

**Statewide ADRC Steering Committee Meeting  
Notes from 1/25/08 Meeting**

1. Overview of June 19<sup>th</sup>, 2007 ADRC KickOff Meeting – Pam Giannini, Director, SUA
  - A full report of this initial meeting, as well as the PowerPoint presentations from Administration on Aging (AoA) and The Lewin Group are available on-line at [www.ct.gov/agingservices](http://www.ct.gov/agingservices) on the main page under “Latest News” in a section labeled ADRC.
  
2. The Nursing Home Diversion Grant (NHDMG) – Melissa Morton
  - The full PowerPoint presentation is also available on the Aging Services web site, also under the “Latest News – ADRC” section.
  - Important take away points include:
    - NHDMG activities are only taking place in the South Central region of CT
    - The NHDMG will have 2 bi-products: 1) a Cash & Counseling model (flexible service delivery) incorporated into the existing National Family Caregivers Support Program (NFCSP) and CT Statewide Respite Care Program (CSRCP) in the South Central region of the State. These programs serve primarily elderly individuals over the age of 60. 2) The inception of an ADRC pilot in the South Central region of CT only.
    - To date funding only exists for these initiatives through March, 2009.
  - The ADRC Grant Workgroup is independent of the Statewide ADRC Steering Committee, but they can provide updates to the Statewide ADRC Steering Committee on their progress during the 18-month NHDMG project.
  
3. Money Follows the Person (MFP) – Pam Giannini
  - Pam gave a brief overview of the MFP project that is underway in CT. The purpose of this grant is to work towards rebalancing the Long Term Care System which includes transitioning people out of nursing homes & into the community. Some members of the Statewide ADRC group may also be part of the MFP Steering Committee and may have 1) heard mention of plans for use of a Cash & Counseling model and 2) heard mention of CT’s ADRC being integrally tied to MFP in terms of providing information and assistance in screening/assisting in filling out MFP applications.
  - 1) It is important to understand that Cash & Counseling (C&C) is a model of service delivery dollars currently being embraced by AoA & Centers for Medicare & Medicaid Services. However, this does not mean that (C&C) will appear uniformly everywhere across the nation. In CT several different projects are underway or already in existence that incorporate the use of a C&C model. Implementing the same model from project to

project would make things easiest for both professionals and consumers to understand. This is the goal of the NHDMG, but project deadlines and meeting funding requirements may not make this possible.

- 2) Since CT's ADRC is still in a conceptual state, we (DSS Aging Services) cannot commit ourselves to providing any ADRC services to consumers at this point in time. However, collaborating with the MFP project is exactly the type of activity an ADRC could undertake.

#### 4. The ADRC in CT – Jennifer Throwe

- The goal of an ADRC is to be able to provide the same set of services to the consumer, in a manner seamless to the consumer, whether they contact the AAA or the CIL.
- Provide Long Term Care Options Counseling. This group will need to define what this means for CT.
- Who will the ADRC serve – the general population regardless of age or disability?
- What specific offerings will we have and will this expand over time?
- Which model will our ADRC look like? A No-Wrong-Door approach? This group will need to define.
- Will require uniform reporting in what ever shape it becomes.
- Will require uniform evaluation in what ever shape it becomes. We will need to define what a successful ADRC looks like.
- Will likely require buy-in of stakeholders statewide
- Will likely require State funding. Currently the only money available as seed money for an ADRC comes from the CHOICES \$1million that was passed this past year in the CT Legislature. However, with this new money, CHOICES is now also responsible in statute to work on a LTC website, provide Medicare Rx (Part D) outreach and enrollment assistance, and also begin providing Long Term Care Options Counseling. There is no funding specifically for an ADRC.
- The Long Term Care Needs Assessment indicated that people do not know where to go when they need help. The ADRC would be an ideal place for people to turn to for assistance.
- Several Handouts that provide background material were distributed as they relate to the “Ideal ADRC” and “Long Term Care Options Counseling.”

#### Homework Assignment:

-Begin defining what you think Long Term Care Options Counseling should look like in CT.