIHS GUIDE program receives a referral on an individual (this can come from a healthcare provider, a caregiver or family member, community organization, or the individual can self-refer).
- Referrals from a healthcare provider or a community organization should use the GUIDE referral form. This can be completed electronically and emailed to the GUIDE team. To request the referral form, contact the GUIDE team at [GUIDE@agingihs.org](mailto:GUIDE@agingihs.org)
- If the referral is from an individual, caregiver, or family member they can request the referral form at [GUIDE@agingihs.org](mailto:GUIDE@agingihs.org) or call the GUIDE team at 260-999-4106 to speak with a GUIDE team member who will assist them in completing the referral form over the phone.
- Once a referral is received by AIHS, the GUIDE team will do an initial screening to ensure the individual meets the basic requirements of GUIDE:
  - Medicare parts A & B. NOT part C which is a Medicare Advantage.
  - A dementia diagnosis or evidence of memory loss.
  - May not be using Medicare to cover hospice or PACE services.
  - Agrees to sign an agreement that allows AIHS to share their assessment information with Centers for Medicare & Medicaid Services (CMS), who provides final eligibility approval for the GUIDE program.

- Note: the individual does not have to have a caregiver but if they do, the caregiver will also need to provide information about themselves to CMS to participate in the GUIDE program.
- If the individual meets screening criteria, the GUIDE team will contact them to set up an initial assessment. This will include a clinical assessment by the Nurse Practitioner and the GUIDE Care Navigator. This visit may happen at the GUIDE clinic, in the individual's home, or via a virtual telehealth visit.
- The AIHS GUIDE team will submit all the required assessment data electronically to CMS for review and final approval for the individual to be assigned to the AIHS GUIDE program. CMS may take up to 15 business days to complete this review.
- If the Individual is assigned to the AIHS GUIDE program the next step will be an in-home follow-up visit by the Care Navigator to review home safety needs, assist the individual and caregiver to connect to needed community services and provide education to the caregiver about dementia and supporting an individual with dementia at home.
- This support will continue monthly for most participants and their caregivers based on their needs. The Nurse Practitioner will see the individual as needed after the first visit and will complete an annual assessment to determine ongoing eligibility for the GUIDE program.
- If an individual is not approved by CMS for participation in the GUIDE program they will be referred to the AIHS Aging and Disability Resource Center (ADRC) for other support as needed.
- All individuals who complete the GUIDE assessment process will receive a letter following the CMS review to inform them of the CMS decision about assignment to the GUIDE program.
- NOTE: participating in the GUIDE program does not have any impact on the individuals other Medicare benefits. GUIDE is an added benefit for those that qualify.

## **8. What services does a GUIDE participant receive?**

Individuals receive emotional, physical, and clinical support including service coordination, medication management, and clinical oversight from a Nurse Practitioner. If there is a caregiver involved, the caregiver receives emotional support, assistance with service coordination, education about caring for someone with dementia, and strategies for stress reduction. The participant may also qualify for respite care if there is a caregiver involved.

## **9. Can we have other services while enrolled in GUIDE?**

- You **cannot** be in a long-term care facility, utilizing your hospice benefit, or utilizing the PACE program.
- You **can** receive other services such as nutrition or transportation support, Medicaid waiver services, etc., if you are eligible.

## **10. What is the cost for the GUIDE program?**

The GUIDE program is fully covered by traditional Medicare (Parts A & B). There is no cost for the participant for GUIDE services.

## **11. Is there a copay for the GUIDE program?**

No, there is no co-pay for the GUIDE program.

## **12. Will the GUIDE program replace my Primary Care Provider (PCP)?**

- No, if you have an established relationship with a PCP, the GUIDE program can collaborate with your PCP. The GUIDE program can focus specifically on dementia management and keep your PCP updated on the services provided by the GUIDE program.
- However, if a participant comes into the GUIDE program without a PCP already selected, they may be able to elect the program's Nurse Practitioner (NP) to serve as their PCP. In this case the GUIDE NP would manage their dementia care as well as all other medical care under Medicare. In this case the GUIDE related service would continue to be covered by fully Medicare, however other medical services may have a co-pay under your Medicare plan. Discuss this with the GUIDE staff if you have questions.

### **13. How does the GUIDE program collaborate with an individual's PCP or other specialist?**

- The GUIDE Nurse Practitioner will work collaboratively with other healthcare providers to ensure continuity of care across settings.
- Copies of visit notes will be sent to PCPs and specialists if the participant requests.
- PCPs and specialists will also be notified or contacted regarding medication changes and general status changes of the participant.

### **14. How long does the GUIDE program last?**

GUIDE participants are reevaluated annually and as needed if there is a change in their status. The Centers for Medicare & Medicaid Services (CMS) must confirm eligibility yearly and if the GUIDE participant continues to meet eligibility as determined by CMS the program is ongoing.

### **15. Does the GUIDE staff provide in-home appointments?**

- The GUIDE Nurse Practitioner (NP) can provide in-home visits (in some areas) or telehealth appointments. If the patient lives in the Fort Wayne area the appointment will most likely be scheduled for the GUIDE Clinic in Fort Wayne. For individuals outside northeast Indiana, visits with the NP will be scheduled via telehealth.
- The GUIDE Care Navigators (CN) will come to the participant's home to come an initial home visit/safety assessment. CNs will provide ongoing support via telephone, email, or telehealth appointment. NOTE: in areas outside northeast Indiana, the AIHS GUIDE program will partner with local Area Agencies on Aging to provide the home visit/safety assessment.

### **16. What does a Care Navigator do?**

- The Care Navigator (CN) is a team member who aids in performing participant and caregiver non-clinical assessments to determine what benefits of the GUIDE program that the family can benefit from and ensure that these are put in place.

- In addition, the CN also provides ongoing support and education to the caregiver, connects the caregiver to support groups, sets up respite services if the individual qualifies, and assists with connecting the individual and their caregiver to other needed community services (i.e., meals, transportation, home modifications, etc.)

### **17. Why should someone enroll in the GUIDE program?**

GUIDE will provide support to help keep a loved one safe and at home as long as possible. Individuals who qualify for GUIDE can also benefit from symptom management related to their dementia which makes caregiving easier and less stressful. GUIDE caregivers and participants will benefit from education and clinical oversight through the GUIDE program to help manage this disease at home for as long as possible.

### **18. What does the GUIDE Program offer to support caregivers?**

- Quick and easy access to experts trained in dementia care.
- Caregiver stress and burden assessments.
- Education and resources to reduce stress and burden.
- Connection and referrals to other community resources.
- Connection to caregiver support groups.

### **19. What is respite care?**

Respite Care is a service that allows safe oversight of an individual with dementia provided either in the individual's home, an adult day center or a facility. Respite Care allows the caregiver a break from their caregiving duties so they can go to their own appointments, take a vacation, go to the grocery store, or just rest.

### **20. How does a GUIDE participant qualify for Respite Care?**

- Eligibility for Respite care as part of the GUIDE Program is determined by Medicare during the yearly assessment. An individual generally has to have moderate to severe dementia and an active caregiver.

- If the GUIDE participant qualifies for the GUIDE respite care benefit, as determined by CMS, they can receive up to \$2,568 for respite services in a program year (July 1-June 30) from an AIHS GUIDE partner agency.

## **21. What can in-home respite provide?**

- Time for the caregiver to go out and get things done, take a break, leave town for a short while.
- The in-home respite worker can do things like making a simple meal, complete light housekeeping tasks, or assist with personal care. They can take walks, engage in fun activities like playing games, creating arts and crafts, or listening to music.

## **22. How do I find out more about respite under the GUIDE Program?**

You can contact AIHS via the GUIDE email [GUIDE@agingihs.org](mailto:GUIDE@agingihs.org) or call GUIDE at 260-999-4106.