Understanding the Updated GUIDE Participation Agreement

Impact of the New Requirements

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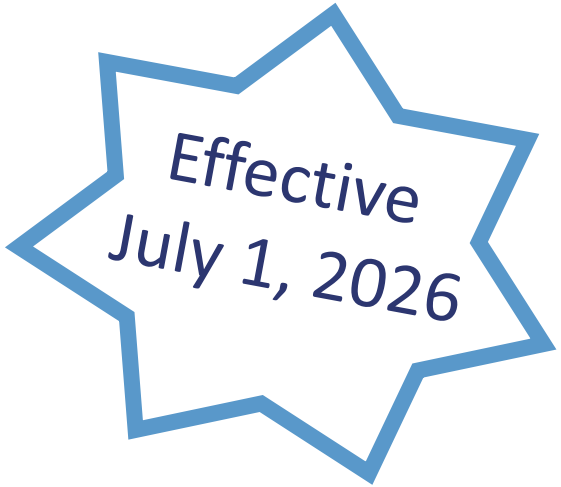
RCC Participant Agreement Updates

Overview of RCC Policy Updates (PY 2026)

- Purpose
  - Ensure continuity of GUIDE services for patients in RCC settings
- Key Policy Updates
  - Eligibility
    - RCC = eligible congregate setting
    - Memory Care Units = **ineligible**
  - Partner Requirements
    - Must have a compliant Partner Organization Arrangement
    - RCC must be listed + assigned RCC Partner ID
  - Payment Change
    - Single RCC payment tier (based on residence, not severity)
- RCC Payment Rates
  - $180/month (first 6 months)
  - $70/month (after 6 months)



Patient Eligibility and Residence Types

Exhibit 1. GUIDE Model Residence Definitions

Residence Type	GUIDE Definition
Private Residence	A beneficiary's home, apartment, condominium, or other dwelling where the beneficiary resides independently.
RCC	A congregate living setting that may commonly provide supportive services including but not limited to housing, meals, assistance with activities of daily living, medication management, supervision, and care coordination to adult residents who may benefit from support.
Memory Care Unit	A specialized unit or facility, whether freestanding or located within another facility setting, that provides a secured environment and intensive supervision and care specifically designed for individuals with dementia or Alzheimer's disease.

Exhibit 2. GUIDE Model Eligible and Ineligible Residence Types

ELIGIBLE RESIDENCE TYPES[1]		INELIGIBLE RESIDENCE TYPES
Private Residences, such as:	***RCC Partner Organizations, such as:***	
✓ Homes, apartments, or condos	✓ Assisted Living Facilities	× **Memory Care Units**
✓ Independent Living Communities	✓ Adult Family Homes	
	✓ Board and Care Homes	
	✓ Group Homes	

[1] Includes short-term nursing home stays of less than 101 days

See the GUIDE Model Residential Care Community (RCC) Policy Essentials for more info

Implementation, Care Delivery, & Compliance

- Partner & Care Delivery Requirements
  - Ensure staff training (patient rights, privacy, grievances)
  - RCC patients:
    - Not eligible for respite services
    - Continue caregiver support services
- Care Delivery Roles
  - Allowed collaboration: assessment, care planning, care coordination
  - Not allowed: 24/7 access, monitoring, medication management
- Monitoring & Compliance
  - Verify residence at each assessment (PAAF required)
  - Grace period ends Aug 30, 2026
  - Report residence changes:
    - Eligible → within 60 days
    - Ineligible → within 15 days

PY 2026 Payment Rates

Exhibit 8: GUIDE Monthly DCMP Base Rates for PY 2026[19]

Patient Status	Monthly Payment Rates for Patients With Caregiver			Monthly Payment Rates for Patients Without Caregiver		Monthly Payment Rates for Patients Residing in an RCC
	Low Complexity Dyad Tier	Moderate Complexity Dyad Tier	High Complexity Dyad Tier	Low Complexity Individual Tier	Moderate to High Complexity Individual Tier	RCC Model Tier
First 6 Months (New Patient Payment Rate)	G0519: $157	G0520: $288*	G0521: $377*	G0522: $241	G0523: $409	G0574: $180
After First 6 Months (Established Patient Payment Rate)	G0524: $68	G0525: $126*	G0526: $231*	G0527: $126	G0528: $225	G0575: $70

* Indicates tiers that are eligible for GUIDE Respite Services. Note, patients residing in RCCs do not qualify for GUIDE Respite Services.

NDCC Survey – Impact of the new GUIDE Participant Agreement Requirements

Survey Results - GUIDE Beneficiaries Currently Aligned

Approximately how many GUIDE beneficiaries are currently aligned with your organization?	
Minimum	6
First quartile	4.5
Median	58
Third quartile	156.25
Maximum	680

Survey Results – Approx. GUIDE Beneficiaries in an RCC

Approx. how many of your GUIDE-aligned patients currently live in a Residential Care Community (RCC) as defined by CMS?	
Minimum	2
First quartile	3
Median	12
Third quartile	22
Maximum	400

GUIDE Model Residential Care Community (RCC) Policy Essentials

Understanding the RCC Requirements

The GUIDE Model's Participation Agreement (PA) for Performance Year (PY) 2026 has new requirements for participants who serve patients residing in residential care communities (RCC). These requirements are designed to support continuity of care for patients in RCCs. CMS' goal is for currently aligned patients in RCCs to continue receiving GUIDE services within a clear, well-documented structure. *Key changes include:*

The PY 2026 PA is effective **July 1, 2026**.

- **Patient Eligibility and Residence Types**. CMS has updated the definition of RCCs and now defines Memory Care Units as an ineligible residence setting under the GUIDE Model.
- **RCC Partner Organizations**. To align patients residing in an RCC, you must list the RCC on your Partner Organization Roster and have a compliant Partner Organization Arrangement with them.
- **RCC Payment Tier**. A new single RCC payment tier simplifies billing.
- **Care Delivery for RCC Patients**. Providing care delivery services in RCCs requires you to coordinate care, clearly document roles and responsibilities, and maintain oversight of GUIDE services.

To support you with implementing the required changes, see the **Determining and Monitoring Residence Status** section. CMS provides guidance on reviewing and validating patients' residence status, completing required actions during the grace period, and monitoring and reporting residence type changes.

Patient Eligibility and Residence Types

You must verify, document, and attest to each patient's eligible residence type during the initial comprehensive assessment, using the Patient Assessment and Alignment Form (PAAF). See **Exhibit 1** for new definitions.

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Exhibit 2 lists examples of residence types that are GUIDE-eligible and those that are ineligible. Please see **Exhibit 7** to confirm actions you must take for your currently aligned patients.

Exhibit 2. GUIDE Model Eligible and Ineligible Residence Types

ELIGIBLE RESIDENCE TYPES[1]		INELIGIBLE RESIDENCE TYPES
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✓ Homes, apartments, or condos	✓ Assisted Living Facilities	× **Memory Care Units**
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RCC Partner Organization Requirements

RCCs are a distinct category of Partner Organizations subject to enhanced disclosure, oversight, and patient protection requirements. **Exhibit 3** lists the requirements for compliant Partner Organization Arrangements.

To serve patients residing in an RCC, you must have a fully executed, compliant Partner Organization Arrangement with the RCC in place, add the RCC to your Partner Organization Roster, and receive an RCC Partner Identification Number (RCC Partner ID) in the Participant Portal. You must include the RCC Partner ID on all PAAFs where residence type is required; for example, during initial and annual comprehensive assessments and reassessments due to a change in residence. CMS uses RCC Partner IDs to support monitoring and oversight of RCC partnerships to ensure that patients receive high quality GUIDE services.

Exhibit 3. GUIDE Model Partner Organization Arrangement Requirements

WHAT YOUR PARTNER ORGANIZATION ARRANGEMENT MUST INCLUDE	PROHIBITED ARRANGEMENTS
Your Partner Organization Arrangement with an RCC must document the following, per PA Section 3.06(E): • A clear description of GUIDE care delivery services and each party's roles and responsibilities that confirms they are *not duplicative of services the RCC already provides and funds through its standard residential fees.* • Details of any financial arrangements between you and the RCC Partner entity that confirm GUIDE payments *are not duplicative of other funding sources.* • Protections for patient rights, including freedom of choice, access to information, and access to grievance processes. • Confirmation that staff at the RCC have been educated about GUIDE services.	The following arrangements are prohibited under Section 3.06(L)(1) of the PA. These prohibitions protect patients and prevent conflicts of interest: • You may not enter an RCC partnership if you own, operate, or share a leadership position with the RCC or its RCC corporate entity (or vice versa). • You may not partner with an RCC or RCC corporate entity that is under active investigation for fraud, abuse, or serious quality of care violations, unless CMS specifically approves the arrangement. • You may not enter an arrangement that requires RCC participation to be conditional on providing referrals to facilities owned by the RCC corporate entity. • You may not provide financial incentives based on the number of patients aligned or other prohibited factors. • You may not share GUIDE payments with an RCC Partner outside of specific disclosures in the Partner Organization Arrangement and CMS approval.

Accurate residence type reporting protects your patients – the residence type you report on the PAAF determines each patient's model tier, payment rate, and eligibility status. Before July 1, 2026, review your patient records to identify anyone residing in a Memory Care Unit or whose residence type may have changed. Going forward, confirm residence type before every PAAF submission and consider building a verification step into your intake and assessment workflows.

RCC Payment Tier

CMS will assign all patients residing in RCCs to a single **RCC payment tier (Exhibit 4)** with specific Healthcare Common Procedure Coding System (HCPCS) codes and monthly payment rates (**Exhibit 5**). For patients in the RCC tier, residence type, rather than dementia severity and caregiver strain, determines tier assignment and payment.

Exhibit 4. New Single RCC Tier–Effective July 1, 2026

Patient Type	Tier	Criteria	Corresponding Assessment Tool Scores
Patients residing in RCC	RCC tier	Any stage of dementia *AND* If applicable, any level of caregiver strain *AND* Resides in an approved RCC setting	CDR= 0-3, FAST= 1-7 *AND* ZBI= 0-88

Exhibit 5. GUIDE Monthly DCMP Base Rates for RCC Tier

Timeline	HCPCS Code	Monthly Payment Rate
First 6 months (New Patient Payment Rate)	G0574	$180
After first 6 months (Established Patient Payment Rate)	G0575	$70

Consider working with your billing team before July 1 to prepare for the new RCC-specific HCPCS codes (G0574 and G0575). You may also want to build a process so that any residence type change triggers a billing review.

Care Delivery for RCC Patients

Exhibit 6 summarizes the care delivery responsibilities for you and your RCC Partners in each of the nine care delivery services. The details for each care delivery service are available in **Appendix D** of the PA.[2] Services that you delegate to the RCC must be clearly defined in the Partner Organization Arrangement.

In addition, you must ensure that RCC staff who provide care to aligned patients receive training that covers patient rights; prohibited practices; how to respond to patient questions about GUIDE services; complaint and grievance processes; and privacy and confidentiality requirements (see Section 3.06(G) of the PA).

Patients residing in RCCs are not eligible for GUIDE Respite Services beginning July 1, 2026. Update your workflows and educate your care team and partners to ensure respite is not scheduled or billed for RCC-tier patients. When a patient moves to an RCC, review their care plan with their caregiver and discuss the caregiver support services that remain available through GUIDE, including caregiver education, skills training, and support groups.

Exhibit 6. RCC Partner Involvement in Care Delivery Services

Care Delivery Service	RCC Partnership Permitted
Comprehensive Assessment	Yes
Care Plan	Yes
24/7 Access	No
Ongoing Monitoring and Support	No
Care Coordination and Transitional Care Management	Yes
Referral and Coordination of Services and Supports	Yes

[2] See the GUIDE Model Care Delivery Fact Sheet for details on the requirements for GUIDE care delivery services.

Care Delivery Service	RCC Partnership Permitted
Medication Management and Reconciliation	No
Caregiver Education and Support	Yes

Determining and Monitoring Patient Residence Status

Exhibit 7 outlines required actions for currently aligned patients. **Beginning with the Beneficiary Alignment Reports released on June 9, 2026, you should review the residence type identified for each currently aligned patient and any associated tier reassignments.** CMS will use the residence type reported on the patient's most recent PAAF to determine RCC tier assignment, and the June Beneficiary Alignment Report will identify patients affected by these tiering changes.

For aligned patients residing in an RCC that is not yet CMS-approved, starting the RCC Partner approval process early will help you complete required activities within the PA Amendment grace period, which ends on **August 30, 2026**. During the grace period, you should use the residence information in the Beneficiary Alignment Report to validate patient residence status, submit any required PAAFs, and complete RCC Partner organization activities, as applicable. PAAF submissions include an attestation that the patient resides in an eligible residence type. Submit required PAAFs to CMS via the Health Data Report (HDR) application within the CMS.gov Enterprise Portal (ePortal).

After August 30, 2026, you must continue to monitor and report patient residence changes. When a patient's residence changes, you must notify CMS by submitting a reassessment PAAF for eligible residence types within 60 days of becoming aware of the move or by submitting an unalignment PAAF for ineligible residence types within 15 days of becoming aware of the move.

Exhibit 7. Required Actions for Currently Aligned Patients