Connecticut ADRC Statewide Planning Tool

Contact Information

State Name	Connecticut
Grantee contact person	Jennifer Throwe
Contact telephone	(860)424-5862
Contact email	Jennifer.Throwe@ct.gov

*Participants in ADRC Statewide Plan Development**

Name & Title	***Organization***
Mark C. Schaefer, Ph.D - Director	State Medicaid Agency (required)
Pamela A. Giannini, MSW – Director	State Unit on Aging (required)
Amy L. Porter, Sc.D- Director	State Disability Agency (required)
-	Governor's Office
-	State Legislature
All 5 CT AAAs	Area Agencies on Aging
All 5 CT CILs	Centers for Independent Living
Connecticut Community Care, Inc.	ADRC Contractor
Daria Smith, MSW - Director	CT's State Independent Living Council
Pamela A. Giannini, MSW – Director	SHIP
Senior Resources Agency on Aging	Benefits Outreach and Enrollment
*Other Partners in the Connecticut Statewide ADRC Committee (see Section II. Partner Involvement) are aware of plans to expand statewide but have not seen the completed proposed plan. The proposed ADRC Statewide 5 Year Plan will be shared with partners at an upcoming 2011 Statewide ADRC Committee Meeting.	

*** The above participants have indicated that they have actively participated with the planning of the ADRC Statewide Plan and agree with its content. Letters of support are also acceptable for documenting active participation and support.**

Section I: Vision and Goals

AoA Project Vision Statement:

To have ADRCs in every community serving as highly visible and trusted places where all persons regardless of age, income and disability can find information on the full range of long-term support options and can access a single point of entry to public long-term support programs and benefits.

AoA Project Goal #1:

Fully functional ADRCs operating statewide.[1]

Description of Approach

Background:

Administrative responsibility for the development and implementation of statewide Aging and Disability Resource Centers (ADRCs), referred to as Community Choices in Connecticut, will reside with the State Unit on Aging (SUA). The SUA has oversight of the state SHIP, known as the CHOICES program as well as the state's 5 Area Agencies on Aging (AAAs). The SUA will continue working closely with the Bureau of Rehabilitation Services (BRS), also located within the Connecticut Department of Social Services, on implementing this initiative. BRS, a current member of the Statewide ADRC Committee and funder of CT's ADRCs, has administrative oversight of the state's 5 Centers for Independent Living (CIL). Currently, each of the state's 5 AAAs & 5 CILs have already paired off with their counterpart in each of the state's five geographic regions and signed Memorandums of Understanding (MOUs) with one another for the purposes of implementing ADRCs. Three ADRCs are currently serving consumers while two more are in the final stages of readiness. South Central Community Choices began October, 2008 between the Agency on Aging of South Central CT (AASCC) and the Center for Disability Rights (CDR). The second ADRC, Western Community Choices, began May, 2009 between the Western CT Area Agency on Aging (WCAAA) and Independence Northwest (INW). The third ADRC, North Central Community Choices, began May 2010 between the North Central Area Agency on Aging (NCAAA), Independence Unlimited (IU), and Connecticut Community Care, Inc. (CCCI) a home and community based services provider who is also a contractor for the elder waiver referred to as an "Access Agency" in our state. In the Eastern region, Senior Resources Agency on Aging (Senior Resources), the Disabilities Network of Eastern CT (DNCC) and CCCI have a signed MOU together and are in the process of beginning the Eastern Community Choices program. Finally, in the Southwestern region of the state, Southwestern Connecticut Agency on Aging (SWCAA) and the Disability Resource Center of Fairfield County (DRCFC) have a signed MOU together and are in the process of beginning the Southwestern Community Choices program.

SUA'a ADRC Structure – (including structure plans for Statewide ADRC Implementation)

Statewide ADRC Committee (includes opportunities for consumer participation). This advisory body is represented by all ADRC partners and those interested in following the development of Community Choices in Connecticut, including the CT State Independent Living Council (SILC). The following sub-committees also offer statewide structure to ADRCs:

-ADRC Planning Workgroup

-ADRC State Agency Stakeholder Workgroup

-ADRC Operating Protocol Workgroup

-ADRC Training Workgroup

[1] A definition of "statewide" is included in Attachment A of this template. Fully functioning criteria are available at http://www.adrc-tae.org/tiki-index.php?page=NewSite

-ADRC Private Pay Workgroup

-*Planned - ADRC Data & Outcomes Workgroup

South Central ADRC Workgroup – This regional workgroup is comprised of contracting partners including the AASCC, CDR & ADRC Evaluator – University of Connecticut Center on Aging (UConn).

SC Community Choices Council - This is a regional advisory body and includes opportunities for consumer participation.

Western ADRC Workgroup – This regional workgroup is comprised of contracting partners including the WCAAA, INW & ADRC Evaluator – UConn.

W Community Choices Council – This is a regional advisory body and includes opportunities for consumer participation.

North Central ADRC Workgroup – This regional workgroup is comprised of contracting partners including the NCAAA, IU, CCCI, ADRC Evaluator – UConn, and Care Transition Intervention hospital partner – the Hospital of Central Connecticut (HCC).

NC Community Choices Council - This is a regional advisory body and includes opportunities for consumer participation.

**Planned – Eastern ADRC Workgroup* – This planned regional workgroup will be comprised of MOU partners including Senior Resources (ECAAA), Disability Network of Eastern CT (DNEC) and CCCI. The Eastern AAA, Senior Resources, received 2011 grant funding to become a Benefits Outreach and Enrollment Center by the National Center for Benefits Outreach & Enrollment.

**Planned -Eastern Community Choices Council* - This is a planned regional advisory body and will also include opportunities for consumer participation.

**Planned – Southwestern ADRC Workgroup* – This planned regional workgroup will be comprised of MOU partners including Southwestern Connecticut Agency on Aging (SWCAA) and Disability Resource Center of Fairfield County (DRCFC).

**Planned – Southwestern Community Choices Council* - This is a planned regional advisory body and will also include opportunities for consumer participation.

5 Year Plan Development Process:

The Executive Directors, or their designees, from all five AAAs, all five CILs and CCCI met over the course of an eighteen month period to develop the 5 Year Statewide ADRC Plan and budget through the "ADRC Planning Workgroup." All members utilized the ADRC-TAE Readiness Assessment Tool. Since not all members were actively implementing an ADRC, a thorough review of existing/planned operations was undertaken. All ADRC staff, including front line staff, supervisors, agency Executive Directors in all 5 regions, and the Statewide ADRC Coordinator, completed an ADRC Strengths, Weaknesses, Opportunities, and Challenges (SWOC) exercise to capture input at all levels. The results were collected and tabulated by an independent entity as an in-kind contribution, the University of Connecticut Office of Organizational & Skill Development (OSD), to ensure candid responses. The results were shared with the group and compared with both the June 2010 Fully Functioning ADRC Criteria as well as Connecticut's August 2010 Fully Functioning ADRC Assessment Progress for the purpose of developing an ADRC Strategic Plan. In addition, the ADRC State Agency Stakeholder Workgroup, comprised of various State Agencies, Departments, Divisions and Units, was convened to seek input from additional stakeholders. The SWOC results were shared with this group as well as presentations on the national ADRC perspective by Carrie Blakeway - Sr. Consultant at the Lewin Group, and the Statewide ADRC Coordinator. Members were asked to

complete their own agency/division/unit SWOC to help identify ways the ADRC could become connected to / support of each member's respective entity and / or population. These SWOCs resulted in concrete activities that can occur to achieve the desired statewide fully functional ADRCs. Finally, input was sought from Statewide ADRC Committee members not otherwise already offered the opportunity for feedback.

Planned Approach:

The development of statewide ADRCs in Connecticut is based on an approach that aims to:

- Serve individuals aged 18 and over regardless of ability, including the private pay market;
- Identify and intervene to prevent unnecessary institutionalization of Connecticut residents through Care Transition and Nursing Home Diversion activities;
- Collect, coordinate and disseminate information;
- Streamline intake and provide assessments including benefit eligibility and application assistance;
- Enhance the rebalancing initiative within the Medicaid system with the goal of reducing institutional care and increasing community-based care;
- Promote consumer dignity through person-centered planning and Options Counseling (Benefits Options, Employment Options, and Long Term Support Options) which includes living in the least restrictive environment;
- Decision support in making life choices including long term planning and Long Term Support Options Counseling;
- Operate within a culturally competent environment;
- Promote the importance of employment and assist consumers with employment related needs across the adult lifespan, including Employment Options Counseling and Benefits Options Counseling, by utilizing referral to and from partner employment entities;
- Offer a network of services through a single entry point in a manner that is seamless to the consumer and incorporates the use of quality assurance measures and quality improvement techniques.

Coordination with key stakeholders and core operating partners on education & training, outreach & marketing, program implementation, and evaluation will take place throughout the proposed development plans for statewide ADRC implementation. By no later than 7/1/12 Connecticut will have 2 new ADRCs serving consumers in the Eastern & Southwestern regions of the state resulting in Statewide ADRC coverage.

How will you measure progress toward your goal?

In providing project oversight, the SUA will employ different methods of measuring Connecticut's progress in meeting our goal of statewide fully functioning ADRCs. The June 2010 Fully Functioning ADRC Criteria document will serve as a primary rubric for monitoring progress along a continuum. Under each program component / core ADRC function the identified recommended criteria / metrics will serve to guide the desired programmatic and administrative outcomes. The Definition of "Statewide" ADRC Coverage as identified in the AoA ADRC Statewide Plan Template will also guide us in determining our progress in achieving statewide ADRC coverage.

Criteria	Regions Meeting Criteria	Regions Not Yet Meeting Criteria
A state-level agency (SUA) oversees all the ADRCs across the state, providing guidance,	-South Central -Western -North Central	-Eastern -Southwestern

standards, monitoring, and administrative oversight as appropriate and this state-level agency considers the ADRC to be statewide.		
Individuals living in any part of the state can receive basic services from an ADRC including I&R, options counseling, and assistance accessing public programs – over the phone	-South Central -Western -North Central	-Eastern -Southwestern
Individuals living in any part of the state can receive basic services from an ADRC including I&R, options counseling, and assistance accessing public programs – in person – either from ADRC staff directly or from a formal ADRC partner (an organization with a contract, MOU, or protocol with the ADRC).	-South Central -Western -North Central	-Eastern -Southwestern
The ADRC (or ADRCs collectively) maintains a comprehensive database of aging and disability resources and services that cover the entire state.	-South Central -Western -North Central	-Eastern -Southwestern
Individuals across the state can contact an ADRC for assistance with at least three of the following "streamlining access" fully functioning ADRC criteria: 1. ADRC staff conducts level of care assessments that are used for determining functional/clinical eligibility for Medicaid and other public programs – or- ADRC has a formal process in place for seamlessly referring consumers to the agency that conducts level of care assessments. 2. ADRC staff assist consumers as needed with initial processing functions (e.g., taking applications for Medicaid and other public programs, assisting applicants in completing the application, obtaining required documentation to complete the application, assuring that the	1. South Central Western North Central 2. South Central Western North Central 3. None 4. South Central Western North Central	1. Eastern Southwestern 2. Eastern Southwestern 3. South Central Western North Central Eastern Southwestern 4. Eastern Southwestern

information contained on the application form is complete, and conducting any necessary interviews). 3. Staff located on-site within the ADRC can determine financial eligibility for Medicaid (staff co-located from or delegated by the Single State Medicaid Agency) – or – ADRC staff can submit completed applications to the agency authorized to determine financial eligibility directly on behalf of consumers. 4. ADRC is able to track individual consumers' eligibility status for Medicaid and other public programs throughout the process of eligibility determination and re-determination.		
ADRCs across the state serve persons over 60 and other populations of younger people with disabilities (e.g., physical disabilities, serious mental illness, and/or intellectual/developmental disabilities).	-South Central -Western -North Central	-Eastern -Southwestern
The ADRC (or ADRCs at the local level) has formal partnerships as characterized by contracts, MOUs, or protocols with key aging and disability service organizations and government agencies in their region. Key partners include Area Agencies on Aging, Centers for Independent Living, SHIP, Medicaid, and many others.	-South Central -Western -North Central -Eastern -Southwestern	

ADRC core partner agencies – defined as those agencies joined together in ADRC-related efforts by virtue of a Memorandum of Understanding that defines the breadth and scope of these activities. These MOUs will be placed into effect at the regional level to allow for regional operational differences; however, the intent of the MOU is to ensure that all components for the Fully Functioning ADRC can be achieved. All ADRC core partner agencies have recommended they participate in an annual review utilizing the Lewin Group's ADRC Self-Assessment Tool which will provide a snapshot of their progress statewide. The ADRC core partner agencies have also requested that baselines be identified for rates of hospital readmission and nursing home admission rates as well.

The ADRC program Evaluator, UConn, will continue to serve in the capacity of assisting the ADRC to establish and implement quality assurance tools and quality improvement resources / tools so that both the SUA & regional Community Choices programs can measure and monitor their progress and

commitment to maintaining high quality ADRC services that continue to meet the ADRC fully functioning criteria. Evaluation tools for CT's ADRCs previously designed by UConn in the 2007/2008 Nursing Home Diversion grant will be utilized & will be conducted by volunteers. The evaluation is based on Lewin's 2004 National ADRC Evaluation guidelines including trust, visibility, ease of access, responsiveness, efficiency, & effectiveness. The quality assurance components also include the compilation of baseline geographic potential user statistics, tools such as the ADRC Consumer Satisfaction Survey (CSS) and Stakeholder Satisfaction Survey (SSS), & case scenarios to sample streamlining. UConn is currently the Evaluator on both the ADRC Options Counseling Grant and the ADRC Evidence-Based Care Transition Grant. They are also the program Evaluator on the BRS Medicaid Infrastructure Grant (MIG) and the DSS Money Follows the Person (MFP) program, two of the SUA's current ADRC partners. UConn supports robust nationally recognized research programs and conducted in 2007 the 1st Long Term Care Needs Assessment in CT in over 10 yrs.

What are your anticipated barriers? How will you address these challenges?

The ADRC Planning Workgroup has identified the following major areas of challenges to the Community Choices Program:

1) Sustainability & Funding – The CHOICES Program (State Health Insurance Assistance Program, Aging I&R, & Senior Medicare Patrol) lost $1 million in State funding eliminating most paid in-kind staff to the ADRCs. Coaxing ADRC partners into realizing sustainability as a core expectation of the project has been challenging & has delayed implementing viable options. As identified in this Plan, three separate sustainability efforts are currently being spearheaded by regional core ADRC partners demonstrating progress in this area. Until sustainability plans yield enough revenue to offset salary costs, too much program success may create a demand that cannot be met. Salary increases & high fringe rate for Evaluators compound the problem. In another effort to achieve sustainability the SUA is working with the State Medicaid Agency and CCCI to pilot a Care Transition approach in the Eastern region, different from our CTI model in the North Central region, funded through the CT Home Care Program. Even maintaining the current resources database has occurred as an in-kind service since the first ADRC was established. However, as new upgrades are made to the system by the resource database owner, CT's Infoline 2-1-1, additional infrastructure costs will be needed within the next five years.

2) Staff Capacity – Concerns exist over the expected level of service not being feasible with the current staffing levels. Each of the three existing ADRCs are operating at maximum capacity making additional outreach at this time challenging. The "ideal" staffing levels developed by ADRC core partners on a regional basis, which includes positions for evaluators, marketing, supervision, administration, MIS, and Care Transition Coaches cannot be overcome without additional funding. The SUA will negotiate with the State Medicaid Agency to develop a mutually beneficial plan that will allow access to an Eligibility Worker. Due to staffing shortages the State Medicaid Agency may be reluctant to release a much needed Eligibility Worker to serve at the ADRCs & step toward Medicaid expedited eligibility determination for consumers. CT is facing an historic fiscal crisis resulting in painful cuts to many state programs & an early retirement incentive package issued by the Governor to reduce the State workforce resulted in approx. 3,800 retirees in 2009.

3) Ability to Provide Accommodation – It is the desire of the Community Choices program to be as culturally competent and accessible as possible to all of our consumers, including staff. We hold a commitment to these individuals in having our materials available in multiple formats, offering the accommodation needed for individuals to access the services of the ADRC. Demonstrating our commitment to embrace the vision of ADRCs, staff members also have disabilities that require appropriate accommodation. We continue to seek innovative ways to provide the high level of service to our staff and consumers.

4) MIS System / Information Technology - The ADRC clearly understands the need for a fully-functioning MIS to support the functions of the ADRC, implementing the system has proven more arduous than expected. The selected provider, Harmony, is continuing to work with the SUA to resolve our MIS needs including synchronizing our SUA data collection, tracking & reporting with our ADRC needs. The SUA Statewide MIS Stakeholder group is concerned with access issues & how SUA data collection for Older Americans Act (OAA) reporting will function, further complicating the ADRC's MIS implementation. ADRC Core Partners see the need for one Statewide ADRC MIS staff member to have responsibility of the volumous data elements collected under the name of the ADRC especially as the program continues to expand and be woven together with other programs.

5) Lack of Program Name Recognition – Due in part to the three existing ADRCs operating at maximum capacity, ample outreach and marketing activities have been curtailed to the detriment of establishing strong program name recognition. There is also some confusion with the "Community Choices" and "CHOICES" programs, especially since they share the same statewide single entry point phone number. Additional marketing and full merging of both programs will help address this concern. With MIG funds the SUA secured from the Bureau of Rehabilitation Services (BRS) the services of a professional marketing firm will allow for the development of statewide marketing materials including brochures, posters, TV Commercial, and promotional video. ADRC core partners also envision the ADRC maintaining one FTE statewide ADRC staff member tasked with marketing and outreach.

6) Quality Assurance / Continuity of Care between Partners – ADRC partners are keenly interested in assuring that each ADRC core partner is providing the same level and quality of ADRC services to consumers. This concern is amplified for the Eastern & Southwestern ADRCs currently in readiness development without the benefit of federal ADRC Grant funding, as well as those ADRCs working on specific regional projects such as the Care Transitions Intervention, and Options Counseling. The SUA has developed the structure to ensure communication and quality assurance tools and resources are available for all partners including an ADRC Training Workgroup to develop statewide ADRC Staff Training curricula. Finally, UConn has been the independent evaluator for the ADRC initiative and is hoped to remain as such within available funding.

7) Access to Services in CT – Program and funding silos still exist in CT including: seven different Medicaid waiver programs including some whose intake is closed; programs that have their own specific applications and eligibility requirements – most of which require extensive documentation to be included at the time of application; and various state entry points. The SUA continues to work through the Statewide ADRC Committee and other venues with: the State Medicaid Agency, Office of Policy & Management, Department of Developmental Services, Department of Mental Health and Addiction Services, BRS, Medical Services Unit, VA, and Board of Education and Services for the Blind to name a few on these particular issues. More work is required in this area including: exploring the possibility of a universal Medicaid waiver & universal eligibility application to streamline eligibility determinations; expand the SEP to include all state programs; electronic program applications; ADRC direct access to DSS Eligibility Workers; and ADRC staff with appropriate technology that allows them to scan documents in the consumers home.

8) Inadequate, Affordable, Accessible Housing – Housing needs for older adults and persons with disabilities that are both affordable and accessible continue to be problematic within Connecticut. ADRC core partners and members of the Statewide ADRC Committee plan to continue advocacy efforts including seeking increased funding; educating legislators and communities of need; and by participating in housing coalitions.

What is your overall timeline and key dates?

SUA anticipates the following key dates for fully functioning statewide ADRCs:

Year 1	• The SUA will continue with existing AoA ADRC Grant

FFY 2011 (10/1/10 - 9/30/11)	activities and pursuit of meeting all fully functioning ADRC criteria. • The SUA will continue working with the Eastern and Southwestern ADRC regions in developing their ADRC readiness and willingness to implement regional ADRCs without new State or Federal ADRC funding. • The SUA will coordinate ADRCs with the Board of Education Services for the Blind (BESB) for staff cross-training. • The SUA will coordinate ADRCs with CT Lifespan Respite Coalition (CLRC) for staff cross-training and formalization of mutual operating protocols. • The SUA will further coordinate ADRCs with the Department of Developmental Disabilities (DDS) for an overview training for ADRC staff on DDS eligibility and accessing information from Helpline and DDS website. • The SUA will further coordinate ADRCs with the Veterans Directed Home and Community Based Services Program.
Year 2 FFY 2012 (10/1/11 - 9/30/12)	• By 7/1/12 the Eastern and Southwestern ADRCs will be serving consumers, thus resulting in statewide ADRC coverage. • By 9/29/12 Community Choices will have developed and implemented a Private Pay model of service for ADRCs statewide. • The SUA will continue with existing ADRC activities and pursuit of maintaining all fully functioning ADRC criteria. • The SUA will coordinate ADRCs with the Long Term Care Ombudsman Program piloting a project of education/outreach about ADRC's to a small region of the state. • The SUA will coordinate ADRCs with the Senior Community Service Employment Program. • The SUA will further coordinate ADRCs with the Chronic Disease Self Management Program (CDSMP). • The SUA will coordinate ADRCs with the Department of Mental Health and Addiction Services for cross-training. • Partnership with the Money Follows the Person Program at the state level will allow ADRC staff to directly access DSS Eligibility Services workers thereby further expediting Medicaid eligibility determinations. • The Locally Coordinated Public Transit – Human Services Transportation Plan will be updated to incorporate the ADRC.
Year 3 FFY 2013 (10/1/12 – 9/30/13)	• The SUA will continue with existing ADRC activities and pursuit of maintaining all fully functioning ADRC criteria. • Community Choices will continue with rebalancing efforts including Options Counseling, MFP and Care Transition initiatives. • AAA Area Plans will reflect current ADRC progress level and future plans. • The State Plan for the "State Vocational Rehabilitation Services Program And State Plan Supplement for the State Supported Employment Services Program" will incorporate training for the ADRC. • State Plan for Independent Living will reflect current ADRC progress level and future plans. ADRCs & SILC will collaborate with the 2011-2013 State Plan for Independent Living training academy where applicable for FY 3-5.

Year 4 FFY 2014 (10/1/13 – 9/30/14)	• SUA State Plan on Aging will reflect current ADRC progress level and future plans. • The SUA will continue with existing ADRC activities and pursuit of maintaining all fully functioning ADRC criteria. • Community Choices will continue with rebalancing efforts including Options Counseling, MFP and Care Transition initiatives.
Year 5 FFY 2015 (10/1/14 – 9/30/15)	• The SUA will continue with existing ADRC activities and pursuit of maintaining all fully functioning ADRC criteria. • Community Choices will begin outreach to public schools and parents of school aged children about the availability of ADRC services. • Community Choices will continue with rebalancing efforts including Options Counseling, MFP and Care Transition initiatives.

Section II: Partner Involvement

Who are the key players and responsible parties?

The SUA, BRS, and Regional ADRC core partners, as previously defined, will be considered the key players and responsible parties. Statewide ADRC Coordinator, Jennifer Throwe, will continue to chair the Statewide ADRC Committee and oversee all ADRC Workgroups. Jennifer is responsible for all parts of this process. However, the creation of a truly integrated and statewide effort will also depend upon the commitment and engagement of a variety of stakeholders and "critical pathways." The below list highlights the breadth and scope of these stakeholders and critical pathways. It is the expectation of all that this list will continue to grow and shall not be deemed "complete."

State Unit on Aging (including: SHIP, CDSMP, SMP, Senior Employment Program, Nutrition, NFCSP, CSRCP, Aging I&R, Legal Services Developer)
Bureau of Rehabilitation Services
ADRC Core Partners: AASCC, CDR, WCAAA, INW, NCAAA, IU, CCCI, SWCAA, DRCFC, Senior Resources, DNEC
State Medicaid Agency (including Money Follows the Person & CT Home Care Program for Elders)
State Department of Social Services (including: Adult Services Division, Social Work Services, Protective Services for the Elderly, and Housing Services Unit)
State Department of Development Services
State Department of Mental Health and Addiction Services
State Department of Labor
State Department of Transportation
State Department of Economic and Community Development (including Office of Housing Development and Finance)
Veteran's Administration (federal & state)
CT State Independent Living Council
CT Association of Centers for Independent Living
CT Commission on Aging
Board of Education and Services for the Blind
CT Commission on Deaf and Hearing Impaired
CT Partnership on Long Term Care
Office of Protection and Advocacy
Long Term Care Ombudsman Program
Governor's Office

State Legislature
Social Security Administration
Municipal Agents
Senior Centers
Municipal Disability Committees
Local Disability Commissions
SW Disability Collaborative
Aging in Place programs
WorkPlace
Kennedy Center
Goodwill Industries of SW CT
Easter Seals
AARP
Ability Beyond Disability
CT Health of Southport
New Opportunities Inc.
Masonicare
CT Council on Developmental Disabilities
AJ Pappanikou Center for Excellence in Developmental Disabilities
Connecticut Lifespan Respite Coalition
National Alliance on Mental Illness – CT
Mental Health Association of CT
Disease specific organizations (i.e Alzheimer's Assoc.)
Physicians
Hospitals
CT Hospital Association
CT QIO – Qualidigm
Long Term Care Facilities
Home Care Agencies
Community-Based Services
Legal service providers
Probate courts
CT Infoline 2-1-1
University of Connecticut Center on Aging
University of Connecticut Office of Organizational and Skill Development
CT Schools
Senior Resources Benefits Enrollment Center
Administration on Aging
Centers for Medicare and Medicaid Services
National Council on Aging
National Center on Benefits, Outreach and Enrollment
National Association of States United for Aging and Disability
National Council on Independent Living
National Association on Area Agencies on Aging

Section III: Financial Plan – Resources to Sustain Efforts

What is your estimated cost to expand statewide (e.g., new MIS purchase)?

Connecticut will have statewide ADRC coverage by July 2012. Bringing on the remaining two regions, the Eastern & Southwestern regions, are estimated to cost $1,872,387 – based on the proposals submitted by these two regions with the goal of achieving fully functioning ADRC criteria. This estimate does not include costs identified by the three existing regions.

What is your estimated annual operating cost for the next 12 months?

Based on the proposals submitted by all five regions and the State Unit on Aging below is the estimated optimally desired annual operating costs by Plan Year:

Plan Year 2011 = $3,102,947

Plan Year 2012 = $5,391,480

Plan Year 2013 = $8,174,306

Plan Year 2014 = $9,399,294

Plan Year 2015 = $10,647,531

What existing funds/programs are currently being used to carry out ADRC activities?

The SUA has leveraged the following funds/programs to carry out ADRC activities:

- ADRC website including statewide searchable resource database through the Office of Policy and Management, the CT Commission on Aging, Long Term Care Advisory Council, and United Way of CT 2-1-1.
- In-kind contribution UConn Office of Organizational & Skill Development
- SHIP & SMP through the State Unit on Aging
- Medicare Infrastructure Grant (MIG) through the DSS Bureau of Rehabilitation Services
- AoA/CMS Grant funding opportunities:
    - 2009 ADRC Grant
    - MIPPA II Grant
    - ADRC Options Counseling Grant
    - ADRC Evidence-Based Care Transition Grant
    - ADRC Nursing Home Transition & Diversion Grant through the Money Follows the Person Program
- Chronic Disease Self Management Program (CDSMP) – “Live Well” in CT through the State Unit on Aging

- CT Home Care Program for Elders (Medicaid Elder Waiver) through the DSS Alternate Care Unit
- Additional in-kind assistance from Statewide ADRC Committee members including: Board of Education and Services for the Blind, Alzheimer's Assoc. - CT Chapter, State Long Term Care Ombudsman Program, Bureau of Rehabilitation Services – WIPA Program, CT Dept. of Mental Health and Addiction Services, and State SILC

The Regional Community Choices contracting partners, by individual agency, have leveraged the following funds/programs to carry out ADRC activities & also identified additional funds/programs, including pending awards, to be connected to the ADRC for additional future activities:

Agency	Programs Currently Connected	Future Program Connection	Program Description / Support Provided
NCAAA	**Community Choices / NCADRC** Funding Source: AoA	N/A	2 Federally funded ADRC grants to provide services in accordance with "Fully Functioning ADRC Criteria" and implement 1st Care Transition pilot under ADRC. 1 FTE Community Choices Counselor to provide ADRC services.
	CHOICES / SHIP /SMP Funding Sources: -OAA Title III Waiver -CMS -State of CT	N/A	CT's flagship information, referral and assistance program. The 1-800# used by Community Choices is owned by CHOICES. Significant history of marketing this number has created the single-entry point capability. All programmatic outreach is interconnected. All calls unless specifically requesting Community Choices are routed through CHOICES first. Consumers whose needs exceed the programmatic realm of the CHOICES program are referred for additional services through Community Choices.
	N/A	**Statewide Respite Care Program** Funding source: State of CT	Program provides funding for short-term respite care for individuals struggling with Alzheimer's Disease or related dementias.
	N/A	**Money Follows the Person** Funding source: CMS	Ensures residents in nursing facilities have the opportunity to return to their communities. The program also supports the rebalancing of the long term care delivery system in CT. Full connection to MFP including: -Provides information regarding

			alternatives to institutional care Direct funding for on-site nursing home interviews -Support broker demonstration -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs -Person Centered Transition Support – nursing home to community; hospital to home
	N/A	**National Family Caregiver Support Program** Funding source: AoA OAA Title IIIE	Program provides a variety of services for family caregivers aged 60+ and grandparents or relative caregivers aged 55+. Funding for direct services via grantees including short term respite for family caregivers and financial assistance for technology and home modifications.
	N/A	**Homeshare Program** Funding source: State of CT	Shared housing program designed to pair older adults with individuals seeking low-cost housing options in exchange for companionship and/or below market rent.
	N/A	**Elderly Nutrition Program** Funding source: -AoA OAA Title IIIC -State of CT	The program provides Nutrition Assessments, education and/or counseling as appropriate.
Agency	**Programs Currently Connected**	**Future Program Connection**	**Program Description / Support Provided**
IU	**Community Choices / NCADRC** Funding source: AoA	N/A	2 Federally funded ADRC grants to provide services in accordance with "Fully Functioning ADRC Criteria" and implement 1st Care Transition pilot under ADRC. 1 FTE Community Choices Counselor to provide ADRC services.
	N/A	**Project Independence** Funding source: AoA Title III funds from NCAAA	The program provides additional services, benefits counseling, and outreach to individuals 60 and older

	N/A	**Center for Independent Living CORE Services** Funding sources: -Rehabilitation Act Title VII Part C -ARRA Part B & C	The program provides operational support and direct consumer services such as individual and systems advocacy, independent living skills training, peer counseling, information & referral. It also provides services to prevent pre-mature entry into institutions and transition from nursing facilities back to the community
	N/A	**Independent Living Funds** Funding source: Rehabilitation Act Title VII Part B	The program supports pre and post employment support services as well as youth transition from school to college and/or employment. Each CIL also has a small fund to assist people to obtain services or equipment that will enable them to live independently in the community.
	N/A	**CT State Independent Living Funding** Funding source: State of CT	The state funding is for infrastructure and includes matching BRS & BESB funds.
	N/A	**Employment Assistance and Ticket to Work** Funding source: -ARRA Part B $ -Fee-for-service $	The program provides pre-vocational skill training and support for employment and volunteering, job development, and post-employment support to assist with job retention.
	N/A	**Access Greater Hartford** Funding source: State of Connecticut – BRS	The program provides advocacy, training and technical assistance for greater access to benefits and services. It provides community education, and assists people with disabilities in accessing services (physical, communication and programmatic access) as required by the Americans with Disabilities Act, the Rehabilitation Act, and other legislation.
	N/A	**Money Follows the Person** Funding source:	Ensures residents in nursing facilities have the opportunity to return to their communities. The program also supports the rebalancing of the long term care

		CMS	delivery system in CT. Full connection to MFP including: - Provides information regarding alternatives to institutional care Direct funding for on-site nursing home interviews -Support broker demonstration -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs -Person Centered Transition Support – nursing home to community; hospital to home
Agency	**Programs Currently Connected**	**Future Program Connection**	**Program Description / Support Provided**
CCCI	**Community Choices / NCADRC** Funding Source: AoA	N/A	2 Federally funded ADRC grants to provide services in accordance with "Fully Functioning ADRC Criteria" and implement 1st Care Transition pilot under ADRC. 1 FTE Care Transition Coach to provide ADRC Care Transition Intervention services for the purpose of decreasing unnecessary hospital readmissions.
	Money Follows the Person Funding Source: CMS – 2010 ADRC Nursing Home Transition & Diversion Grant	Full connection to rest of MFP including: - Provides information regarding alternatives to institutional care Direct funding for on-site nursing home interviews -Support broker demonstration -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs -Person Centered Transition Support – nursing home to community; hospital to home	Ensures residents in nursing facilities have the opportunity to return to their communities. The program also supports the rebalancing of the long term care delivery system in CT. Local Contact Agency (LCA) – 1 FTE Community Living Specialist to assist with the new requirements under MDS 3.0 Section Q.
	N/A	**Connecticut Home Care Program for Elders / Disabled Adults**	The program provides assessment, coordination and monitoring to older adults

		Funding source: -CMS -State of CT	meeting nursing home level of care. -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs. -Person Centered Transition Support – nursing home to community; hospital to home. -Information, referral and assistance
	N/A	**CCCI's Care Management Associates** Funding source: -Private Pay -Private Foundation	Privately paying clients are offered assessment, Information & Referral consultation, and access to long term care services. In addition, CMA has contracts with Medicare D carriers, MS Collaborative and the Hartford Foundation for Public Giving (Brainard Fund)
	N/A	**CCCI's Care Management Institute** Funding source: -Private Pay -Private Foundation	The educational department of CCCI provides education and consultation. CEU's are awarded as applicable.
	N/A	**Self Directed Support Services Program** Funding source: CT Council on Developmental Disabilities	The program provides one-on-one training to consumers who hire personal care assistants.
	N/A	**West End Civic Association** Funding source: Private Foundation – awaiting news of award possibility. $2,500–1yr.	This grant proposal includes a one-day outreach event to members of the West End of Hartford for benefits and options counseling via the ADRC.
	N/A	**CT Dept. of Mental Health & Addiction Services (DMHAS) Gatekeeper Grant** Funding source: State of CT – DHMAS $40,000 over 3 yrs.	This grant proposal includes training gatekeepers such as mail carriers, police, fire and other personnel on warning signs for older adults and persons with disabilities and the ADRC.

Agency	Programs Currently Connected	Future Program Connection	Program Description / Support Provided
AASCC	**Community Choices / SCADRC** Funding Source: -AoA	N/A	3 Federally funded ADRC grants to provide services in accordance with "Fully Functioning ADRC Criteria" and participate in national development of Options Counseling. 1 FTE Community Choices Counselor to provide ADRC services.
	CHOICES / SHIP / SMP Funding Sources: -OAA Title IIIB Waiver -CMS -State of CT -MIPPA	N/A	CT's flagship information, referral and assistance program. The 1-800# used by Community Choices is owned by CHOICES. Significant history of marketing this number has created the single-entry point capability. All programmatic outreach is interconnected. All calls unless specifically requesting Community Choices are routed through CHOICES first. Consumers whose needs exceed the programmatic realm of the CHOICES program are referred for additional services through Community Choices.
	Statewide Respite Care Program Funding source: State of CT	Full connection to rest of Statewide Respite Care Program.	Program provides funding for short-term respite care for individuals struggling with Alzheimer's Disease or related dementias. Cash & Counseling pilot from Nursing Home Diversion grant.
	Money Follows the Person Funding Source: CMS – 2010 ADRC Nursing Home Transition & Diversion Grant	Full connection to rest of MFP including: - Provides information regarding alternatives to institutional care Direct funding for on-site nursing home interviews -Support broker demonstration -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs -Person Centered Transition Support –	Ensures residents in nursing facilities have the opportunity to return to their communities. The program also supports the rebalancing of the long term care delivery system in CT. Local Contact Agency (LCA) – 1 FTE Community Living Specialist to assist with the new requirements under MDS 3.0 Section Q.

		nursing home to community; hospital to home	
	National Family Caregiver Support Program Funding source: AoA – Title IIIE	Full connection to rest of National Family Caregiver Support Program.	Program provides a variety of services for family caregivers aged 60+ and grandparents or relative caregivers aged 55+. Funding for direct services via grantees including short term respite for family caregivers and financial assistance for technology and home modifications. Cash & Counseling pilot from Nursing Home Diversion grant.
	N/A	**Veterans Directed Home and Community Based Services Program** Funding source: Federal VA	This program provides home and community based services to qualifying veterans and includes a self-directed cash and counseling based model.
	N/A	**Elderly Nutrition Program** Funding source: -AoA OAA Title IIIC -State of CT	The program provides Nutrition Assessments, education and/or counseling as appropriate.
	N/A	**Homeshare Program** Funding source: State of CT	Shared housing program designed to pair older adults with individuals seeking low-cost housing options in exchange for companionship and/or below market rent.
	N/A	**Tai Chi** Funding source: -AoA -State of CT	Tai Chi exercise to prevent falls.
	N/A	**CT Money School** Funding source: State of CT	Financial Literacy Courses.
	N/A	**Connecticut Home Care Program for Elders / Disabled Adults**	The program provides assessment, coordination and monitoring to older adults meeting nursing home level of care.

		Funding source: -CMS -State of CT	-Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs. -Person Centered Transition Support – nursing home to community; hospital to home. -Information, referral and assistance
	N/A	**Senior Community Service Employment Program** Funding source: -OAA Title V -Senior Services Corps Opportunities for Older Adults	Program is designed to prepare older workers for their return to the workplace.
Agency	**Programs Currently Connected**	**Future Program Connection**	**Program Description / Support Provided**
CDR	**Community Choices / SCADRC** Funding Source: -AoA	N/A	3 Federally funded ADRC grants to provide services in accordance with "Fully Functioning ADRC Criteria" and participate in national development of Options Counseling. 1 FTE Community Choices Counselor to provide ADRC services.
	N/A	**Helping Each Other Succeed Support Group** Funding source: -In-kind contribution by volunteers -CORE funding	Provides peer support to folks trying to maintain themselves in the community and also to folks in the process of transitioning out of nursing homes.
	N/A	**Butterfly Equipment & CDR Equipment Loan Closet** Funding source: Private Pay funds and donations	Program accepts gently used assistive devises, refurbishes and makes them available to others.
	N/A	**Money Follows the Person** Funding source:	Ensures residents in nursing facilities have the opportunity to return to their communities. The program also supports the rebalancing of the long term care

		CMS	delivery system in CT. Full connection to MFP including: - Provides information regarding alternatives to institutional care Direct funding for on-site nursing home interviews -Support broker demonstration -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs -Person Centered Transition Support – nursing home to community; hospital to home
	N/A	**Arthur Pepine Home Modification Project** Funding source: Endowed funding	Provides matching funds and technical assistance for ramps and low cost home modifications to qualified individuals with disabilities in 44 towns.
	N/A	**Center for Independent Living CORE Services** Funding sources: -Rehabilitation Act Title VII Part C -ARRA Part B & C	The program provides operational support and direct consumer services such as individual and systems advocacy, independent living skills training, peer counseling, information & referral. It also provides services to prevent pre-mature entry into institutions and transition from nursing facilities back to the community
	N/A	**Independent Living Funds** Funding source: Rehabilitation Act Title VII Part B	The program supports pre and post employment support services as well as youth transition from school to college and/or employment. Each CIL also has a small fund to assist people to obtain services or equipment that will enable them to live independently in the community.
	N/A	**CT State Independent Living Funding** Funding source: State of CT	The state funding is for infrastructure and includes matching BRS & BESB funds.
Agency	**Programs Currently Connected**	**Future Program Connection**	**Program Description / Support Provided**
WCAAA	**Community Choices / WADRC**	N/A	3 Federally funded ADRC grants to provide services in accordance with “Fully

	Funding Source: -AoA		Functioning ADRC Criteria" and participate in national development of Options Counseling. 1 FTE Community Choices Counselor to provide ADRC services.
	CHOICES / SHIP / SMP Funding Sources: -OAA Title III Waiver -CMS -State of CT -MIPPA	N/A	CT's flagship information, referral and assistance program. The 1-800# used by Community Choices is owned by CHOICES. Significant history of marketing this number has created the single-entry point capability. All programmatic outreach is interconnected. All calls unless specifically requesting Community Choices are routed through CHOICES first. Consumers whose needs exceed the programmatic realm of the CHOICES program are referred for additional services through Community Choices.
	Statewide Respite Care Program Funding source: State of CT	Full connection to rest of Statewide Respite Care Program.	Program provides funding for short-term respite care for individuals struggling with Alzheimer's Disease or related dementias. Cash & Counseling pilot from Nursing Home Diversion grant.
	Money Follows the Person Funding Source: CMS – 2010 ADRC Nursing Home Transition & Diversion Grant	Full connection to rest of MFP including: - Provides information regarding alternatives to institutional care Direct funding for on-site nursing home interviews -Support broker demonstration -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs -Person Centered Transition Support – nursing home to community; hospital to home	Ensures residents in nursing facilities have the opportunity to return to their communities. The program also supports the rebalancing of the long term care delivery system in CT. Local Contact Agency (LCA) – 1 FTE Community Living Specialist to assist with the new requirements under MDS 3.0 Section Q.
	N/A	**Elderly Nutrition Program**	The program provides Nutrition Assessments, education and/or

		Funding source: -AoA OAA Title IIIC -State of CT	counseling as appropriate.
	N/A	**Resident Service Coordination – Congregate Housing Services Program** Funding source: -HUD -State of CT	Outreach within the western area to identify and connect persons with needs.
	N/A	**HUD Case Management** Funding source: -HUD -State of CT -client contributions	Federally designated, the state contributes cash toward the cost of services for residents of included elderly housing complexes. The program forces clients to spend their own funds prior to becoming Medicaid eligible.
	National Family Caregiver Support Program Funding source: AoA – Title IIIE	Full connection to rest of National Family Caregiver Support Program.	Program provides a variety of services for family caregivers aged 60+ and grandparents or relative caregivers aged 55+. Funding for direct services via grantees including short term respite for family caregivers and financial assistance for technology and home modifications. Cash & Counseling pilot from Nursing Home Diversion grant.
	N/A	**Tai Chi** Funding source: -AoA -State of CT	Tai Chi exercise to prevent falls.
	N/A	**Live Well (CDSMP)** Funding source: AoA	Evidence based disease prevention program
	N/A	**Elderly Health Screening** Funding Source: State of CT	Program provides a wide range of screening opportunities not traditionally covered by Medicare and Medicaid and some follow-up for those who are low income and participated in dental screenings.

Agency	Programs Currently Connected	Future Program Connection	Program Description / Support Provided
INW	**Community Choices / WADRC** Funding Source: -AoA	N/A	3 Federally funded ADRC grants to provide services in accordance with "Fully Functioning ADRC Criteria" and participate in national development of Options Counseling. 1.5 FTEs Community Choices Counselors to provide ADRC services.
	WADRC Website Gateway Development Funding source: Community Foundation - $20,000	N/A	This grant will allow INW & WCAAA to develop a WADRC Website Gateway that is 508 compliant and fully accessible.
	N/A	**Center for Independent Living CORE Services** Funding sources: -Rehabilitation Act Title VII Part C -ARRA Part B & C	The program provides operational support and direct consumer services such as individual and systems advocacy, independent living skills training, peer counseling, information & referral. It also provides services to prevent pre-mature entry into institutions and transition from nursing facilities back to the community
	N/A	**Independent Living Funds** Funding source: Rehabilitation Act Title VII Part B	The program supports pre and post employment support services as well as youth transition from school to college and/or employment. Each CIL also has a small fund to assist people to obtain services or equipment that will enable them to live independently in the community.
	N/A	**CT State Independent Living Funding** Funding source: State of CT	The state funding is for infrastructure and includes matching BRS & BESB funds.
	N/A	**Employment Assistance and Ticket to Work** Funding source: -ARRA Part B $	The program provides pre-vocational skill training and support for employment and volunteering, job development, and post-employment support to assist with job retention.

		-Fee-for-service $	
	N/A	**Housing Opportunities for People Living with HIV/AIDS** Funding source: -HUD	The program provides transitional, scattered site housing, case management, rental subsidies, counseling, advocacy and referrals.
	N/A	**Money Follows the Person** Funding source: CMS	Ensures residents in nursing facilities have the opportunity to return to their communities. The program also supports the rebalancing of the long term care delivery system in CT. Full connection to MFP including: - Provides information regarding alternatives to institutional care Direct funding for on-site nursing home interviews -Support broker demonstration -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs -Person Centered Transition Support – nursing home to community; hospital to home
Agency	**Programs Currently Connected**	**Future Program Connection**	**Program Description / Support Provided**
SWCAA	N/A	**CHOICES / SHIP / SMP** Funding Sources: -OAA Title IIIB Waiver -CMS -State of CT -MIPPA	CT's flagship information, referral and assistance program. The 1-800# used by Community Choices is owned by CHOICES. Significant history of marketing this number has created the single-entry point capability. All programmatic outreach is interconnected. All calls unless specifically requesting Community Choices are routed through CHOICES first. Consumers whose needs exceed the programmatic realm of the CHOICES program are referred for additional services through Community Choices.
	N/A	**Statewide Respite Care Program** Funding source: State of CT	Program provides funding for short-term respite care for individuals struggling with Alzheimer's Disease or related dementias.

	N/A	**Money Follows the Person** Funding source: CMS	Ensures residents in nursing facilities have the opportunity to return to their communities. The program also supports the rebalancing of the long term care delivery system in CT. Full connection to MFP including: -Provides information regarding alternatives to institutional care Direct funding for on-site nursing home interviews -Support broker demonstration -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs -Person Centered Transition Support – nursing home to community; hospital to home
	N/A	**National Family Caregiver Support Program** Funding source: AoA OAA Title IIIE	Program provides a variety of services for family caregivers aged 60+ and grandparents or relative caregivers aged 55+. Funding for direct services via grantees including short term respite for family caregivers and financial assistance for technology and home modifications.
	N/A	**Senior Community Service Employment Program** Funding source: OAA Title V	Program is designed to prepare older workers for their return to the workplace.
	N/A	**Live Well (CDSMP)** Funding source: AoA	Evidence based disease prevention program
	N/A	**Elderly Nutrition Program** Funding source: -AoA OAA Title IIIC -State of CT	The program provides Nutrition Assessments, education and/or counseling as appropriate.
	N/A	**Connecticut Home Care Program for Elders / Disabled Adults**	The program provides assessment, coordination and monitoring to older adults meeting nursing home level of

		Funding source: -CMS -State of CT	care. -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs. -Person Centered Transition Support – nursing home to community; hospital to home. -Information, referral and assistance
	N/A	**Senior Housing Assistance Fund** Funding source: Fairfield County Community Foundation	The program provides interest free loans to older adults to help them procure or remain in affordable and safe housing
Agency	**Programs Currently Connected**	**Future Program Connection**	**Program Description / Support Provided**
DRCFC	N/A	**Employment Assistance and Ticket to Work** Funding source: -ARRA Part B $ -Fee-for-service $	The program provides pre-vocational skill training and support for employment and volunteering, job development, and post-employment support to assist with job retention.
	N/A	**Center for Independent Living CORE Services** Funding sources: -Rehabilitation Act Title VII Part C -ARRA Part B & C	The program provides operational support and direct consumer services such as individual and systems advocacy, independent living skills training, peer counseling, information & referral. It also provides services to prevent pre-mature entry into institutions and transition from nursing facilities back to the community
	N/A	**Independent Living Funds** Funding source: Rehabilitation Act Title VII Part B	The program supports pre and post employment support services as well as youth transition from school to college and/or employment. Each CIL also has a small fund to assist people to obtain services or equipment that will enable them to live independently in the community.
	N/A	**CT State Independent Living Funding**	The state funding is for infrastructure and includes matching BRS & BESB funds.

		Funding source: State of CT	
	N/A	**Assistive Technology Receipt, Assessment and Provision** Funding source: -New England Assistive Technology Center -Part C Core $	Program accepts gently used assistive devises, refurbishes and makes them available to others
	N/A	**Emergency PCA Program** Funding source: City of Bridgeport-SSBG$	Provides Personal Assistants to low-income individuals
	N/A	**Resource Actualizing Mobility Program (RAMP)** Funding source: Town of Stratford-CBDG$ City of Bridgeport-SSBG$	Provides ramps to low-income persons in the Stratford & Bridgeport areas.
	N/A	**Money Follows the Person** Funding source: CMS	Ensures residents in nursing facilities have the opportunity to return to their communities. The program also supports the rebalancing of the long term care delivery system in CT. Full connection to MFP including: -Provides information regarding alternatives to institutional care Direct funding for on-site nursing home interviews -Support broker demonstration -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs -Person Centered Transition Support – nursing home to community; hospital to home
Agency	**Programs Currently Connected**	**Future Program Connection**	**Program Description / Support Provided**
Senior Resources	N/A	**CHOICES / SHIP / SMP** Funding Sources: -OAA Title III Waiver	CT's flagship information, referral and assistance program. The 1-800# used by Community Choices is owned by CHOICES. Significant history of marketing

		-CMS -State of CT -MIPPA	this number has created the single-entry point capability. All programmatic outreach is interconnected. All calls unless specifically requesting Community Choices are routed through CHOICES first. Consumers whose needs exceed the programmatic realm of the CHOICES program are referred for additional services through Community Choices.
	N/A	**Statewide Respite Care Program** Funding source: State of CT	Program provides funding for short-term respite care for individuals struggling with Alzheimer's Disease or related dementias.
	N/A	**Money Follows the Person** Funding source: CMS	Ensures residents in nursing facilities have the opportunity to return to their communities. The program also supports the rebalancing of the long term care delivery system in CT. Full connection to MFP including: -Provides information regarding alternatives to institutional care Direct funding for on-site nursing home interviews -Support broker demonstration -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs -Person Centered Transition Support – nursing home to community; hospital to home
	N/A	**National Family Caregiver Support Program** Funding source: AoA OAA Title IIIE	Program provides a variety of services for family caregivers aged 60+ and grandparents or relative caregivers aged 55+. Funding for direct services via grantees including short term respite for family caregivers and financial assistance for technology and home modifications.
	N/A	**Live Well (CDSMP)** Funding source: AoA	Evidence based disease prevention program

	N/A	**Benefits Enrollment Center** Funding source: -National Council on Aging -OAA Title IIIB Waiver	The enhanced benefits check up program provides screening and application assistance for public benefits
	N/A	**Resident Service Coordination – Congregate Housing Services Program** Funding source: -HUD -State of CT	Outreach within the Eastern area to identify and connect persons with needs.
	N/A	**Elderly Nutrition Program** Funding source: -AoA OAA Title IIIC -State of CT	The program provides Nutrition Assessments, education and/or counseling as appropriate.
Agency	**Programs Currently Connected**	**Future Program Connection**	**Program Description / Support Provided**
DNEC	N/A	**Employment Assistance and Ticket to Work** Funding source: -ARRA Part B $ -Fee-for-service $	The program provides pre-vocational skill training and support for employment and volunteering, job development, and post-employment support to assist with job retention.
	N/A	**Money Follows the Person** Funding source: CMS	Ensures residents in nursing facilities have the opportunity to return to their communities. The program also supports the rebalancing of the long term care delivery system in CT. Full connection to MFP including: -Provides information regarding alternatives to institutional care Direct funding for on-site nursing home interviews -Support broker demonstration -Level of Care Assessments to determine functional/clinical eligibility for Medicaid and other programs -Person Centered Transition

			Support – nursing home to community; hospital to home
	N/A	**Resource Actualizing Mobility Program (RAMP)** Funding source: SSBG $	Provides ramps to low-income persons in the Eastern areas.
	N/A	**Services to the Hearing Impaired** Funding source: OAA Title III	The program funds outreach to hearing impaired individuals and CapTel units.
	N/A	**Center for Independent Living CORE Services** Funding sources: -Rehabilitation Act Title VII Part C -ARRA Part B & C	The program provides operational support and direct consumer services such as individual and systems advocacy, independent living skills training, peer counseling, information & referral. It also provides services to prevent pre-mature entry into institutions and transition from nursing facilities back to the community
	N/A	**Independent Living Funds** Funding source: Rehabilitation Act Title VII Part B	The program supports pre and post employment support services as well as youth transition from school to college and/or employment. Each CIL also has a small fund to assist people to obtain services or equipment that will enable them to live independently in the community.
	N/A	**CT State Independent Living Funding** Funding source: State of CT	The state funding is for infrastructure and includes matching BRS & BESB funds.

What are the added costs to the State?

Any added costs to the State, for example DSS Eligibility Worker housed in the State Medicaid Agency – MFP program, would be in-kind contributions to the ADRCs. Any work completed by this worker will assist the overall caseload of DSS. Therefore, any additional expenses can currently be absorbed within current funding levels.

What additional funds will be requested at the Federal and State level?

The proposed budget and staffing levels represent Connecticut's "ideal" ADRC. Additional funding for the Statewide ADRC Coordinator position will be sought in future years under the "ideal" ADRC. Funding sources are pulled together in a manner to bring CT as close to the "ideal" ADRC as possible. Decreases to existing funding levels, federal or in-kind state contributions will negatively impact the current operations and ADRC capacity. Connecticut ADRCs have identified every possible existing funding stream that could be leveraged for ADRC purposes and are in the process of realizing and formalizing these funding streams. The State Unit on Aging will continue to pursue Medicaid reimbursement as a potential funding source. Therefore continued funding, including funds earmarked for ADRCs in the Affordable Care Act, is optimal.

What are the estimated projected cost savings/offsets of having fully functional ADRCs statewide?

General Rebalancing & Community Choices:
According to Connecticut's Long Term Care Needs Assessment and the CT Long Term Care Planning Committee's January 2010 Long Term Care Plan – Report to the General Assembly (pgs. 47 & 48), moving out one percent of Medicaid residents in institutional settings would save the State $34,532,978. Meanwhile, HCBS represents $16,489,622 in state spending. The Report notes: "*If current ratios of Medicaid community and institutional long-term care services were to evolve over time to reflect the greater emphasis on home and community-based services achieved in other states, Connecticut could develop a long-term care system that provides community-based care to 75 percent instead of 53 percent of its Medicaid long-term care clients. If the number of Medicaid clients receiving long-term care in 2025 reflected this optimal ratio, Connecticut could expect an additional 10,978 clients receiving community-based services and supports, and a decrease of 8,071 individuals receiving care in institutions when compared to 2009 levels (Table 10). By holding the number of individuals served in 2025 constant, and increasing the proportion of individuals receiving community-based care to 75 percent, Medicaid long-term care expenditures are projected to be $4.9 billion, instead of $5.8 billion;* ***$904 million less than the State might otherwise have spent"*** *(See Table Below).*

Projections of Connecticut Medicaid Long-Term Care Expenditures by Current and Optimal Client Ratios of Community and Institutional Care

	Curr-ent Client Ratio	2025 Expenditures with Current Client Ratio	Increase from 2009 to 2025	Opti-mal Clie nt Rati o	2025 Expenditures with Optimal Client Ratio	Increase from 2009 to 2025
Comm unity-Based Care	**53%**	$2,073,145,970	$1,187,614,916	**75%**	$2,930,441,990	$2,044,910,936
Institut-ional Care	**47%**	$3,774,168,135	$2,162,056,332	**25%**	$2,010,050,810	$397,939,007
Total		$5,847,314,105	$3,349,671,248		$4,940,492,800	$2,442,849,943

Note: Expenditure projections include a 5 percent annual compound rate increase.
Source: Office of Policy and Management, Policy and Planning Division, 2009 based on: (1) Department of Social Services Medicaid data for SFY 2009; (2) U.S. Census Bureau, Population Division, Interim State Population Projections, 2005; (3) U.S. Census Bureau, American Community Survey, 2008 disability data for Connecticut.

Care Transition Projected Cost Savings:

Based on our existing work in the North Central ADRC with the Hospital of Central CT we proposed to achieve a 2% reduction in unnecessary hospital readmissions. Our sample size is still not statistically significant, but for CTI graduates we are definitely surpassing our initial expectations in 9 months time since the pilot began serving consumers. We are now in the process of building a "package of services" that would be appealing to a hospital or other potential funder, such as a Medicare Advantage Plan Provider, who would be willing to fund the ADRC to continue Care Transition work. Sustainability on this piece of the program is essential in order for us to expand to additional hospitals within the state especially if additional Care Transition grant funding cannot be secured.

Development of Cost Savings / Value of Benefit Calculator:

Under the ADRC Options Counseling Grant, CT proposed to develop a "Cost Savings / Value of Benefit Calculator with UConn and the Lewin Group for the purpose of being able to demonstrate savings to both state and federal entities as a result of the ADRC's involvement with consumers. In addition, some non-cash benefits will also have a value-added calculation determined to quantify the full picture of resources and savings generated as a result of the ADRC. It is hoped that once these values can be demonstrated and collected over time, new funders as well as the State Legislature would be more inclined to support and fund the Community Choices program in Connecticut.

How will you access the resources and create the revenue opportunities necessary for sustainable ADRC implementation on a statewide basis?

Connecticut proposes that ADRC sustainability will be an on-going process based upon a combination of privately generated revenue, maximization of existing state and federal funding opportunities, and streamlined utilization of public resources.

Potential Steps toward Sustainability:

Waivers:

Opportunities for commensurate funding will be more readily available as waiver functions are channeled through ADRCs.

Cost Sharing:

- Basic I&R is free
- Sliding Fee Scale for full assessment and development of a Long Term Care Plan for all consumers except consumers at or below a certain percentage of the Federal Poverty Level.
- Higher income levels would be responsible for sliding scale fees for additional guidance or care management
- Investigate bringing Fiscal Intermediary services under the ADRC umbrella as a "for-profit" business enterprise (more popular as cash & counseling and PCA services increase)

Contributions:

- Request for contribution within 30 days from point of contact and then annually until discontinuance
- Request outlines the importance of an ADRC and how the donor's contribution will be used to expand and enhance services, donors maintain anonymity (meets Title III guidelines)
- Fundraising opportunities – annual giving, leadership funds and bequests – are incorporated in privately funded services
- Fee based services
- Philanthropic grants

Savings from maximized efficiency:

- Maximize Federal Financial Participation by increasing efficiencies to the Medicaid System
- Determine cost savings related to consolidated databases and uniform assessment and reporting functions
- Move initial screening function for waivers, MFP and Medicaid to ADRC and seek payment for ADRC role in these screenings
- Evaluate pre & post Medicaid Utilization Rates / $ in regions with fully functional ADRCs.

What additional programs and service offerings are necessary to operate fully functional ADRCs across the state?

Two additional regional ADRCs are needed to achieve Statewide ADRC coverage. Additional programs and service offering necessary based on experience and present operations based on the Fully Functioning ADRC criteria include:

Program Component	Recommended Criteria	Status
Information Referral and Awareness	Marketing plan includes consideration of all populations and is culturally diverse.	• Though significant efforts have been made to ensure that available materials reflect a wide range of ability, age, and diversity; due to budget constraints we have been unable to produce materials in multiple formats and/or in multiple languages. Going forward, it is preferred that all budgets will be reflective of additional costs of closed-captioning, and multi-lingual versions. • In addition, it is preferred that all future budget iterations will be reflective of additional costs to achieve 508 compliance.
Information Referral and Awareness	Marketing plan includes a strategy to assess the effectiveness of outreach and	• Assessment of marketing efforts is based on the self-report of consumers contacting the program.

	marketing activities.	Non-scientific and since the path to our door is often circuitous, many consumers cannot remember their initial point of entry.
Information Referral and Awareness	ADRC actively markets to and serves private pay consumers in addition to those who require public assistance	• Due to limited staffing, we have relied on referrals primarily from existing programs serving low-income older adults and persons with disability. • There has been little sustained activity specifically designed to attract and serve private pay clients. • Recommendation for a contracted statewide Marketing lead.
Options Counseling and Assistance	Offer counsel to consumers which help them use their resources in a manner that best meets their long term care needs	• Continue to enhance training initiatives; partner with for-profit financial planning and elder lawyers to strengthen long term care options counseling.
Options Counseling and Assistance	Standards and Protocols are in place that define what options counseling entails and who will be offered options counseling	• Options Counseling is a relatively new term of art. Significant confusion exists as to what separates Options Counseling from I&R/A, or if non-ADRC entities can provide Options Counseling. • Because most of our referrals are relative to individuals on public benefits, long-term planning is significantly lower on their state hierarchy of needs.
Streamlined Eligibility Determination for Public Programs	Financial and functional/clinical eligibility determination processes for public programs are highly coordinated by the ADRC so that consumers experience it all as one process	• At this time, ADRC staff is limited to assisting consumers with completing and submitting their applications for state benefits. There is no mechanism whereby applications can be determined on site or in any way facilitated by ADRC staff. Such notification is critical for person centered service. Successful

		negotiation to achieve the above is desired.
Streamline Eligibility Determination for Public Programs	Work on developing 1915i state plan amendment which does not create waiting lists for waiver services	• Not currently available
Streamlined Eligibility Determination for Public Programs	ADRC is routinely informed of consumers who are determined ineligible for public LTC programs or services and the ADRC conducts follow-up with those individuals	• At this time, the ADRC is not notified as to status of individuals applying for programs. Such notification is critical for person centered service. Successful negotiation to achieve the above is desired. Access to EMS system with the authority to check on this might streamline this with the appropriate confidentiality agreements in place.
Streamlined Eligibility Determination for Public Programs	In locations where waiting lists for public LTC programs or services exists, the ADRC is routinely informed of consumers who are on the waiting list and conducts follow-up with those individuals	• At this time, the ADRC is not notified as to the placement of individuals on waiting lists for benefit programs. This notification is critical for person centered service. Successful negotiation to achieve the above is necessary.
Quality Assurance and Continuous Improvement	ADRC Operating organizations use management information systems that support all program functions. And, ADRC has established an efficient process for sharing resource and client information electronically across operating partners and with external entities, as needed from intake to service delivery.	• At this point in time ADRCs are not able to track inquiries, seamlessly apply for benefits and/or manage information to keep updated and accurate via one system • Need to have the ability to add case notes and stream line reporting from a single database • Lack the ability to communicate with statewide partners in a HIPPA compliant manner.
Quality Assurance and Continuous Improvement	Training and ongoing evaluation of ADRC programs	• In process
Include fee for service programs in the nonprofit structure	Begin charging fees to clients who do not qualify for free services. Develop sustainable programs through earned	• In process

	income	
Care Transitions Program	Decrease readmission rates, especially those which lead to premature institutional care. Strengthen relationship with hospitals	• In process

Project Goal Checklist	**Yes**	**No**
Is this goal reflected in the State Plan on Aging?		X
Is this goal reflected in the State Plan for Independent Living?		X
Does this goal require changes that must be proposed through the current budget cycle?		X
Does implementing this goal require regulatory, legislative, or statutory changes?		X
Does your plan seek private funding to augment public resources to support sustainability?	X	
Have the necessary stakeholders been identified and contacted?	X	
Are your data systems prepared to track progress towards this goal?		X

Connecticut ADRC Five Year Statewide Plan Approval
Attachment A

Please see the separate page with actual signatures

Five Year
Signatures.pdf

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Director of the State Unit on Aging – Pamela A. Giannini, MSW

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Director of the State Disability Agency – Amy L. Porter Sc.D

_____

Director of the State Medicaid Agency – Mark C. Schaefer, Ph.D

_____

Director of the ADRC – Jennifer Throwe, MSW, CIRS-A

Connecticut Statewide ADRC Staffing Plan
Attachment B

Staffing plans were developed on a regional basis and were designed to accommodate all activities of a fully functional ADRC. Staffing levels at the SUA level are also included.

SUA

Position	Function	Current #	Recommended #
Statewide ADRC Coordinator	• Coordinates all ADRC activities statewide • Partnership development • Represents the ADRC at meetings, boards, commissions etc. • Grant writing • Federal reporting • Contract development and management • Liaison to State Agencies, critical pathways and other stakeholders • Leads ADRC Workgroups and the Statewide ADRC Committee	1 FTE **Plan Yr 2011 & 2012** -State in-kind funding	1 FTE **Plan Yr 2013-2015** -Federal Funding
MIS Support	• Technical support for ADRC MIS needs	.05 FTE **Plan Yr 2011-2012** -State in-kind funding	.05 FTE **Plan Yr 2013-2015** -State in-kind funding
CT Infoline 2-1-1 (Contracted Service)	• ADRC coordination & access to 2-1-1 database.	Not performed by FTE **Plan Yr 2011-2012** -Federal funding -In-kind funding	Not performed by FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding
ADRC Evaluator (Contracted Service)	• ADRC Evaluation	.32 FTE – 2011 .72 FTE - 2012 **Plan Yr 2011-2012** -AoA Evidence Based Care Transition Grant funding -ADRC Options Counseling Grant	.5 FTE **Plan Yr 2013-2015** -Federal Funding -Philanthropic funding -Private funding
Eligibility Worker (housed for the	• Process applications for public benefits • Track consumers'	1 FTE	1 FTE

entire state at the DSS MFP Unit)	applications through the system and provide assistance and advocacy as requested or as need arises • Follow up on individuals either denied benefits or wait-listed for services	**Plan Yr 2012** -State in-kind funding through MFP Desired position	**Plan Yr 2013-2015** -State in-kind funding through MFP Desired position

North Central Community Choices (NCADRC)

Position	Function	Current #	Recommended #
NCADRC Executive Directors	• Management level supervision and project oversight • Partnership development	.10 FTE **Plan Yr 2011 & 2012** -In-kind funding -ADRC Evidence Based Care Transition Grant	.10 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding
NCADRC Regional Coordinator	• Staff Supervision and Training • Reporting • Contract / Program Compliance • Manage relationships, train and assist local ADRC partners and critical pathways • Implement ADRC plan & Development • Oversees regional governance/Advisory Councils • Quality Assurance/QI monitoring • Participate in regional / statewide meetings • Maintains regional ADRC Operating Protocols	No FTE Desired position	1 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding Desired position
NCADRC Supervisor	• Staff Supervisor and Training • Reporting • Management relationships, training and assist local hospitals and long term care facilities • Participate in regional / statewide meetings • Maintains regional CTI Operating Protocols	1 FTE **Plan Yr 2011-2012** -In-kind funding -ADRC Evidence Based Care Transition Grant	1 FTE **Plan Yr 2013-2015** -Federal funding -In-kind funding

Statewide ADRC Outreach & Marketing Lead (housed for the entire state at the NCADRC)	• Develop marketing strategy, including private pay model strategies • Implement strategy • Enhance regional marketing and outreach efforts • Presentations, press releases and other communications as necessary • Evaluate and assess marketing and outreach efforts	No FTE **Plan Yr 2011 & 2012** -In-kind funding for staff time and BRS MIG funding for products Desired position	1 FTE + contracts with advertising / PR consultants as needed **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding Desired position
Community Choices Counselor	• Assessment • Short Term Support (care management) • Benefits, Employment and Long Term Supports Options Counseling • Lead CDSMP Workshops / Outreach	3 FTE **Plan Yr 2011** -AoA 2009 ADRC Grant funding -AoA Evidence Based Care Transition Grant funding -CIL CORE funding 2 FTE **Plan Yr 2012** -AoA Evidence Based Care Transition Grant funding -CIL CORE funding	4 FTE **Plan Yr 2013-2015** -Federal funding -CIL CORE funding -Philanthropic funding -Private funding
Care Transition Coach	• Coordinate discharge services with multi-disciplinary team • Apply Coleman (or other) principles to reduce recidivism rates at area hospital • Coach and counsel diverse clients and caregivers to improve outcome of recent hospital discharge • Lead CDSMP Workshops/Outreach	**Plan Yr 2011** = 2 FTEs at 1 hospital -AoA 2009 ADRC Grant funding -AoA Evidence Based Care Transition Grant funding **Plan Yr 2012** = 6 FTEs at 2 hospitals -Private funding -In-kind funding -AoA Evidence Based Care Transition Grant funding	**Plan Yr 2013** = 10 FTEs at 3 hospitals -Federal funding for 1st yr of new hospital -Private funding **Plan Yr 2014** = 12 FTEs at 4 hospitals -Federal funding for 1st yr of new hospital -Private funding **Plan Yr 2015** = 14 FTEs at 5 hospitals -Federal funding for 1st yr of new hospitals -Private funding
MFP Transition Coordinator	• Provide assistance and coordination in consumer transition from the nursing facility / institution to community living	9 FTE **Plan Yr 2011-2012** -Federal funding	9 FTE **Plan Yr 2011-2012** -Federal funding

Community Living Specialist	• Provide support to nursing homes when potential transition candidates are identified via MDS 3.0.	1 FTE **Plan Yr 2011-2012** -CMS 2010 Nursing Home Transition & Diversion Grant funds	1 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding
Information Specialist	• Intake (web, fax & phone inquiries) • Triage • Information & Referral • Benefits Education • Application Assistance • Record all service units and track client information	1 FTE **Plan Yr 2011-2012** -CHOICES (SHIP, SMP, Aging I&R) funding -CIL CORE funding	1 FTE **Plan Yr 2013-2015** -CHOICES (SHIP, SMP, Aging I&R) funding -CIL CORE funding
Administrative Assistant	• Marketing support • Outreach support • Data Entry • Office / clerical support	No FTE **Plan Yr 2011-2012** -In-kind funding Desired position	1 FTE **Plan Yr 2013-2015** -Federal funding -In-kind funding -Philanthropic funding -Private funding Desired position

Western Community Choices (WADRC)

Position	Function	Current #	Recommended #
WADRC Executive Directors / Supervisors	• Management level supervision and project oversight • Partnership development	.20 FTE **Plan Yr 2011 & 2012** -In-kind funding	.20 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding
WADRC Regional Coordinator	• Staff Supervision and Training • Reporting • Contract / Program Compliance • Manage relationships, train and assist local ADRC partners and critical pathways • Implement ADRC plan & Development • Oversees regional governance/Advisory Councils • Quality Assurance/QI	No FTE Desired position	1 FTE **Plan Yr 2013-2014** -Federal funding -Philanthropic funding -Private funding 2 FTE **Plan Yr 2015** -Federal funding -Philanthropic funding -Private funding Desired position

	monitoring • Participate in regional / statewide meetings • Maintains regional ADRC Operating Protocols		
Community Choices Counselor	• Assessment • Short Term Support (care management) • Benefits, Employment and Long Term Supports Options Counseling • Lead CDSMP Workshops / Outreach	2.5 FTE **Plan Yr 2011-2012** -AoA 2009 ADRC Grant funding -AoA Options Counseling Grant -AoA/CMS MIPPA II (ADRC portion) funding -CIL CORE funding	4 FTE **Plan Yr 2013-2015** -Federal funding -CIL CORE funding -Philanthropic funding -Private funding
Care Transition Coach	• Coordinate discharge services with multi-disciplinary team • Apply Coleman (or other) principles to reduce recidivism rates at area hospital • Coach and counsel diverse clients and caregivers to improve outcome of recent hospital discharge • Lead CDSMP Workshops/Outreach	No FTE **Plan Yr 2011** **Plan Yr 2012** = 2 FTE at 1 hospital -AoA 2009 ADRC Grant funding	**Plan Yr 2013** = 12 FTEs at 6 hospitals -Federal funding for 1st yr of new hospital -Private funding **Plan Yr 2014** = 16 FTEs at 8 hospitals -Federal funding for 1st yr of new hospital -Private funding **Plan Yr 2015** = 20 FTEs at 10 hospitals -Federal funding for 1st yr of new hospitals -Private funding
Diversion Specialists	• Short and Long Term Case Management • Crisis Intervention • Respond to inquiries regarding services and alternatives to institutional care	No FTE Desired position	2 FTE **Plan Year 2013-2015** -CIL CORE Funding -Philanthropic funding -Private funding Desired position
MFP Transition Coordinator	• Provide assistance and coordination in consumer transition from the nursing facility / institution to community living	3 FTE **Plan Year 2011-2012** -Federal funding	3 FTE **Plan Year 2013-2015** -Federal Funding
Community Living Specialist	• Provide support to nursing homes when potential transition candidates are	1 FTE **Plan Yr 2011-2012**	1 FTE **Plan Yr 2013-2015**

	identified via MDS 3.0.	-CMS 2010 Nursing Home Transition & Diversion Grant funds	-Federal funding -Philanthropic funding -Private funding
Information Specialist	• Intake (web, fax & phone inquiries) • Triage • Information & Referral • Benefits Education • Application Assistance • Record all service units and track client information	2 FTE **Plan Yr 2011-2012** -CHOICES (SHIP, SMP, Aging I&R, MIPPA) funding -CIL CORE funding	2 FTE **Plan Yr 2013-2015** -CHOICES (SHIP, SMP, Aging I&R) funding -CIL CORE funding
Administrative Assistant	• Marketing support • Outreach support • Data Entry • Office / clerical support	No FTE **Plan Yr 2011-2012** -In-kind funding Desired position	1 FTE **Plan Yr 2013-2015** -Federal funding -In-kind funding -Philanthropic funding -Private funding Desired position

South Central Community Choices (SCADRC)

Position	Function	Current #	Recommended #
SCADRC Executive Directors / Supervisors	• Management level supervision and project oversight • Partnership development	.30 FTE **Plan Yr 2011 & 2012** -In-kind funding	.30 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding
SCADRC Regional Coordinator	• Staff Supervision and Training • Reporting • Contract / Program Compliance • Manage relationships, train and assist local ADRC partners and critical pathways • Implement ADRC plan & Development • Oversees regional governance/Advisory Councils • Quality Assurance/QI monitoring • Participate in regional / statewide meetings	No FTE Desired position	1 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding Desired position

	• Maintains regional ADRC Operating Protocols		
Statewide ADRC Trainer (housed for the entire state at the SCADRC)	• Statewide ADRC Staff Training • Lead, coordinate, and track continuing education opportunities for all staff • Update and maintain ADRC staff training materials	No FTE Desired position	.50 FTE Plan Yr 2013-2015 -Federal funding -Philanthropic funding -Private funding Desired position
Community Choices Counselor	• Assessment • Short Term Support (care management) • Benefits, Employment and Long Term Supports Options Counseling • Lead CDSMP Workshops / Outreach	2 FTE **Plan Yr 2011 & 2012** -AoA 2009 ADRC Grant funding -AoA Options Counseling Grant -AoA/CMS MIPPA II (ADRC portion) funding -CIL CORE funding	3 FTE **Plan Yr 2013** 4 FTE **Plan Yr 2014-2015** -Federal funding -CIL CORE funding -Philanthropic funding -Private funding
Care Transition Coach	• Coordinate discharge services with multi-disciplinary team • Apply Coleman (or other) principles to reduce recidivism rates at area hospital • Coach and counsel diverse clients and caregivers to improve outcome of recent hospital discharge • Lead CDSMP Workshops/Outreach	**Plan Yr 2012** = 2 FTE at 2 hospitals -AoA 2009 ADRC Grant funding	**Plan Yr 2013** = 3 FTEs at 2 hospitals -Federal funding for 1st yr of new hospital -Private funding **Plan Yr 2014** = 5 FTEs at 4 hospitals -Federal funding for 1st yr of new hospital -Private funding **Plan Yr 2015** = 7 FTEs at 6 hospitals -Federal funding for 1st yr of new hospitals -Private funding
Independent Living Skills Specialist	• Special assessment of a consumer's ILS skills for independently performing ADLs • Managing PCAs for targeted populations	No FTE Desired position	**Plan Yr 2013-2015** 1 FTE -Federal funding -Philanthropic funding -Private funding
MFP Transition Coordinator	• Provide assistance and coordination in consumer transition from the nursing facility / institution to community living	6.5 FTE **Plan Yr 2011-2012** -Federal funding	6.5 FTE **Plan Yr 2011-2012** -Federal funding

Community Living Specialist	• Provide support to nursing homes when potential transition candidates are identified via MDS 3.0.	1 FTE **Plan Yr 2011-2012** -CMS 2010 Nursing Home Transition & Diversion Grant funds	1 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding
Information Specialist	• Intake (web, fax & phone inquiries) • Triage • Information & Referral • Benefits Education • Application Assistance • Record all service units and track client information • Living skills/Assistive Technology Information	1 FTE **Plan Yr 2011-2012** -CHOICES (SHIP, SMP, Aging I&R, MIPPA) funding -CIL CORE funding	1 FTE **Plan Yr 2013-2015** -CHOICES (SHIP, SMP, Aging I&R) funding -CIL CORE funding
Administrative Assistant	• Marketing support • Outreach support • Data Entry • Office / clerical support	No FTE **Plan Yr 2011** 1 FTE **Plan Yr 2012** -In-kind funding Desired position	1 FTE **Plan Yr 2013-2015** -Federal funding -In-kind funding -Philanthropic funding -Private funding Desired position

Eastern Community Choices (EADRC)

Position	Function	Current #	Recommended #
EADRC Executive Directors / Supervisors	• Management level supervision and project oversight • Partnership development	.10 FTE **Plan Yr 2011-2012** -In-kind funding	.10 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding
EADRC Regional Coordinator	• Staff Supervision and Training • Reporting • Contract / Program Compliance • Manage relationships, train and assist local ADRC partners and critical pathways • Implement ADRC plan & Development • Oversees regional governance/Advisory	No FTE **Plan Yr 2011** 1 FTE **Plan Year 2012** -Federal funding -Private funding Desired position	1 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding Desired position

	Councils • Quality Assurance/QI monitoring • Participate in regional / statewide meetings • Maintains regional ADRC Operating Protocols		
EADRC Regional CTI Supervisor	• Staff Supervisor and Training • Reporting • Manages relationships, training and assist local hospitals and long term care facilities • Participate in regional / statewide meetings • Maintains regional CTI Operating Protocols	.20 FTE **Plan Yr 2011** -In-kind funding -Federal funding .40 FTE **Plan Yr 2012** -In-kind funding -Federal funding	.60 FTE **Plan Yr 2013-2014** -Federal funding -In-kind funding 1 FTE **Plan Yr 2015** -Federal funding -In-kind funding
Statewide IT/MIS ADRC Lead (housed for the entire state at the EADRC)	• Develop and/or review existing database programs, sufficient to maintain reporting, case management, consumer satisfaction, program monitoring and HIPPA compliant data sharing	No FTE Desired position	1 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding Desired position
Community Choices Counselor	• Assessment • Short Term Support (care management) • Benefits, Employment and Long Term Supports Options Counseling • Lead CDSMP Workshops / Outreach	No FTE **Plan Yr 2011** 2 FTE **Plan Yr 2012** -CIL CORE funding -In-kind funding -Private funding	3 FTE **Plan Yr 2013-2015** -Federal funding -CIL CORE funding -Philanthropic funding -Private funding
Care Transition Coach	• Coordinate discharge services with multi-disciplinary team • Apply Coleman (or other) principles to reduce recidivism rates at area hospital • Coach and counsel diverse clients and caregivers to improve outcome of recent hospital discharge • Lead CDSMP Workshops/Outreach	No FTE **Plan Yr 2011** 2 FTE **Plan Yr 2012** -In-kind funding -State funding -Federal funding Desired position	**Plan Yr 2013** = 4 FTEs at 2 hospitals -Federal funding for 1st yr of new hospital -Private funding **Plan Yr 2014** = 6 FTEs at 3 hospitals -Federal funding for 1st yr of new hospital -Private funding **Plan Yr 2015** = 8 FTEs at 4 hospitals -Federal funding for 1st

			yr of new hospital -Private funding
MFP Transition Coordinator	• Provide assistance and coordination in consumer transition from the nursing facility / institution to community living	3 FTE **Plan Yr 2011-2012** -Federal funding	3 FTE **Plan Yr 2011-2012** -Federal funding
Community Living Specialist	• Provide support to nursing homes when potential transition candidates are identified via MDS 3.0.	No FTE **Plan Yr 2011** 2 FTE **Plan Yr 2012** -Philanthropic funding -Private funding Desired position	2 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding Desired position
Information Specialist	• Intake (web, fax & phone inquiries) • Triage • Information & Referral • Benefits Education • Application Assistance • Record all service units and track client information	No FTE **Plan Yr 2011** 1 FTE **Plan Yr 2012** -CHOICES (SHIP, SMP, Aging I&R, MIPPA) funding -CIL CORE funding	1 FTE **Plan Yr 2013-2015** -CHOICES (SHIP, SMP, Aging I&R) funding -CIL CORE funding
Administrative Assistant	• Marketing support • Outreach support • Data Entry • Office / clerical support	No FTE **Plan Yr 2011** 1 FTE **Plan Yr 2012** -In-kind funding Desired position	1 FTE **Plan Yr 2013-2015** -Federal funding -In-kind funding -Philanthropic funding -Private funding Desired position

SW Community Choices (SWADRC)

Position	Function	Current #	Recommended #
SWADRC Executive Directors	• Management level supervision and project oversight • Partnership development	.20 FTE **Plan Yr 2011-2012** -In-kind funding -ADRC Evidence Based Care Transition Grant	.20 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding
SWADRC Regional Coordinator	• Staff Supervision and Training • Reporting • Contract / Program Compliance	.1 FTE **Plan Yr 2011** -In-kind funding 1 FTE **Plan Yr 2012** -In-kind funding	1 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding

	• Manage relationships, train and assist local ADRC partners and critical pathways • Implement ADRC plan & Development • Oversees regional governance/Advisory Councils • Quality Assurance/QI monitoring • Participate in regional / statewide meetings • Maintains regional ADRC Operating Protocols	-Philanthropic funding -Private funding	-Private funding Desired position
Community Choices Counselor	• Assessment • Short Term Support (care management) • Benefits, Employment and Long Term Supports Options Counseling • Lead CDSMP Workshops / Outreach	No FTE **Plan Yr 2011** 2 FTE **Plan Yr 2012** -Philanthropic funding	2 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding -Private funding
Care Transition Coach	• Coordinate discharge services with multi-disciplinary team • Apply Coleman (or other) principles to reduce recidivism rates at area hospital • Coach and counsel diverse clients and caregivers to improve outcome of recent hospital discharge • Lead CDSMP Workshops/Outreach	2 FTE **Plan Yr 2011** -Philanthropic funding -Private funding 3 FTE **Plan Yr 2012** -Private funding Desired position	**Plan Yr 2013** = 4 FTEs at 1 hospitals -Federal funding for 1st yr of new hospital -Private funding **Plan Yr 2014** = 5 FTEs at 2 hospitals -Federal funding for 1st yr of new hospital -Private funding **Plan Yr 2015** = 6 FTEs at 3 hospitals -Federal funding for 1st yr of new hospital -Private funding
MFP Transition Coordinator	• Provide assistance and coordination in consumer transition from the nursing facility / institution to community living	4 FTE **Plan Yr 2011-2012** -Federal funding	4 FTE **Plan Yr 2011-2012** -Federal funding
Community Living Specialist	• Provide support to nursing homes when potential transition candidates are identified via MDS 3.0.	1 FTE **Plan Yr 2011-2012** -Federal funding -Philanthropic funding	1 FTE **Plan Yr 2013-2015** -Federal funding -Philanthropic funding

		-Private funding	-Private funding
Information Specialist	• Intake (web, fax & phone inquiries) • Triage • Information & Referral • Benefits Education • Application Assistance • Record all service units and track client information	2 FTE **Plan Yr 2011** -CHOICES (SHIP, SMP, Aging I&R, MIPPA) funding 2.5 FTE **Plan Yr 2012** -CHOICES (SHIP, SMP, Aging I&R, MIPPA) funding -CIL CORE Funding	2.5 FTE **Plan Yr 2013-2015** -CHOICES (SHIP, SMP, Aging I&R, MIPPA) funding -CIL CORE funding
Administrative Assistant	• Marketing support • Outreach support • Data Entry • Office / clerical support	No FTE **Plan Yr 2011** 1 FTE **Plan Yr 2012** -In-kind funding -Philanthropic funding -Private funding	1 FTE **Plan Yr 2013-2015** -Federal funding -In-kind funding -Philanthropic funding -Private funding

Connecticut ADRC Five Year Plan Budgets
Attachment C

Please see the separate Excel spreadsheets