



CareLink360[®]

Supporting the CMS GUIDE Model

Implementation



This document describes how CareLink360 supports the goals of the CMS GUIDE Model by enhancing dementia care and reducing caregiver burden.

CareLink360[™]

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CareLink360[®] Supporting the CMS GUIDE Model

Introduction

In this paper, we will explore how CareLink360[®] can play a pivotal role in supporting each of the interventions proposed by the Centers for Medicare & Medicaid Services (CMS) Guiding an Improved Dementia Experience (GUIDE) Model. The GUIDE Model was developed to enhance the quality of life for individuals living with dementia, alleviate the burden on unpaid caregivers, and provide support to families while helping people with dementia remain in their homes and communities. By leveraging CareLink360[®]'s innovative platform, we will examine how its features align with and bolster the core objectives of the GUIDE Model.



We will highlight how CareLink360[®] facilitates constant communication among care teams and family members via Virtual Social Therapy[®], which leverages video chat technology to maintain strong personal connections. We will also explore how the platform delivers event-triggered educational resources, empowering caregivers with timely information to manage care effectively. Additionally, CareLink360[®]'s brain fitness modules provide personalized cognitive engagement activities to keep patients mentally stimulated and active, aligning with GUIDE's focus on enhancing patient engagement. Finally, we will discuss how CareLink360[®] offers caregivers additional resources and support, ensuring they are equipped with the tools and knowledge needed to manage their loved ones' care while safeguarding their own mental and emotional well-being.

Through this exploration, we aim to demonstrate how CareLink360[®]'s technology-driven solutions can play a pivotal role in improving the delivery of dementia care, optimizing caregiver involvement, and ultimately contributing to better outcomes for both patients and their families, in alignment with CMS's vision for the future.

Background

Globally, the number of older adults living with Alzheimer’s Disease (AD) and AD-related Dementias (ADRD) is rapidly increasing, posing unprecedented challenges for society. By 2060, it is estimated that 13.8 million Americans aged 65 and older will be living with Alzheimer’s¹, while the global count could rise to 153 million by 2050², with associated costs expected to total \$17 trillion³. Compounding this crisis is the severe shortage of trained front-line workers capable of providing AD/ADRD care⁴. The COVID-19 pandemic further underscored the importance of family caregivers, as homes became the primary setting for medical and long-term care, and family members often took on the role of frontline workers⁵. This shift toward home care was already underway before the pandemic, driven by changes in the U.S. healthcare system and evolving payment models. For instance, value-based payment models, which hold healthcare systems and payers accountable for both the quality and cost of care, are creating new opportunities to recognize and support the essential role of family caregivers.

Many states have implemented the Caregiver Advise, Record, Enable (CARE) Act, which mandates hospitals to document family caregivers in patient records, involve them in discharge planning, and provide necessary training for medical tasks the caregivers will perform. The federal Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act, passed in 2018, established a council of diverse stakeholders to develop a national strategy to support family caregivers.

Research has shown that integrating family caregivers into the formal care team leads to significant improvements in the quality of care for older adults and those with disabilities^{6,7}.

¹ “2024 Alzheimer’s Disease Facts and Figures.” *Alzheimer’s & Dementia* 20, no. 5 (2024): 3708–3821. <https://doi.org/10.1002/alz.13809>.

² Livingston, Gill, Jonathan Huntley, Kathy Y. Liu, Sergi G. Costafreda, Geir Selbæk, Suvarna Alladi, David Ames, et al. “Dementia Prevention, Intervention, and Care: 2024 Report of the Lancet Standing Commission.” *The Lancet* 404, no. 10452 (August 10, 2024): 572–628. [https://doi.org/10.1016/S0140-6736\(24\)01296-0](https://doi.org/10.1016/S0140-6736(24)01296-0).

³ Nandi, Arindam, Nathaniel Counts, Simiao Chen, Benjamin Seligman, Daniel Tortorice, Daniel Vigo, and David E. Bloom. “Global and Regional Projections of the Economic Burden of Alzheimer’s Disease and Related Dementias from 2019 to 2050: A Value of Statistical Life Approach.” *eClinicalMedicine* 51 (September 1, 2022). <https://doi.org/10.1016/j.eclinm.2022.101580>.

⁴ Cerulli, Paige. “Alzheimer’s Association Report Finds Lack of Care Navigation Support and Shortage of Direct Care Workers.” *I Advance Senior Care* (blog), May 13, 2024. <https://www.iadvanceseniorcare.com/alzheimers-association-report-finds-lack-of-care-navigation-support-and-shortage-of-direct-care-workers/>.

⁵ Friedman, Esther M., Patricia K. Tong, and Robert S. Rudin, *The Coronavirus Pandemic Highlights Why Family Caregivers Need to Be Integrated into the Health Care Team and Shows Us How to Make It Happen*. Santa Monica, CA: RAND Corporation, 2021. <https://www.rand.org/pubs/perspectives/PEA1079-1.html>.

⁶ Friedman, Esther M. and Patricia K. Tong, *A Framework for Integrating Family Caregivers into the Health Care Team*. Santa Monica, CA: RAND Corporation, 2020. https://www.rand.org/pubs/research_reports/RRA105-1.html.

⁷ Stephenson, Amber L., Minakshi Raj, Samuel C. Thomas, Erin E. Sullivan, Matthew J. DePuccio, Bram Fleuren, & Ann Scheck McAlearney. “Reconceptualizing family caregivers as part of the health care team.” *Journal of Hospital Management and Health Policy* [Online], 6 (2022): n. pag. Web. 12 Sep. 2024

Caring for a person living with dementia (PLWD) can be an overwhelming experience for caregivers. PLWDs often have multiple chronic conditions and experience fragmented care, which leads to frequent hospitalizations and emergency department visits. They may exhibit behavioral and psychological symptoms and often require round-the-clock care. The demands of managing complex healthcare needs, providing constant support, and addressing the behavioral and psychological challenges associated with dementia impose a significant mental, physical, emotional, and financial burden on caregivers. This burden is particularly pronounced among Black, Hispanic, Asian American, Native Hawaiian, and Pacific Islander populations, who face additional challenges and disparities in caregiving support⁸.

Recognizing the specific challenges of dementia care, the Centers for Medicare & Medicaid Services (CMS) introduced the Guiding an Improved Dementia Experience (GUIDE) Model, which seeks to achieve several key goals:

- **Enhancing quality of life:** Improving the overall well-being of individuals with dementia.
- **Alleviating caregiver burden:** Reducing the emotional and physical strain on unpaid family caregivers.
- **Promoting home care:** Helping individuals with dementia remain in their homes and communities as long as possible.
- **Valuing caregiver contributions:** Acknowledging and integrating the work of family caregivers as part of the formal care team.
- **Supporting mental health:** Providing caregivers with access to mental health and behavioral health services, ensuring they receive the support they need.

The GUIDE Model establishes a standardized approach to dementia care that includes 24/7 access to a support line, as well as comprehensive caregiver training, education, and support services. By implementing this standardized approach, the model aims to enable individuals with dementia to remain safely in their homes for a longer period, thereby delaying or preventing the need for nursing home placement and enhancing the quality of life for both individuals with dementia and their unpaid caregivers.

To address disparities in access to dementia care services, the GUIDE Model incorporates policies designed to promote health equity. This includes ensuring that underserved communities receive equal access to the model's interventions, thereby improving access to care for all populations.

⁸ <https://www.cms.gov/priorities/innovation/innovation-models/guide>

CareLink360[®] Supporting the GUIDE Model Interventions

CareLink360[®], in collaboration with Dementia Care Family Caregiver Educational Programs, provides in-home support and education through its Digital Health Companion (DHC) device. This expanded offering builds on the device's original features, supporting providers who are eligible to participate in the GUIDE Model. By leveraging these resources, providers can more effectively meet their responsibilities within this voluntary nationwide model test.

Implementing the GUIDE Model with Carelink360[®]

Carelink360[®] offers the following capabilities to support the implementation of the GUIDE Model:

1. Virtual Social Therapy[®]
2. Health and Wellness Reminders
3. Health and Wellness Tools
4. Event-Triggered Education[™] and Support
5. Dementia Care Education for Family Caregivers
6. Caregiver Emotional Assessment
7. PLWD Emotional and Cognitive Assessment

Virtual Social Therapy[®]

The DHC's Virtual Social Therapy[®] provides a platform for PLWD to enjoy companionship, inspiration, motivation, and support. Whether connecting to a family member, friend, or member of the medical care or support team, the DHC is safe, secure, and requires no technical ability.

Through the CareLink360[®] Virtual Social Therapy[®], a Virtual Interactive Care Plan can be created, enabling:

- **In-home video interactions** operated from the CareLink360[®] Companion App on the family members, case manager, and support team's smartphones;
- **Secure, encrypted, and private** communications for the PLWD, family, and support team;
- **Real-time communications** allow immediate response to changes in needs;
- Real-time communication between family members, friends, and PLWD despite distance or quarantine requirements;
- **Virtual visits unimpeded by distance** or quarantine requirements;
- **Social and sensory stimulation** for PLWD when they cannot leave the home.

Health and Wellness Reminders

Health, wellness, and medication reminders are crucial components of the PLWD's health plan. The CareLink360® DHC delivers important reminders that require acknowledgment by the PLWD (and/or their in-home care partners), ensuring that reminders are delivered to and acted on.

Through the Health and Wellness Reminders, care plans can be followed and implemented:

- **Medication reminders** are displayed to assure timely compliance;
- **Events, appointments, schedules**, and care plan changes are alerted and tracked;
- **Doctor appointments, meal deliveries, care partner schedules, support personnel visits**, etc. are entered via the smartphone app and appear on DHC.

Health and Wellness Tools

The CareLink360® DHC takes a holistic approach to integrating dementia care education with its library of health and wellness tools to support and improve PLWD outcomes through:

- More than 15 categories and **over 400 health and wellness modules** are designed around various disease states. (As other medical conditions and diseases normally complicate the experience of dementia, comprehensive support is needed.)
- **Numerous cognitive stimulation therapies** such as activities, interactive pictures, nature videos, and books;
- A library of **personalized videos** for personalizing the home environment to support the PLWD's sense of comfort and home;
- Fostering **shared decision-making** among case managers, family members, and the medical and care teams.

Because it records the responses and time spent by the PLWD using the Health and Wellness Tools, the CareLink360® DHC enables family members and support teams to identify changes in the PLWD's condition and respond proactively.

With the DHC and its monitoring resources, the case manager and care team can effectively update and implement the care plan to meet the changing needs of the PLWD, as well as more effectively implement doctors' recommendations.

Event-Triggered Education™ and Support

Research has shown that, immediately after a doctor's visit, most patients misunderstand instructions regarding their medications or how to work with their ongoing health needs. At CareLink360®, we believe that effective communication and education are essential to providing support for PLWD and their family caregivers at home.

Disease-specific education programs are necessary for empowering the family care partners of PLWD so they can take an active role in their loved one's health and wellness. Hence, the CareLink360® Health and Wellness tools include not only dementia care education but also modules for other diseases within its Event-Triggered Education™ feature. Note: CareLink360® programs and solutions are multilingual and designed to be assessable for those with disabilities such as hearing or vision impairments.

Voice Biomarkers

Through our partnership with Canary Speech, we leverage advanced algorithms to analyze voice patterns, detecting mood, anxiety, depression, and energy levels in individuals with AD/ADRD and their caregivers. This approach allows for real-time identification of emotional and psychological states, enabling timely interventions before behaviors escalate.

Thus, we can provide caregivers and care teams with emotional assessments of the caregivers and the persons they are caring for as well as cognitive assessments, allowing for a more refined and accurate care plan.

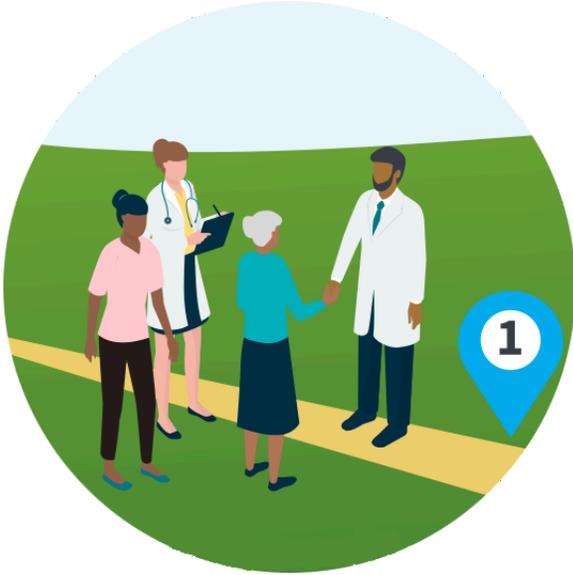
Specifics of using the Carelink360[®] DHC and its features to Implement the GUIDE Model



Figure 1. CMS GUIDE ModelSource: <https://www.cms.gov/priorities/innovation/media/document/guide-dementia-care-journey>

With the CareLink360[®] DHC, dementia care education, and Provider Case Managers, Margaret and Kathy's experience using GUIDE principles would be as follows:

1. CMS GUIDE: Margaret receives a comprehensive assessment and a home visit to identify safety risks. Kathy's needs are also addressed.



With CareLink360[®]: During the home visit assessment by the Provider Case Manager, Margaret & Kathy will receive their CareLink360[®] DHC and instructions on its use, and Kathy will install the CareLink360[®] Companion App on her smartphone. She invites not only family members and Margaret's care team—but also friends, clergy, and volunteers—to join the secure, private, and encrypted network. Everyone invited to join can now communicate with Margaret simply and securely, so Kathy experiences less stress and has more support.

2. CMS GUIDE: The care team works with Margaret to develop a care plan based on her goals and preferences. The care plan includes a referral to a home-delivered meal service and tips on how Margaret can maintain her medication schedule.

With CareLink360[®]: Margaret's new case manager now works with Kathy and her support team to create the care plan. The Health and Wellness Reminders will appear on Margaret's CareLink360[®] DHC and the case manager's and Kathy's smartphones. Kathy now has educational videos available on the DHC and her CareLink360[®] Companion App. The case manager can easily communicate with Margaret and Kathy through the DHC and vice versa: both Margaret and Kathy can easily reach the case manager.



3. CMS GUIDE: Margaret wanders away from home at night and is taken to the hospital.



With CareLink360®: Events such as Margaret wandering away at night would become rare, if they happen at all, now that Margaret is enjoying appropriate stimulation throughout the day with the Health and Wellness Tools and Virtual Social Therapy® (virtual visits, personalized activities, soothing videos, and simple reading texts). The likelihood of Margaret experiencing restlessness, agitation, frustration, or boredom that results in difficult-to-manage stress behaviors lessens as her days are filled with the sensory and social stimulation provided by the DHC. With the Wellness reminders, Margaret follows her exercises and physical activity routine. With the Medication reminders, Margaret is more consistent with her medication. As a result, Margaret maintains a healthy weight and sleeps better at night.

4. CMS GUIDE: Kathy enrolls in caregiver skills training. The next time Margaret tries to wander at night, Kathy calls the care team for support and convinces Margaret to stay home.

With CareLink360®: Kathy has been taking advantage of the education available on the CareLink360® DHC and companion app, learning from the combination of videos, infographics, pools, and surveys. Both Margaret and Kathy are benefiting from the real-time and direct interactions with the case manager and care team enabled by the DHC.



5. CMS GUIDE: Margaret's dementia has progressed so that Kathy is unable to leave her alone. Margaret receives 4 hours of in-home respite care so that Kathy may attend her doctor's appointments.



With CareLink360®: Since the CareLink360® DHC tracks the responses and time spent by Margaret when she's using the different Health and Wellness Tools, its reports assist Kathy and her case manager in evaluating her progression and allowing timely decision-making such as adding in-home respite care or transitioning to assisted living or memory care.

As Margaret's dementia progresses and Kathy needs additional support, the paid caregivers coming into the home will also learn how to use the DHC and provide dementia care. Kathy is now able to spend more time away from Margaret's home as she can check how Margaret is doing with her CareLink360® companion app.

Conclusion

In conclusion, this paper has demonstrated how the features of CareLink360® can significantly assist provider participants in the CMS GUIDE Model in supporting individuals living with dementia and their family caregivers. Through its comprehensive suite of tools, CareLink360® enhances communication between care teams and families, delivers timely educational content, fosters patient engagement with Brain Fitness modules, and provides robust support to caregivers.

By integrating these features, CareLink360® helps providers meet the model's objectives of improving the quality of life for people with dementia, reducing caregiver strain, and promoting the ability to remain in home and community settings. The platform's capabilities align closely with the GUIDE Model's goals, offering practical solutions to address the complex needs of dementia care while also supporting family caregivers. Overall, CareLink360®'s innovative approach stands to enhance the effectiveness of dementia care delivery, advance health equity, and improve outcomes for both individuals with dementia and their caregivers.

Resources

- [CMS GUIDE Model](#)
- [Alzheimer's Association](#)
- [Alzheimer's Foundation of America](#)
- [Alzheimers.Gov](#)
- [NIH Alzheimer's and Dementia](#)
- [Area Agencies on Aging](#)
- [Us Against Alzheimer's](#)
- [Dementia Action Alliance](#)
- [National Hispanic Council on Aging \(NHCOA\)](#)
- [The DAWN Method](#)

About the Author

Paula Muller, Ph.D. Founder & Chief Product Officer of CareLink360®

Paula has a lifelong passion for technology applied to healthcare. She got her M.S. in Biomedical Engineering in Chile working with the blind, later in Switzerland, she analyzed EEGs to prevent epileptic seizures, followed by her Ph.D. and Post-doc work at Rutgers with Parkinson's patients, and later at Authentidate with Telehealth products and services.

Paula has been certified in Individual Cognitive Stimulation Therapy (iCST), a Dementia Sales Advisor (DSA-NC), a Dementia Care Certified (CDC), a Certified Alzheimer's Disease & Dementia Care Training (CADDCT), and a Certified Dementia Practitioner (CDP), and volunteers as a bilingual Community Educator and support group facilitator for the Alzheimer's Association.

The concept of CareLink360® evolved from her professional background and her strong commitment to family relations and lifetime connections. CareLink360® was created to keep those aging in place and their families connected and closer together.

About CareLink360®

At **CareLink360®**, our mission is to **Change The Way The World Ages** by being the global leader in assisting aging adults, their caregivers, families, and extended care teams with solutions, and our ecosystem supporting and enhancing the aging journey; even for those experiencing cognitive decline. We also work with and help our customers and partners to deliver high-quality, person-and-patient-centered care across the care continuum; through our integrated, patented, and easy-to-use Digital Health Companion™. We strive to mitigate the global epidemic of isolation and loneliness affecting people of all ages, races, genders, and socioeconomic backgrounds.

To learn more about us, please visit mycarelink360.com