
**U.S. Department of Health and Human Services**
**U.S. Administration on Aging**

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# Compendium of AoA FY 2010 Discretionary Grant Awards

## Under Title IV of the Older Americans Act

# Explanatory Notes

The Administration on Aging (AoA) *Compendium of FY2010 Grants* is the 31st edition of the annual compilation of project grant abstracts awarded under the Older Americans Act (OAA). It is in accordance with the OAA Section 432(b) which calls for the Assistant Secretary to submit a report to the U.S. Senate and House of Representatives which describe projects funded in the previous Fiscal Year.

This compendium includes 428 project descriptions including 230 new awards and 198 continuations. Readers will note the increased number of grants awarded by AoA funded with appropriations authorized by legislation other than the Older Americans Act. In 2010 both formula and discretionary grants were awarded under the American Recovery and Reinvestment Act of 2009. New this year were grants funded under the 2010 Affordable Care Act. The Public Health Service Act and the Health Insurance Portability and Accountability Act of 1996 have supported grants under AoA's Alzheimer's Disease Supportive Services Program and Senior Medicare Patrol programs in the past.

The major change in the appearance of this year's edition is that project descriptions have been organized by the funding opportunity announcement in which applications were submitted and prefaced by a brief description of program or content area in which project awards were made in FY2010. Awards made to State government and tribal organizations under the Medicare Improvements for Patients and Providers Act (MIPPA) announcements were awarded on a non-competitive basis and were not required to submit full applications. Funds appropriated were allocated by formula. While they are not described individually, general descriptions of the awards are included.

Last year the following changes were made and are continued in this edition: 1) Only new and continuation projects receiving FY2009 funds are included – previous editions included active projects which did not receive new funding; 2) Project descriptions are organized by the AoA organizational unit responsible for monitoring projects with the exception of Congressional directed awards which are administered throughout the agency; 3) the index in the back of the compendium is grouped by the type of grant organization and within each category organized by State; and 4) project descriptions include the name of the AoA project officer.

Readers interested in learning about projects should first contact the grantee organization. The contact name and the AoA project officer are subject to change even during the course of the project period. Information about program areas can be found on the AoA website: http://www.aoa.gov and on websites of organizations serving as technical assistance resource centers that can be accessed through the AoA website.


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# Center for Planning, Policy, and Evaluation

The Administration on Aging (AoA) Center for Planning, Policy and Evaluation conducts the agency's strategic planning, policy analysis, program development, and evaluation of program performance functions. The Title IV Older Americans Act (OAA) discretionary grants demonstrations supporting the Assistant Secretary of Aging's priorities included in this section are administered by the three major units of this Center: the Office of Program Innovation and Demonstration, the Office of Performance and Evaluation and the Office of Policy Analysis and Development.

## Aging and Disability Resource Centers

The Aging and Disability Center (ADRC) was launched in the fall of 2003 as collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) to streamline access to long-term care supports. AoA and CMS envision ADRCs as highly visible and trusted places available in every community across the country where people of all ages, incomes and disabilities go to get information on the full range of long-term support options. The ADRC program provides states with an opportunity to effectively integrate the full range of long-term supports and services into a single, coordinated system State efforts to develop "one-stop shop" programs at the community level that help people make informed decisions about their service and support options. States are using ADRC funds to integrate and/or better coordinate their existing systems of information, assistance, and access and are doing so by forming strong State and local partnerships.

AoA and CMS envision ADRCs as highly visible and trusted places available in every community across the country where people of all ages, incomes and disabilities go to get information on the full range of long-term support options. Three core principles of AoA and CMS's vision are: 1) creation of a person-centered, community-based environment that promotes independence and dignity for individuals; 2) provision of easy access to information to assist consumers in exploring a full range of long-term support options; and 3) provision of resources and services that support the range of needs for family caregivers.

During FY2010 AoA funded the second year continuations of grants awarded in FY2009 which expand the geographical reach of ADRCs to every State and increase the number and coverage ADRCs with a number of States with existing ADRCs. Two competitions for new awards were also held In FY2010: 1) support for incorporating into existing ADRCs the service of option counseling where individuals could receive a full assessment of their needs and understand their choices for current and future supports in maintaining their quality of life at home or at a long term care facility; 2) support for ADRCs to adopt evidence-based care transition models that integrate the medical and social service systems to help older individuals and those with disabilities remain in their own homes and communities after a stay in a hospital, rehabilitation or skilled nursing facility.

Descriptions of awards made under each of the above funding opportunities are included in the following Sections.

Additional Information about AoA's support of ADRC programs may be read on its website:

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/ADRC/index.aspx

## Aging and Disability Resource Centers – Expansion and Enhancement Projects

The Administration on Aging held a project grant award competition in FY2009 to support new and to enhance existing Aging and Disability Centers (ADRCs). A goal of this announcement was to expand the geographical coverage of ADRCs to all States. At the time of the announcement 45 states and territories had received grants and were supporting over 200 ADRC sites in operation across the nation. An additional 2 states had developed ADRCs as part of their Community Living Program grant. An additional goal was to encourage States to serve Medicare beneficiaries or individuals with chronic conditions at risk of unnecessary re-admission to hospitals by strengthening ADRC coordination with hospital discharge planning programs and physician practices.

Under this announcement, 50 awards were made in FY2009 to 48 States, Guam and Puerto Rico. In FY2010 continuation awards for the second of three funding years were awarded to 49 of the 50 grants and these are included in this compendium.

Information about the ADRC program may be viewed on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/ADRC/index.aspx

**Grant Number:** **90DR0041**
**Project Title:** **Alabama Aging and Disability Resource Center**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Alabama Department of Senior Services
770 Washington Avenue, Suite 470 P.O. Box 301851
Montgomery, AL 36130-1851

**Contact:**
Julier Miller
Tel. (334) 242-5594
Email: julie.miller@adss.alabama.gov

AoA Project Officer: Kevin Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $246,056 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $475,973 |

**Project Abstract:**

The Alabama Department of Senior Services (ADSS) in partnership with Middle Alabama Area Agency on Aging (M4A) is pursing the following goal: to coordinate a personalized and consumer friendly approach to provide information and long-term care options, both public and private to meet the growing demands for long-term care services and supports for older individuals and those, disable or living with chronic illness for the Aging and Disability Resource Center (ADRC) grant to empower individuals to navigate their health and long-term support options. Project objectives are : 1) expand ADRC to M4A region; 2) Implement procedures, develop tools, and training to support hospital discharge planners and caregivers; 3) expand and enhance services in collaboration with the Governor's Office of Disability and Independent Living Resources of Greater Birmingham to serve all target populations; 4) prescreen clients for potential Medicaid spend down and counsel clients on importance of appropriate long-term care planning; ADSS will increase IT capacity to implement system changes and track measures that show effectiveness of program; 5) ADSS and State ADRC Advisory Council will develop a 5 year plan and budget to implement statewide ADRCs in all AAA regions; and 6) ADSS will coordinate with Medicaid working with other health and human service providers to increase awareness and funding for ADRCs and to develop a coherent system of access to modernize the long term care system in Alabama.

**Grant Number:** 90DR0035
**Project Title:** Aging and Disability Resource Center Development and Expansion
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Alaska Department of Health and Social Services
Senior and Disability Services
550 W 8th Ave
Anchorage, AK 99501

**Contact:**
Amanda Lofgren
Tel. (907) 334-2612
Email: amanda.lofgren@alaska.gov

AoA Project Officer: Eric Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $228,856 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,863 |

**Project Abstract:**

Alaska is currently undergoing a large systems change to restructure the Home and Community Based Medicaid Waiver (HCBMW) and Personal Care Assistance (PCA) programs. The Aging and Disability Resource Centers (ADRCs) have an opportunity to become an entry point into publicly funded long term support services, as part of a statewide system improvement project. There are three ADRCs and the goal of this grant is to develop three new ADRCs in areas of the state that currently do not have an ADRC. This infrastructure is necessary to achieve Senior and Disabilities Services' (SDS) goal to utilize the ADRCs to streamline access to services statewide. The first 18 months will be used to develop and foster the growth of each new site with focus on awareness and assistance. This is fundamental to make the ADRCs visible and trusted places for seniors, caregivers and individuals with disabilities to access the full range of long term care support services regardless of their income. The second 18 months will focus on access. This will incorporate and implement activities of the current ADRC Pilot Project and SDS system changes to realign the process of the HCBM Waivers and the PCA Program. The Hospital Discharge Planning Tools, developed through the Center for Medicare and Medicaid Center Real Choice Systems Change grant will also be implemented during the second 18 months of this grant into the new sites. At the end of the 36 months, Alaska will have six ADRC sites that meet the recommended metrics for a fully functioning ADRC. ADRCs will also develop and implement a five year plan and tools for program evaluation to create a sustainable ADRC program in Alaska.

**Grant Number:** **90DR0008**
**Project Title:** **Arizona Aging and Disability Resource Center**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Arizona Department of Economic Security
Aging and Adult Services
1789 W. Jefferson, Site Code 950A
Phoenix, AZ 85007

**Contact:**
Cindy Saverino
Tel. (602) 542-4446
Email: csaverino@azdes.gov

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,832 |
| FY2009 | $228,622 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,454 |

**Project Abstract:**

The Arizona Department of Economic Security, Division of Aging and Adult Services (ADES-DAAS) in collaboration with the Area Agencies on Aging (AAAs), academic and community provider partners, will build upon the strengths of AZLinks, its Aging and Disability Resource Center (ADRC), to educate and develop formal linkages with federally supported Care Transition Programs, The project's goal is to assist individuals with chronic conditions who are being discharged from hospitals to avoid unnecessary nursing home placement or hospital re-admissions. Project objectives are: 1) increase ADRC resources to coordinate with local hospital discharge planners to incorporate the Care Transitions Program; 2) modify the statewide data management system to enable the Arizona ADRC to gather client information effectively and 3) develop a five year operational plan with input from all key stakeholders. Expected outcomes include: more informed public and improved access to services; improved support for individuals and informal family caregivers; lower hospital re-admission rates, maintenance of current level of health functioning, improved capability to collect and process client data, increased self-care management, and effective integration with existing programs using a no wrong door approach. Project products are: 1) annual data reports; 2) program materials for replication; 3) revised scopes of works and policies and procedures; 4) evaluation results; and 5) a final report.

**Grant Number:** 90DR0005
**Project Title:** Community Choices - Arkansas Care Transition Program
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Arkansas Department of Human Services
Division of Aging and Adult Services
PO Box 1437 Slot S530
Little Rock, AR 72203

**Contact:**
Kris Baldwin
Tel. 501-682-8509
Email: kris.baldwin@arkansas.gov

AoA Project Officer: Linda Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $210,365 |
| FY2009 | $246,902 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $457,267 |

**Project Abstract:**

The Choices in Living Aging and Disability Resource Center (ADRC) operating within the Arkansas Division of Aging and Adult Services (DAAS) is collaborating with the University of Arkansas for Medical Sciences (UAMS) Medical Center and the St. Joseph's Mercy Health Center the ADRC to adapt the model of the Colorado Care Transitions Intervention to implement the Community Choices project. The ADRC will develop and implement a replicable program working with hospital discharge planners to identify consumers to ensure their needs are met as they transition from an acute care setting to the community. The project goal is to improve care transitions by providing consumers with the support and tools that promote self-knowledge and self-management as they move from one long term setting to another. Arkansas will partner with Area Agencies on Aging, Independent Living Centers, providers of community health and home and community based services to achieve the following objectives: 1) create community partnerships that will develop and implement a sustainable discharge planning process; 2) streamline access to home and community-based services(HCBS) that support consumers in transitioning from one long term setting to another; and 3) implement a variety of training opportunities to community partners to increase consumer choices and better coordinate services in the community. Project outcomes include: 1) a replicable care transition program that can be expanded statewide; 2) community partners who are aware of services that increase consumer choices; 3) individuals at high risk of nursing home admission have quicker access to HCBS; and 4) reduction in hospitalizations for program participants.

**Grant Number:** 90DR0047
**Project Title:** Enhancing and Expanding California's Aging and Disabiity Resource Center
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
California State Independent Living Council
1600 K Street, Suite 100
Sacramento, 95814-4010

**Contact:**
Elizabeth (Liz) Paxdrai
Tel. (916) 445-0142
Email: liz@calsilc.org

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $237,383 |
| FY2009 | $199,365 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $436,748 |

**Project Abstract:**

The grantee, the California State Independent Living Council (SILC), supports this three-year Aging and Disability Resource Center (ADRC) network enhancement in collaboration with the California Department of Aging, the Department of Rehabilitation, and the Health and Human Services Agency. The goal of the project is to enhance the California ADRC network. The objectives are: 1) expanding the network by one more site; 2) teaching and promoting practice of the Coleman Care Transitions Intervention model; 3) participation in the ADRC cross-agency Steering Committee work group activities; and 4) Strategic Planning to design a master plan to expand the ADRC Network throughout California. The expected outcomes of this project are: 1) increased consumer awareness of and information about long-term services and supports, as well as home and community-based service options; and 2) increased consumer understanding regarding eligibility for long-term services and supports. The products from this project are: A new ADRC location in California; data and lessons learned from promotion of the Coleman Transition Intervention; a final report, including evaluation results; a Website; abstracts for national conferences.

**Grant Number:** 90DR0028
**Project Title:** Expansion of Colorado's Aging and Disability Resource Center
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Colorado Department of Human Resources
Aging and Adult Services
1575 Sherman St., 10th Floor
Denver, CO 80203

**Contact:**
Todd Coffey
Tel. (303) 866-2750
Email: todd.coffey@state.co.us

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,906 |
| FY2009 | $228,844 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,750 |

**Project Abstract:**

The Colorado Department of Human Services (CDHS) and the Colorado Department of Health Care Policy and Financing is conducting a three-year expansion of the Aging and Disability Resource Center (ADRC) known as Adult Resources for Care and Help (ARCH) in Colorado. The Colorado ARCH utilizes the resources and knowledge base of existing agencies including: the Single Entry Point (SEPs) Agencies, the Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), and Colorado 2-1-1. The goal of Colorado ARCH is to improve access to information and assistance for long-term care services for aging and disabled adults in Colorado. Colorado ARCH coordinates with agencies to streamline access for both publicly and privately funded services. The objectives are: 1) expand and sustain a management information system (MIS); 2) enhance and expand the integration of evidence-based programs and education of hospital discharge planners; 3) expand Colorado ARCH Pilot sites to Eagle, Garfield, Grand, Jackson, Pitkin, Summit, Otero and Crowley Counties; 4) blend Denver and Boulder Counties into Colorado ARCH; 5) develop a plan to expand Colorado ARCH statewide; 6) expand Colorado ARCH to an additional three pilot sites; and 7) evaluate the impact of Colorado ARCH. Expected outcomes include: 1) long-term care services, resources, and supports are made known to consumers in Colorado; 2) long-term care services, resources, and supports are easily accessed; 3) resource Specialists improve the connections and collaboration to these services; and accessing the best fit for services expands the consumer's choice.

**Grant Number:** 90DR0048
**Project Title:** Connecticut's Aging and Disability Resource Center Project
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Connecticut Department of Social Services
Aging Services Division
25 Sigourney Street
Hartford, CT 06106

**Contact:**
Margo Gerundo Murkette
Tel. (860) 425-5322
Email: Margaret.Gerundo-Murkette@ct.gov

AoA Project Officer: Carolin Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $204,161 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $434,078 |

**Project Abstract:**

The Connecticut Department of Social Services (DSS) and its State Unit on Aging (SUA), in partnership with the Agencies on Aging of North Central (NCAAA), South Central (AASCC) and Western (WCAAA) Connecticut and the Centers for Independent Living (CIL), Center for Disability Rights (CDR), Independence Unlimited (IU), and Independence Northwest (IN), and Home and Community Based Services (HCBS) provider Connecticut Community Care, Inc. (CCCI), and the Hospital of Central Connecticut (HCC) will partner to further expand Aging and Disability Resource Centers (ADRC) in Connecticut. The goal of providing consumers with a Single Entry Point (SEP) system to all long-term services and supports while providing streamlined access to all publicly funded long-term supports and services, including both HCBS and institutional care will be fulfilled through these objectives: 1) create new ADRC in the North Central Region (NCR) of Connecticut with core partners NCAAA, IU, and CCCI; 2) ADRC partners with HCC to pilot a new person-centered hospital discharge planning model ,the Care Transition Intervention (CTI), in effort to reduce unnecessary hospital readmissions and replicate in 2 remaining regions; 3) Incorporate new ideas for sustainability including use of Title III-B funds; 4) formally coordinate with the State Medicaid Agency (SMA) to provide expedited eligibility determinations (EED); and 5) develop a Statewide ADRC operational plan and budget. Expected project outcomes include: 1) new ADRC; 2) new committed partnerships; 3) CTI model in 3 regions; 4) EED achieved; and 5) sustainable long term care (LTC) systems change. Expected products include: ADRC products in alternative formats; accommodations for consumers, and LTC Management.

**Grant Number:** 90DR0020
**Project Title:** Delaware Aging and Disability Resource Center
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Delaware Department of Health and Human Services
Division of Services for the Aging and Adults with Disabilities
1901 N. DuPont Highway
New Castle, DE 19720

**Contact:**
Guy Perrotti
Tel. (302) 255-9390
Email: guy.perrotti@state.de.us

AoA Project Officer: Kevin Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,896 |
| FY2009 | $228,854 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,750 |

**Project Abstract:**

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) proposes to use funds provided through this grant to establish a new, statewide Aging and Disability Resource Center (ADRC). The Delaware ADRC will provide a one-stop access point for long-term care services and supports for older persons and adults with physical disabilities in the State. The ADRC will be operated by DSAAPD staff in coordination with partner organizations, including the Division of Medicaid and Medical Assistance, the State's Health Insurance Counseling and Assistance Program (SHIP), the State's Centers for Independent Living (CILs), and the Delaware Aging Network (DAN). Functions to be carried out by the ADRC will include information and awareness; options counseling; streamlined access to public programs; person-centered hospital discharge planning; and quality assurance and evaluation. Because Delaware is a single planning and service area for purposes of administering funds under the Older Americans Act, DSAAPD currently serves as a focal point for information and assistance services statewide and performs as an access point for many public programs. The grant will allow DSAAPD to make the infrastructure improvements and systems changes needed for the successful implementation of an ADRC. Infrastructure improvements will include the installation of a state-of-the-art call center; the development of a web portal for real-time referrals; the creation of an ADRC web site with a searchable database; and the development of management information systems needed for client tracking. Other improvements will include expanded training, increased coordination among partner agencies, and formalized support of the hospital discharge planning process.

**Grant Number:** 90DR0025
**Project Title:** Strengtheing the District of Columbia Office on Aging's Aging and Disability Resource Center
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
District of Columbia Office on Aging
441 Fourth Street, NW, Suite 900 South
Washington, DC 20001

**Contact:**
Clarence Brown
Tel. (202) 724-4382
Email: clarence.brown@dc.gov

AoA Project Officer: Kevin Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $227,990 |
| FY2009 | $225,899 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $453,889 |

**Project Abstract:**

The goal of the District of Columbia Office on Aging and the Aging and Disability Resource Center (DCOA/ADRC) three year project, in collaboration with its Senior Service Network, collaborating partners and District hospitals, is to significantly strengthen its existing DCOA/ADRC program by developing and implementing a coordinated, person-centered hospital discharge planning component and streamlining access for family and informal caregivers support and services. The project's objectives are: 1) integrate the hospital discharge planning component into the DCOA/ADRC starting with five pre-selected hospitals during the first eighteen months and all District hospitals in three years; 2) develop a consumer cost model to accompany hospital discharge services and planning designed to show cost effective options that can save time and avoid frequent re-hospitalizations; 3) change the District's approach to and system for providing caregiving services among all service providers; 4) develop new informal caregiver support materials that are person centered, culturally competent, and targeted to low and moderate income groups for families post hospital discharge; and 5) increase access to information, services, sources of support and training for all District caregivers. The expected outcomes are: 1) the first DCOA/ADRC person-centered care coordination model in the District; 2) reduction in the District's rate of re-hospitalization and a consumer cost saving model; 3) real system change in providing streamlined access to caregiving services for consumers, family/informal caregivers of all ages; and 4) enhanced caregiving training and consumer information and support materials. The expected products are: consumer and family caregiver information and materials on hospital discharge planning; evaluation results of system changes; conference presentations; and reports.

**Grant Number:** **90DR0006**
**Project Title:** **Florida Aging and Disability Resource Center Expansion Grant**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Florida Department of Elder Affairs
4040 Esplanade Way, Suite 315
Tallahassee, FL 32301

**Contact:**
Abbie Messer
Tel. (859) 414-2105
Email: messera@elderaffairs.org

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $238,206 |
| FY2009 | $238,842 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $477,048 |

**Project Abstract:**

The Florida Department of Elder Affairs (DOEA) in collaboration with the Agency for Persons with Disabilities (APD) is expanding the disability population served by one of Florida's existing Aging and Disability Resource Centers (ADRC) and to transition one of the current Aging Resource Centers (ARC) to a fully functioning Aging and Disability Resource Center. The goals of this proposal are to strengthen current ADRC efforts by expanding the target population of people with disabilities served by the ADRC in Planning and Service Area (PSA) 5 to include persons with developmental disabilities, transition the Aging Resource Center in PSA 8 to a fully functioning ADRC by expanding services to include persons with developmental disabilities and establish a framework for statewide implementation of ADRCs. The objectives include: 1) develop a training curriculum on developmental disabilities including supports and services; 2) educate ADRC staff, members of the service provider community, local coalition workgroup and other stakeholders regarding people with developmental disabilities; 3) enhance existing information and referral system by expanding resources that may be utilized for persons with developmental disabilities; 4) streamline access to all publicly supported long-term care options including resources for persons age 50+ with developmental disabilities and their caregivers age 60+; 5) develop a five-year plan to achieve statewide coverage of ADRCs; and, 6) evaluate the project's effectiveness.

**Grant Number:** 90DR0019
**Project Title:** Georgia's Aging and Disability Resource Center Expansion Project
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Georgia Department of Human Services
Division of Aging
2 Peachtree Street
Atlanta, GA 30303

**Contact:**
Cherly Harria
Tel. (404) 656-1705
Email: chharris@dhr.state.ga.us

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $228,856 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,773 |

**Project Abstract:**

The goal of the Georgia Department of Human Services Division of Aging Services project is to expand availability of Georgia's Aging and Disability Resource Connections (ADRCs) to all of the state's 159 counties and to strengthen the capacity of the ADRCs to serve all citizens needing long term care supports independent of age or disability type. The specific objectives of this proposal are: 1) add three new ADRCs in areas currently not served; 2) partner with the state's Quality Improvement Organization and the Center for Medicare and Medicaid pilot project, the Care Transitions Initiative, to establish a pilot discharge planning project linking the Northeast Georgia Area Agency on Aging ADRC, the Newton Medical Center and the two nursing homes located in Newton County; 3) add an additional ADRC website tool to integrate the Benefits Check up into e-forms so that applying for multiple benefits is easier to manage; and 4) improve the quality assurance and reporting process to measure performance goals and indicators. The expected outcomes include : 1) increasing the number of ADRCs in Georgia from six to a total of nine raising the number of counties served by an ADRC from 70 to 119, which represents 75% statewide coverage; 2) reducing readmission rates of Medicare beneficiaries discharged from hospitals in Newton county and avoiding unnecessary nursing home admissions; 3) increasing the number of contacts and individuals served by Georgia's ADRCs; and 4) developing and implementing a standardized customer satisfaction survey to improve ongoing quality of Georgia's ADRC network.

**Grant Number:** **90DR0002**
**Project Title:** **Expansion and enhancement of Guam's Aging and Disabilty Resource Center Program**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Guam Department of Mental Health and Substance Abuse
790 Governor Camacho Road
Tamuning, GU 96913

**Contact:**
Francisco S. Reyes
Tel. (671) 475-4646
Email: francisco.reyes@disid.guam.gov

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $224,150 |
| FY2009 | $225,862 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $450,012 |

**Project Abstract:**

The Guam Department of Mental Health and Substance Abuse has a Memorandum of Understanding (MOU) with the Department of Integrated Services for Individuals with disabilities to conduct a three year project to enhance its operational no wrong door Aging and Disability Resource Center network. Project goals include: 1) decreasing the amount of time between referral and intake; 2) Increasing diversions from institutional settings; 3) Increasing awareness about Medicare/Medicaid benefits (including Part D coverage); and 4) decreasing rates of hospital readmissions within 30 days of discharge. Stakeholders have identified three areas for needed for improvement: 1) when consumers use the program to locate services, they often face a complicated enrollment process; 2) when consumers use the program to learn about their options, there is no formal linkage to SHIP counseling; and 3) when discharge planners can use the program to make referrals, there is no coordinated process for transitioning consumers to a community setting. Accordingly, Guam will use new ADRC funds to: 1) streamline the enrollment process by working with providers to identify a common dataset for intake forms, and configuring Guam's ADRC information system to automatically populate these forms using existing community health records; 2) Improve coordination with the State health Insurance Information Program (SHIP) program by co-locating SHIP counselors at ADRC community events, and cross-training ADRC/SHIP staff; 3) Implement person-centered discharge planning by developing a consumer preference survey and a community living plan template; 4) providing consumers, family caregivers, and discharge planners access to real time availability (waitlist) information; and 5) interfacing with medical records (to the extent possible) to eliminate duplication/compartmentalization of data; and expanding electronic community health records to include decision support tools that allow consumers to better manage chronic conditions while living in the community.

**Grant Number:** **90DR0036**
**Project Title:** **Hawaii Aging and Disability Resource Center**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Executive Office on Aging
250 South Hotel Street, Suite 406
Honolulu, HI 96813

**Contact:**
Noemi Pendleton
Tel. (808) 586-0100
Email: noemi.pendleton@doh.hawaii.gov

AoA Project Officer: Linda Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $235,940 |
| FY2009 | $244,328 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $480,268 |

**Project Abstract:**

The State of Hawaii, Executive Office on Aging (EOA) in partnership with the four Area Agencies on Aging (AAA), is expanding the current Aging and Disability Resource Center (ADRC) statewide. The overall goals are to empower Hawaii's residents to make informed decisions about their options and to streamline access to the services and support that elders and their family caregivers need. EOA strives to fully integrate the disability community and partners by developing a seamless, single entry point with no wrong door approach. Through collaboration with the disability community and key health and social service providers, Hawaii's ADRC will move beyond the information and assistance component to incorporate more in-depth options counseling, streamline access to public and private long-term supports, and enhance person-centered hospital discharge planning to establish a fully functional ADRC. The objectives are to: 1) develop a 5-year operational plan and budget for achieving statewide coverage of Hawaii's ADRC; 2) expand and formalize linkages with key aging, disability and health care providers; 3) provide options counseling training to staff on specific aging and disability topics (e.g., private pay services, care home placement, disability services); 4) make enhancements to the Hawaii ADRC website to improve access to information and services; and 5) maintain an integrated data collection and reporting system for quality assurance and evaluation. The expected outcome is that the state will have a fully functional ADRC for Hawaii residents to make informed decisions about their long-term options and to access existing services and supports.

**Grant Number:** **90DR0011**
**Project Title:** **Aging Disability Resource Center Grant**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Idaho Commission on Aging
3380 Americana Terrace, Suite 120
Boise, ID 83706

**Contact:**
Kim Toryanski
Tel. (208) 334-3833
Email: kim.toryanski@aging.idaho.gov

AoA Project Officer: Keven Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $228,856 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,773 |

**Project Abstract:**

The Idaho Commission on Aging is developing policy, procedure, and infrastructure change at the local and state levels to take the next steps to realizing reform of Long Term Services and Supports (LTSS). The goal of the grant will be to empower Idahoans to navigate their health and long term support options, with added supports for Medicare beneficiaries or individuals with chronic conditions during the critical event of hospital discharge, through statewide Aging and Disability Resource Center (ADRC) Implementation. The objectives will be to: 1) amend and monitor AAA contracts to fully develop the local ADRC including nursing home diversion capacity; 2) develop a State Five Year Plan with all stakeholders involved; and 3) enhance management information systems supporting health and social service providers. The outcomes will include access to a well-developed long term services and support system throughout Idaho that provides individuals in critical pathway settings, like hospitals and nursing homes, with consumer-centered assistance and planning to remain as independent as possible in the community. Products will include required reports, evaluation results, and program materials for replication, and a Five Year Strategic Plan.

**Grant Number:** 90DR0015
**Project Title:** Aging and Disability Resource Center: Empowering Individuals to Navigate Their Health and Long Term Support Options
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Illinois Department on Aging
Planning, Research and Development
421 East Capitol
Springfield, IL 62701

**Contact:**
Ross G. Grove
Tel. (217) 524-7627
Email: ross.grove@illinois.gov

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $234,468 |
| FY2009 | $224,716 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $459,184 |

**Project Abstract:**

The Illinois Department on Aging is conducting this project in partnership with the Illinois Department of Human Services, Healthcare and Family Services, and others. The goals of the project are to significantly strengthen and expand existing Coordinated Point of Entry (CPoE)/Aging and Disability Resource Center (ADRC) programs, facilitate an integrated and/or fully coordinated access to CPoE/ADRC statewide, and to establish a plan for the implementation of a statewide CPoE/ADRC function. Our specific objectives are to: 1) expand the CPoE/ADRC network from 3 to 5 sites within the first year of the grant and an additional two sites in the second year; 2) increase by 250% the number of individuals who are served by CPoE/ADRC centers (from 37,150 contacts/year to 130,000 contacts/year); 3) finalize and disseminate statewide standards for CPoE/ADRC to all ADRC centers in Illinois; 4) expand utilization of the web based Enhanced Services Program (ESP) resource data base; 5) develop a training curriculum to include disability issues and client-directed care for all CPoE/ADRCs; 6) develop a comprehensive, universal intake form for all CPoE/ADRCs; 7) ensure that all CPoE/ADRC sites are providing high quality, person-centered long term care planning; 8) determine the feasibility of using ADRC tools established by other States into Illinois' service delivery model; and 9) establish a 5-year plan to implement CPoE/ADRC statewide, in partnership with DHS and HFS, and with input from key stakeholders. The products of the grant will be an expanded, standardized and high quality CPoE/ADRC system in Illinois, and a written plan to implement CPoE/ADRCs statewide.

**Grant Number:** 90DR0007
**Project Title:** Indiana Aging and Disability Resource Centers: Empowering Individuals to Navigate Their Health and Long Term Support Options
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Indiana Family and Social Services Administration
Division of Aging Services
402 W. Washington St., Rm. E442
Indianapolis. IN 46204

**Contact:**
Andrea Vermeulen
Tel. (317) 234-1749
Email: andrea.vermeulen@fssa.in.gov

AoA Project Officer: Ke vin Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $162,031 |
| FY2009 | $162,031 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $324,062 |

**Project Abstract:**

The State of Indiana, Family and Social Services Administration (FSSA), Division of Aging (DA), with support from stakeholders, is implementing a 36 month grant in the amount of $750,000 to enhance the operations of Indiana's Aging and Disability Resource Centers (ADRCs) to include a robust person-centered hospital discharge planning function.
The goals of this project are: 1) to integrate some of Indiana's ADRC care managers into a hospital discharge planning process to provide timely, on-site access to comprehensive Options Counseling, care management and when appropriate, Preadmission Screening; 2) to more effectively coordinate hospital/ADRC planning process to support a more complete consumer/family discharge planning process; 3) to support, at the consumer's/family's option, access to high quality community-based long-term care supports with increased discharge to community-based settings and reduced reliance on nursing home care; and 4) when a consumer elects to reside in the community, to ensure linkage with physicians and other health care supports with a goal of preventing hospital readmission or nursing home admission. The objectives are to: 1) develop a structure for co-location of ADRC care managers at a hospital; 2) develop targeting criteria for consumer/family participation in the project; 3) develop and test procedures, protocols and other processes of care managers involved into the hospital discharge planning process to support the project and further accomplishment of project goals; 4) develop and implement an evaluation component for the project; and 5) develop a five year ADRC operational plan.

**Grant Number:** 90DR0016
**Project Title:** Iowa Aging and Disability Resource Center Program
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Iowa Department on Aging
510 East 12th Street - Suite #2
Des Moines, IA 50319

**Contact:**
Mary Anderson
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Email: mary.anderson@iowa.gov

AoA Project Officer: Elizebeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $249,260 |
| FY2009 | $246,212 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $495,472 |

**Project Abstract:**

The State Unit on Aging (SUA), the Iowa Department on Aging (IDA), are pursing these goals: 1) establish Heritage Area Agency on Aging (AAA) planning and service area (PSA) as an Aging and Disabilities Resource Center and 2) seek the input of key stakeholders to develop a five-year plan and budget for statewide ADRC coverage. The objectives of Goal 1 are: 1) contract with Heritage AAA to support a no wrong door approach to initially continue ADRC services in Linn and Johnson Counties; 2) require that, within 12 months after receipt of funds, ADRC services as outlined in OAA II Section 202(b)7 will be available in all counties of Heritage AAA PSA; 3) implement a person-centered care coordination component for persons transitioning from institutional settings and those at risk for re-hospitalization; and 4) adopt a private-pay fee-for-service model in the Heritage AAA ADRC service area. The objectives of Goal 2 are: 1) convene a committee of key long-term services and supports stakeholders and 2) develop a five-year plan and budget recommended by the SUA, State Medicaid Agency, and State Disability Agencies that describes how the state will realign and coordinate the existing information and access functions of the state and federal programs it administers and operate ADRCs statewide.

**Grant Number:** 90DR0026
**Project Title:** Aging and Disability Resource Center
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Kansas Department on Aging
503 S. Kansas Ave
Topeka, KS 66603-3404

**Contact:**
Tina Langley
Tel. (785) 368-3404
Email: Tina.Langley@aging.ks.gov

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $170,472 |
| FY2009 | $413,594 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $584,066 |

**Project Abstract:**

The Kansas Department on Aging (KDOA) is conducting this Aging and Disability Resource Center grant to ensure that the ADRC project can provide information, streamlined access, and assistance to all people seeking long-term care services in the state of Kansas. KDOA continues to create bridges between existing service delivery systems and use its ADRC Online Resource Manual to create seamless access to information and resources for consumers. With this grant it is expanding the ADRC project to include additional populations and systems. The project goals are to increase information and awareness of local resources; develop a method of providing consistent Options Counseling across agencies; streamline access to services by expediting eligibility determination; and improve evaluation of ADRC processes and procedures. The objectives are: 1) to identify local grass-roots, faith-based and volunteer programs to be added to the Online Resource Manual (ORM); 2) create an Options Counseling Toolkit; 3) provide Options Counseling training to Area Agency on Aging (AAA) and Center for Independent Living (CIL) staff; 4) evaluate and revise the existing Expedited Service Delivery (ESD) process; 5) develop a web-based ESD application; 6) integrate the online ESD application with the current eligibility determination process; 7) expand the ESD process to include all HCBS waivers; 8) and develop a comprehensive evaluation process to use throughout the ADRC network. These activities will make the ADRC Online Resource Manual a more useful and user-friendly tool, increase the effectiveness of Options Counseling throughout the ADRC network, reduce the time consumers have to wait to start Home and Community Based Services, and improve our ability to evaluate the effectiveness of our program.

**Grant Number:** **90DR0012**
**Project Title:** **Kentucky Aging and Disability Resource Center Grant**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Kentucky Cabinet for Health and Family Services
Aging and Independent Living
275 East Main Street, 3W-F
Frankfort, KY 40621

**Contact:**
Phyillis P. Culp
Tel. (502) 564-6930
Email: phyllis.culp@ky.gov

AoA Project Officer: Keven Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $228,856 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,773 |

**Project Abstract:**

Kentucky's Department for Aging and Independent Living (DAIL) is pursuing the following proposed goals and corresponding objectives: Goal 1: Pilot both a new person-centered, hospital discharge planning model and a Universal Assessment and Plan of Care process. Objectives: 1) strengthen information and referral between the Green River Area Agency on Aging and Independent Living (GRAAIL) and local hospital; 2) provide on-site Medicaid eligibility; 3) implement the disease management, person centered care coordination model, Guided Care; 4) implement universal process in three regions; 5) evaluate impact of standardized processes; and, 6) disseminate project information. Goal 2: Strengthen existing ADRCs processes through the provision of Financial Planning and soft phone transfer. Objectives: 1) identify a financial expert; 2) develop a financial resource guide and, 3) facilitate statewide training; 4) develop a relationship with the state-wide independent living council; and 5) replicate Massachusetts soft phone transfer. Goal 3: Develop a five year plan. Objective: 1) facilitate discussion with key stakeholders. The expected outcomes of this project are: 1) prevention of nursing home admission; 2) individuals will have improved access to Medicaid eligibility; 3) prevent duplication of services; and 4) ADRC callers will gain a better understanding of financial planning options. The products from this project are: a final report; ADRC processes for hospital discharge planning and seamless program entry, Financial Resource Guide, and a five year plan.

**Grant Number:** **90DR0021**
**Project Title:** **Maine's Aging and Disability Resource Center**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Maine Department of Health and Human Services
Office of Elder Services
11 State House Station
32 Blossom Lane
Augusta, ME 04333-0011

**Contact:**
Romain Tuyn
Tel. (201) 287-9200
Email: Romaine.Turyn@maine.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $228,856 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,773 |

AoA Project Officer: Caroline Ryan

**Project Abstract:**

Maine's Department of Health and Human Services (DHHS) will strengthen and expand ADRCs in Maine to help people of all ages, incomes, and disabilities, and their families, learn about, and access, the full range of long-term care services and supports available in their communities. The goal is to empower consumers to make informed decisions about long-term services and supports and to streamline access to existing services and supports through an integrated system. Objectives: 1) build effective local networks of providers and other stakeholders; 2) minimize confusion for consumers and families; 3) enhance individual choice and informed decisions by all consumers; 4) develop a standard options counseling protocol to inform consumer decision-making; 5) enhance services at existing ADRCs; and 6) expand to statewide coverage by establishing ADRCs at Maine's two other AAAs. This project will integrate with the Older Americans Act programs, new funding opportunities from the Administration on Aging, the Center for Medicare and Medicaid Services - funded Senior Health Insurance Information Program, and Maine's eligibility determination process. Currently the Area Agencies have robust relationships with the state Office of Integrated Access and Support (OIAS) which determines financial eligibility for Medicaid and 22 other programs. This grant will enable the Area Agencies to collaborate with OIAS to further streamline the application process by assisting and/or referring consumers to local touch screen kiosks in the community where consumers can electronically apply for Low-Income-Subsidy (LIS) and other programs. The Social Security Administration will share information from the LIS applications with the State, which will be accessible to ADRCs so their staff can provide additional assistance to consumers regarding other programs for which they may be eligible.

**Grant Number:** **90DR0022**
**Project Title:** **Aging Disability Resource Center**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Maryland Department of Aging
301 West Preston St .,Suite 1007
Baltimore, MD 21201

**Contact:**
Donna Smith
Tel. (410) 767-1100
Email: Donna.Smith@ooa.Maryland.state.gov

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $250,853 |
| FY2009 | $271.459 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $522,312 |

**Project Abstract:**

The Maryland Department of Aging (MDoA) is enhancing its current Aging and Disability Resource Centers (ADRCs) known as Maryland Access Point (MAP). The goal is to make MAP a statewide program and vehicle for facilitating and coordinating State level long term care reform that cuts across agencies and programs by: 1) providing coordinated and streamline access to public programs and existing services and supports; 2) realigning funding streams and 3) developing a five year operational plan and budget with stakeholders. Our objectives include: 1) streamlining access to MAPs by standardizing intake tools; 2) creating a unified application process that will be uniform; and 3) working with sites to integrate and restructure operations to be consistent with (MAP) workflow, staffing and communication and other infrastructure requirements. MAP is the vehicle through which other projects such as Money Follow the Person, Person Centered Hospital Discharge Planning Process and Nursing Home Diversion will build upon. Funding from this grant will involve both the current 8 MAP sites and develop two additional ones single points of entry into the long-term care system for older adults and people with disabilities.

**Grant Number:** 90DR0040
**Project Title:** Strategic Action Plan to Enhance Massachusetts' Aging and Disability Resource Center Service Delivery System.
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Massachusetts Executive Office of Elder Affairs
1 Ashburton Place, 5th Floor
Boston, MA 02108

**Contact:**
Ruth Polombo
Tel. (617) 222-7512
Email: ruth.palombo@state.ma.us

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $246,056 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $475,973 |

**Project Abstract:**

The Executive Office of Elder Affairs (Elder Affairs), in partnership with the Office of Medicaid (MassHealth), the Office of Disability Policies and Programs, and the Massachusetts Rehabilitation Commission (MRC) strengthening Aging and Disability Resource Consortia (ADRC) programs across all ages and disabilities and to develop a five-year operational plan and budget. Project objectives include: 1) develop a five-year statewide operational plan and budget for the ADRCs; 2) help people remain in their communities by enhancing ADRC and hospital and nursing home facility discharge planning relationships; 3) expand ADRC capacity to identify individuals at high risk of nursing home placement and Medicaid spend down, including the provision of a comprehensive long term care options program (Options); 4) integrate SHINE and other cross-disability counseling/benefit planning programs more fully with the ADRC network; and 5) develop evaluation tools and quality improvement activities for the ADRCs. Project outcomes include: 1) a clear, articulate direction for ADRC activities; 2) improved options for consumers to remain in the community; 3) greater role and knowledge for consumers in choosing their own services; 4) enhanced capacity for ADRC networks to identify individuals at greatest risk of nursing home placement and Medicaid spend down; and 5) better ability of state and ADRC leadership to identify and replicate successes within ADRC networks.

**Grant Number:** 90DR0043
**Project Title:** Michigan's Aging and Disability Resource Center Project
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Michigan Office of Services to the Aging
P.O. Box 30676
Lansing, MI 48909-8176

**Contact:**
Peggy J. Brey
Tel. (517) 241-0988
Email: breyp@michigan.gov

AoA Project Officer: Linda Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $228,856 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,773 |

**Project Abstract:**

Michigan's proposal supports Aging and Disability Resource Center (ADRC) capacity by using local long term care (LTC) resources to develop a statewide No Wrong Door approach. This model recognizes all LTC stakeholders as equal partners, and builds on lessons learned from Michigan's Single Point of Entry (SPE) demonstration. Goals: 1) enhance individual choice and support informed decision-making through person-centered planning/thinking (PCP/PCT) and comprehensive information and awareness; 2) provide seamless access to services for older adults/persons with disabilities; 3) improve collaboration between Centers for Independent Living (CILs), Area Agencies on Aging (AAAs) and other stakeholders. Objectives: 1) develop local ADRC partnerships using a No Wrong Door approach that will be fully functional within 5 years; 2) develop comprehensive mechanisms for unbiased, high quality Information and Assistance; 3) ADRC partnerships will be required to have Options Counseling services and they must practice the PCP/PCT approach; 4) develop/implement processes for streamlined access to services; 5) develop/implement a Quality Assurance/Evaluation plan; 6) collaborate with local hospital discharge planners to develop a PCP/PCT approach for responsive discharge planning; support the establishment of an External Advocate for all LTC services; 8) provide state-level support of local ADRC partnerships; and 8) embed culture change and PCP/PCT into ADRC operations. Outcomes anticipated are: 1) individuals have comprehensive LTC choices; 2) individuals live in their preferred residential setting with services/supports in place; 3) local communities have successful partnerships to address LTC planning/policies/services to meet individual needs; 4) local partnerships develop relationships with hospitals to facilitate planning with individuals discharged to settings of choice; 5) ADRC certification is associated with positive individual outcomes; 6) duplication is averted by tracking individuals in a shared database; and 7) individuals have access to unbiased information on service providers.

**Grant Number:** **90DR000045**
**Project Title:** **Minnesota's Return to the Community Project**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Minnesota Board on Aging
PO Box 64976
540 Cedar Street
St. Paul, MN 55164-0976

**Contact:**
Krista Boston
Tel. (651) 431-2605
Email: krista.boston@state.mn.us

AoA Project Officer: Eric Weekly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $236,351 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $466,268 |

**Project Abstract:**

Our Return to the Community project is an assertive effort to change the mindset that nursing homes are a long-term living option for persons who could live successfully in the community. The project meets this purpose by developing referral protocols to support transitions and improve health care discharge planning. Return to the Community targets Minnesotans of any age who live with disabilities or chronic conditions, including those that are experiencing short term rehabilitative nursing home stays and those being discharged from hospitals. The project goal is that consumers and their families will access and receive long-term services and supports to successfully remain at home and avoid another institutional stay. Objectives are to: 1) develop referral protocols and partnerships to support nursing home transitions, focusing on people who have stayed beyond 90 days; 2) design and test a virtual system for streamlined discharge planning; 3) evaluate and report the impact of the project and 4) design a sustainability model. Outcomes are: 1) a person-centered options counseling model will be implemented statewide; 2) streamlined care transition partnerships will exist between hospitals and nursing homes; 3) the ADRC will become the source for triage into effective options counseling; 4) fewer low-need individuals will live long-term in nursing homes; 5) the critical loop will be closed between assessment and care planning; and public long-term dollars will be well-targeted to support persons with highest needs, in the most integrated settings possible.

**Grant Number:** 90DR0030
**Project Title:** Aging and Disabilities Resource Centers
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Montana Department of Public Health and Human Resources
Senior and Long Term Care
111 Sanders, P O Box 4210
Helena, MT 59604

**Contact:**
Charles Rehbein
Tel. (406) 444-7788
Email: crehbein@mt.gov

AoA Project Officer: Joseph Lugo

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $223,058 |
| FY2009 | $228,500 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $451,558 |

**Project Abstract:**

The goal of this project is to expand the current Montana ADRC model statewide and to enhance the relationships between ADRCs and Independent Living Programs by working cooperatively to establish a no wrong door approach to service delivery. The Project's four major objectives to be accomplished are to: 1) establish new ADRC programs in the six counties in Areas IV and in Area VIII; 2) in partnership with local Independent Living Programs (ILPs), develop and implement a no wrong door approach to service delivery that melds the strengths of both networks to streamline access to long term care services; 3) expand the care management capabilities of all ADRCs; and 4) develop a five year plan in conjunction with the Montana Association of Area Agencies on Aging (M4) and ADRC work group partners to implement the ADRC model statewide. The expected outcomes are: 1) the development of a no wrong door approach to service delivery that will further streamline access to long term care services for consumers; 2) increased ability to meet consumer demands for assistance through the increased capacity of the ADRC partnerships; 3) enhanced care management through ADRCs; and 4) statewide coverage for the ADRC model.

**Grant Number:** 90DR0009
**Project Title:** Connecting Nebraska: The Nebraska Aging and Disability Resource Center
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Nebraska Department of Health and Human Services
Division of Medicaid and Long-Term Care
P.O. Box 95026
Lincoln, NE 68509- 5026

**Contact:**
Sarah Briggs
Tel. (402) 471-4623
Email: sarah.briggs@nebraska.gov

AoA Project Officer: Kevin Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $228,841 |
| FY2009 | $245,021 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $473,862 |

**Project Abstract:**

Nebraska is using this Aging and Disability Resource Center (ADRC) grant to weave a rich array of existing resources into a fabric recognized and trusted by consumers, easily accessed at many points statewide. Regardless of where or how accessed, this fabric will connect consumers with a selection of services that is responsive to their unique needs. The statewide backbone of the ADRC is the existing Answers4Families web site, along with the many services for persons older than 60 coordinated through Area Agencies on Aging, and for persons with disabilities, through Independent Living Centers. Beginning with an eight-county pilot area, phased implementation will establish a self-sustaining statewide network with two interfaces: 1) a user-friendly array of self-navigated interactive electronic subsystems along with telephone connections to persons trained to give information and assistance; and 2) a physical location to interface with a person who will help consumers access the combination of services they need.

**Grant Number:** 90DR0042
**Project Title:** Nevada Empowering Individuals through Aging and Disabilty Resource Centers
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Nevada Department of Health and Human Services
Aging and Disability Services Division
3416 Goni Rd., Suite 132
Carson City, NV 89706

**Contact:**
Jeff Doucet
Tel. (702) 486-3367
Email: jsdoucet@adsd.nv.gov

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $242,378 |
| FY2009 | $241,260 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $483,638 |

**Project Abstract:**

The Nevada Aging and Disability Services Division (ADSD) and its network partners is building on their four years of collaborative experience to strengthen the competency and efficiency and to expand the availability of Aging and Disability Resource Centers (ADRCs) in Nevada. The goals of the Empowering Individuals through ADRC project will be to: 1) increase the number of ADRCs statewide; 2) improve knowledge about and the delivery of Options/Benefits Counseling to elders and individuals with disabilities both in institutions and the community; and 3) develop a five year operational plan that will sustain growth and quality. The objectives are to: 1) evaluate the Family Resource Center structure for compatibility; 2) recruit new ADRC sites in underserved areas of the state; 3) add three to six additional ADRC staff training modules; 4) deploy an e-learning solution; 5) improve use of Information and Assistance software for ADRC staff and the community at large; 6) ensure both collaboration with aging network and public benefit organizations and service design review by an advisory group; 7) develop or refine current tools for evaluation; 8) collect and evaluate data sets consistently; and 9) disseminate findings to support the operational plan. The expected outcomes are comparable performance by ADRCs in care planning and referral outcomes; improved access to training; adequate ADRC coverage and visibility statewide; and a collaborative funding plan and coordinated service choices within the partner network. The products are an improved website, an expanded training curriculum, an e-learning solution, enhanced Information and Referral software, additional ADRC sites, and evaluation results to support the five year operational plan.

**Grant Number:** 90DR0039
**Project Title:** New Hampshire Aging and Disability Resource Center Enhancement Project
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
University of New Hampshire
Institute for Health Policy and Practice
51 College Ave., Service Bldg.
Durham, NH 03824

**Contact:**
Susan Sosa
Tel. (603) 962-4848
Email: susan.sosa@unh.edu

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,072 |
| FY2009 | $245,801 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $474,873 |

**Project Abstract:**

New Hampshire's ServiceLink Resource Center (SLRC) network is a fully functioning Aging and Disability Resource Center (ADRC). Despite this designation, the New Hampshire ADRC team recognizes that there are opportunities to expand and strengthen the SLRCs. This New Hampshire ADRC Enhancement project includes two major goals. Goal 1 is to strengthen the New Hampshire ADRC program, with the following objectives: 1) enhancing partnerships to facilitate the implementation of a No Wrong Door Model; 2) developing and implementing a Patient Centered Hospital Discharge Planning (PCHDP) Model; 3) expanding the current NH ADRC evaluation structure; and 4) enhancing information sharing capacity across SLRCs and partner agencies. Goal 2 of the project is to develop a five-year operational plan for sustaining and strengthening the fully functioning ADRC model in NH. Also part of Goal 2 is the regular review of the operational plan to ensure the ADRC progress aligns to the plan. The outcomes are to: 1) implement a No Wrong Door Model and create a plan for continuing the model; 2) implement a statewide PCHDP model; 3) enhance the NH ADRC evaluation design with new metrics and reporting, 4) improve communications systems across SLRCs and partner agencies; and 5) create a five year operational plan. The products from this project include a final report, including evaluation results; implementation guides for No Wrong Door Model and PCHDP for SLRCs; a cost effectiveness methodology for ADRC; and the 5 year operational plan.

**Grant Number:** **90DR0004**
**Project Title:** **New Jersey Aging and Disability Resource Connection**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
New Jersey Department of Health and Senior Services
240 West State Street
Trenton, NJ 08625-0807

**Contact:**
Nancy E. Day
Tel. (606) 943-3429
Email: nancy.day@doh.state.nj.us

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $277,007 |
| FY2009 | $444,459 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $721,466 |

**Project Abstract:**

The New Jersey Department of Health and Senior Services in collaboration with the Department of Human Services with the support of this three year project grant continues to provide the leadership, executive authority and resources to strengthen the Aging and Disability Resource Center (ADRC) which began in 2003. The ADRC serves as the catalyst for redesigning NJ's long-term support system by using a no-wrong-door approach to accessing home and community-based services (HCBS). With the ADRC model tested and partnerships in place, NJ is launching an aggressive strategy to institutionalize the business processes and tools statewide by December 31, 2010. Project goal one is to build partnership with NJ's Care Transitional Teams and the ADRCs to avoid unnecessary hospital readmission or nursing home placement to be accomplished by pursing these objectives - 1) Establish a project team to design a coordinated, multidisciplinary approach between acute and community settings; 2) test and evaluate the model in Camden County (the Community Living Program pilot site) and then expand it statewide; and 3) Use NJ's Pre-Admission Screening (PAS)/Pre-Admission Screening Resident Review (PASRR) hospital process to connect consumers to the ADRC. Goal 2 is to support NJ's leadership to rebalance long-term supports through cost-effective strategies with the objective of expanding the Global Budget Projection Process to incorporate the impact of expanded non-Medicaid HCBS options and ADRC interventions. Goal 3 is to ensure ADRCs are the visible and trusted no-wrong-door to long-term supports, to be accomplished by these objectives: 1) create a web-based community resource center through Harmony Information Systems; and 2) expand ADRC statewide by December 31, 2010.

**Grant Number:** **90DR0044**
**Project Title:** **Aging Disability Resource Center**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
New Mexico Aging and Long Term Care Services Department
2550 Cerrillos Road
Santa Fe, NM 87505

**Contact:**
Carlos Moya
Tel. (505) 476-4577
Email: Carlos.Moya@state.nm.us

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $228,856 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,773 |

**Project Abstract:**

The goal of the New Mexico Aging and Long Term Care Services Department (NMALTCSD) is to significantly strengthen its existing New Mexico Aging and Disability Resource Center (NMADRC). This proposal involves the expansion and enhancement of the NMADRC in the key operational components of information and awareness, options counseling, streamlined access, person-centered hospital discharge planning, and quality assurance and evaluation. Information and awareness will continue to be provided by the existing partnership between the NMADRC and the New Mexico State Health Insurance Assistance Program (NMSHIP). Benefits Counseling is provided by telephone via the NMADRC by NMSHIP certified staff; it is provided at the community level via local NMSHIP Coordinators and NMSHIP volunteers. Options counseling and person-centered hospital discharge planning are new components of the NMADRC. With this funding, the NMADRC will utilize paid Options Counselors to provide an in depth assessment of each identified client via a newly developed NMALTSD Person-Centered Planning Tool. The tool is designed to help a client determine what he or she may need to live a healthy, safe and fulfilling life. The geographic area for this service component will include the counties of Bernalillo, Valencia, Sandoval, Santa Fe, Rio Arriba, Taos, and Dona Ana. The client base in these counties will be derived from at risk Medicare beneficiaries discharged from local hospitals upon referral by their discharge planners to the NMADRC and at risk individuals on the Home and Community Based Medicaid Waiver registry of the Coordination of Long Term Services (COLTS) Program. Collaboration exists with hospitals in the identified counties.

**Grant Number:** 90DR0024
**Project Title:** New York State Office for the Aging: Aging and Disabilities Resource Center
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
New York State Office for the Aging
2 Empire State Plaza
Albany, NY 12223-1251

**Contact:**
Gail Koser
Tel. (518) 474-4424
Email: gail.koser@ofa.state.ny.us

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $256,056 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $485,973 |

**Project Abstract:**

The New York State Office for the Aging is supporting enhancement and expansion of its Aging and Disability Resource Centers with this grant. The project goal is to streamline access to long term care services, empower consumers to consider more informed choices using enhanced NY Connects options counseling, develop and implement a Consumer Navigator Program, and collaborate with key medical providers. Objectives are: 1) strengthen the promotion of NY Connects; 2) optimize choice through the availability of individualized options counseling; 3) increase consumer access to long term care services through service coordination; 4) facilitate person-centered transitions from hospitals, nursing homes and rehabilitation facilities; 5) establish performance goals that will ensure the satisfaction of consumers; and 6) advance systems change and streamline access to long term care services. This project builds upon the work of the Albany, Broome, and Tompkins Area Agencies on Aging (AAAs) and will share best practices and lessons learned with 25% of NY Connects programs statewide. Continuous quality improvement and evaluation will ensure effective and satisfactory service delivery. Measurable Outcomes are: 1) delivery of services to 100 people through person-centered discharge planning and 40 consumers through the Consumer Navigator Program; 2) develop service delivery that results in consumers remaining safely at home; 3) develop present and future long term care plans that meet self-directed criteria; 4) meet established quality performance indicators; and 5) share with 25% of NY Connects programs statewide. Products are a final report including evaluation results, tools, protocols, and training curricula.

**Grant Number:** **90DR0001**
**Project Title:** **State Planning for and Expansion of Aging Disability and Resource Centers**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
North Carolina Department of Health and Human Services
Office of Long Term Care Services
2001 Mail Service Center; Adams Bldg; 101 Blair Drive
Raleigh, NC 27699-2001

**Contact:**
Sabrena Lea
Tel. (919) 715-8399
Email: Sabrena.Lea@dhhs.nc.gov

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $259,923 |
| FY2009 | $226,772 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $486,695 |

**Project Abstract:**

The North Carolina (NC) Department of Health and Human Services (DHHS) is conducting a three-year grant for Aging and Disability Resource Centers (ADRC): Empowering Individuals to Navigate Their Health and Long Term Support Options. Project goals are: 1) operate ADRCs in 50 of 100 counties (30 counties currently covered) and plan for statewide ADRC coverage to serve adults with disabilities, older adults, their families, and others who support them; and 2) define equity and refine collaboration in the partnership between aging and disability programs. The approach will involve stakeholders representing disability and aging partners and consumers, and DHHS divisions in analyzing and planning for statewide ADRC implementation and building a framework for lasting partnerships. Objectives are: 1) support development of multi-county programs to increase ADRC coverage by 20 counties and identify organizations to serve as connectors facilitating statewide expansion; 2) develop a plan for statewide infrastructure including authority, program management and standards; 3) enhance collaboration between ADRCs and Community Care of NC; 4) identify and re-align existing, appropriate funding streams for ADRC program sustainability; and 5) create and implement protocols for aging and disability program collaboration. Project outcomes include: 1) consumers will find it easier to obtain information about and access to alternatives for informed service choices; 2) consumers will make fewer calls and repeat the same information less frequently; 3) individuals in transition will have access to options counseling; 4) NC will have a systems infrastructure that streamlines information and access processes and a means to financially sustain ADRCs. Project products will be: 1) a 5-year ADRC expansion plan; and 2) a revised ADRC operations manual.

**Grant Number:** 90DR0046
**Project Title:** Development and implementation of an Aging and Disability Resource Center in North Dakota Region VII
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
North Dakota Department of Human Services
600 E Boulevard Avenue
Bismarck, ND 58505-1250

**Contact:**
Heather Steffl
Tel. (701) 328-4933
Email: hsteffl@nd.gov

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $200,000 |
| FY2009 | $202,771 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $402,771 |

**Project Abstract:**

The North Dakota Department of Human Services (DHS), which includes the State Unit on Aging, State Medicaid and Disability Agencies, and home and community based long-term care services is developing an Aging and Disability Resource Center (ADRC) in North Dakota Region VII. The ADRC will empower older adults and adults with physical disabilities and their families to make informed choices about long-term support services, and will streamline access to services by realigning and optimizing infrastructure and resources. North Dakota will develop a no wrong door network with these state and community partners: State Unit on Aging, Medicaid, the DHS West Central Human Service Center (aging, disability, and mental health service provider), county social services, Older Americans Act providers (region/tribal); Centers for Independent Living, State Health Insurance Counseling Program, and others. Objectives include: 1) naming a program director to manage the day-to-day development of the ADRC No Wrong Door network, 2) establishing an Advisory Council to guide ADRC development, 3) implementing the ADRC network in Burleigh County in Year 1, 4) expanding the ADRC to three more counties in Year 2; 5) developing a 5-year operational plan, and 6) expanding the ADRC to the rest of Region VII in Year 3. At the grant's end, region residents will be aware of the ADRC and will contact the network for information about long-term supports and assistance accessing them. Products include an online options counseling tool; intake, information and options counseling protocols; seamless referrals and support; no wrong door model; evaluation results; a final report; and sustainability plan.

**Grant Number:** 90DR0027
**Project Title:** Ohio's Front Door: Strengthening Access to the Long Term Care System
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Ohio Department on Aging
50 W. Broad Street 9th Floor
Columbus, OH 43215-3363

**Contact:**
Deanna Clifford
Tel. (614) 644-5192
Email: dclifford@age.state.oh.us

AoA Project Officer: Linda Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $236,261 |
| FY2009 | $219,380 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $455,641 |

**Project Abstract:**

Through this Aging and Disability Resource Center grant, the Ohio Department of Aging, in collaboration with Ohio's twelve Area Agencies on Aging, the Centers for Independent Living and other community-based partners, supports the development of a statewide front door to long-term care services, as envisioned by the state's Unified Long-term Care Budget recommendations. The goal of Ohio's ADRC project is to ensure that older adults and adults with physical disabilities are empowered to make informed decisions about publicly-funded and private pay long-term service and support options through a statewide, no wrong door Aging and Disability Resource Network (ADRN) enacted at the regional level. The objectives are: 1) to enhance information and awareness through shared resource information; 2) to provide person-centered, one-on-one assistance to consumers; 3) to develop consistent hospital discharge tools; 4) to improve access to benefits for individuals with physical disabilities; and 5) to put in place consumer quality assurance and evaluation tools for ADRN activities. The expected outcomes are: 1) collaboration among regional partners on shared information and resource materials as evidenced by Memoranda of Understanding; 2) development of materials specific to individuals with disabilities; 3) ADRN staff trained on person-centered thinking; 4) person-centered thinking adopted in tools, 5) materials and for one-on-one assistance; 6) consistent, person-centered hospital discharge partnerships and tools; and, 7) trained benefits analysts to assist persons with disabilities. Deliverables include required reports; resource materials for people with disabilities available in a variety of formats; person-centered tools for one-on-one assistance; and a person-centered hospital discharge planning toolkit.

**Grant Number:** 90DR0032
**Project Title:** Oklahoma's Aging and Disability Resource Center
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Oklahoma Department of Human Resources
Aging Services
2401 NW 23rd Street, Suite 40
Oklahoma City, OK 73107

**Contact:**
Claire Dowers-Nichols
Tel. (405) 522-4510
Email: claire.dowers@okdhs.org

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,901 |
| FY2009 | $246,040 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $475,941 |

**Project Abstract:**

Oklahoma Aging Services Division, supports this three-year Aging and Disability Resource Center (ADRC) project with the goal of providing all Oklahoma citizens, regardless of income, a no wrong door system for information and options benefit counseling regarding long-term care decision-making and planning. The objectives are to: 1) develop a person-centered information system accessible to the public, professionals and target populations offered in alternate formats; 2) ensure that caregivers and care receivers are supported in a way that honors individual choice by providing training to Information and Assistance (I&A) specialists; 3) provide options counseling to individuals 60 and older and to people with disabilities; 4) streamline access to services by creating a standardized and efficient entry process for public and private pay services; and 5) further develop formal linkages between and among the public and private providers of long-term care supports by creating Memoranda of Understandings (MOUs) and other formal agreements. The expected outcomes are: 1) a shared and comprehensive resource database and providing consistent information to people needing assistance; 2) options counseling will enable people to make informed, cost-effective decisions about long-term care services and plan for their future needs; 3) systematic training will ensure all entry points and partners provide I&A services that include public and private pay benefits; 4) reduction in the rate of institutional placement; 5) reduction in average length of time from first contact to eligibility determination. Products will include standardized intake instruments, training materials, MOUs, formal protocols, documentation of cost savings, and a best practices document.

**Grant Number:** 90DR0031
**Project Title:** Expansion of the Aging and Disability Resource Center Program and Transitional Care Collaborative
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Oregon Department of Human Services and
People with Disabilities
676 Church Street, NE
Salem, OR 97301

**Contact:**
Elaine Young
Tel. (503) 373-1726
Email: Elaine.Young@state.or.us

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $246,056 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $475,973 |

**Project Abstract:**

Oregon's Division of Seniors and People with Disabilities (SPD) supports this three year Aging and Disabilities Resource Center (ADRC) grant in partnership with Northwest Senior and Disability Services (NWSDS), Oregon Cascades West Council of Governments (OCWCOG), and other key organizations. The goals of this project are: 1) expand ADRC services to 30 percent of Oregonians,; 2) complete a 5-year Strategic Plan to operate ADRCs statewide; and 3) support the implementation of best practices to improve transitions of Medicare beneficiaries across care settings and reduce unnecessary hospital readmissions. For Goal 1, the main objective is to strengthen the capacity of NWSDS and OCWCOG to meet the criteria for a fully functioning ADRC. For Goal 2, the main objective is to complete a gap analysis that prioritizes the work that must be completed at the local and state level to ensure a statewide ADRC system. For Goal 3, the main objective is to host a Transitional Care Collaborative that promotes strategies to address care transition issues for representative from hospitals, physician offices, home health agencies, AAA staff and others. Main outcomes include: 1) 3 AAAs that meet the criteria for a fully functioning ADRC; 2) a comprehensive Strategic Plan for AoA and for use in the 2011 legislative session; and 3) an increase in referrals from hospitals and physician offices to local Options Counseling and Transition Coaches. The products from this project are documented lessons learned while phasing in new technology, services, and staffing requirements to support a local ADRC, change packages for implementing Transitional Care Best Practices, abstracts for national conferences, and any final reports required by the Administration on Aging.

**Grant Number:** 90DR0014
**Project Title:** Rhode Island Aging and Disability Resource Center - THE POINT
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Rhode Island Department of Elderly Affairs
Hazard Building, 74 West Rd.
Cranston, RI 02920

**Contact:**
Corrine C. Russon
Tel. (401) 462-0501
Email: crusso@dea.ri.gov

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $228,856 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,773 |

**Project Abstract:**

The grantee, the Rhode Island Department of Elderly Affairs (RIDEA), is conducting a three-year extension and expansion of its Aging and Disability Resource Center (ADRC), established in 2005 and known locally as THE POINT. THE POINT's goal is to provide information about and referral to a statewide network of programs and services for seniors, adults with disabilities, and their caregivers. The expansion will create a partnership with the Department of Human Services (DHS/Medicaid), the lead State agency for the Rhode Island Global Medicaid Waiver, and build on formal linkages with government and community-based programs, as well as the state's Medicare Quality Improvement Organization (QIO), Quality Partners of Rhode Island. The project's objectives are to: 1) incorporate a patient coaching model into Options Counseling services and person-centered discharge planning; 2) with the QIO, develop and implement a Community Outreach Plan to increase formal linkages with the social services and healthcare communities; and 3) design and implement an Evaluation Plan that assesses service delivery (including customer satisfaction) and impact. The expected outcomes include: 1) achievement of the requirements to be designated as a fully-functional ADRC; 2) increased penetration into the local healthcare community; 3) improved customer service; and 4) a measurable association with improved local trends in healthcare utilization and cost, specifically related to maximizing outcomes for those who wish to receive community-based health care. The products from this project will include a Final Report reflecting a formal program evaluation and an operational design for a well-coordinated system of information, referral, and client/patient coaching and support to ensure optimal health outcomes.

**Grant Number:** **90DR0034**
**Project Title:** **Transitioning Area Agencies on Aging's to Aging and Disability Resource Centers**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
South Carolina Lieutenant Governor's Office on Aging
Division of Aging Services
1301 Gervais Street, Suite 200
Columbia, SC 29201

**Contact:**
Denise W. Rivers
Tel. (803) 734-9939
Email: riversd@aging.sc.gov

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $218,530 |
| FY2009 | $216,857 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $435,387 |

**Project Abstract:**

The South Carolina Lieutenant Governor's Office on Aging (LGOA) is converting all Area Agencies on Aging to Aging and Disability Resource Centers (ADRCs) through this Aging and Disability Resource Centers grant proposal. This collaborative endeavor will be implemented in conjunction with the five Area Agencies on Aging that are not currently ADRCs as well as the South Carolina Department of Health and Human Services (the state Medicaid agency). The goal is to enable individuals with disabilities and/or in need of long-term care to make informed decisions regarding living environment, providers of services they receive, and acquisition of quality services consistent with their preferences and priorities through a statewide network. Objectives include: 1) expansion of the ADRC initiative to serve as a visible single point of entry for older adults and adults with disabilities in every county in South Carolina; 2) education to consumers on planning for future LTC needs; 3) enhancement of SC Access by adding new providers and additional topics and information to the statewide database; and 4) modification of the information technology system to streamline and simplify eligibility determination and service applications for long term care.

**Grant Number:** 90DR0050
**Project Title:** Development of Aging Disabilty Resource Centers in South Dakota
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
South Dakota Department of Social Services
700 Governors Drive
Pierre, SD 57501

**Contact:**
Deb Peterson
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Email: Deb.Petersen@state.sd.us

AoA Project Officer: Kevin Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $200,000 |
| FY2009 | $240,142 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $440,142 |

**Project Abstract:**

South Dakota is at a crossroads in developing a sustainable system of long-term care services to meet the needs of its citizens in the near and long term. The state currently does not have an Aging and Disability Resource Center (ADRC), hindering access to services. The goals of the project are: 1) the state Aging Unit will develop an ADRC in Sioux Falls, the largest community in the state; and 2) working with key stakeholders, develop a plan within eighteen months to implement ADRCs across South Dakota within three years. The target population of older adults and adults with physical disabilities will benefit from achieving the objectives of developing a Single Point of Entry system for long term care services and options counseling, integrating eligibility functions for public long term care services, and developing a quality assurance system. These objectives will be guided by statewide and local advisory workgroups comprised of key stakeholders including consumers, providers, and state agencies. Changes to the current system include: 1) revisions to current Aging Unit staff duties; 2) development of person-centered intake; 3) assessment and case planning processes and requisite staff training; incorporation of Medicaid financial eligibility determinations into the ADRC; and 4) development of formal linkages between the long term care systems for elders and adults with physical disabilities. Outcomes include increased access to information about services and increased use of home and community based services by the target population. Products include outreach materials including a website, marketing plan, person-centered intake, assessment and case planning tools, staff training curriculum, statewide implementation plan and outcome data.

**Grant Number:** 90DR0038
**Project Title:** Aging and Disability Resource Centers: Empowering Individuals to Navigate Their Health and Long Term Support Options
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Tennessee Commission on Aging and Disability
500 Deaderick Street, 8th Floor, Suite 825
Nashville, TN 37243

**Contact:**
Cynthia Minnick
Tel. (615) 741-3309
Email: cynthia.minnick@tn.gov

AoA Project Officer: Joseph Lugo

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $ |
| FY2009 | $246,056 |
| FY2008 | $229,917 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $475,973 |

**Project Abstract:**

The Tennessee Commission on Aging and Disability (TCAD) supports Aging and Disability Resource Centers (ADRCs): Empowering Individuals to Navigate Their Health and Long Term Support Options targeting older persons and adults with physical disabilities. This project goal is to build on the existing Tennessee ADRC project to create fully functioning ADRCs in all nine regions of the State and ensure ADRC concepts and functions are embedded in the State's long term care system by coordinating staff, technology, partnerships, marketing, evaluation and accomplishing the project goals and objectives. Objectives are: 1) increase visibility and awareness of the existence and functions of the ADRC; 2) implement ADRCs that the public recognizes as a trusted, objective, reliable sources of information and assistance; 3) identify gaps or needs for training about responsiveness; 4) remove barriers that slow down ease of access to programs; 5) implement system changes that will streamline access and increase efficiency and effectiveness; 6) determine Tennessee's readiness for implementing person-centered hospital discharge planning; 7) monitor project goals, objectives and outcomes; 8) document development of nine fully functioning ADRCs; 9) enhance technology at the ADRCs and TCAD; 10) enhance functions of the state's single point of entry system and ensure funding is embedded in the long term care system, and 11) develop 5-year operational plan and budget. Outcomes are: 1) marketing is coordinated and implemented; 2) healthcare professionals are educated; 3) ADRC staff is trained in ADRC functions; 4) barriers to access are removed, 5) the project is embedded in the State's system; 6) reports show the project has accomplished its goals and objectives, and the 5-year operational plan and budget are completed.

**Grant Number:** **90DR0013**
**Project Title:** **Texas Aging and Disability Resource Centers**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Texas Department of Aging and Disability Services
701 W. 51st Street
Austin, TX 78751

**Contact:**
Winnie Rutlege
Tel. (512) 438-5891
Email: winnie.rutledge@dads.state.tx.us

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $228,856 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,773 |

**Project Abstract:**

The Texas Department of Aging and Disability Services (DADS) is expanding and enhancing its current Aging and Disability Resource Center (ADRC) network by working with the ADRC State Advisory Council and its eight projects to standardize operations in support of fully functioning ADRCs. DADS is pursing two goals: 1) to enhance the capacity of the current project sites options counseling and support services by collaborating with hospital discharge planning departments to reduce hospital readmissions and by providing additional structure to the operation of the ADRC project sites for more uniformity of services provided; and 2) to expand the number of ADRC project sites to at least one project in each region. Objectives are: 1) adopting standards of operation using the lessons learned and the experience gained from the original sites three years of operation and other states' ADRCs; 2) increasing the capacity of ADRC projects to work with hospital discharge planning departments in at least one medical facility through increased funding and training opportunities because not all ADRC projects sites are actively involved with these departments; 3) increasing the capacity of Central Texas ADRC project to provide person centered care coordination through implementation of Guided Care model; and 4) developing a five year state plan to expand ADRCs statewide with extensive stakeholder input. These activities will provide DADS, the project sites and the Administration on Aging several products: 1) policy and procedures manual for ADRC operations; 2) State Plan for statewide implementation of ADRCs; and 3) evaluation report of progress toward attainment of goals.

**Grant Number:** 90DR0029
**Project Title:** Utah Aging and Disability Resource Center (ADRC)
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
University of Utah
Center on Aging/Geriatrics
75 South 2000 East, RM 211
Salt Lake City, UT 84112

**Contact:**
Maureen Henry, JD
Tel. (785) 673-1048
Email: Maureen.henry@utah.edu

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $228,856 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,773 |

**Project Abstract:**

The Utah Commission on Aging through the University of Utah is creating a statewide ADRC in collaboration with the Utah Division of Aging and Adult Services, Division of Services for People with Disabilities, Medicaid Program, 211, Access Utah Network, Area Agencies on Aging, Centers for Independent Living, and Utah State University. Goal 1 is to establish the organizational structure necessary to establish the ADRC. Objectives include employing staff, convening committees, developing ADRC model and evaluation/reporting plan. Goal 2 is to establish and maintain a state-wide database of long term support options. Objectives include assessment of the current system, developing a plan, and evaluation. Goal 3 is to create a statewide awareness, information, and individualized counseling system. Objectives include assessment of the current system, development of a plan, identification and funding of pilot site, and evaluation. Goal 4 is to create a seamless single point of entry to publicly funded long term support programs. Objectives include assessment of the current system and development of plan. Goal 5 is to create a care transition system that provides individuals and caregivers with timely and accurate information about long term support options. Objectives include an assessment, consideration of models, and development of a plan. The target population is individuals aged 60 and older and disabled adults aged 18 and older, statewide. Identified products will be an operational ADRC, a statewide computerized database of information, a five year state plan, and an online application for Medicaid long term support programs.

**Grant Number:** 90DR0037
**Project Title:** Vermont Aging and Disability Resource Center
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Vermont Department of Disabilities, Aging and Independent Living
Disability and Aging Services
103 South Main Street, Weeks Building 2nd Floor
Waterbury, VT 05671-1601

**Contact:**
Merle Ewards-Orr
Tel. (802) 241-4496
Email: merle.edwards-orr@ahs.state.vt.us

AoA Project Officer: Kevin Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,541 |
| FY2009 | $228,582 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,123 |

**Project Abstract:**

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) is strengthening the Vermont Aging and Disability Resource Connection (ADRC) statewide and develop a five year operational plan and budget in collaboration with its ten core partner agencies. Project objectives include: 1) develop a five year operational plan and budget; 2) develop warm transfer capability among partner agencies to facilitate timely and efficient referrals; 3) build a marketing strategy to bring the ADRC statewide to the public and key stakeholders; 4) establish AIRS I/R/A professional staff capacity at each ADRC core partner agency; 5) improve person centered hospital discharge planning in collaboration with the Community Living Program (CLP) project efforts; 6) pilot a new model(s) of discharge planning in at least two regions of the state; 7) identify and develop effective partnership strategies with the State Medicaid Office on eligibility determination processes; and (8 develop a quality improvement plan including vehicles for ongoing consumer involvement. Project outcomes include: 1) a statewide fully functional ADRC; 2) a sustainable five year operational plan and budget; 3) professionally staffed information, referral and assistance service capacity in the ten partner agencies; 4) enhanced options counseling and decision support functions with the Vermont ADRC that incorporates the Community Living Program (CLP) goals and consumer preference to remain at home for as long as possible; 5) a collaborative, person centered discharge planning process in partnership with the CLP, local hospitals and nursing homes; and 6) a quality improvement plan supporting a five year ADRC operational plan. Project deliverables include a five year plan and budget, project reports, training materials, and conference presentation materials, such as abstracts.

**Grant Number:** 90DR0018
**Project Title:** Aging and Disability Resource Centers: Empowering Individuals to Navigate Their Health and Long-Term Support Options
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Virginia Department on Aging
1610 Forest Avenue, Suite 100
Richmond, VA 23229

**Contact:**
Katie Roeper
Tel. (804) 662-7047
Email: katie.roeper@vda.virginia.gov

AoA Project Officer: Joseph Lugo

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $246,052 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $475,969 |

**Project Abstract:**

Virginia's No Wrong Door (NWD) initiative strives to streamline access to information and to public/private long-term services and supports for seniors and adults with disabilities - maximizing opportunities to live at home and engage in community life. The Virginia Department for the Aging is developing new NWD/Aging and Disability Resource Center (ADRC) communities and significantly enhance existing ADRC operations in partnership with the Department of Medical Assistance Services, Department of Rehabilitative Services, Virginia Hospital/Healthcare Association, Area Agencies on Aging, Centers for Independent Living (CIL), and hospitals. Project goals are to: 1) expand geographically growing closer to statewide coverage of Virginia's NWD/ADRC model of service delivery; 2) expand functionally enhancing NWD/ADRC technology for optimal use by disability service providers; and 3) expand collaboratively developing best practices in coordination of transition planning for NWD/ADRCs and hospital discharge planners. Objectives are: 1) establishing four new NWD/ADRC communities; 2) enhancing technology to improve service coordination for people with disabilities; 3) conducting feasibility studies to interface with hospital discharge planning information systems and the State Health Insurance Information Program reporting system; 4) developing protocols for coordinating transition/service plans in five existing NWD/ADRC communities; 5) cultivating a statewide approach to foster education about and support for person-centered care coordination; and 6) developing a marketing plan for NWD/ADRC communities. Expected outcomes are: 1) four new ADRCs serving 23 additional localities; 2) an increase in individuals served through ADRCs; 3) addition of five CILs and ten case managers; 4) five ADRCs collaborating with discharge planners at 15 hospitals, resulting in a reduction in readmissions; increased consumer/caregiver understanding of options when leaving a hospital; and 5) increased consumer satisfaction and provider efficiency.

**Grant Number:** 90DR0017
**Project Title:** Aging and Disability Resource Center Expansion in Washington State
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Washington Department of Social and Health Services
Aging and Disabilities Services Administration
640 Woodland Square Loop SE
Lacey, WA 98503

**Contact:**
Susan L. Shepherd
Tel. (360) 725-2418
Email: shephsl@dshs.wa.gov

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $248,202 |
| FY2009 | $211,466 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $459,668 |

**Project Abstract:**

Washington State Department of Social and Health Services-Aging and Disability Services Administration (DSHS-ADSA), supports this three year Aging and Disability Resource Center (ADRC) expansion project in collaboration with four Area Agencies on Aging (AAAs), interested stakeholders, and constituents. The goal of the project is to achieve significant progress toward statewide expansion of Washington State's ADRC program. The approach is to initiate and evaluate the expansion of ADRCs and demonstrate potential efficiencies and effectiveness ADRCs provide by employing person-centered principles in navigating long-term support options. The objectives are to: 1) achieve significant progress in establishing three new ADRC pilot sites; 2) convene a statewide ADRC planning and policy committee; 3) develop a five year operational plan and budget for achieving statewide coverage of fully functional ADRCs; 4) facilitate training and technical assistance for ADRC pilot site staff and partners; 5) enhance interagency relationships and partnerships with disability, long-term support option experts, and advocacy organizations; 6) evaluate the impact of the ADRC program; and 7) disseminate project information. The expected outcomes of this ADRC expansion project are: 1) four well functioning ADRC sites in Washington State; 2) an ADSA-approved operational plan and budget for statewide coverage of ADRCs; 3) methodology for determining cost savings related to ADRC catchment areas; 4) project evaluation reflecting project results; and 5) consumers more capable of making decisions about long term support options. The products from this project are: a final report, including evaluation results and lessons learned; a five-year operational plan and budget for statewide expansion; ADRC program standards; and established relationships and protocols with disability, long-term support option experts, and advocacy organizations.

**Grant Number:** **90DR0033**
**Project Title:** **VITALS - Vital Aspects of Life Services**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
West Virginia Bureau of Senior Services
1900 Kanawha Boulevard East
Charleston, WV 25305

**Contact:**
Barbara Reynolds
Tel. (304) 558-3317)
Email: breynolds@wvseniorservices.gov

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $229,917 |
| FY2009 | $228,856 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $458,763 |

**Project Abstract:**

The West Virginia Bureau of Senior Services is partnering with hospitals and Aging and Disability Resource Centers (ADRCs) to develop a person-centered discharge planning process in a program named VITALS Vital Aspects of Life Services. The goal is to reduce the number of hospital readmissions for adults with a diagnosis of diabetes mellitus, chronic obstructive pulmonary disease, congestive heart failure, status post coronary bypass surgery, or hip fracture. There are five objectives: 1) develop a discharge planning kit that contains an assessment/service plan and information regarding long-term care options and multiple provider agencies to facilitate individual choice; 2) enhance existing partnerships between ADRCs and hospital discharge planners in order to arrange and ensure a person-centered discharge process; 3) Develop a guided care model for follow-up after discharge that focuses on chronic disease and medication self-management, nutrition, and access to proper follow-up care; 4) evaluate the effectiveness of the project in deterring future hospital admissions; and 5) further strengthen the ADRCs and the long-term care system in West Virginia by recommending systems change based on evidence and lessons learned. There are four expected outcomes: 1) the pilot hospitals will see a decrease in readmissions; 2) patients involved will have greater input and choice in their discharge planning process; 3) both Medicare and Medicaid will experience a cost savings; and 4) ADRCs will be strengthened by VITALS to make them more fully functional and to optimize use of existing funding. Policymakers will subsequently be educated and systems change recommended.

**Grant Number:** 90DR0022
**Project Title:** Improving Quality and Customer Satisfaction with Information and Assistance, Options Counseling
**Project Period:** 09/30/2009 – 09/29/2012

**Grantee:**
Wisconsin Department of Health Services
Long Term Care
! West Wilson
Madison, Wisconsin 53707

**Contact:**
Kristen Felten
Tel. (608) 267-9719
Email: Kristen.Felten@Wisconsin.gov

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $275,244 |
| FY2009 | $203,392 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $478,636 |

**Project Abstract:**

The Wisconsin Department of Health Services has a plan in place to expand Aging and Disability Resource Centers (ADRC) statewide by 2012. This plan is supported by the Governor and the funding approved in the current state biennial budget. If awarded this grant opportunity. The state's goals are to significantly strengthen Wisconsin's ADRCs by building upon new and previous learning regarding the quality of, and customer satisfaction with, access to publicly funded long term care programs through the ADRC, and information and assistance and options counseling services, as well as achieving a reduction in unnecessary hospital readmissions. To achieve these goals, the objectives are: 1) to perform a quality evaluation and customer satisfaction survey regarding information and assistance and options counseling services with 16 new ADRCs not included in the 2008 study, and repeat the evaluation with the original 18 participating ADRCs to demonstrate improvement based upon the learning and identify areas needing additional support; 2) develop quality indicators of customer satisfaction with access to publicly funded long term care programs and to perform an evaluation of this service with all fully-functioning ADRCs; 3) to make funding available to individual ADRCs to strengthen and enhance their services based upon the results of each of the quality evaluations; 4) implement a specific plan with the Milwaukee County Aging Resource Center (the largest Wisconsin ADRC) to further streamline access and improve customer satisfaction; and 5) refine and strengthen existing connections between ADRCs, hospital discharge planning and home health agencies.

**Grant Number:** **90DR0010**
**Project Title:** **The Wyoming Aging and Disability Resource Center Project**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Wyoming Department of Health
Aging Division
6101 Yellowstone Rd., Suite 259B
Cheyenne, WY 82002

**Contact:**
Debbie Walter
Tel. (307) 777-5048
Email: debbie.walter@health.wyo.gov

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $250,000 |
| FY2009 | $50,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

The Wyoming Department of Health/Aging Division supports this three year project in collaboration with our local independent living organizations and other related state programs. The objectives are: 1) serve as a visible and trusted source of information to our aging and/or developmentally disabled citizens including both institutional and home or community based care; 2) provide personalized and consumer friendly assistance to empower consumers to make informed decisions about their care options; 3) provide a streamlined and coordinated access to all care options so consumers can get the care they need through an single entry point (SEP) intake process; 4) assist individuals plan ahead for their future long-term care needs; and 5) assist Medicare beneficiaries to understand and access the Prescription Drug Coverage and prevention benefits under the Medicare Modernization Act. The approach is to develop at least one and potentially two-three Aging and Disability Resource Center site(s) to provide statewide coverage through a toll-free number system within the first 12 months of the project. The expected outcomes are: 1) simplified access to services and supports, eligibility determinations, and information for consumers who may find it difficult to navigate through the system on their own; 2) streamlined process of referral to other local, state and federal resources; and 3) access for every citizen to the services and supports they need. The products will be: on-going reports to the Administration on Aging (AoA) regarding the number and type of consumers served; survey evaluation results indicating consumer satisfaction with the process; website detailing program services and providers; and abstracts for national conferences.

## Aging and Disability Centers - Options Counseling

The Administration on Aging (AoA) held a grant competition in FY2010 to support projects to strengthen, develop and/or implement a comprehensive set of standards they can use to guide, monitor and continually improve the delivery of Options Counseling and Assistance within the context of their Aging and Disability Resource Center (ADRC) systems.

The projects awarded in FY2010 based on this competition will help States to standardize options counseling delivery policies and procedures, identify and invest in staff training and preparation, and implement common client tracking procedures for assessing the performance of Options Counseling across their ADRCs.

**Grant Number:** 90OC0006
**Project Title:** Arizona Links Standards for Options Counseling
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Arizona Department of Economic Security
Division of Aging and Adult Services
1789 W. Jefferson, Site Code 950A
Phoenix, AZ 85007

**Contact:**
Melanie Starns
Tel. (602) 542-2591
Email: mstarns@azdes.gov

AoA Project Officer: Elizebeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $499,970 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $499,970 |

**Project Abstract:**

The Arizona Department of Economic Security (DES), Division of Aging and Adult Services (DAAS) will strengthen statewide access to comprehensive Options Counseling (OC) through the Arizona Aging and Disability Resource Center (ADRC). Collaboration with existing ADRC partners and coordination with access-related resources will achieve the goal of developing of standards for OC in Arizona and fully implement OC using these standards in one existing ADRC site. The approach is to infuse OC into ADRC partner organizations providing Information and Referral (I&R) and Case Management services, clearly defining OC through standards for training and service delivery. Objectives are: 1) develop statewide standards that address the goal and objectives of OC in Arizona; 2) establish the infrastructure and protocols needed to implement the OC standards in Maricopa County; 3) provide OC in Maricopa County at the Area Agency on Aging (AAA), Region One, Inc., and the Arizona Bridge to Independent Living (ABIL), using the standards and protocols; 4) monitor and evaluate the OC service delivery, outcomes, and protocols; and 5) participate in development of national standards for OC. Expected outcomes include: 1) increased public awareness of OC; 2) better preparing families for aging and caregiving responsibilities; 3) mitigating the need for crisis management; 4) increased utilization of community-based options, including private pay, reducing reliance on public funding and avoiding premature institutionalization; and 5) an increase in consumer-directed planning and utilization of consumer-directed options. Products include a comprehensive set of standards for OC in Arizona, an evaluation plan, semi-annual reports, and a final report.

**Grant Number:** 90OC0016
**Project Title:** California Options Counseling Quality Improvement
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
California Health and Human Services Agency
1600 9th Street room 460
Sacramento, CA 95814-6439

**Contact:**
Karol Swartzlander
Tel. (916) 651-6693
Email: KSwartz2@chhs.ca.gov

AoA Project Officer: Elizebeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $510,082 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $510,082 |

**Project Abstract:**

California's Options Counseling Quality Improvement Project will inform state and federal policy by developing, implementing and evaluating a comprehensive set of Options Counseling Standards with three Aging and Disability Resource Connections (ADRCs) and one Money Follows the Person (MFP) Demonstration Lead Organization. Two goals will guide this critically needed project: Goal 1 - Options Counseling, a core ADRC service in California, will be conducted with an enhanced service framework including scope of practice and staffing standards. Key objectives for this goal are: 1) to identify and develop an enhanced Options Counseling framework – core service elements, methods, scope of practice and staffing standards, etc.; 2) to develop a training curriculum and provide training; 3) to pilot the new framework; and 4) to create an Options Counselor Corner on the state's long-term care website, www.CalCareNet.ca.gov. Goal 2 - the state will have uniform criteria and a standard process for designating ADRCs and monitoring core ADRC functions: Information and Assistance (I&A); Options Counseling; Short Term Service Coordination; and, Care Transition Services. Key objectives for this goal are: 1) to collaborate with key stakeholders in the planning and expansion of ADRCs; and 2) to establish an application process for ADRC designation. Expected outcomes for this project include: 1) improved Options Counseling services for consumers; 2) an enhanced ADRC core service structure with defined standards; and 3) a viable ADRC application and statewide expansion plan. Products from this project include the following deliverables: California Options Counseling Handbook, Options Counseling Training Curriculum, Options Counselor Corner (web page), State Uniform ADRC Designation Criteria and Application Process, Evaluation Plan, and a Final Report.

**Grant Number:** **90OC00011**
**Project Title:** **Development and Implementation of Standardized Procedures for Options Counseling within the Aging and Disability Resource Center (ADRC) Program**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
Colorado Department of Human Resources
Aging and Adult Services
1575 Sherman St., 10th Floor
Denver, CO 80203-1714

**Contact:**
Todd Coffey
Tel. (303) 866-2750
Email: todd.coffey@state.co.us

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $492.469 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $492.469 |

**Project Abstract:**

The Colorado Department of Human Services (CDHS) and the Colorado Department of Health Care Policy and Financing (HCPF) is conducting a two-year project development and implementation of standard operating procedures for options counseling within the Aging and Disability Resource Center (ADRC) known as Adult Resources for Care and Help (ARCH) in Colorado. The Colorado ARCH utilizes the resources and knowledge base of existing agencies including; the Single Entry Point (SEPs) Agencies, the Area Agencies on Aging (AAAs), the Centers for Independent Living (CILs), and the Colorado 2-1-1 (2-1-1). The goal is to develop and implement a standardized procedure for options counseling to ensure all consumers statewide receive accurate and effective information to assist them in making decisions in their long-term care needs. The Colorado ARCH has contracted with an evaluation consultant to evaluate and determine the most effective operating procedures. The objectives are to: 1) evaluate Current Operating Procedures for Colorado ARCH Options Counseling; 2) develop Standard Operating Procedures for Colorado ARCH Options Counseling; 3) determine Outcomes and Tracking Methods; 4) design an In-take and Assessment Tool; 5) identify and Invest in Training for Resource Specialists; 6) implement Standard Operation Procedures in all six ARCH sites; 7) participate in the National Collaborative Process; and 8) evaluate the New Standard Operating Procedures for Colorado ARCH Options Counseling.

**Grant Number:** 90OC0002
**Project Title:** Connecticut's ADRC Options Counseling and Assistance Program
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Connecticut Department of Social Services
Aging Services Division
25 Sigourney Street
Hartford, CT 06106-5033

**Contact:**
Jennifer Throwe
Tel. (860) 424-5862
Email: Jennifer.Throwe@ct.gov

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

Connecticut (CT) Department of Social Services, State Unit on Aging, Agency on Aging of South Central CT, Western CT Area Agency on Aging, Center for Disability Rights and Independence Northwest will continue partnering to expand CT Aging and Disability Resource Centers (ADRCs). The grant will strengthen CT's existing South Central and Western ADRC Options Counseling (OC) program through more coordinated Operating Protocols for guiding, monitoring and improving delivery of OC. CT will implement client tracking procedures for assessing performance, quality assurance (QA) and evaluation of OC with University of Connecticut Center on Aging, Statewide ADRC Committee, ADRC Operating Protocol Workgroup, ADRC consumers and staff, and two Community Choices Councils. CT ADRC staff will participate in federal workgroups/conference calls and attend project national meetings to develop a minimum set of standards for OC. The goal is to provide consumers high-quality self-determined OC experiences through two ADRCs capable of including assessment, information, assistance and streamlined access to public and privately funded long-term services and supports. Objectives: 1) update existing OC materials; 2) develop OC training and certification program; 3) develop OC QA and Evaluation tools and metrics; 4) strengthen OC marketing; 5) pilot ADRC internal workflow changes; 6) engage OC partnership activities at all levels; 7) strengthen CT's ADRC Operating Protocols; and 8) improve ADRC management information system (MIS) capabilities for OC. Expected outcomes include improved staff training, QA and Evaluation; and updated OC materials; and management information technology tracking capabilities. Products include: revised OC marketing materials; updated OC guides and training manual; OC Certificate Program for improved staff training; revised ADRC Operating Protocols; QA and Evaluation tools to manage OC; MIS OC enhancements; consumer accommodations.

**Grant Number:** 90OC0003
**Project Title:** Strengthening the District of Columbia Office on Aging/Aging and Disability Resource Center through Options Counseling Program
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
District of Columbia Office on Aging
441 Fourth Street, NW, Suite 900S
Washington, DC 20001

**Contact:**
Dr. Clarence Brown
Tel. (202) 724-5622
Email: clarence.brown@dc.gov

AoA Project Officer: Kevin Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

The District of Columbia Office on Aging and the Aging and Disability Resource Center's (DCOA/ADRC) goal is to significantly strengthen its ADRC's Options Counseling and Assistance function within its one-stop, long term care services and support system for individuals and families of all ages, income or disability. During a two year program period, DCOA/ADRC will achieve the goal by accomplishing the following objectives: 1) collaboratively develop and implement a state-wide comprehensive set of standards to guide, monitor and continually improve the delivery of Options Counseling and Assistance for the District's DCOA/ADRC system, its partners and consumers; 2) train fifty (50) program planners, managers, front line staff within DCOA/ADRC network on the standards developed and on the Technical Assistance Exchange (TAE) Options Counseling Curriculum; 3) enhance DCOA/ADRC information technology (IT) client tracking system and protocol (CSTARS) to meet new Options Counseling standards and for assessing performance; 4) participate in a collaborative process with other grantees, federal agency staff, technical assistance (TA) providers and stakeholders to develop a set of minimum national standards for Options Counseling and Assistance; and 5) monitor, track and evaluate the delivery of options counseling relative to business operations and consumer outcomes. The expected outcomes and products are: 1) a strengthened statewide DCOA/ADRC Options Counseling function; 2) implementation of state-wide standardized options counseling delivery policies and procedures; 3) fifty (50) trained professionals to counsel and advise consumers and their families across ages and disabilities; 4) evaluation findings and report; 5) program sustainability at end of grant period; 6) enhanced options counseling IT; and 7) final report as required by the Administration on Aging and Center for Medicare and Medicaid Services.

**Grant Number:** 90OC0001
**Project Title:** Implementing the Affordable Care Act: Options Counseling and Assistance Programs
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Florida Department of Elder Affairs
4040 Esplanade Way, Suite 315
Tallahassee, FL 32301-7000

**Contact:**
Abbie Messer
Tel. (850) 414-2105
Email: messera@elderaffairs.org

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $515,013 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $515,013 |

**Project Abstract:**

The Florida Department of Elder Affairs, in collaboration with the Area Agency on Aging of Pasco-Pinellas, Inc., (AAAPP) is developing state-specific standards, expand long-term care (LTC) options counseling for the Aging and Disability Resource Center (ADRC) in Planning and Service Area (PSA) 5 and participate in the collaborative process to establish minimum national standards. The goal is to implement standard operating procedures for options counseling in the ADRC by training and preparing staff to offer options counseling to adults of all ages and disabilities in PSA 5. The objectives include the following: 1) develop and implement a comprehensive set of standards that define policies and procedures for options counseling; 2) train options counselors to follow the new standards; 3) expand options counseling to include adults of all ages and all disabilities; 4) gather feedback and evaluate the effectiveness of the new standards to improve future outcomes; and, 5) collaborate with state, local and national partners in the development of national standards. The expected outcomes of this proposal are to create state standards that increase the knowledge of consumers and caregivers in their understanding of available long-term care options without regard to age or disability and to participate in the collaborative process in the creation of national standards to guide the delivery of options counseling.

**Grant Number:** **90OC0018**
**Project Title:** **Illinois Aging and Disabilities Resource Center Options Counseling Project**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
Illinois Department on Aging
Planning, Research and Development.
421 East Capitol, #100
Springfield, IL 62701-1789

**Contact:**
Ross Granville
Tel. (217) 524-7627
Email: ross.grove@illinois.gov

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $457,160 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $457,160 |

**Project Abstract:**

The Illinois Aging and Disability Resource Center (ADRC) project is developing, implementing and evaluating Options Counseling comprehensive standards with two ADRCs located in urban and rural regions of the state. AgeOptions, the Area Agency on Aging and ADRC for the suburban Chicago area, will work with its ADRC collaborating agencies to develop and implement Options Counseling standards and procedures that meet national criteria and are determined to be effective for their diverse urban service area. AgeOptions, based upon their ADRC experience, will submit a plan (Plan) to Illinois Department on Aging (IDoA) recommending standards and implementation approaches for the delivery of Options Counseling statewide. The Plan will include input from Northwestern Illinois Area Agency on Aging (NIAAA) which is developing and implementing Options Counseling standards at its ADRC site in Rockford, and its future ADRC site in rural Whiteside County. IDoA will ensure the Plan considers the needs of both urban and rural ADRCs and their clients statewide. The Plan will assist IDoA to standardize Options Counseling delivery policies and protocols, identify and invest in staff training and preparation, and implement common client tracking procedures for assessing the performance of Options Counseling in all ADRCs in Illinois. IDoA and the ADRCs look forward to participating in a collaborative process with the AoA and all relevant stakeholders to define a set of minimum national standards for the delivery of Options Counseling, addressing core competencies, minimum qualifications and protocols for client tracking and performance measurement. Designated staff will attend national meetings, participate in meaningful discussions and submit reports as required.

**Grant Number:** **90OC0019**
**Project Title:** **Options Counseling in Iowa**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
Iowa Department on Aging
Elder Programs and Advocacy
510 East 12th Street, Suite 2
Des Moines, IA 50319

**Contact:**
Debi Meyers
Tel. (515) 725-3325
Email: debi.meyers@iowa.gov

AoA Project Officer: Elizebeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $499,653 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $499,653 |

**Project Abstract:**

The Iowa Department on Aging (IDA) is committed to develop, standardize and expand Aging and Disability Resource Centers (ADRCs) for eventual implementation in Iowa Area Agencies on Aging (AAA) and disability community partner agencies for citizens who need person centered assistance, Options Counseling, and support in long term planning. The current ADRCs in two Area Agencies on Aging are developing and refining state specific standards for the ADRC Options Counseling and Assistance function. We are reviewing national policies and procedures in collaboration with IDA, community and advisory partners. These standards will define the Options Counseling process. This will include developing standards for employment of options counselors, staffing ratios, client tracking, and the evaluation process for consumer satisfaction. Additional standards will include outcomes development, referral effectiveness, and uniform Information technology (IT) and data collection. To ensure uniform standards application, option counselors and coordinators will attend two mandatory state trainings: one on developed standards, followed by one for standard's evaluation and problem solving. In addition, this grant enables the Heritage Area Agency on Aging ADRC to provide targeted outreach to minority and non-English speaking populations with an Options Counselor serving seven counties by establishing satellite sites within targeted neighborhoods and rural communities. The Hawkeye Valley Area Agency on Aging ADRC will expand Options Counseling to eight additional counties. The Iowa ADRCs, IDA, and advisory committees will develop a sustainability plan for the ADRCs for their continuation. The IDA and ADRCs will comply with grantor reporting requirements. Four project representatives will attend one national meeting annually and IDA and ADRC personnel will actively participate in the collaborative development of minimum national standards.

**Program: Aging and Disability Centers – Options Counseling**

**Grant Number:** 90OC0007
**Project Title:** Aging and Disability Resource Center (ADRC) Options Counseling and Assistance Programs in Maine
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Maine Department of Health and Human Services
32 Blossom Lane
State House Station 11
Augusta, ME 04333

**Contact:**
Cheryl Ring
Tel. (207) 287-5160
Email: cheryl.ring@maine.gov

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

Since 1993, Maine has systematically reduced reliance on institutional long-term care in favor of quality, affordable home-and-community-based options for consumers and families. Reliance on nursing home care has declined dramatically since that time, home care has increased, and administrative costs and per person expenditures have decreased, enabling us to serve more people with only modest increases in total spending. The goal of this project is to continue to capitalize on these strengths by developing a consistent, clear, and coordinated approach to options counseling in order to provide consumers with information, counseling, and support needed for them to make informed decisions about available options that meet their needs. The desired outcome of this effort will be improved quality of life for those who have received options counseling. Our objectives include: 1) develop standard policies and procedures for the provision of options counseling by Maine's five ADRCs; 2) clarify and define roles and responsibilities; 3) implement the standards statewide; 4) develop a coordinated assessment of individuals' needs; 5) provide training; 6) establish a continuous process improvement feedback loop; and 7) actively participate in the national discussion on options counseling standardization. Maine's target population is adults of any income-level, setting or circumstance, anywhere in the state, having any type of disability, who contact or are referred to, one of our five ADRCs. Empowering consumers to make highly-informed decisions about their long-term support needs is an expected outcome.

**Grant Number:** 90OC0014
**Project Title:** Aging and Disability Resource Center (ADRC) Options Counseling Assistance Program
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Maryland Department on Aging
Long Term Care Services
301 West Preston Street, Suite 1007
Baltimore, MD 21201-2374

**Contact:**
Stephanie Hull
Tel. (410) 767-1107
Email: sah@ooa.state.md.us

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

The Maryland Department of Aging is developing standards and requirements for Options Counseling (OC) for the Maryland Access Point (MAP), Maryland's Aging and Disability Resource Center (ADRC). MAP is an integral component of Maryland's rebalancing initiative which includes the Money Follows the Person (MFP) Demonstration, the Community Living Program (CLP) and the Person Centered Hospital Discharge Program (PCHDP). We are creating an OC workgroup under the state MAP Advisory Board that includes representatives from the MAP sites and key stakeholders. This workgroup is developing protocols for OC during the initial intake, assessment and care planning, and case management. These protocols guide MAP staff as they assist individuals to make informed choices about long-term supports and other benefits. These protocols address the participant-directed option that are implemented as part of the CLP and the Veterans Self Directed Integrated Care Program; and these protocols will be applied to the MFP, PCHDP and SHIP Medicare counseling programs. Infrastructure to support OC will include: 1) automated tools to support the implementation of these standards; 2) a data-driven continuous quality improvement (CQI) process; and 3) in-person and web-based training tools. We are piloting these standards and protocols in Howard County, which has been a leader in our MAP program. The Maryland Disability Law Center (the State Protection and Advocacy Agency, and the Freedom Center, the Howard County regional Center for Independent Living have formal roles in training and reviewing standards. The OC protocols will be made available to all partners participating in the MAP "no wrong door" initiative. Finally, we are developing plans for implementing these protocols statewide.

**Grant Number:** 90OC0009
**Project Title:** Massachusetts Options Counseling Standards Initiative
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Massachusetts Executive Office of Elder Affairs
Program Planning and Management
1 Ashburton Place, Fifth Floor
Boston, MA 02108-1516

**Contact:**
Dr. Ruth Palombo
Tel. (617) 222-7512
Email: ruth.palombo@state.ma.us

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

The Massachusetts Executive Office of Elder Affairs (Elder Affairs), in partnership with Massachusetts Rehabilitation Commission (MRC), the Massachusetts Executive Office of Health and Human Services Office of Disability Policies and Programs (ODPP), the Massachusetts Department of Mental Health (DMH), and Aging and Disability Resource Consortia (ADRC) partners statewide is enhancing the Massachusetts ADRC Options Counseling Program by strengthening and refining its current standards to ensure that all options counselors throughout Massachusetts have the capacity to serve people with disabilities, including mental health and cognitive disabilities, and to make information on consumer directed services available to all Options Counseling consumers. This goal will be achieved through the following objectives: 1) develop training to expand the ability of Options Counseling staff to serve people with disabilities, including mental health and cognitive disabilities, and to ensure that Options Counseling incorporates consumer direction, choice and dignity of risk; 2) acquire a comprehensive consumer database or interface to track Options Counseling services statewide and to facilitate referrals between ADRC partners; 3) review, and revise if necessary, current state standards for Options Counseling; 4) monitor delivery and impact of Options Counseling; and 5) work with the Administration on Aging (AoA) and other grantees to develop national Options Counseling standards. Outcomes will include: 1) improved capacity to facilitate consumer direction and serve people with a range of disabilities; 2) improved capacity to track referrals and outcomes of Options Counseling program; 3) more efficient system of referrals among ADRC partners; and 4) a set of enhanced state standards that will inform development of national Options Counseling Standards.

**Grant Number:** 90OC0005
**Project Title:** Aging and Disability Resource Center (ADRC) Options Counseling
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Michigan Office of Services to the Aging
P.O. Box 30676
Lansing, MI 48909- 8176

**Contact:**
Peggy Brey
Tel. (517) 241-0988
Email: breyp@michigan.gov

AoA Project Officer: Linda Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

Michigan's goal is to: ensure high quality, unbiased, person-centered, and consistent options counseling (OC) will be the experience of individuals desiring assistance with long term care (LTC) supports and services regardless of age, disability, income, geography or place of residence. Michigan's OC is guided by standards, policies, and procedures. OC standards will be piloted with four ADRC partners who have achieved the designation of "Emerging ADRC Partnership" by the Office of Services to the Aging (OSA). Partnerships will participate in collaborative learning sessions. Based on the Institute for Healthcare Improvement Collaborative Model for Achieving Breakthrough Improvement, these sessions are adapted for community-based collaborative. The sessions will enable refinement and standardization of OC standards as we shift from a "Single Point of Entry" (SPE) model to a "No Wrong Door" approach. Objectives include reviewing and modifying existing standards related to core competencies; and developing, testing and refining OC training on competencies, policies and processes. Software tools will be developed to collect accurate, consistent data for project management, CQI and outcome evaluation within the partnerships. Evaluation instruments developed and used in prior Michigan LTC reform initiatives will be refined and implemented, including piloting new approaches to ensure standardization among the ADRCs through the implementation of quality management systems (QMS). Data elements to track participant outcomes and measure quality will be identified. A second goal is to work collaboratively and share products with nationwide partners to develop minimum national OC standards. Grant products include: statewide standards for OC, OC training curriculum, participant and staff surveys, and a software tool.

**Grant Number:** 90OC0004
**Project Title:** New Hampshire Aging and Disabilities Resource Center (ADRC) Options Counseling and Assistance Program
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
University of New Hampshire
Institute for Health Policy and Practice
51 College Road, Service Bldg.
Durham, NH 03824-3585

**Contact:**
Susan Sosa
Tel. (603) 862-4848
Email: susan.sosa@unh.edu

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

New Hampshire (NH) has successfully implemented professional standards for Long Term Supports Counselors and has been a leader in designing a person-centered approach to long-term care options counseling. Through this proposed project, the University of New Hampshire (UNH) Institute on Health Policy and Practice will work collaboratively with the NH Bureau of Elderly and Adult Services, the ten local ServiceLink Resource Centers (SLRC), and the UNH Institute on Disability to expand and improve the quality of services to SLRC participants statewide by strengthening and enhancing person-centered options counseling across all programs that provide supports through the SLRC network. This project will develop a comprehensive set of standards for Person-Centered Options Counseling; implement these standards that provide options counseling for staff through the SLRC network; develop and implement statewide training in person-centered options counseling; implement quality improvement; evaluate the project's effectiveness; and participate in the collaborative process to develop national standards.

**Grant Number:** 90OC0020
**Project Title:** New Mexico Aging and Disability Resource Centers (ADRC) Options Counseling and Assistance Standards and Expansion
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
New Mexico Aging and Long-Term Services Department
Consumer and Elder Rights
2550 Cerrillos Rd.
Santa Fe. NM 87505-3260

**Contact:**
Carlos Moya
Tel. (505) 476-4577
Email: carlos.moya@state.nm.us

AoA Project Officer:

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

The New Mexico Aging and Long-Term Services Department's (NM ALTSD) Aging and Disability Resource Center (ADRC) is enhancing existing options counseling standards (operating procedures, benchmarks, and measures) to support the delivery of services to a new population and setting. Through these enhanced standards, ALTSD will support "an interactive decision-support process whereby consumers, family members and/or significant others are supported in their deliberations to determine appropriate long-term care choices in context of the consumer's needs, preferences, values, and individual circumstances." Project Goals: 1) develop a standardized options counseling and assistance program for those individuals who are "screened-out" of the Adult Protective Services system but who are in need of long-term support services; and 2) expand the successful options counseling and assistance program to the community-based setting through the NM ADRC State Health Insurance Program (SHIP) program, and a through a partnership with a Center of Independent Living in San Juan County. Project Objectives are: 1) increased access to long-term support services; 2) decreased involvement with Adult Protective Services; 3) increased community-based access to options counseling; 4) increased person-centered discharges to a home and community-based setting; 5) increased access to ADRC functions by private pay and Medicare/Medicaid (duals) recipients; 6) increased functional abilities - Instrumental Activities of Daily Living (IADLs) and (Activities of Daily Living (ADLs)); 7) decreased long-term care system cost; and 8) increased use of person-centered long-term care planning tools.

**Grant Number:** 90OC0015
**Project Title:** Development of Training and Implementation of Standard Operating Procedures for Options Counseling and Assistance for North Carolina Aging and Disability Resource Centers (ADRCs)
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
North Carolina Department of Health and Human Services
Long Term Services and Supports
2001 Mail Service Center
Adams Building, 101 Blair Dr.
Raleigh, NC 27699-2001

**Contact:**
Sabrena Lea
Tel. (919) 855-4428
Email: Sabrena.Lea@dhhs.nc.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $523,500 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $523,500 |

AoA Project Officer: Eric Weakly

**Project Abstract:**

The North Carolina (NC) Department of Health and Human Services (DHHS) is administering this two year project for the "Aging and Disability Resource Centers (ADRCs) Options Counseling and Assistance Program." In North Carolina, ADRCs are named Community Resource Connections for Aging and Disabilities (CRCs). Project Stakeholders include disability and aging partners, academia, consumers, and DHHS divisions and are assisting in implementation of the project's goals and objectives. Project goals are: 1) ensure that the service is delivered comparably to the national standard; 2) refine NC's definition consistent with a decentralized CRC model; 3) ensure incorporation of person-centered thinking practices and the needs of both aging and disabilities populations; and 4) ensure that local CRC partners are well-trained and certified to provide this service. Objectives are: 1) develop NC-specific operating procedures and standards including training requirements; 2) develop a comprehensive training curriculum; 3) implement standards and training for partners in two NC CRCs within the first grant year and for all NC CRCs by month eighteen; 4) execute evaluation plans that measure training effectiveness and consumer satisfaction with the service; and 5) collaborate to develop national standards. Project outcomes include: 1) certification process for NC CRC partners providing Options Counseling and Assistance; 2) 15% post-testing improvement for participants trained with the new curriculum; and 3) 90% agreement by consumers receiving Options Counseling and Assistance from certified counselors that this service met their needs.

**Grant Number:** 90OC0017
**Project Title:** Oklahoma's Aging and Disability Resource Center (ADRC) Options Counseling and Assistance Program
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Oklahoma Department of Human Services
Aging Services
2401 NW 23rd Street, Suite 40
Oklahoma City, OK 73107

**Contact:**
Zachary Root
Tel. (405) 522-3121
Email: zachary.root@okdhs.org

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

The grantee, Oklahoma Aging Services Division, supports this two-year ADRC Options Counseling (OC) standards project. The goal is to improve the delivery of OC by establishing standards. The project includes four objectives: 1) establish standards for staff development, quality assurance, resource identification, information management systems, and protocols for OC; 2) develop and design standardized curricula and tools for the newly developed standards; 3) implement trainings on new standards; and 4) collaborate with states and stakeholders to produce minimum national standards for OC. The standards will include information about existing long-term services and support options, Medicare benefits and options, and planning for individuals, which will minimize confusion, enhance individual choice and support informed decision-making for consumers. The OC program will serve seniors age 60 and older and adults of any age with a physical or developmental disability, regardless of personal resources. Training and certification requirements will be included in the standards to ensure counselors are prepared to serve target populations. The standards also will provide a management system that supports the functions of the ADRC, including a mechanism to track client intake, to assess needs, to develop care plans, and to analyze utilization and costs. Currently there are a number of contracts and Memoranda of Understandings in place; key among them is the Oklahoma Health Care Authority (OHCA), Oklahoma's Medicaid Agency. During much of the first year, OPRS and ASD will be working closely together to develop an overall Evaluation Plan for the standards. The Evaluation Plan utilization will occur in the second year.

**Grant Number:** 90OC00012
**Project Title:** Options Counseling and Assistance Program
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Oregon Department of Human Services
Seniors and People with Disabilities
676 Church Street NE
Salem, OR 97301-1074

**Contact:**
Elaine Young
Tel. (503) 373-1726
Email: Elaine.Young@state.or.us

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

Aging and Disability Resource Centers (ADRC) are operational in three Area Agencies on Aging and Disabilities. An Options Counseling (OC) curriculum for both options counselors and their supervisors is being developed and evaluated; a new public-facing website, online resource database, and a client contact module will be installed this summer. A strategic plan for implementing ADRCs statewide is in process. Oregon is at a critical juncture to standardize the delivery of OC services and at present each ADRC is using different credentials and staffing ratios to predict OC services. Without mandated statewide standards, ADRC consumers will be at risk for receiving services that are dependent on local variations in program planning, budgeting, and organizational cultures. To ensure that consumers receive the same quality, competency-based services regardless of location, project partners are addressing the following goals and objectives: 1) develop standards to support OC best practices by systematically identifying core components of six OC competencies, personal characteristics needed to perform successfully as an OC, personal characteristics needed to perform successfully as a supervisor of OC, and by developing state-level tools to implement practice standards for OC; 2) implement new practice standards for OC and their supervisors in three ADRCs by assessing competency, revising training, and conducting a process evaluation; and 3) identify consumer outcomes of OC by interviewing consumers and reviewing client contact data. Outcomes across all goals include competency-based practice standards, job descriptions, performance evaluation tools, OC staff who meet standards and are well supported by supervisors, and tools for assessing consumer outcomes.

**Grant Number:** **90OC0008**
**Project Title:** **Vermont's Options Counseling Standards Project**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
Vermont Department of Disabilities, Aging and Independent Living
State Unit on Aging
Weeks Building, 103 South Main Street
Waterbury, VT 05617-16t01

**Contact:**
Merel T. Edwards-Orr
Tel. (802) 241-4496
Email: merle.edwards-orr@ahs.state.vt.us

AoA Project Officer: Kevin Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $498,733 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $498,733 |

**Project Abstract:**

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) is developing and implementing Options Counseling standards statewide across its Aging and Disability Resource Connection partner agencies. The Options Counseling standards will build upon the efforts of two Area Agency on Aging (AAA) partner agencies who initiated Options Counseling and decision support as part of their participation in the Community Living Program grant in 2007-2009. Project objectives: 1) develop and implement Options Counseling standards across the ADRC partner agencies including the five AAAs, the Vermont Center for Independent Living, and the Brain Injury Association of Vermont; 2) develop and implement supervisor training and peer mentoring to implement the standards at the agency level; 3) provide training on the new standards across the ADRC Options Counseling staff statewide; 4) study the capacity of and make needed improvements in existing management information systems to conduct desired data tracking, evaluation, and quality improvement activities for both State and federal reporting purposes; 5) evaluate the experience and impact of the new Options Counseling standards on ADRC partner agency staff, consumers/key stakeholders, and on key outcomes and indicators; and(6) actively participate in a national discussion that will define and promote national standards across all ADRCs. Project outcomes: 1) ADRC partner agencies incorporate statewide Options Counseling standards into their ongoing operations and quality improvement structures; 2) Options Counseling staff and supervisors are fully trained in Options Counseling standards; and (3 individuals seeking long term services and supports receive consistent, high quality decision support in a person‐centered manner supporting informed choice.

**Grant Number:** 90OC0013
**Project Title:** Aging and Disability Resource Center (ADRC) Options Counseling and Assistance Programs
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Virginia Department for the Aging
1610 Forest Avenue, Suite 100
Richmond, VA 23229-5009

**Contact:**
Katie Roeper
Tel. (804) 662-7035
Email: Katie.roeper@vda.virginia.gov

AoA Project Officer: Joseph Lugo

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $503,213 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $503,213 |

**Project Abstract:**

The Virginia Department for the Aging, together with sister state agencies, The Partnership for People with Disabilities, and Area Agencies on Aging and Centers for Independent Living within No Wrong Door/Aging and Disability Resource Center (NWD/ADRC) regions are working together to: 1) develop statewide Options Counseling (OC) standards for Virginia's ADRCs reflecting equal perspective from aging and disability communities by involving key stakeholders, documenting current best practices, identifying strengths unique to service provider groups, establishing common language/definitions, identifying challenges to remaining or returning to home/community and establish OC protocols accordingly; defining roles for families/caregivers when appropriate and developing OC goals and related action steps; 2) implement statewide OC standards in 7 ADRC regions and train all ADRCs statewide on OC standards by expanding OC capacity using a co-employment model, developing curriculum for universal OC training; delivering OC training statewide, defining tangible outcome measures and evaluate OC implementation; 3) developing common assessment tools for OC and measures for evaluation across providers and target populations; integrating measures and tools into ADRC IT system; developing an evaluation plan; conducting business practice and outcomes evaluation; and 4) contributing to development of national OC standards, documentation of best practices and lessons learned; learning from other states; and working collaboratively to develop national standards development. As a result, OC practices, tools, and measurements will be standardized; ADRC regions statewide will be trained in OC; ADRCs' capacity to deliver OC will be expanded; ADRC regions will be better prepared to serve target populations; and individuals will make better-informed, long-term support choices.

**Grant Number:** 90OC0010
**Project Title:** Development, Implementation and Evaluation of Options Counseling Standards for Aging and Disability Resource Centers (ADRCs) in Wisconsin
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Wisconsin Department of Health Services
Long Term Care
1 W. Wilson St.
PO Box 7850
Madison, WI 53707-7850

**Contact:**
Maurine Strickland
Tel. (608) 266-4448
Email: maurine.strickland@wisconsin.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $472,707 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $472,707 |

AoA Project Officer: Eric Weakly

**Project Abstract:**

The Wisconsin Department of Health Services is developing, implementing and evaluating options counseling standards for Aging and Disability Resource Centers (ADRCs). Our goal is to help people make good decisions about their long term care needs with ADRC options counseling services. Our objectives are to develop state standards and contribute to the development of national standards for options counseling. Wisconsin's standards have focused on contract requirements, knowledge and skills, and best practices. With this project, we are taking our standards to a higher level by developing an online manual of standard operating procedures, decision support tools, and more specific training for ADRC staff. We are applying our 12 years of experience in developing and operating ADRCs and lessons from in-depth evaluations of ADRC information and assistance and options counseling services. ADRC state staff, practitioners, customers and other interested stakeholders, and our evaluation and training consultants are contributing to this process. The expected outcomes are ADRC staff with a clear understanding of what options counseling entails and how it should be done; staff trained on the new standards and procedures; performance measures that permit supervisors and state program staff to gauge the extent to which effective options counseling has taken place, and an evaluation that leads to refinement of the state's requirements and informs the national standards development. The products will include the standards, evaluation, final report and all other key deliverables identified in the grant announcement.

## Aging and Disability Centers – Evidence Based Care Transition Programs

The Administration on Aging (AoA) held a FY2010 grant competition in collaboration with the Center for Medicare and Medicaid Services (CMS) FY2010 to support projects that strengthen the role of ADRCs in Evidence-Based Care Transition Models that integrate the medical and social service systems to help older individuals and those with disabilities remain in their own homes and communities after a hospital, rehabilitation or skilled nursing facility visit. AoA has collaborated with (CMS) in support of ADRC programs in 54 States and Territories since 2003, through a variety of programs including AoA's Title IV Discretionary Grants Program, the CMS Real Choice Systems Change and Money Follows the Person Grant Programs.

The projects awarded under this competition will demonstrate how ADRCs can play a pivotal role in life transitions of older adults and adults with disabilities to ensure that people end up in the settings that best meet their individual needs and preferences, which is often in their own homes. They will show how ADRC staff can be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them to quickly arrange for the care and services they choose

Additional Information about AoA's support of ADRC programs may be read on its website:

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/ADRC/index.aspx

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** **90CT0171**
**Project Title:** **California Care Transitions Enhancement Project**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
California Health and Human Services Agency
1600 9th Street room 460
Sacramento, CA 95814-6439

**Contact:**
Karol Swartzlander
Tel. (916) 651-6693
Email: KSwartz2@chhs.ca.gov

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $214,741 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $214,741 |

**Project Abstract:**

Four California Aging and Disability Resource Connection (ADRCs) programs are implementing the Care Transitions Intervention (CTI) in Riverside, Orange, San Francisco, and San Diego. Early data from the sites underscore the need to reach out and present the CTI to underrepresented communities. In response to these findings, California seeks to expand the current ADRC CTI program, with the goal of improving the care transitions experience and hospital readmissions among diverse and underserved communities at all four ADRCs. Objectives for the expanded project are: 1) to identify diverse and underserved communities at each ADRC; 2) to develop and implement strategies to reach these patient populations; 3) to maintain a robust ADRC CTI Learning Community to share best practices; 4) to master train ADRC Transition Coaches in CTI; 5) to develop four ADRC business cases; and 6) to secure additional financial support for the transition coach positions. Expected Outcome include: 1) increased CTI participation from identified diverse and underserved communities by 30% at Riverside and Orange ADRCs - baseline to be determined; total annual CTI patient target number per site is 100; 2) increased patient confidence and capacity in the CTI's four pillars; 3) improved hospital readmission rates for patients with chronic conditions; 4) improved critical pathways between hospitals and ADRCs; and 5) project sustainability through secured financial support from partner hospitals and other organizations that benefit from reduced hospital readmissions and reduced medication errors. Products from this project are: outreach strategies to diverse and underserved patients, four ADRC CTI business cases, and a final report.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** **90CT0158**
**Project Title:** **Coordination and Continuation of the Care Transitions Program in Mesa County**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
Colorado Department of Human Services
Aging and Adult Services
1575 Sherman St., 10th Floor
Denver, CO 80203-1714

**Contact:**
Todd Coffey
Tel. (303) 866-2696
Email: todd.coffey@state.co.us

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $199,388 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $199,388 |

**Project Abstract:**

The Colorado Department of Human Services (CDHS) and the Colorado Department of Health Care Policy and Financing (HCPF) are conducting a two-year grant for the continuation of transitional care improvement in Mesa County's Aging and Disability Resource Center (ADRC) known in Colorado as Adult Resources for Care and Help (ARCH). Mesa County was a participant community in Colorado's Quality Improvement Organizations (QIO), the Colorado Foundation for Medical Care (CFMC) Transitions of Care pilot project. The primary goal of a transitions coaching program is to increase effective self-management capacity of people following a hospitalization and to reduce unplanned re-hospitalizations. The objectives are to: 1) standardize and formalize the coaching processes first introduced in 2007; 2) measure decrease for hospital readmission rates at 14-days, 30-days, 60-days, 90-days; 3) formalize the Care Transitions Taskforce structure as a subcommittee to the Quality Health Network's Quality Oversight Committee; and 4) over the two-year project serve and coach 800 patients.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** **90CT0173**
**Project Title:** **Connecticut's Aging and Disability Resource Center Evidence Based Care Transitions Program**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
Connecticut Department of Social Services
Aging Services Division
25 Sigourney Street
Hartford, CT 06106-5033

**Contact:**
Jennifer Throwe
Tel. (860) 424-5862
Email: Jennifer.Throwe@ct.gov

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $193,418 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $193,418 |

**Project Abstract:**

Connecticut Department of Social Services, State Unit on Aging, North Central Area Agency on Aging, Independence Unlimited and Connecticut Community Care, Inc. are continuing to partner to strengthen Connecticut's North Central Aging and Disability Resource Center (NCADRC). The grant strengthens Connecticut's existing NCADRC Care Transition Intervention (CTI) pilot program with the Hospital of Central Connecticut (HCC) via the NCADRC. Two Connecticut ADRC representatives will attend national meetings for care transitions. The goal is to reduce unnecessary hospital readmissions using the person-centered CTI model of hospital discharge, administered at HCC via the NCADRC that is capable of including assessment, information, assistance and streamlined access to public and privately funded long-term services and supports. Objectives: 1) formally expand the HCC CTI pilot to the Southington campus; 2) expand eligible CTI diagnoses to include Diabetes; 3) develop greater symbiotic connection between work of NCADRC Community Choices Counselors (CCCs) and Care Transition Coaches (CTCs) and add 1 new CCC and CTC; 4) introduce Chronic Disease Self Management Program to post-CTI participants; 5) improve ADRC MIS capabilities for CTI; 6) strengthen CTC's CTI training; 7) develop program evaluation; and 8) connecting providers throughout the healthcare system to enable safe and effective transition of patients. Expected Project Outcomes include: Coleman recognized CTC staff training; formal program evaluation by University of Connecticut Center on Aging; expanded MIS tracking capabilities; 2 percent reduction in unnecessary HCC hospital readmissions; cohesive ADRC workflow relationship between CTCs and CCCs; expanded CTI program; CTI consumer Ambassadors; and increased project partnerships including Connecticut's Quality Improvement Organization, Qualidigm.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** 90CT0169
**Project Title:** Florida Aging and Disability Resource Center Evidence-Based Care Transition Project
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Florida Department of Elder Affairs
4040 Esplanade Way, Suite 315
Tallahassee, FL 32399-7000

**Contact:**
Jay Breeze
Tel. (850) 414-2338
Email: Breezej@elderaffairs.org

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $193,778 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $193,778 |

**Project Abstract:**

The Florida Department of Elder Affairs, the designated State Unit on Aging, proposes to employ grant funding to expand the existing Evidence-Based Care Transitions Intervention (CTI) model of E.A. Coleman, MD, MPH, and associates, in Planning and Service Area (PSA) 7 (Metro Orlando and surrounding areas). The project will operate in Orange, Osceola and Seminole counties. Key project partners will be the Senior Resource Alliance, the designated PSA 7 Area Agency on Aging and Aging and Disability Resource Center (ADRC), and Florida Hospital. The Alliance administers the current CTI program in three Florida Hospital community facilities. The goal of the proposed project is to expand program services to three additional facilities, for a total of six project sites. The project outcome is to demonstrate the capacity of the CTI project to reduce the incidence of re-hospitalizations of project patients as compared with Florida Hospital discharges of patients who do not participate in the project. Project objectives are: 1) producing key grant deliverables; 2) ensuring program quality; 3) effectively using ADRC assets; 4) increasing CTI effectiveness through home and community-based services; and 5) expanding the project to new sites. The project targets Medicare patients age 60 and older identified as most at risk of hospital readmission. The current CTI program and proposed project supplement CTI model services with the provision of home and community-based services to support elders in their homes during a 30-day recovery period without the need to meet financial eligibility requirements or service availability/waiting-list issues. The project's planned output for the two-year grant period is 720 enrollments. Project products will include an evaluation plan, formal evaluation tools, improved project database and semi-annual/final reports.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** **90CT0168**
**Project Title:** **Illinois Evidence-Based Care Transitions Project**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
Illinois Department on Aging
421 East Capitol, #100
Springfield, IL 62701-1799

**Contact:**
Ross Grove
Tel. (217) 524-7627
Email: ross.grove@illinois.gov

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $197,656 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $197,656 |

**Project Abstract:**

The Illinois Department on Aging (IDOA), in partnership with the suburban Cook County Aging and Disability Resource Center (ADRC), Illinois Department of Health and Family Services (IDHFS), and the Illinois Department of Human Services Division of Rehabilitation Services (IDRS), are overseeing local implementation of the Bridge Program (Bridge). Bridge was based on a randomized control trial care transition program: Enhanced Discharge Planning Program (EDPP) at Rush University Medical Center (RUMC), and a rigorously evaluated program - the Aging Resource Center (ARC), a program of Aging Care Connections (ACC). AgeOptions, the Area Agency on Aging/ADRC for suburban Cook County and the Progress Center for Independent Living (PCIL) are the coordinating entities for this Suburban Cook County region. AgeOptions and PCIL will train Bridge Care Coordinators regarding community services for seniors and those with disabilities in order to improve hospital care transitions. The primary goals of this grant are: 1) to expand existing ADRC transitional care services to 600 disabled individuals under age 60 and vulnerable adults age 60+ at imminent risk of nursing home placement who are discharged from Adventist La Grange Memorial Hospital (ALMH), RUMC, and MacNeal Hospital; 2) to implement EDPP protocols to coordinate the connection to PCIL; 3) to facilitate a smooth transition back to the community; and 4) to replicate the Bridge at MacNeal Hospital through another ADRC partner, Solutions for Care (SFC). ADRC program enhancements will reduce re-hospitalizations, promote quality care, enhance communication between health care providers and consumers, improve consumer safety, reduce caregiver stress and start time for community services, divert consumers from unwanted nursing home admission, and reduce emergency department visits.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** 90CT0163
**Project Title:** Indiana Aging and Disability Resource Center Care Transitions Project
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Indiana Family and Social Services Administration
Division on Aging
402 W. Washington St., E442

**Contact:**
Andrea Vermeulen
Tel. (317) 234-1749
Email: andrea.vermeulen@fssa.in.gov

AoA Project Officer: Kevin Foley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $198,391 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $198,391 |

**Project Abstract:**

This grant builds upon the Geriatric Resources for Assessment and Care of Elders (GRACE) model, which currently exists at Wishard and the Indianapolis Veterans Administration Centers, and integrate the Aging and Disability Resource Center (ADRC) care mangers component that will not only complement the GRACE services but also build a stronger relationship between veterans and the ADRCs. The goals of this project are: 1) to integrate of Central Indian Council on Aging (CICOA) care managers into the hospital discharge planning process at the Indianapolis VA and to provide timely, on-site access to comprehensive Options Counseling, care management and when appropriate, Preadmission Screening; 2) to more effectively coordinate hospital/ADRC planning process to support a more complete consumer/family discharge planning process; 3) to support, at the consumer's/family's option, access to high quality community-based long-term care supports with increased discharge to community-based settings and reduced reliance on nursing home care; and 4) when a consumer elects to reside in the community, to ensure linkage with physicians and other health care supports with a goal of preventing hospital readmission or nursing home admission. Key system outcomes are: 1) supporting information to aid in replication of the model across the state; 2) a reduction in nursing home admissions and long-stay placements, defined as greater than 90 days, and hospital readmissions, measured on a per person, admission, and days basis; and 3) an enhanced ADRC program that achieves more timely and effective person centered discharge planning and care transitions through collaboration with hospital and physician partners.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** 90CT0161
**Project Title:** Maine Aging and Disability Resource Center Evidence-Based Care Transition Program
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Maine Department of Health and Human Services
Office of Elder Services
32 Blossom Lane, 11 State House Stations
August, ME 04333-0011

**Contact:**
Romaine Turyn
Tel. (207) 287-9229
Email: Romaine.Turyn@maine.gov

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $184,171 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $184,171 |

**Project Abstract:**

The Office of Elder Services is building upon current partnerships in Southern Maine between the Southern Maine Area Agency on Aging (SMAAA) Aging and Disability Center (ADRC) (SMAAADRC), the MMC Physician-Hospital Organization (PHO) and MaineHealth's Partnership for Healthy Aging (PfHA) to incorporate ADRC resources and expand the Care Transitions Intervention (CTI) to another medical center. The PHO, in collaboration with PfHA, has offered the CTI since 2008. SMAAADRC provides direct access for PHO patients in York and Cumberland Counties to community resources through the Community Links program, a fax referral system from the PHO to SMAA generating a call to the patient connecting them with community resources. SMAAADRC proposes to add an ADRC Resource Specialist to the CTI Team, expanding the current offerings - CDSMP through the Practice Based Model, Community Links and Savvy Caregiver. Goals: 1) strengthen the role of the ADRC in the CTI model - enhancing transitions of care between inpatient, primary care and community settings; 2) an crease access to the services of the ADRC for patients of the PHO CTI; and 3) create a model to disseminate to the other ADRCs in Maine with CTI services and nationally. The PHO includes practices in Lincoln and Oxford Counties, served by other ADRCs, which could benefit from the approach modeled by SMAAADRC. Objectives are: 1) add ADRC Resource Specialist to CTI Team; 2) integrate with the PHO Care Management Department; 3) connect patients and families with benefits and community resources; 4) reduce hospital readmissions and Emergency Department visits; 5) assist with resolution of medication reconciliation issues; 6) provide access to benefits programs and assistance with Medicare prescription drug coverage; and 7) low-income subsidy and enrollment into plans.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** 90CT0165
**Project Title:** Aging and Disability Resource Center Evidence Based Transition Care Project
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Maryland Department on Aging
Long Term Care Services
301 West Preston Street, Suite 1007
Baltimore, MD 21201-2374

**Contact:**
Stephanie Hull
Tel. (410) 767-1107
Email: sah@ooa.state.md.us

AoA Project Officer: Dric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $197,660 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $197,660 |

**Project Abstract:**

The Maryland Department of Aging (MDoA) is collaborating with the Baltimore City Aging and Disability Resource Center known as the Maryland Access Point of Baltimore City (MAP) and Johns Hopkins Community Physicians (JHCP) to develop an expanded Guided Care Program at selected JHCP practices. The internationally recognized Guided Care model provides comprehensive health care by physician-nurse teams for people with several chronic health conditions, specifically focusing on the 25% of Medicare patients at highest risk for using health services heavily. Scientific studies have shown that Guided Care improves the quality of care and suggests that it reduces overall health care costs. This project is building on Maryland's Person Centered Hospital Discharge Program and the Money Follows the Person Demonstration. Under this initiative, a MAP Guided Care nurse works within JHCP to develop a plan of cross referrals, training and collaboration between the Guided Care Program and MAP. The nurse provides Guided Care support for up to 25 patients referred by MAP staff. Referrals are individuals who are being discharged from hospitals or nursing homes and who are at high risk of readmissions and emergency room events. MAP staff and JHCP convene a series of planning and training sessions to establish an on-going system for cross referrals and collaboration between JHCP and MAP. Satisfaction, morbidity and cost data are being collected to evaluate the feasibility of expanding the Guided Care Program into additional MAP jurisdictions.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** **90CT0172**
**Project Title:** **Navigating Across Care Settings: Choices for Successful Transitions**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
Massachusetts Executive Office of Elder Affairs
Program Planning and Management
1 Ashburton Place, Fifth Floor
Boston, MA 02108-1516

**Contact:**
Ruth Palombo
Tel. (617) 222-7512
Email: ruth.palombo@state.ma.us

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $197,661 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $197,661 |

**Project Abstract:**

The Massachusetts Executive Office of Elder Affairs (Elder Affairs), in partnership with Aging and Disability Resource Consortium of the Greater North Shore (ADRCGNS), Massachusetts Rehabilitation Commission and MassHealth seeks to implement Navigating Across Care Settings: Choices for Successful Transitions (NACS), in order to provide the Care Transitions Intervention (CTI) to 300 people with congestive heart failure, chronic obstructive pulmonary disease or diabetes. The project will expand community partnerships to bolster CTI's effectiveness by connecting participants with peer supports, evidence-based programs and Options Counseling. The goal is to expand capacity to promote healthy, successful care transitions by: 1) strengthening communications around consumer health issues across settings; 2) fostering consumer health self-management; 3) increasing awareness among professionals about care transitions; 4) reducing consumer and caregiver stress; and 5) reducing hospital re-admissions, preventable hospitalizations, and premature nursing facility placements. NACS will retain six trained CTI coaches, enhance agency partnerships and develop a formal evaluation in order to gauge these outcomes: 1) lower rates of re-hospitalization within 30- and 90-day periods; 2) greater consumer and caregiver satisfaction and awareness regarding choice, supports and control surrounding health routines and regimens; 3) more effective communication between consumers and health providers; 4) more positive feeling among consumers about their health and well being; 5) greater caregiver confidence in problem solving abilities and ability to cope with stress and manage their lives; and 6) integration and awareness of Care Transitions supports into provider practice and referral networks.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** **90CT0160**
**Project Title:** **SLRC Care Transition Specialist Project**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
University of New Hampshire
Office of Sponsored Research
51 College Ave., Service Bldg.
Durham, NH 03824-3585

**Contact:**
Laurie Davie
Tel. (603) 862-3682
Email: Laura.davie@unh.edu

AoA Project Officer: Eric Weakly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $218,074 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $218,074 |

**Project Abstract:**

This project builds on current collaborative work between the New Hampshire (NH) Institute for Health Policy and Practice (NHIHPP), the ServiceLink Resource Centers (SLRC), and three local hospitals to implement and/or enhance evidence-based models for care transitions. Through this project, three SLRCs which are part of the New Hampshire Aging and Disability Resource Center (ADRC) network, will work with two care transition models. The Better Outcomes for Older Adults through Safe Transitions (BOOST) model is currently being implemented at Lakes Region General Hospital (LRGH) in partnership with the Belknap SLRC. This work is enhanced through the establishment of a care transition specialist (CTS) at the Belknap SLRC, who works directly with LRGH to enhance how the BOOST model extends to the community. The Care Transition Intervention (CTI) model is being implemented at Cheshire Medical Center- Dartmouth-Hitchcock Keene (CMC-DHK), in partnership with Monadnock SLRC; and at Memorial Hospital, in partnership with Carroll County SLRC. Both the Monadnock SLRC and Carroll County SLRC have hired a SLRC CTS to provide resources for implementing the CTI model in those hospital-SLRC partnerships. The primary program goals of the project are: 1) establishment and training of SLRC -CTS in three of NH's ADRCs to serve as the SLRC-hospital liaison for care transitions; 2) define and evaluate the relationship of the SLRC CTS with the provider organizations in an evidence-based care transition model and; 3) define and evaluate the role of the SLRC CTS within the scope of the evidence-based care transition model and among SLRC programs (e.g. Information/Referral specialist).

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** 90CT0170
**Project Title:** New York State Aging and Disability Resource Centers Care Transitions
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
New York State Department for the Aging
2 Empire State Plaza
Albany, NY 12223-1251

**Contact:**
Gail Koser
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Email: gail.koser@ofa.state.ny.us

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $212,485 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $212,485 |

**Project Abstract:**

The New York State Office for the Aging (NYSOFA) and Albany County New York Connects (Aging and Disability Resource Center - ADRC) will expand an existing Evidenced-Based Care Transitions Intervention (CTI) that is currently only available to patients enrolled in one local health insurance plan. By strengthening existing relationships between New York Connects, the Eddy Visiting Nurses Association, Albany Memorial and Samaritan Hospitals and Community Caregivers, the partner agencies will continue to provide the CTI program and pair a CTI coach with a trained volunteer Community Supports Navigator (CSN) for 90 days. This enhanced CTI-Plus program will serve eligible older adults from Albany County who are being discharged from Albany Memorial and Samaritan Hospitals. Goal: to decrease preventable re-hospitalizations and institutionalization among older adults within 90 days of discharge by expanding capacity for NY Connects and its partners to provide the Evidenced-Based Care Transitions Intervention and fostering patient integration within the continuum of home and community based long term care. Objectives: 1) increase availability of the CTI model to consumers and caregivers by expanding the targeted populations; 2) develop a CTI-Plus model that combines CTI with the CSN program; 3) increase capacity through provision of additional training in the CTI model; 4) sustain the CTI-Plus program by working with providers and payers to identify ongoing reimbursement; and 5) conduct an evaluation involving consumers and caregivers and to support sustainability and replication. Anticipated outcomes are: 1) the CTI-Plus program will serve 200 at-risk Albany County residents each year; and 2) at least one sponsor will continue to support the program at the close of the grant period. Products: An evaluation report and a final report with recommendations.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** **90CT0162**
**Project Title:** **Care Transition Poject to Utilize Aging and Disability Resource Center**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
Pennsylvania Department on Aging
555 Walnut St 5th Floor
Harrisburg, PA 17101-1919

**Contact:**
Jack Vogelsong
Tel. (717) 3382
Email: jvogelsong@state.pa.us

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $197,661 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $197,661 |

**Project Abstract:**

The Pennsylvania Department of Aging/Office of Long Term Living is working with the Delaware County Office of Services for the Aging (COSA) to replicate the Transitional Care Model (TCM) providing comprehensive discharge planning and assessment along with intensive in-home follow-up by advanced practice nurses (APNs) with the Crozer Keystone Health System (CKHS). CKHS comprises five hospitals, a comprehensive physician network of primary-care and specialty practices. Building upon the current transitional care program with CKHS' Taylor Hospital, COSA assessors are housed at the hospital to identify and engage older adults most at risk for re-hospitalizations. The program is expanding to CKHS' Springfield hospital. The project goal is to prevent re-hospitalizations for a minimum of 235 high risk seniors over two years. APNs monitor patients upon discharge ensuring their needs are met in the transition from acute care to community based settings. Objectives are to: 1) provide early identification and assessment of patients at risk of readmission to the hospital and to avoid nursing home placement for at-risk seniors; 2) provide home visits and daily telephone support by an APN for a minimum of two months post-hospitalization; and 3) engage in a multidisciplinary approach that ensures continuity of care working with patients, caregivers, families, and physicians ensure that all available supportive services are utilized. Expected outcomes of the project are: 1) a decrease in re-hospitalizations of at-risk patients 65+ during the first year and age 60+ during the second year of the project; 2) savings to Medicare and insurers due to decreased hospitalizations; 3) long-term savings to Medicaid as a result of nursing home diversions; 4) a more timely on-site hospital assessment and development of a transition care plan; and 5) on-home visit by an advanced nurse practice nurse within 24-48 hours of hospital discharge. A final report and evaluation will be provided by the Public Health Management Corporation (PHMC).

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** 90CT0164
**Project Title:** Aging and Disability Resource Center Evidence-Based Care Transitions Program
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Rhode Island Department of Elderly Affairs
Hazard Building, 74 West Rd.
Cranston, RI 21920

**Contact:**
Corrine C. Russo
Tel. (401) 462-0501
Email: crusso@dea.ri.gov

AoA Project Officer: Carolina ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $196,989 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $196,189 |

**Project Abstract:**

Rhode Island's (RI's) Aging and Disability Resource Center (ADRC), THE POINT, serves as the virtual front door to government and community services for older adults (aged 60+), adults with disabilities (aged 18+), and their families, friends, and caregivers. By providing clients with expert resources, referrals, and assistance, THE POINT connects vulnerable individuals with life enhancing government and community based programs, helping them achieve greater dignity and self-direction. The grantee, the RI Department of Elderly Affairs (RIDEA), and its contractor, Quality Partners of RI (Quality Partners), are conducting a two year project to spread Quality Partners' Care Transitions Intervention (CTI) program to the ADRC. Quality Partners provides CTI coaching to Medicare fee for service (FFS) beneficiaries as part of its three year demonstration project to reduce Medicare readmission rates, and RIDEA and Quality Partners are currently collaborating to train ADRC Options Counselors in tenets of the CTI model. This project's goal will be to expand that existing partnership to include implementing coaching with THE POINT's target populations and clients in order to reduce hospital utilization and keep clients in the community. The project's objectives are to: 1) hire and deploy 1.25 full time equivalents (FTE) CTI coaches; 2) generate awareness about coaching through THE POINT's marketing, 3) train the Options Counselors to include coaching referral in the client intake process, and 4) ultimately, maintain an 18 client caseload of high risk RI elders and adults with disabilities. The products will include a Final Report that summarizes lessons learned, project outputs and outcomes (including readmission rates), and recommendations for sustainability and spread, both locally and nationally.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** 90CT0167
**Project Title:** Aging and Disability Resource Center Evidence-Based Care Transition Programs (Center for Technology and Aging)
**Project Period:** 09/30/2010 – 09/29/2012

**Grantee:**
Tennessee Commission on Aging and Disability
500 Deaderick Street, 8th Floor, Suite #825
Nashville, TN 37243-0860

**Contact:**
Cynthia G. Minnick
Tel. (615) 741-3309
Email: cynthia.minnick@tn.gov

AoA Project Officer: Joseph Lugo

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $198,698 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $198,698 |

**Project Abstract:**

The Tennessee Commission on Aging and Disability (TCAD) in partnership with the Greater Nashville Regional Council (GNRC) that serves as the Area Agency on Aging and Disability (AAAD) and the Aging and Disability Resource Center (ADRC) for Middle Tennessee is conducting the ADRC Evidence-Based Care Transition Program of the Implementing the Affordable Care Act funded by the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS). The goal of the Care Transitions Intervention (CTI) is to reduce rebound incidents to hospitals or other acute care settings for patients with identified acute and chronic conditions in order to improve the quality of their lives and reduce health care costs. The Objectives are: 1) to increase and coordinate communication and support for patients discharged from hospitals; 2) to increase the patient's transition-specific self-management skills including use of medications and appropriate nutrition; 3) to ensure that the patient develops and maintains a record of personal health data; and 4) to link acute, transitional, long-term services and other needed services to provide continuity of support for the patient. The Outcomes include: 1) an improved communication and coordination system of support for the patient and his/her family; 2) reduced costs through reduced rebound incidents; and 3) increased patient self-management skills. The Products from this project include a final report including lessons learned and evaluation results; articles for publication; and a cost analysis to identify savings.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

**Grant Number:** **90CT0159**
**Project Title:** **Texas Aging and Disability Resource Center Evidence-Based Care Transition Program**
**Project Period:** **09/30/2010 – 09/29/2012**

**Grantee:**
Texas Department of Aging and Disability Services
701 West 51st Street
Austin, TX 78751-2312

**Contact:**
Chrisy Fair
Tel. (512) 438-3011
Email: christy.fair@dads.state.tx.us

AoA Project Officer: Caroline Ryan

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $197,541 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $197,541 |

**Project Abstract:**

As a Community Living Program (CLP) contractor for the Texas Department of Aging and Disability Services (DADS), the Central Texas Aging and Disability Resource Center (Central Texas ADRC) and its partner Scott & White Healthcare (S&WH) have provided the Care Transitions InterventionSM (CTI) to eligible CLP consumers and patients at S&WH since October 2008. DADS is using this grant funding to significantly increase patient access to CTI in Central Texas, as well as foster a long-term plan for dissemination of CTI across Texas' eight additional ADRCs by: 1) expanding access to CTI in the Central Texas region to a larger, more diverse group of older adults (and their family caregivers) at S&WH, and implementing CTI at a second hospital (Metroplex Hospital, Killeen, Texas); 2) providing CTI training to Central Texas ADRC partner agencies to increase the number of certified transition coaches who will provide CTI to a broader, more diverse population of consumers and family caregivers; and 3) conducting CTI training for the statewide network of Texas ADRCs, including best practice strategies and tools for CTI implementation. DADS will support this expansion project by: 1) strengthening its partnership with the Texas Quality Improvement Organization (Texas Medical Foundation Health Quality Institute) to promote connections between Texas ADRCs and their local hospital systems; 2) facilitating training and implementation opportunities for CTI across the Texas ADRC network; and 3) supporting hospital re-admission rate data collection efforts in order to promote the adoption of CTI by hospitals partners in existing ADRC regions.

**Program: Aging and Disability Centers – Evidence-Based Transition Models**

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**Grant Number:** **90CT0166**
**Project Title:** **Washington State Aging and Disability Resource Center Evidence - Based Care Transitions Program**
**Project Period:** **09/30/2010 – 09/29/2012**


**Grantee:**
Washington Department of Social and Health Services
Aging and Disability Services Administration
640 Woodland Square Loop SE
Lacey, WA 98503

**Contact:**
Susan L. Shepherd
Tel. (360) 438-8633
Email: Susan.Shepherd@dshs.wa.gov

AoA Project Officer: Caroline Ryan


| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $160,517 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $160,517 |

**Project Abstract:**


Washington State Department of Social and Health Services-Aging and Disability Services Administration (DSHS-ADSA), supports this two year Aging and Disability Resource Center (ADRC) Evidence-Based Care Transition project in collaboration with one regional Quality Improvement Organization (QIO), the Care Transitions Program, two Area Agencies on Aging (AAAs), Insignia, and four hospitals. The goal of the project is to establish an ADRC Care Transitions Intervention Model in Washington State for eventual statewide expansion. The approach is to build on the current CMS-funded Care Transitions Intervention (CTI) Model in Whatcom County to formalize the ADRC role, increase ADRC capacity to facilitate care transitions; and to develop a template for building additional care transition partnerships in Washington State. The objectives are to: 1) formalize the ADRC role in the current Whatcom County CTI model; 2) expand use of the ADRC CTI model within the same service area; 3) provide training and implement lessons learned to an additional ADRC; 4) apply continuous quality improvement and evaluation; and 5) disseminate project information. The expected outcomes of this ADRC Care Transition project are: 1) Increased ADRC capacity and reach with hospitals in the identified counties; 2) Improved re-hospitalization rates for participating hospitals; 3) improved health, chronic conditions self management, by CTI participants; and 4) evidence of improved efficiencies and/or cost savings by end of project. The products from this project will be: state care transitions data collection requirements; an ADRC CTI evaluation plan; an ADRC CTI implementation toolkit; semi-annual reports; and a final report.

## Alzheimer's Disease Supportive Services Program (ADSSP)

The Administration on Aging held three grant competitions in FY2010 under the Alzheimer's Disease Supportive Services Program (ADSSP); two to expand the adaptation of evidence-based programs and one to support new innovations in support of individuals with Alzheimer's disease and related disorders (ADRD) and family caregivers. Congress created the ADSSP to encourage states to develop models of assistance for persons with ADRD and their family caregivers, and to encourage close coordination and incorporation of those services into the broader home and community-based care systems. A number of promising practices have been developed Under this and other federal grant programs. States must implement community-level projects under this program announcement, and approximately 75% of the federal grant funds must be spent on community-level activities.

ADSSP was established in 1991 under Sec. 398 of the Public Health Service Act (P.L. 78-410) as amended by the Home Health Care and Alzheimer's Disease Amendments of 1990 (PL 101-557). Congress transferred the administration of the program to AoA in 1998 recognizing the need to ensure coordination with other programs for older Americans by its passage of the Health Professions Education Partnerships Act (PL 105-392). The ADSSP program has proven successful in targeting service and system development to traditionally underserved populations, including ethnic minorities, low-income, and rural families coping with Alzheimer's disease and related disorders.

Additional Information about ADSSP may be viewed on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Alz_Grants/index.aspx

# Alzheimer's Disease Supportive Services Program: Evidence-Based Programs

The Administration on Aging (AoA) held two grant competitions in FY2010 under the Alzheimer's Disease Supportive Services Program (ADSSP) to demonstrate how existing evidence-based service interventions that help people with Alzheimer's disease and related disorders (ADRD) remain in the community can be translated into effective programs administered at the community level through the Aging Network and partner organizations. Projects funded under this competition were awarded as cooperative agreements to demonstrate how the New York University Caregiver Intervention (NYUCI), Resources for Enhancing Alzheimer's Caregiver Health Intervention (REACH II) and Savvy Caregiver Interventions, that help family caregivers of persons with Alzheimer's Disease and Related Disorders (ADRD) can be translated into effective programs at the community-level.

The eleven (11) awardees under this competition are expected to translate research interventions with fidelity to the major program design elements that were included in the original study or a related subsequent randomized controlled trial.

Additional Information about ADSSP awards made under this competition, and awards made under the FY2010 ADSSP Innovation and Evidence-Based Caregiver Intervention Programs beyond the project descriptions in this compendium may be viewed on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Alz_Grants/index.aspx

**Program: Alzheimer's Disease Supportive Services – Evidence Based Programs**

**Grant Number:** **90AE0345**
**Project Title:** **Florida 2010 Alzheimer's Disease Supportive Services Program – Evidence-Based Caregiver**
**Project Period:** **09/01/2010 – 08/30/2013**

**Grantee:**
Florida Department of Elder Affairs
4040 Espanade Way, Suite 315
Tallahassee, FL 32301

**Contact:**
Christine R. Kucera
Tel. No. (850) 414-2060
Email: Kucerac@elderaffairs.org

AoA Project Officer: Jane A. Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

The Florida Department of Elder Affairs' (DOEA's) goal is to increase the well being of caregivers of people with ADRD through the use of the New York University Caregiver Intervention (NYUCI). The project will be referred to as the Sarasota Caregiver Counseling and Support Program (SCCSP). SCCSP will be implemented by the Jewish Family and Children's Service of Sarasota-Manatee (JFCS) in partnership with Sarasota Memorial Hospital's Memory Disorder Clinic. Special populations that will be targeted include lower-income individuals who cannot afford to pay for professional services, families of military veterans, and families from minority populations. The project has five major objectives: 1) improve caregiver well being and remove hindrances to the activities required to be effective caregivers; 2) reduce depressive symptoms to improve caregiver well being and effectiveness; 3) increase the supports caregivers receive from family and friends to improve their personal well being and enable them to be more effective caregivers; 4) provide caregiver education about care partners' memory loss and behaviors; and 5) provide individual and family counseling. Anticipated outcomes are: 1) maintained caregiver physical health; 2) improved caregiver mental health; 3) increased caregiver social support networks; 4) increased caregiver understanding of memory loss and behaviors; and 5) increased length of time between enrollment and nursing home placement of the care recipient. Products will include a report describing key findings and lessons learned from the project that can be used to replicate the project in other states/communities, a manual for replication, a cost analysis, semi-annual data reports, and at least one article for publication in a peer-reviewed journal.

**Program: Alzheimer's Disease Supportive Services – Evidence Based**

**Grant Number:** **90AE0349**
**Project Title:** **Georgia Care Consultation Project**
**Project Period:** **09/01/2010 – 08/30/2013**

**Grantee:**
Georgia Southwestern State University
Rosalynn Carter Institute
800 GSW Drive
Americus Drive, GA 31709-4376

**Contact:**
Leisa R. Easom
Tel. No. (229) 928-1234
Email: leasom@canes.gsw.edu

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

The Rosalynn Carter Institute on Caregiving, in collaboration with Georgia Department of Aging, Georgia Alzheimer's Association, three Area Agencies on Aging and the Benjamin Rose Institute will replicate the Cleveland Alzheimer's Managed Care Demonstration ("Care Consultation"). The project goal is to implement a proven phone-based care consultation intervention for ADRD patients and caregivers in three regions of Georgia and evaluate its effectiveness in practice according to the RE-AIM framework. The specific objectives are: 1) install and operate the Care Consultation program with fidelity and evaluate its impact on ADRD patients, caregivers and the service delivery system, 2) document and analyze the process of implementation within each AAA and the Georgia Aging Network, 3) adapt the program as necessary in response to ongoing evaluation, 4) assure long-term maintenance and continued development of the program in Georgia, and 5) support the adoption and implementation of the intervention by others. The outcomes are that caregivers and care receivers will report: 1) lower strain, 2) lower depression, 3) increased satisfaction with help received, 4) increased rating of quality of care of patient, and 5) fewer unmet service/information needs. Anticipated products include a "How-to" manual to support implementation of the program by others, presentations at national conferences, articles for publication, yearly data reports, a final report; an analysis of program startup and operating costs, an analysis of possible cost-offsets including reduced use of health care services, and an analysis of client satisfaction and willingness to pay for the Care Consultation service.

**Program: Alzheimer's Disease Supportive Services – Evidence Based**

**Grant Number:** 90AE0339
**Project Title:** Georgia Coastal Resources for Enhancing Alzheimer's Caregivers Health (REACH)
**Project Period:** 09/01/2010 – 09/30/2013

**Grantee:**
Georgia Southwestern State University
Rosalynn Carter Institute
800 GSW Drive
Americus, GA 31709

**Contact:**
Leisa R. Easom
Tel. No. (229) 928-1234
Email: leasom@canes.gsw.edu

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $418,323 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $418,323 |

**Project Abstract:**

This project is a collaboration of the Rosalynn Carter Institute at Georgia Southwestern State University, The Coastal Georgia Area Agency on Aging (AAA), Georgia Alzheimer's Association and Georgia Unit on Aging Services. The goal of the project is to implement an evidence-based, multi-component caregiver intervention in a second region of Georgia, to expand its availability in Georgia through the Aging Network, and to evaluate its effectiveness in practice according to the RE-AIM (reach, effectiveness, adoption, implementation, maintenance) framework. The objectives are: 1) to develop a steering committee and implementation team of key stakeholders to provide oversight and facilitate adoption, implementation and evaluation of Resources for Enhancing Alzheimer's Caregivers Health (REACH II); 2) to successfully install the program in Coastal Georgia AAA; 3) to fully implement the program to serve a minimum of 150 families using the REACH II intervention with fidelity and evaluate its impact on participants; 4) to adapt the program as necessary in light of evaluation results and real world experience; 5) to assure the long-term maintenance and continued expansion of the program in Georgia by creating a REACH II Training Center available to all providers in Georgia; and 6) to develop adoption support materials and information. Expected outcomes are that Alzheimer's caregivers: 1) will have reduced burden, depression and desire to institutionalize; 2)l be less troubled by memory and behavior problems; and 3) have improved social support, health behaviors and self-efficacy. Products will be manuals and materials to support implementation, a final report, published articles, presentations, an analysis of program startup and operations costs, and semi-annual data reports detailing participant demographics, unit of service data, and cost data.

**Program: Alzheimer's Disease Supportive Services – Evidence Based**

**Grant Number:** 90AE0348
**Project Title:** Kentucky's Implementation of Tailored Activity Program: An Evidence Based Model
**Project Period:** 09/01/2010 – 8/31/2013

**Grantee:**
Kentucky Cabinet for Health and Human Services
Department for Aging and Independent Living
275 East Main Street 3E-E
Frankfort, KY 40621-2321

**Contact:**
Maime Mountjoy
Tel. No. (502) 564-6930
Email: Maime.Mountjoy@ky.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $228,981 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $228,981 |

**Project Abstract:**

Kentucky's Department for Aging and Independent Living (DAIL) is demonstrating the Tailored Activity Program (TAP), an evidence based model for improving the delivery of services and supports to people with Alzheimer's Disease and Related Disorders (ADRD) and their caregivers. Partners include the Christian Care Communities and the Bluegrass Area Agency on Aging and Independent Living to compare outcomes from and established Assisted Living Facility and a Medical Model Adult Day Center. The goal is to explore the effectiveness of the TAP model in both an assisted living and medical model adult day serving older adults suffering from ADRD. The objectives are to: 1) replicate TAP in rural regions of Kentucky using National Family Caregiver Support Program; 2) provide detailed cost analysis of project in a variety of settings; 3) further evaluate the original study's findings that depressed caregivers effectively engaged in, and benefited from, the interventions; and, 4) compare the effectiveness of the intervention between the two service settings. The outcomes include: 1) decreased agitation or argumentation; 2) increased satisfaction in the role as the caregiver; 3) delayed institutional placement for TAP participants; and 4) TAP will be demonstrated as a cost-effective alternative to prolong community-based care. The products include a final report, including evaluation results; articles for publication; cost analysis to support the effectiveness of the Tailored Activities Program; a manual for replication of implementation; and abstracts for national conferences.

**Program: Alzheimer's Disease Supportive Services – Evidence Based**

**Grant Number:** **90AE0342**
**Project Title:** **Maine Savvy Caregiver Project Enhancement**
**Project Period:** **09/01/2010 – 08/30/2011**

**Grantee:**
Maine Department of Health and Human Services
Office of Elder Services
32 Blossom Lane
11 State House Station
August, ME 04333-0011

**Contact:**
Romain Turyn
Tel. No. (207) 287-9214
Email: Romaine.Turyn@maine.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $421,794 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $421,794 |

AoA Project Officer: Priti Shah

**Project Abstract:**

The Office of Elder Services with Area Agencies on Aging, Maine Alzheimer's Association and the University of Southern Maine - School of Nursing will expand the Maine Savvy Caregiver Project (MSCP). The goal of the Maine Savvy Caregiver Project – Enhancement (MCSP-E) is to improve the attitude, knowledge and skills of caregivers of people with Alzheimer's Disease and Related Disorders (ADRD) and to increase their confidence, well-being and self-efficacy. MSCP-E will expand caregiver outreach/involvement in the Savvy Caregiver Program (SCP) and develop SCP Part 2 training. The objectives include: 1) develop/implement a marketing plan with the Family Caregiver Program (FCP), Aging and Disability Resource Centers, state funded Alzheimer's respite program, the Alzheimer's Association and community programs; 2) embed SCP in the FCP for continuity and sustainability; 3) enhance outreach to caregivers by expanding partnerships with the aging service system and faith communities, Veteran's Administration, and education departments; 4) extend outreach to caregivers of individuals with ADRD earlier in their diagnosis 5) develop/implement SCP Part 2 for caregivers completing SCP: and, 6) expand the cadre of SCP Master Trainers to include Best Friends™ trainers. The expected outcomes for caregivers include: 1) increased caregiver mastery, competence and coping; 2) improved caregiver reaction to care receiver behavior; 3) reduction of caregiver depressive symptoms, and 4) improved caregiver mood. The products include reports of key findings, manual(s) to implement SCP Part 2, cost analysis to determine the start-up and ongoing operational costs, semi-annual data reports, and articles published in peer-reviewed journal(s).

**Program: Alzheimer's Disease Supportive Services – Evidence Based**

**Grant Number:** 90AE0431
**Project Title:** Creating Confident Caregivers: Michigan's Expansion Project
**Project Period:** 09/01/2010 – 08/31/2013

**Grantee:**
Michigan Office of Services to the Aging
P.O. Box 30676
Lansing, MI 48909-8176

**Contact:**
Sally Steiner
Tel. No. (517) 373-8810
Email: steiners@michigan.gov

AoA Project Officer: Shannon Skrowonski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $262,468 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $262,468 |

**Project Abstract:**

The Michigan Office of Services to the Aging (OSA) will collaborate with six Area Agencies on Aging, Michigan's Alzheimer's Association chapters, and aging service providers to implement the Creating Confident Caregivers: Expansion Project. The goal is to expand the Savvy Caregiver Program (SCP) statewide to reach diverse populations of caregivers by extending the program to six additional Area Agency on Aging regions. The objectives include: 1) train eligible staff from aging and Alzheimer's organizations to be trainers; 2) provide the program throughout the six additional regions; 3) develop and sustain Master Trainers to monitor fidelity monitoring and train other staff/volunteers to expand SCP; 4) evaluate the program using RE-AIM; 5) assess SCP's effectiveness with caregivers using participant surveys; 6) assess the cost-effectiveness of caregiver training in various settings; 7) disseminate project information. The outcomes include: 1) expansion of Michigan's services to dementia caregivers and improvement in caregiver confidence, knowledge and skills; 2) enhanced caregiver knowledge, skills, and reduced distress; agencies will increase their support of dementia caregivers; 3) embed SCP in the services provided by Alzheimer's and aging services; and 4) AAAs incorporate the SCP into their multi-year area plans. The products include a final report on"key findings/lessons learned" using the RE-AIM model; an implementation "how-to" manual; cost analysis; and articles for journal publication.

**Program: Alzheimer's Disease Supportive Services – Evidence Based**

**Grant Number:** 90AE0344
**Project Title:** Alzheimer's Disease Demonstration Grants to States
**Project Period:** 09/01/2010 – 08/30/2013

**Grantee:**
North Carolina Department of Health and Human Services
Aging and Adult Services
2101 Mail Service Center
Raleigh, NC 27699-2101

**Contact:**
Karisa Derence
Tel. No. (919) 733-0443
Email: karisa.derence@dhhs.nc.gov

AoA Project Officer: Shannon Skowronski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

The North Carolina Division of Aging and Adult Services supports this three year grant project in collaboration with Area Agencies on Aging, Park Ridge Hospital, Duke Family Support Program, University of North Carolina, University of Michigan and other key partners. The goal is to replicate and enhance the North Carolina community translation of the evidence-based "Resources for Enhancing Alzheimer's Caregiver Health" (REACH II) intervention for feasible, cost-effective and sustainable benefits at the community level. North Carolina REACH II will be expanded to new areas of the state through the Aging Services Network and partner organizations with the following objectives: 1) to train four new interventionists on the REACH II model; 2) to address disparities through outreach to low-income rural and minority families caring for a person with dementia at home; 3) to deliver intervention services to 21 new counties across eight AAA regions; 4) to ensure fidelity in program implementation while adapting it for cultural sensitivity and contextual relevance; 5) to ascertain program benefits for targeted populations; 6) to analyze cost-effectiveness in implementation; and 7) to build upon the existing infrastructure for sustainability of evidence-based programs in North Carolina using the RE-AIM framework. The expected outcomes are: 1) enhanced ability to manage depression and burden; 2) improved skills for self-care and healthy behaviors; 3) better use of social support networks; 4) reduced risk for care recipients; and 5) increased capacity for family care at home. Products will include: a report on key findings and "lessons learned"; a revised manual to assist with program replication and integration; and a cost analysis.

**Program: Alzheimer's Disease Supportive Services – Evidence Based**

**Grant Number:** **90AE0340**
**Project Title:** **Ohio's Alzhiemer's Disease and Related Disorders Expansion and Advancement Project**
**Project Period:** **09/01/2010 – 08/30/2013**

**Grantee:**
Ohio Department for the Aging
50 W. Broad St., 9th Floor
Columbus, OH 43215-3363

**Contact:**
Marcus J. Molea
Tel. No. (614) 752-9167
Email: mmolea@age.state.oh.us

AoA Project Officer: Shannon Skrowonski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $495,939 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $495,939 |

**Project Abstract:**

The Ohio Department of Aging, in collaboration with regional Alzheimer's Association chapters serving the state of Ohio, area agencies on aging, providers and constituent groups, and evaluators from the Benjamin Rose Institute, will expand the Reducing Disability in Alzheimer's Disease (RDAD) program statewide and make program enhancements based on 20 months of piloting and deploying RDAD in Ohio. The RDAD program developed by a research team led by Linda Teri, PhD at the University of Washington provides physical conditioning and behavior modification in the home for persons with Alzheimer's disease and their caregivers. The goal is to expand the RDAD program statewide. The objectives are to: 1) prepare 18 new field trainers; 2) teach over 400 new persons with dementia/caregiver dyads; 3) identify and test at least three new program delivery models and/or venues; 4) increase the percentage of minority and veteran dyads participating in the RDAD program; 5) identify at least three permanent funding streams; 6) replicate outcomes from the original research; and 7) offer a model for replication nationally and internationally. The outcomes of the project are: 1) increased levels of activity, improved physical health and function and less depression among persons with Alzheimer's disease; 2) successful implementation of exercise and behavior modification protocols in the home; and 3) satisfaction and acceptance of the program by persons with dementia/Alzheimer's disease and their caregivers. The products from this project will include a final report, with evaluative results; articles for publication; a cost analysis detailing start-up and maintenance to support the program; and, an implementation manual and training materials for replication.

**Program: Alzheimer's Disease Supportive Services – Evidence Based**

**Grant Number:** 90AE0343
**Project Title:** Alzheimer's Disease Demonstration Grants to States – Evidence Based Project
**Project Period:** 09/01/2010 – 08/30/2011

**Grantee:**
Utah Department of Human Services
Division of Aging and Adult Services
195 N 1950 W
Salt Lake City, UT 83116-3097

**Contact:**
Sonnie Yudell
Tel. No. (801 538-3926
Email: syudell@utah.gov

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $226,990 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $226,990 |

**Project Abstract:**

The Utah Division of Aging and Adult Services, in collaboration with the Alzheimer's Association Utah Chapter, Utah State University, the University of Utah, the Veteran's Administration and specific Area Agencies on Aging will replicate the tools and strategies of the New York University Caregiver Intervention (NYUCI). The goal is to employ this counseling and supportive intervention in a coordinated community-based program to improve caregiver well-being among minority, culturally diverse and rural-based populations. The objectives are to: 1) expand the evidence base by serving 200 families with the NYUCI program; 2) achieve the original NYUCI participant outcomes; 3) demonstrate viability of the intervention with minority populations; 4) maintain fidelity with the NYUCI program; 5) embed the intervention at sites across Utah. Working with identified multicultural populations, the project will achieve the following outcomes: 1) ease in caregiver burden; 2) reduced caregiver symptoms of depression; 3) improved caregiver's stress reaction to problem behaviors of the care recipient with dementia; 4) strengthened caregiver social support networks; and 5) delay in premature nursing home placement (and/or caregiver resignation to placement). Products from this project will include a final report; a "Caring for Your Alzheimer's Loved-One at Home" caregiver manual; a web-based support center on the Alzheimer's Chapter website to which agencies may link and community providers may inquire for information on serving multicultural families; abstracts for national conferences; research results for publication; and a conference on multicultural competency in counseling and dementia care in Utah.

**Program: Alzheimer's Disease Supportive Services – Evidence Based**

**Grant Number:** **90AE3646**
**Project Title:** **Language Enriched Exercise Plus Socialization in Rural Wisconsin**
**Project Period:** **09/01/2010- 08/30/2011**

**Grantee:**
Wisconsin Department of Health Services
1 West Wilson St.
Madison, WI 53703-7851

**Contact:**
Kristen Felten
Tel. No. (608) 267-9719
Email: kristen.felten@wi.gov

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $332,267 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $332,267 |

**Project Abstract:**

The grantee, the Wisconsin State Unit on Aging, along with its major community partners including the local Aging and Disability Resource Centers, local Agencies on Aging, and the University of Wisconsin, support this three year, evidenced-based Alzheimer Disease Supportive Services Program grant. The project will translate the Language Enriched Exercise Plus Socialization (LEEPS) targeting African American populations, and underserved rural population groups. The project goal is to demonstrate the effectiveness of the chosen intervention in preserving the abilities of individuals with Alzheimer's disease and related disorders (ADRD), improving family caregivers' satisfaction with their role and raising the level of awareness and understanding of Alzheimer's Disease in the community. The objectives are: 1) to provide people with ADRD opportunities for regular exercise in a safe environment, opportunities to socialize and perform meaningful work and the type of cognitive stimulation shown to be effective in maintaining cognitive abilities in people with ADRD; and 2) to provide family caregivers some time off-duty twice per week. The expected outcomes of this project are: 1) maintenance of cognitive and functional abilities in persons with ADRD; 2) improvement in physical fitness and mood in persons with ADRD; and 3) improved satisfaction in family caregivers with their roles a caregiver. The products will be a report that describes the project, a manual to guide others in replicating the project, a cost analysis, a semi-annual data report and an article for publication in a peer reviewed journal.

**Program: Alzheimer's Disease Supportive Services – Evidence Based**

**Grant Number:** 90AE0347
**Project Title:** New York University Caregivers Intervention in Wisconsin's Rural Northwestern Communities
**Project Period:** 09/01/2010 – 08/30/2011

**Grantee:**
Wisconsin Bureau of Aging and Disability
1 West Wilson Street
Madison, WI 53703-7851

**Contact:**
Kristen Felten
Tel. No. (608) 267-9719
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AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $329,091 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $329,091 |

**Project Abstract:**

The Wisconsin State Unit on Aging (SUA), in cooperation with local partners, will oversee this project to support the spousal caregivers of people with Alzheimer's disease or related dementia (ADRD) living in rural northwestern Wisconsin. This project will translate the New York University Caregiver Intervention (NYUCI). The project goal is to enable sustained family caregiving in the community which will lead to delayed nursing home admission for individuals with Alzheimer's disease and related dementias. The objectives of this project are: 1) provide continuous individualized caregiver support counseling throughout the caregiving relationship; 2) ensure participation in the program is as convenient for the caregiver as possible; 3) maximize the impact the project will have in the chosen communities; 4) quantitatively demonstrate successful project outcomes; and 5) incorporate this successful project into the state aging plan. The expected outcomes of this project are: 1) spousal caregivers will maintain or improve their physical and mental health; 2) spousal caregivers will maintain or improve their satisfaction with providing care to their family member; and 3) individuals who are being cared for by spouses will not move into a nursing home as soon as they might have without the support of this project. The products will be a report that describes the project, the translation process, key findings and lessons learned; a manual to guide others in replicating the project; a cost analysis; semi-annual data reporting and an article submitted for publication in a peer-reviewed journal.

## Alzheimer's Disease Supportive Services Program: Innovation Projects

Twenty-two (22) projects were funded under this Fy2010 competition as cooperative agreement State demonstrations for improving the delivery of services and supports at the community level to people with Alzheimer's disease and related disorders (ADRD). State agencies submitted applications under one or more of three competition categories:

- Demonstrations of evidence informed interventions based on interventions that appear to have a positive impact on the majority of persons with ADRD and their caregivers.

- Demonstrations of promising practice indicating that the intervention was likely to have a positive impact on the majority of persons with ADRD and their caregivers.

- Innovations in system redesign that involved examination of current aging, health and long-term supportive service systems in order to enhance their ability to serve persons with ADRD and their caregivers.

**Program: Alzheimer's Disease Supportive Services – Innovation Programs**

**Grant Number:** 90AI0029
**Project Title:** San Francisco Dementia Care Network for High Risk Families
**Project Period:** 09/01/2010 – 8/31/2012

**Grantee:**
University of California, San Francisco
School of Nursing
3333 California Street, Suite 315
San Francisco, CA 94118-6215

**Contact:**
Patrick Fox
Tel. (415) 476-5483
Email: pat.fox@ucsf.edu

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $320,713 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $320,713 |

**Project Abstract:**

The University of California San Francisco (UCSF), in collaboration with the San Francisco Department of Aging and Adult Services (DAAS), the Alzheimer's Association of Northern California, and Kaiser Permanente San Francisco (KP), are implementing The San Francisco Dementia Care Network as one component of San Francisco's Strategy for Excellence in Dementia Care, a road map for addressing the expected increase in demand for services relating to Alzheimer's/dementia care between 2010 and 2020. The goal is to develop a dementia care network for caregiving families in San Francisco that will improve the ability of medical systems to address Alzheimer's disease (AD) and connect caregivers to needed educational and support services. The objectives are to: 1) improve of the quality of dementia care by educating staff in best practices and developing an electronic dementia care plan system; 2) improve capacity to provide education to families and caregivers of members with AD; and 3) proactively connect the caregivers with AD to community-based sources of education and support. The expected outcomes are: 1) improvements in the self-efficacy, knowledge and skills of dementia caregivers during times of medical, functional or caregiving crisis, 2) a decrease in preventable emergency room (ER) visits, hospitalizations, physician visits, and post-hospitalization skilled nursing faculty (SNF) days; and 3) a 50% increase in utilization of community-based services by caregivers. The products include: an electronic dementia care plan system at KP, a report of lessons-learned, a manual that will allow other communities to replicate the project, a cost analysis and a semi-annual data report.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0030**
**Project Title:** **Client Centered Service for People with Early Stage Alzheimer's Disease and Their Care Partners**
**Project Period:** **09/01/2010 – 08/31/2011**

**Grantee:**
Colorado State University
Department of Psychology
202 Campus Delivery
Fort Collins, CO 80523-2002

**Contact:**
Dr. Paul Bell
Tel. No. (970) 491-7215
Email: plubium@lamar.colostate.edu

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $306,424 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $306,424 |

**Project Abstract:**

The Colorado State University Institute of Applied Prevention Research and the Alzheimer's Association Colorado Chapter (AACC), in cooperation with Area Agencies on Aging, Aging and Disability Resource Centers, the State Unit on Aging, and community service providers will collaborate to promote and deliver AACC services to families facing early stage dementia. The goal is to evaluate satisfaction and well being outcomes for people with early stage dementia and their care partners who participate in a self-selected protocol of counseling, training, support, and socialization. The objectives include: 1) provide AACC care consultation to people with early stage dementia and their care partners as dyads to assist with their short- and long-term planning; 2) conduct *Early Stage Strategies* series (6 contact hours) for those dyads who enroll, and maintain as a control group those who do not enroll; 3) provide additional supportive social and intellectual activities self–selected by participants; and 4) evaluate and disseminate the outcomes. Information about participants' use of AACC early stage services and about user well being will be obtained at the initial AACC consultation and every three months thereafter. The expected outcomes for dyads include: 1) increased knowledge of Alzheimer's disease; 2) recognition of the need for future planning; 3) enhanced emotional well being as evidenced by an improvement in self efficacy; 4) reduction in isolation and depression; and 5) an increased participation in support and social activity programs. The products will include a "key lessons learned" summary, a manual to guide others in establishing early stage services, and a cost analysis, ADDGS reports, and at least one journal article.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0031**
**Project Title:** **Alzheimer's Disease Supportive Services Program: The CONNECTIONS Project for Innovative Respite Options**
**Project Period:** **09/01/2010 – 08/31/2011**

**Grantee:**
Connecticut Department of Social Services
55 Sigourney Street
Hartford, CT 06106

**Contact:**
Margaret Gerundo-Murkette
Tel. No. (860) 424-5344
Email: Margaret.Gerundo-Murkette@ct.gov

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

The Connecticut Department of Social Services (DSS) is proposing a project in response to the "Promising Practices" category of the ADSSP Innovation Programs grant. The goal of the *CONNECTIONS* Project is to allow DSS to partner with key stakeholders in the Alzheimer's service community to offer an innovative respite option and source of support for individuals living in the North Central region of Connecticut with Alzheimer's disease who are at risk of Medicaid spend down and/or nursing home placement. The objectives are to: 1) strengthen the ADRD referral network through the North Central Connecticut Aging and Disability Resource Center (ADRC), the Alzheimer's Association, the Veterans' Administration and state and federally funded programs such as the Connecticut Homecare Program for Elders, the Connecticut Statewide Respite Care Program, and the National Family Caregiver Support program; 2) expand the options available to families seeking respite by offering innovative cognitive training as an alternate source of respite support; and 3) offer training to caregivers on providing care for someone with Alzheimer's disease and promoting brain health for caregivers and care recipients. The expected outcomes are to 1) increase the responsiveness and cost effectiveness of the service delivery system through enhanced coordination between agencies and existing programs; 2) provide caregivers and individuals with ADRD increased awareness of available services and expanded service options; and 3) provide highly replicable cognitive training model improving functional status of ADRD individuals. Products include a report of key "lessons learned", project manual, informational DVD, cost analysis, semi-annual data report, ADRD Directory of Services, informational video, cognitive training DVD, and evaluation results.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0032**
**Project Title:** **DC Office on Aging Alzheimer's Disease Supportive Services Therapeutic Innovation Project**
**Project Period:** **09/01/2010 – 08/31/2012**

**Grantee:**
District of Columbia Office on Aging
441 4th St., NW, Suite 900 S
Washington, DC 20001

**Contact:**
Clarence Brown
Tel. No. (202) 724-4382
Email: clarence.brown@dc.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $256,146 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $256,146 |

**Project Abstract:**

The DC Office on Aging (DCOA) is collaborating with Home Care Partners, a nonprofit home care agency, along with adult day centers and other providers in our Senior Service Network, to train direct care workers and family caregivers in therapeutic engagement/compassionate touch (TECT). This innovative therapeutic engagement technique incorporates a recreational-based therapy that involves activities to promote and stimulate the social and physical functioning of clients, and Reiki, a holistic therapy designed to reduce stress through the gentle placement of hands. The goal of the project is to train paid direct care workers and family caregivers in TECT. The objectives are to 1) recruit participants through the DCOA Senior Service Network agencies; 2) provide training to 64 home care aides and 10-15 family caregivers in Year 1 with approximately half of these aides and family caregivers selected to receive more extensive Reiki training, taught by a Reiki Master level trainer; and 3) trainees will receive follow-up training, and long-term impact will be assessed in Year 2. The expected outcomes include reduction in undesirable behavioral symptoms of dementia, reduced stress in caregivers, and increased job satisfaction in direct care staff. The products will include a video and training manual and reports.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0033**
**Project Title:** **2010 Alzheimer's Disease Supportive Services Program Innovation**
**Project Period:** **09/01/2010 – 08/31/2012**

**Grantee:**
Florida Department of Elder Affairs
4040 Esokanada Way, Suite 315
Tallahassee, FL 32301

**Contact:**
Christine R. Kucera
Tel. No. (850) 414-2060
Email: Kucerac@elderaffairs.org

AoA Project Officer: Jane A. Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $253,539 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $253,539 |

**Project Abstract:**

The Florida Department of Elder Affairs (DOEA) will partner with Memory Disorder Clinics to address the priority area of Early Stage Dementia (ESD) in Central Florida. The program is referred to as the Healthy Brain Initiative (HBI). The goals of the program are to provide educational programming designed to prolong brain function and independence of the person with ESD and to connect both the person with ESD and the care partner with resources and support to encourage pro-active planning for future care. The objectives are: 1) Provide early detection of cognitive problems such as ESD through free community memory screening available from the Memory Disorder Clinics; 2) Provide educational programs on memory enhancement training techniques within each of the three Memory Disorder Clinic services areas; 3) Create/enhance a monthly educational support group at the three Memory Disorder Clinic sites for participants in the memory training class, as well as community participants; 4) Train volunteer class facilitators in each of the three Memory Clinic's service areas. The outcomes are to: 1) provide memory enhancement training to individuals with ESD and their care partners; 2) have volunteers be able to teach the memory enhancement program; 3) provide opportunity for discussion about ESD and future planning with available resource information in dual ESD Support Groups for people with ESD and care partners; 4) to train Elder Helpline staff of the participating Aging and Disability Resource Centers (ADRCs; and 5) to present the program to the state's Alzheimer's Disease Advisory Committee and other Memory Disorder Clinics to expand the reach of the grant statewide. The products include a final report on lessons learned, with specific information on implementation and replication; a manual including training tools and marketing materials; a cost analysis including start-up and operations costs; and data reports including demographic and unit-of-service data.

**Program: Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0034**
**Project Title:** **Georgia's System's Redesign: New Protocols and Interventions to Better Serve Persons with Early Stage Alzheimer's Disease**
**Project Period:** **09/01/2010 – 08/31/2012**

**Grantee:**
Georgia Department of Human Services
Division of Aging Services
Two Peachtree St., 9th Floor
Atlanta, GA 30303

**Contact:**
Cliff Burt
Tel. No. (404) 657-5336
Email: gcburt@dhr.ga.gov

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

Georgia's Department of Human Services (DHS) Division of Aging Services (DAS) is collaborating with the Alzheimer's Association, Georgia Chapter, the Central Savannah River Area Agency on Aging, the Coastal Georgia Area Agency on Aging, and the Gerontology Center at Georgia State University. The project goal is to re-design state-wide service delivery through inter-agency collaboration and the development of new protocols and interventions to better serve persons with early stage Alzheimer's disease (AD) and their caregivers. The objectives are to: 1) improve service access for persons with early stage AD; 2) refine Georgia's comprehensive social service assessment to identify people with early stage AD; 3) implement/ integrate into the access system multi-faceted interventions for persons with early stage AD. The expected outcomes include: 1) improved proficiency of Area Agency access services staff and Adult Protective Services intake staff in identifying persons with early stage dementia; 2) improved knowledge/understanding by affected consumers of AD and its progression; 3) improved ability of affected consumers to plan for needed supports/services; 4) improved satisfaction of affected consumers with services, supports, interventions; 5) increased ability of community medical practice staff to identify and address early stage AD; 6) increased awareness of law enforcement agencies of wandering behaviors and driving safety in persons with AD; decrease in caregiver burden; and 7) increased length of stay in the community of consumers with early stage AD. Products will include screening tools for identifying persons at risk; clinical counseling protocol; improved inter-agency referral procedures; training for physicians, service agency staff and law enforcement personnel; and development and administration of an evaluation methodology.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0035**
**Project Title:** **Alzheimer's Disease Supportive Services Program Innovations Grant**
**Project Period:** **09/01/2010 – 09/31/2012**

**Grantee:**
Idaho Commission on Aging
3380 American Terrace Suite 120
Boise, ID 83706

**Contact:**
Kim Toryanski
Tel. No. (208) 334-3033
Email: kim.toryanski@aging.idaho.gov

AoA Project Officer: Jane A. Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $163,393 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $163,393 |

**Project Abstract:**

The Idaho Commission on Aging is collaborating with the Administration on Aging (AoA), National Council on Aging, and other national and state partners to provide the Building Better Caregivers program. The goal of the program is to reform and expand Idaho's long term care services and supports (LTSS) system statewide for persons with Alzheimer's Disease and Related Disorders and their caregivers by empowering the Aging and Disability Resource Centers through training, community outreach, and implementing and evaluating the *Building Better Caregivers* program. The objectives are to: 1) empower ADRCs by training a cadre of facilitators to provide statewide support to persons identified and referred by the AAAs through their current Information and Assistance functions; 2) work with Alzheimer's disease and related disorders (ADRD) informed Advisory Councils, staff, and providers to deliver targeted outreach messages to caregivers; and 3) increase the availability of the program on-line will provide caregivers living in the rural and frontier communities across the state with needed support. The outcomes include: 1) better-trained caregivers and advocates around LTSS for persons with ADRD and their caregivers; 2) expanded visibility of Aging and Disability Resource Centers (ADRCs) as the "no wrong door" portal to LTSS with special training in ADRD and caregiver needs; 3) increased utilization of appropriate LTSS resources by caregivers through the local ADRC; and 4) expanded direct services available to caregivers from every AAA service area. The products will include reports, lessons learned, cost analysis, and a manual describing implementation.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** 90AI0035
**Project Title:** Standards for Care for People with Alzheimer's Disease and Related Disorders in the Home
**Project Period:** 09/01/2010 – 08/31/2012

**Grantee:**
Massachusetts Departent of Elder Affairs
1 Ashburn Place, 5th Floor
Boston, MA 02108-1518

**Contact:**
Joseph Quirk
Tel. No. (617) 222-7468
Email: Joe.Quirk@state.ma.us

AoA Project Officer: Jane A. Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $450,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $450,000 |

**Project Abstract:**

The Massachusetts Executive Office of Elder Affairs is implementing a System Re-design of its Home Care Program (HCP) to improve quality of services and access to diagnosis, care and support for people with Alzheimer's disease and related disorders (ADRD) and their family caregivers. The goal is to implement new Standards for Dementia Care for people in HCP, which address gaps in assessment, caregiver support, care coordination, provider qualifications, and personal care plan standards. The objectives are to: 1) enhance capacity of Aging Services Access Point (*ASAP*) staff to screen for ADRD, particularly early stage; 2) reduce stress and improve well-being of family caregivers; 3) improve access of Home Care consumers with ADRD to diagnostic services and treatment; and 4) increase availability, quality and utilization of services targeted to persons with ADRD. The outcomes are: 1) consumers with ADRD will be better able to function in the community; 2) informal caregivers will be better able to function in their caregiver role; 3) coordination of care between ASAP staff and primary care physicians will be improved; 4) ASAP staff will be better able to identify ADRD and associated risks; and 5) providers will be more effective in working with consumers with ADRD. Products will include Standards for Dementia Care in the Home Care Program, a risk assessment tool for cognitive impairment; a report on lessons learned, a manual and cost analysis to help agencies replicate the program, a semi-annual data report, guidelines for Occupational Therapy for people with dementia, a replicable training module for the direct care workforce.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0037**
**Project Title:** **Alzheimer's Disease Supportive Services Program: Innovation Programs to Better Serve People with Alzheimer's Disease**
**Project Period:** **09/01/2010 – 08/31/2012**

**Grantee:**
Missouri Department of Health and Senior Services
920 Wildwood Drive
P.O. Box 570
Jefferson City, MO 65102

**Contact:**
Glenda Meachum-Cain
Tel. No. (573) 526-8534
Email: Glenda.Meachum-Cain@dhss.mo.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $275,198 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $275,198 |

**Project Abstract:**

The Missouri Department of Health and Senior Services (DHSS), four Missouri Alzheimer's Association Chapters, and ten Area Agencies on Aging (AAA's) propose a two-year innovative Alzheimer's Disease Supportive Services Program grant on system re-design to increase usage of available services by Missourians with Alzheimer's disease. *Project Learn MORE (Missouri Outreach and Referral Expanded)* will expand use of the Alzheimer Disease (AD-8) screening tool piloted by the 19-county Central Missouri Area Agency on Aging (CMAAA) during the *Project LEARN* and increase referrals to the Alzheimer's Association from other partners including the Veteran's Affairs (VA) Medical Centers in targeted areas. The project goal is to provide a coordinated method to identify and guide those experiencing cognitive impairment who have not sought medical evaluation and/or are not fully utilizing supportive services and provide them with tools to increase their ability to cope with the disease. Objectives are: 1) implement a state-wide use of a formalized identification and referral process; 2) develop consumer-directed action plans addressing individual needs, minimizing barriers to success and encouraging utilization of supportive services; 3) develop an impact analysis related to participant decisions to live at home or in institutions; and 4) disseminate project information. Anticipated Outcomes are: 1) use of the AD-8 screening tool and referral process will be adopted throughout the ten Missouri AAA's client assessment process; 2) individuals with Alzheimer's will experience increased sense of ability to utilize coping strategies in facing the challenges of Alzheimer's disease; and 3) increased awareness and usage of supportive community and Alzheimer's Association services. Families/individuals served will perceive that services offered and knowledge gained will extend the time of remain living in the community.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0039**
**Project Title:** **New Mexico's Alzheimer's Disease Supportive Services Program: Innovations Program**
**Project Period:** **09/01/2010 – 08/31/2012**

**Grantee:**
New Mexico Department of Aging and Long-Term Services
2550 Cerrillos Rd.
Santa Fe, NM 87505

**Contact:**
Tracy Wohl,
Tel. No. (505) 476-4776
Email: l: tracyw.wohl@state.nm.us

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $290,697 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $290,697 |

**Project Abstract:**

The goal of the New Mexico (NM) project is to improve the capacity of the state's home and community-based long-term care delivery system to address the needs and issues of caregivers of veterans with Alzheimer's disease and related dementias (ADRD). The NM Aging and Long-Term Services Department will partner with New Mexico's area agencies on aging, the NM Chapter of the Alzheimer's Association, and New Mexico's primary veteran service agencies (the Veterans Affairs Hospital, the NM Department of Veterans Services, and the Navajo Department of Veterans Affairs), as well as other aging network partners. The objectives are: 1) educate and train NM home and community based long-term care services system staff and volunteers regarding the provision of outreach and supportive services to caregivers of veterans with ADRD; 2) expand partnerships with the staff of New Mexico's primary veteran service agencies to inform and educate them regarding the availability of evidence-based caregiver intervention opportunities, resources and supports; and 3) implement evidence-based caregiver interventions for caregivers of veterans with Alzheimer's disease and other dementias. The outcomes include: 1) increased access by New Mexican veterans with ADRD and their caregivers to culturally and linguistically appropriate interventions that will increase their knowledge, skills, attitudes and abilities to handle the challenges of dealing with ADRD, as measured by pre- and post-intervention surveys of caregivers; and 2) increased use of support services by New Mexican veterans with ADRD. Products include presentations at national conferences, such as the National Alzheimer's Association Conference, the Joint Conference of the American Society on Aging/National Council on Aging and the National Home and Community-Based Services Conference, and articles to be printed in national publications.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** 90AI0038
**Project Title:** Randomized Trial of University-AAA-State Partnership to Link Primary Care Physicians and Aging Service Providers
**Project Period:** 09/01/2010 – 08/31/2012

**Grantee:**
University of North Carolina at Chapel Hill
Carolina Alzheimer's Network
Manning Drive at 15-501 Bypass
Chapel Hll, NC 27599-7595

**Contact:**
Dr. Philp D. Sloane
Tel. No. (919) 966-7173
Email: psloane@med.unc.edu

AoA Project Officer: Shannon Skowronski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $326,638 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $326,638 |

**Project Abstract:**

This project is an expansion based on a partnership between the university-based Carolina Alzheimer's Network (CAN), two Area Agencies on Aging, and the North Carolina Division of Aging and Adult Services. The goal of this grant is to determine whether this project should be continued and replicated by generating scientific evidence that examines patient outcomes. A randomized trial will be used to evaluate this promising practice. The objectives are to: 1) conduct this trial in a mixed rural/urban, high-minority cluster of four counties in a previously uninvolved AAA region; 2) recruit 30 primary care physicians and randomize them placing 15 in an intervention group and 15 in a usual-care control group; 3) train and support intervention group physicians. The expected outcomes include: 1) generating an estimated 100 new Alzheimer's disease and related disorder (ADRD) patient/family; and 2) referrals and that patients referred by intervention group physicians will receive access to counseling and respite services under North Carolina Project CARE, which does not otherwise serve the target counties. The outcomes to be evaluated include: 1) rates at which physicians diagnose ADRD; 2) rates of referral to ADRD service providers; 3) services provided; 4) satisfaction and burden of a sample of family caregivers, 5) hospitalization and nursing home placement rates, and 5) estimated costs. Products will include a final report, a cost analysis, and articles for nationwide dissemination in academic and popular media, and shared with representative of state agencies.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0040**
**Project Title:** **Early Diagnosis Dyadic Intervention-II (EDDI-II)**
**Project Period:** **09/01/2010 – 08/31/2012**

**Grantee:**
Ohio Department on Aging
50 W. Broad St., 9th Floor
Columbus, OH 43215-3363

**Contact:**
Richard LeBlanc
Tel. No. (614) 644-7967
Email: dleblanc@age.state.oh.us

AoA Project Officer: Shannon Skowronski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,311 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,311 |

**Project Abstract:**

The goal of this project is to evaluate the feasibility, acceptability, and efficacy of the revised Early Diagnosis Dyadic Intervention (EDDI-II), a seven-session preventive psychosocial "promising practice" found to benefit both the individual with early-stage dementia (IWD) and family caregiver (CG). This project is a joint effort of investigators at: Ohio Department of Aging; Benjamin Rose Institute; Pennsylvania State University; Alzheimer's Association chapters serving Northern Ohio (i.e., Northwest Ohio, Cleveland, and Greater Ohio chapters); and Northeast Ohio Area Agencies on Aging. Project objectives are to: 1) involve 125 IWDs and their family CGs in the EDDI-II intervention and evaluate the intervention's feasibility, acceptability, and efficacy; 2) increase the dyad's current knowledge and understanding about dementia and available services; 3) improve communication skills and support between the IWD and CG and increase understanding of each other's care values and preferences; 4) improve the IWD's and CG's current mental health and quality of life; and 5) disseminate project findings and intervention materials. Specific outcomes of the project are: 1) improved knowledge, communication, a mutually agreed upon long-term plan of care, and improved strategies for maintaining health, self care, well-being, and quality of life for EDDI-II participants; and 2) the generation of valuable information about EDDI-II feasibility and acceptability. EDDI-II partners will develop and disseminate products including a final report, cost analysis, publications in peer-reviewed and professional journals, and EDDI-II treatment manual and related project materials.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0041**
**Project Title:** **Evidence-Informed Training Intervention for Hispanic Caregivers of persons with ADRD**
**Project Period:** **09/01/2010 – 08/31/2012**

**Grantee:**
Puerto Rico Office of the Ombudsman for the Elderly
P.O. Box 191179
San Juan, PR 00912-1179

**Contact:**
Rosanna Lopez-Leon
Tel. No. (787) 721-6121
Email: rlopez@ogave.gobierno.pr

AoA Project Officer: Shannon Skowronski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $202,359 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $202,359 |

**Project Abstract:**

The Puerto Rico Office of the Ombudsman for the Elderly is implementing an Evidence-informed Training Intervention for Hispanic Caregivers of Patients with Alzheimer's disease and related disorders (ADRD). The goal of the project is to implement and evaluate the effectiveness of an Evidence-Informed Training Intervention for Hispanic Caregivers of Patients with ADRD, which is feasible to replicate and sustain throughout senior centers in the Island's aging service network. The project objectives include to: 1) establish the project's implementation team; 2) establish and sustain the collaborative network and coordination among key partners required for project implementation; 3) adapt and implement the Evidence-informed Training Intervention; 4) evaluate the processes and outcomes of the Evidence-informed Training Intervention; and 5) disseminate the outcomes evaluation and lessons learned reports. The expected outcomes include: 1) reduced sense of caregiver burden; 2) diminished levels of perceived stress; 3) improved levels of perceived health; 4) diminished caregiver health symptoms; and 5) reduced levels of depression. The products from this project will include a final report, evaluation reports, a How-to manual, a cost analysis, as well as educational materials in Spanish.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0042**
**Project Title:** **Alzheimer's Disease Supportive Services Innovation Program**
**Project Period:** **09/01/2010 – 08/31/2012**

**Grantee:**
South Carolina Office of the Lieutenant Governor
Office on Aging
1301 Gervais St.
Columbia, SC 29201

**Contact:**
Anne Wolf
Tel. No. (803) 734-9919
Email: awolf@aging.sc.gov

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

The project goal is a re-design intervention to improve access to home and community-based services for individuals with Alzheimer's disease and related dementia by targeting underserved minority and rural populations. The South Carolina Lieutenant Governor's Office on Aging will collaborate with the South Carolina Alzheimer's Association, the local Aging and Disability Resource Center, the Medical University of South Carolina, and the University of South Carolina Objectives are: 1) implement strategies that build familiarity and trust among underserved minority populations; 2) provide medical screenings; 3) provide vouchers that allow increased services by the community partners, and 4) provide education, training and facilitate referral of newly diagnosed persons with Alzheimer's disease to the Alzheimer's Disease Supportive Services Program case manager though primary care physicians. Expected outcomes: 1) increased access to services and information; 2) increased consumer control; 3) increased trust, familiarity and willingness to use services; and 4) effectiveness of intervention to meet outcomes. Products will include: a report on lessons learned, an implementation manual, a cost analysis, and semi-annual report data.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0043**
**Project Title:** **Alzheimer and Alzheimer's and Dementia Related Disorders Innovations - Training/Education**
**Project Period:** **09/01/2010 – 08/31/2012**

**Grantee:**
Tennessee Commission on Aging and Disability
500 Deaderick Street, 8th Floor, Suite 825
Nashville, TN 37243-0860

**Contact:**
Cynthia G. Minnick
Tel. No. (615) 741-2056
Email: cynthia.minnick@tn.gov

AoA Project Officer: Shannon Skowronski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

Tennessee Commission on Aging and Disability is partnering with Tennessee Alzheimer's Disease Task Force; Alzheimer's Associations, Eastern Tennessee/Mid-South Chapters; East Tennessee and Greater Nashville Area Agencies on Aging and Disability; Council on Aging of Greater Nashville; and University of Tennessee, Social Work Office for Research and Public Service to apply for the *Alzheimer's Disease Supportive Services: Innovation Programs* grant. The goal is to enhance Alzheimer's disease and related dementia (ADRD) training/education for primary care and family physicians, emergency room personnel, hospital case managers for discharge planning, first responders, and persons with ADRD and family members in two Tennessee regions. The objectives are to: 1) gather and identify baseline data on current ADRD training/education statewide; 2) design and implement ADRD training/education interventions for primary care and family physicians, emergency room personnel, hospital case managers for discharge planning, and first responders; 3) provide counseling and support services for persons with ADRD, their family members, and caregivers; 4) design and implement multiple evaluation strategies to measure outcomes. The expected outcomes are to**:** 1) build a comprehensive database on ADRD training/education available on the ADRC website; 2) improve primary care and family physicians' knowledge of ADRD; 3) increase their referrals to community services, and improve their relationship with ADRD patients; 4) improve the ability of emergency room personnel, case managers for discharge planning, and first responders to interact and intervene with persons with ADRD and their family members; 5) increase enrollment in community services; and 6) develop a comprehensive, coordinated model for statewide training/education.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** 90AI0044
**Project Title:** Community Stress-Busting Program for Family Caregivers of Persons with Alzheimer's Disease and Related Dementias
**Project Period:** 09/01/2010 – 08/31/2012

**Grantee:**
University of Texas Health Science Center at San Antonio
7703 Floyd Curl Ave.
San Antonio, TX 78229-3900

**Contact:**
Dr. Sharon Lewis.
Tel. No. (210) 949-3696
Email: lewissl@uthscsa.edu

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $291,153 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $291,153 |

**Project Abstract:**

The goal of the Community Stress – Busting Program (CSBP) for Family Caregivers is to adapt the evidence-informed intervention Stress-Busting Program (SBP) to a lay leader model delivered in community settings. The dissemination of this program to large numbers of caregivers is a collaborative effort with the grantee, University of Texas Health Science Center – San Antonio, WellMed Charitable Foundation, Texas Department of Aging and Disability Services, Area Agencies on Aging in Central/South Texas, and South Texas Veterans Health Care System. The intervention category is "Evidence-Informed Interventions." The RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance) will be used. The objectives include: 1) adapt the SBP to a lay leader model; 2) *Reach*: Determine the extent to which the community-based settings attract the intended participants; 3) *Effectiveness*: Determine the impact on quality of life of caregivers; 4) *Adoption*: Assess the factors affecting the adoption of the SBP in the community; 5) *Implementation*: Assess the consistent delivery of the SBP in the community; and 6) *Maintenance*: Determine the requirements needed to maintain delivery of the SBP in the community. The expected outcomes include determining: 1) the extent to which community agencies attract caregivers to participate; 2) the impact of CSBP on quality of life of participating caregivers; 3) the extent to which different settings are involved in the program; 4) the extent to which the program is delivered consistently and as intended; and 5) extent to which the CSBP is sustained, modified, or discontinued over time. The products will be a toolkit for stress management for family caregivers, final report including cost analysis, and articles for publication.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0045**
**Project Title:** **Creating Care Champions - Provide Caregivers with Access to Non-Pharmacologic Treatment And Support Services**
**Project Period:** **09/01/2010 – 08/31/2011**

**Grantee:**
Utah Department of Human Services
195 N. 1959 W.
Salt Lake City, UT 84116-3097

**Contact:**
Sonnie Yudall
Tel. No. (801) 538-3926
Email: syudell@utah.gov

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $298,145 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $298,145 |

**Project Abstract:**

The Utah Division of Aging Services will collaborate with the Alzheimer's Association Utah Chapter (AAUC), the Area Agencies on Aging (AAA) and the VA Hospital and Clinics (VA) to improve early and systematic statewide access to non-pharmacologic care of underserved dementia caregivers. The goal is to systematically employ an evidence-based home-delivered intervention known as Counseling for Caregivers (CFC) at strategic locations throughout the State of Utah to address and serve the highest need areas for caregiver services. The objectives are to: 1) evaluate the short- and long-term impact of the CFC project for reducing neuropsychiatric symptoms and difficult behaviors in the care recipient and related distress of the caregiver; 2) assess and document the role of behavioral change due to the CFC intervention to significantly reduce caregiver distress and its value and applicability in "usual care" post grant; 3) develop and evaluate adjunctive print and web-based materials that will support the CFC curriculum among subgroups of caregivers who have special resource needs; and 4) evaluate the most effective methods for delivering sustainable caregiver group counseling intervention and adjunctive care to caregivers with special resource needs. The expected outcomes are: 1) to reduce caregiver distress and burden; and 2) to improve quality of life for their dementia care recipients. The products will include: a final report, a cost analysis, and publications in peer-reviewed, scholarly journals.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** 90AI0047
**Project Title:** Resources for Enhancing Alzheimer's Caregiver Health: Offering Useful Treatments (REACH OUT) to Rural Dementia Caregivers
**Project Period:** 09/01/2010 – 08/31/2012

**Grantee:**
Vermont Department of Disabilities, Aging and Independence
Division of Aging and Disability Services
103 South Main St.
Waterbury, VT 05671-2301

**Contact:**
Maria Mireaut
Tel. No. (802) 241-3738
Email: maria.mireault@ahs.state.vt.us

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

The State Unit on Aging (SUA) of the Vermont Department of Disabilities, Aging and Independent Living (DAIL) partner with home and community based providers in two service and planning areas of the state to fulfill the goal of expanding and improving services for family caregivers of individuals with Alzheimer's disease or related disorders (ADRD). The project will implement a minor adaptation of the REACH OUT (Resources for Enhancing Alzheimer's Caregiver Health: Offering Useful Treatments) intervention and employ technology as a service delivery format. The objectives of the project are to: 1) provide caregivers with an evidence-based supportive intervention; 2) train case managers on the REACH OUT to Rural Dementia Caregivers intervention; 3) develop linkages between aging services network providers and primary care; 4) compare the effectiveness of the face to face versus the technology-assisted REACH OUT to Rural Dementia Caregivers intervention; and 5) evaluate the effectiveness of the project and disseminate the results. The outcomes include: 1) improved caregiver self-rated health; 2) increased safety of care recipients; 3) broader knowledge of dementia care for case managers; 4) increased access to evidence-based dementia caregivers supports; 5) greater collaboration between community partners; and 5) caregiver satisfaction with the intervention. The products include semi-annual data reports, a final report documenting key elements of the project, a cost-analysis comparing REACH OUT to Rural Dementia Caregivers in its regular format versus a technology-assisted format, and a manual describing adaptations made to the REACH OUT model and service delivery format.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0046**
**Project Title:** **Support for Family Caregivers for Persons with Alzheimer's Disease and Related Dementia**
**Project Period:** **09/01/2010 – 08/31/2012**

**Grantee:**
Virginia Department for the Aging
Long Term Care Unit
1610 Forest Ave. Suite 100
Richmond, VA 23229

**Contact:**
William Peterson
Tel. No. (804) 662-9325
Email: bill.peterson@vda.virginia.gov

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $276,058 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $276,058 |

**Project Abstract:**

The Virginia Department for Aging, Alzheimer's Association Central/Western Virginia Chapter, University of Virginia, Rappahannock Rapidan Community Services Board/Area Agency on Aging, and Aging Together will implement CONNECTIONS, an innovative evidence-informed intervention**,** demonstrate its benefits for individuals with Alzheimer's' disease and related disorders (ADRD) and family caregivers in rural communities and integrate it into Aging and Disability Center (ADRC) Network. The goal is to improve the quality of life for persons with ADRD and family caregivers by demonstrating the effectiveness of CONNECTIONS as an innovative approach to service delivery and in-home intervention. The objectives include: 1) expand number of participants to a minimum of 250 at-risk individuals/families; 2) focus on a primarily rural, underserved population to address geographic isolation challenges, lack of transportation, and service gaps typically pronounced in rural areas; 3) enhance the "Home Visitor" model by adding professional staff and expanding volunteer corps; 4) strengthen referral base and integrate into ADRC referral process; 5) embed into the community and statewide processes and identify sustainable funding; 6) expand evaluation tools and data collection; and 7) develop replication products. Outcomes include: 1) 90% participants with ADRD will demonstrate increased engagement in targeted meaningful activity; positive affect during activity engagement; and 2) 80% caregivers will report reduced levels of caregiving burden/stress, increased self-confidence in implementing activity programming; additional support from family/friends. Products include: a complete activities guide, evaluation tools, implementation manual, report of lessons learned, cost analysis and semi-annual data reports

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0048**
**Project Title:** **Memory Care and Wellness Services Expansion**
**Project Period:** **09/01/2010 – 08/32/2012**

**Grantee:**
Washington Department of Social and Health Serivces
Aging and Disability Services
640 Woodland Square Loop SE
P.O. Box 45600
Olympia, WA 98504-5600

**Contact:**
Lynne Korte
Tel. No. (360)-725-2545
Email: kortelm@dshs.wa.gov

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

Washington State will expand the number of Memory Care and Wellness Services (MCWS) sites in collaboration with Area Agencies on Aging, the Alzheimer's Association, the University of Washington and two adult day service providers. The goal of the Memory Care and Wellness Services program is to offer people with dementia the support they need to stay at home by promoting wellness through exercise, managing health concerns, and by decreasing the negative impacts on caregivers. The objectives are to: 1) Expand MCWS to a new Area Agency on Aging (AAA) and two new adult day service sites; 2) Serve up to 60 caregiver/care receiver dyads; 3) Implement MCWS, and the integral EnhanceMobility (EM) with fidelity; 4) Demonstrate effectiveness for participants with dementia and their family caregivers; 5) Embed MCWS into the Family Caregiver Support Program while engaging additional funding sources to support it. The outcomes of this project are that: 1) MCWS use will reduce the frequency of behavioral symptoms and improve quality of life for participants and 2) will reduce distress related to behaviors, depression, and burden and improve quality of life for family caregiver. The products include: data reports, a report of key lessons learned, a practical manual for implementing MCWS, and a cost analysis.

**Program: Alzheimer's Disease Supportive Services – Innovative Projects**

**Grant Number:** **90AI0049**
**Project Title:** **Dementia Caregiver Services for Veterans and Families**
**Project Period:** **09/01/2010 – 08/31/2011**

**Grantee:**
Wisconsin Department of Health Services
Dvision of Long Term Care
1 West Wilson Street
P.O. Box 7580
Madison, WI 53707-7850

**Contact:**
Ms. Kristen Felton
Tel. No. (2608) 267-9719
Email: Kristen.Felten@dhs.wisconsin.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $265,372 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $265,372 |

AoA Project Officer: Priti Shah

**Project Abstract:**

The project goal is to create a dementia capable system with efficient referral processes that reduces family caregiver burden and delays nursing home placement for veterans with dementia. The Wisconsin Department of Health Services will partner with the Clement J. Zablocki Veterans Affairs Medical Center (VAMC), Alzheimer's Association—Southeastern Wisconsin Chapter, Greater Wisconsin Agency on Aging Resources, Inc. and ADRCs in the service area. Project objectives are: 1) re-design the interagency referral process between the VAMC, Aging and disability Resource Centers (ADRCs) and the Chapter in a select area; 2) assess staff knowledge and develop educational programs about dementia, caregiver needs, partner expertise and the referral processes; 3) provide education, support, consultation and respite services to family caregivers at the VAMC, Union Grove Clinic and select non-VA sites, and 4) disseminate project findings. The project outcomes are: 1) caregivers of veterans with dementia will receive referrals for services to and from the VAMC, Chapter and ADRCs; 2) professionals at partner organizations are dementia capable and refer family caregivers for services and supports to the organization that can best meet identified needs; 3) reduction in caregiver burden will delay nursing home placement for veterans with dementia, and 4) project findings will be available locally and nationally. Products for this project are a final report with project findings, ADRC video and brochure, an implementation manual, cost analysis and semi-annual data reports.

## Chronic Disease Self-Management Program

The American Recovery and Reinvestment Act of 2009 (AARA) was designed to stimulate economic recovery in various ways including reduction of healthcare costs through prevention activities. The Administration on Aging (AoA) received a portion of the $650 million appropriated for the Communities Putting Prevention to Work initiative managed by the Centers for Disease Control for the AoA Chronic Disease Self Management Program (CDSMP). Two CDSMP grant competitions were held in FY2010, one to support a National Center to provide technical assistance and evaluation support for AoA and a second to support CDSMP grants in forty-five States, the District of Columbia and Puerto Rico to deploy evidence-based chronic disease self-management programs targeted at older adults with chronic conditions.

Since 2003, AoA in collaboration with the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS) and other Department of Health and Human Services (HHS) and private sector partners, has funded collaborations between the aging and public health networks at the State and community level to deploy evidence-based prevention programs, including chronic-disease self-management programs, targeted at older adults. This AoA led effort resulted in the delivery of chronic disease self-management programs in over 1,200 community-based sites across 24 states that have served over 12,000 seniors.

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Additional information about the CDSMP and funding from the American Recovery and Reinvestment Act Putting Communities to Work Initiative may be viewed on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/ARRA/index.aspx

## Chronic Disease Self-Management Program State Grants

In FY2010 the Administration on Aging held a competition open to State government State units on aging or health departments. Either could apply as the lead agency but both must collaborate to be competitive for receiving a cooperative agreement with AoA to develop and sustain a distribution and delivery system to be used to systematically deliver Chronic Disease Self Management Programs (CDSMP and other evidence-based prevention programs for older adults statewide. Applicants were also asked to develop quality assurance programs, partner with other public and private sector organizations, and identify and select local communities to administer CDSMP programs. States were encouraged to select geographic areas that facilitate the targeting of older adults, including low-income, minority, and limited English speaking older adults with chronic diseases.

A total of 47 awards were made to 46 States and the District of Columbia for $27 million in FY2010.

Additional information about the CDSMP and funding from the American Recovery and Reinvestment Act Putting Communities to Work Initiative may be viewed on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/ARRA/index.aspx

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0002
**Project Title:** Alabama's American Recovery and Reinvestment Act Chronic Disease Self-Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Alabama Department of Senior Services
State Unit on Aging
770 Washington Avenue, Suite 570
P.O. Box 301851
Montgomery, AL 36130-1851

**Contact:**
Julie Miller
Tel. (334) 242-5743
Email: Julie.Miller@ADSS.Alabama.gov

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $600,000 |
| | |
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| | |
| | |
| | |
| | |
| Total | $600,000 |

AoA Project Officer: Michele Boutaugh

**Project Abstract:**

Alabama Department of Senior Services, Department of Public Health, Medicaid Agency, Northwest Alabama Council of Local Governments, and Regional Council of Governments are working together to increase the quality of life for older Alabamians by teaching them self-management skills for living a healthy lifestyle. The state will: 1) implement the Stanford Chronic Disease Self-Management Program (CDSMP) in two geographic areas covering ten counties; 2) embed its existing wellness and disease prevention component "Living Well Alabama" which utilizes the Stanford CDSMP in its short and long term health prevention initiatives for Area Agencies on Aging (AAAs); 3) train a minimum of 800 individuals; and 4) provide master and leader training to all areas of the state to sustain the program. The target population for this project is older adults age 60+ diagnosed with chronic diseases. The state will focus on those that are low income and/or minorities. Outcomes include: 1) older adults in the state having reduced risk factors for chronic disease and long-term disabilities; 2) educated caregivers; 3) collected data; and 4) support for self-efficacy of individual healthy behaviors.

**Grant Number:** 90RA0003
**Project Title:** Alaska American Recovery and Reinvestment Act Chronic Disease Self-Management Program
**Project Period:** 03/31/2010 - 03/31/2012

**Grantee:**
Alaska Deptment of Health and Social Services
350 Main Street, Rm. 427
Juneau, AK 99811

**Contact:**
Barbara Stillwater
Tel. (907) 269-8035
Email: barbara.stillwater@alaska.gov

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $50,000 |
| | |
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| | |
| | |
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| | |
| Total | $50,000 |

**Project Abstract:**

This project will expand the Chronic Disease Self-Management Program (CDSMP) in Alaska to address the needs of its aging population, especially the increase in chronic disease prevalence, risk factors, and co-morbidities, and the lack of health education programs appropriate for seniors with chronic conditions. The Alaska Department of Health and Social Services is the State's federally designated Unit on Aging whose responsibilities are jointly executed by the Division of Senior and Disabilities Services and the Alaska Commission on Aging. Alaska is considered a single planning and service area (PSA) without AAAs because until recently, it did not have a sufficiently large senior population to warrant regional infrastructure development. This creates a challenge to the 60 independent operating senior centers in Alaska which are often far from the State capital in Juneau. The project goal is to integrate CDSMP into the social and health systems serving seniors in Alaska. Objectives include: 1) developing an infrastructure to house CDSMP in 16 senior centers; 2) through the training and mentoring of 100 senior course leaders, through technical assistance to staff at 16 senior centers; 3) through providing workshops to 450 seniors, and 4) through a participant referral network involving Medicaid, the Aging and Disability Resource Centers (ADRCs), the Real Choice Systems Change Hospital Discharge Planners, community health centers, and primary healthcare providers. Anticipated outcomes include: 1) an increase in the number of CDSMP courses taught at senior centers; 2) an increase workshop participants; 3) a sustainable CDSMP delivery system in Alaska; and 4) a continuous quality improvement system to ensure CDSMP fidelity. The products of this project are a technical assistance listserv, a fidelity action plan, promotional and referral materials for CDSMP, and process and outcome data.

**Program: Chronic Disease Self-Management Program – State Grants**

**Grant Number:** 90RA0006
**Project Title:** American Recovery and Reimbursement Act Arizona Living Well Grant
**Project Period:** 03/31/2010 – 03/31/12

**Grantee:**
Arizona Department of Health Services
1740 W Adams St.
Phoenix, Arizona 85007

**Contact**
Ramona Rusinak
Tel. No. (602) 364-0526
Email: rusinar@azdhs.gov

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $600,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $600,000 |

**Project Abstract:**

The Arizona Living Well Expansion Project's goal is to increase the availability of self-management and health promotion programs in Arizona, helping to maintain independence, health, and quality of life among those 60 years and older. Arizona presents a host of challenges and opportunities for revamping its infrastructure related to aging. One quarter of its population will be age 60 and older, 85 percent of those 65 and older report at least one chronic disease, and a disproportionate chronic disease burden is seen in minority populations. The objectives of this project are to: 1) implement the business plan to develop the Arizona Living Well Initiative, 2) expand public and professional awareness and knowledge of benefits and importance of providing CDSMP courses and leverage partnerships, and 3) develop key partnerships to target program delivery to populations with health disparities and inequities The outcomes of this project include: 1) an increase in self-reports of general health, 2) health care utilization, physical activity, communication with healthcare providers, 3) confidence about doing things, and 4) a decrease in limitations for physical activity, pain and fatigue, and health interference with daily activities. The products from this project are budgetary and programmatic reports, project timelines, checklist for leader observation, and participant feedback forms.

**Program: Chronic Disease Self-Management Program – State Grants**

**Grant Number:** **90RA0004**
**Project Title:** **Arkansas American Recovery and Reimbursement Act Chronic Disease Self-Management Project**
**Project Period:** **03/31/2010 – 03/31/12**

**Grantee:**
Arkansas Department of Health
4815 W. Markham Slot #41
Little Rock, AR 72205

**Contact**
Dianna Hall-Clutts
Tel. No. (501) 2804743
Email: diannia.hall-clutts@arkansas.gov

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $400,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $400,000 |

**Project Abstract:**

The Arkansas Department of Health (ADH), in a collaborative effort with the Arkansas Department of Human Services/Division of Aging and Adult Services (DHS/DAAS), is conducting a two-year project to expand the existing capacity to deliver the Stanford Chronic Disease Self-Management Program (CDSMP) statewide. The ADH and DHS/DAAS have as partners the Arkansas Area Agencies on Aging (AAA), the University of Arkansas for Medical Sciences (UAMS) Reynolds Institute on Aging/Arkansas Aging Initiative Center on Aging (AAI/COA), Arkansas Senior Centers Association (ASCA), Community Hometown Health Improvement coalition (HHI), Aging and Disability Resource Centers (ADRC), and the Arkansas Department of Human Services/Division of Medicaid Services. The goal is to expand the existing capacity within the state to deliver the CDSMP through an expanded infrastructure and distribution system within the statewide aging network community. The objective is to increase the ability of community-based collaborative networks to deliver the CDSMP to 500 participants statewide. The proposed infrastructure includes a quality assurance component to ensure that programs are delivered with fidelity and achieve optimal results as designed in the original model. The major outcome of this project is that the infrastructure and statewide distribution system will be in place and strengthened by a statewide referral resource system. Indicators will be: 1) an increased number of active lay leaders in the state; 2) an increased number of CDSMP course participants that meet or exceed the minimum number required for the grant (500); 3) the commitment of participants to a positive lifestyle change which will improve their quality of life; and 4) community-based networks working in unison to bring about the sustainability of the program within the state. Expected products include: progress reports and quarterly ARRA reporting.

**Program: Chronic Disease Self-Management Program – State Grants**

**Grant Number:** 90RA0005
**Project Title:** California's American Recovery and Reinvestment Act Chronic Disease Self Management Program Initiative
**Project Period:** 03/31/2010 – 03/31/2012

**Grantee:**
California Department of Aging
1300 National Drive, Suite 200
Sacramento, CA 95834

**Contact**
Janet Tedesco
Tel. No. (916) 928-4641
Email: jtedesco@aging.ca.gov

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $1,000,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,000,000 |

**Project Abstract:**

The California Department of Aging, is partnering with the state Departments of Public Health and Health Care Services to expand the availability of the Chronic Disease Self-Management Program (CDSMP). Through the State's leadership, local Area Agencies on Aging and health departments will coordinate program delivery with their designated lead community organizations. California's goal is to make the CDSMP available to at least 2,975 older adults during the next 24 months. The target population includes older adults who are low income, ethnically diverse, limited/non English speaking, Medi-Cal eligible, and/or older veterans. The objectives are to: 1) implement the CDSMP in 11 counties that are home to over 40% (2.6 million) of the state's older adult population; 2) provide technical assistance to these counties, as well as organizations in other areas of the state that conduct the CDSMP or the Diabetes or Arthritis Self Management Programs, in their implementation efforts; 3) monitor and evaluate the process and outcomes to ensure fidelity to the program model; 4) share resources, lessons learned and promising practices among the counties; and 5) disseminate findings to influence statewide program adoption. The expected outcomes are: 1) implement/expand the CDSMP's availability in some rural areas of the state while achieving deeper program penetration in more densely populated counties; 2) enhance the statewide infrastructures to adequately support program expansion into more geographic areas, while maintaining program fidelity to the original research and; 3) conduct outreach and enrollment activities to ensure that 4,500 older adults complete the CDSMP. The products are progress reports, quarterly ARRA reporting, website enhancements to a centralized workshop schedule database, publications, consumer outreach materials, and conference presentations.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0039
**Project Title:** Colorado American Recovery and Reinvestment Act Chronic Disease Self-Management
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Colorado Department of Public Health and Environment
Center for Healthy Living
4300 Cherry Creek Drive South
Denver, CO 80246

**Contact:**
Karen Deleeuw
Tel. (303) 692-2515
Email: karen.deleeuw@state.co.us

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $452,582 |
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| Total | $452,582 |

**Project Abstract:**

Since 2006, the Colorado Department of Public Health and Environment (CDPHE), the Colorado State Unit on Aging (SUA), and the Consortium for Older Adult Wellness (COAW) have worked in partnership to build infrastructure for community implementation of programs from the Stanford Chronic Disease Self-Management Program (CDSMP) series in Colorado. COAW, a private, non-profit organization, coordinates a statewide system of training, implementation, fidelity assurance and technical assistance. CDPHE and SUA build partnerships and develop resources to enhance the system and expand implementation. Through this grant, the partnership will extend the reach of the CDSMP series to an additional 700 Coloradans over two years. Four local lead agencies will participate to build sustainable capacity for class implementation through community-based organizations. These agencies include Area Agencies on Aging serving Weld County, the six-county San Luis Valley region, and the eight-county Denver Metro area, and the local health department in Larimer County. These regions cover 67 percent of the State's population, and reach low-income and racial and ethnic minority populations. CDPHE ensures compliance with AoA and Recovery Act reporting requirements, monitors grant activities, executes and monitors contracts, provides technical assistance to the state partnership and local lead agencies, coordinate the established CDSMP data system and leads an effort to establish health plan reimbursement. SUA oversees grant implementation, provides technical assistance to the state partnership and local lead agencies, and builds referrals to CDSMP classes through Colorado's Aging and Disability Resource Centers. The Colorado Department of Health Care Planning and Financing promotes CDSMP classes to the Medicaid population.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0007
**Project Title:** Connecticut Live Well/Chronic Disease Self-Management Statewide Project
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Connecticut Department of Social Services
25 Sigourney Street
Hartford, CT 06106

**Contact:**
Pamela Giannini
Tel. (860) 424-5277
Email: pamela.giannini@ct.gov

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $400,000 |
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| Total | $400,000 |

**Project Abstract:**

The Connecticut Department of Social Services/Aging Services Division will partner with the Department of Public Health to expand the existing Stanford Chronic Disease Self-Management Program (CDSMP) from the current geographic offerings into the Eastern, Western and Southwestern areas of the state. Our goal is to work with the Connecticut Area Agencies on Aging and link with community based organizations in these regions to empower older people to take more control over their health through lifestyle changes and chronic disease management. This project is part of the systems change to targeting the State's most vulnerable older adults including partnership with the State Medicaid Program and Medicaid Access Agencies as partners in a referral system as part of Connecticut's home and community based waiver program - CT Home Care Program for Elders (CT). Using our experiences and lessons learned from the current 2007 Administration on Aging Evidence-Based Program Grant, this project will address health disparities and build an infrastructure to support a sustainable program in the English and Spanish/ Tomando versions of the Chronic Disease Self-Management Program. Working with regional and community partners, and leveraging other public and private resources, the Social Services/Aging Services Division will provide 15 English language leader trainings and 3 Spanish/Tomando trainings to reach 500 seniors living with a chronic disease. The CT program will collect data on participant demographics and satisfaction as well as monitor fidelity and quality assurance and will convene an advisory board to review grant progress. The expected products include print and web-based procedure manuals and materials, consumer evaluation results, and a cadre of trained professional and lay persons.

**Program: Chronic Disease Self-Management Program – State Grants**

**Grant Number:** 90RA0040
**Project Title:** Delaware American Recovery and Reinvestment Act Chronic Disease Self-Management Program
**Project Period:** 03/31/2010 – 03/30/2012

**Grantee:**
Delaware Department of Health and Social Services
Dvision of Public Health
417 Federal St.
Dover, DE 19901

**Contact**
Don Post
Tel. No. (302) 744-1020
Email: donald.post@state.de.us

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $100,000 |

**Project Abstract:**

The goal of Delaware's two year project is to establish Stanford's Diabetes Self-Management Program (DSMP) in Delaware and to ultimately incorporate other evidence based programs, including the Chronic Disease Self-Management Program (CDSMP) and the Spanish version of the DSMP Tomando Control de su Diabetes. This grant will also provide the foundation to model and develop self-management programs addressing other specific chronic diseases. The objectives of this proposal include: 1) train 14 lay persons to receive their certificates as Lay Leaders; 2) train six of the Lay Leaders to become Master Trainers; 3) establish ten sites to conduct DSMP; 4) conduct ten DSMP six-week series workshops by year two; 5) have 139 older adult participants receive a certificate of completion for completing the diabetes module classes; and 6) obtain a license for the Delaware's Division of Public Health for at least one Stanford Self-Management Program model. The outcomes of this proposal include: 1) an increased knowledge in the target population regarding the importance of disease management and control; 2) an increase in their utilization of standard diabetes exams; 3) one-on-one consultations with high risk individuals regarding participation in DSMP; 4) reduced non-compliance with physician recommended diabetes self-management measures; and 5) reduced health disparities among high-risk populations. The products of this proposal include measures of Lay Leader and Master Trainer certification; measures of the number of DSMP workshops conducted and the number of participants; surveys of both presenter and content satisfaction; and a sustainability plan developed in conjunction with Delaware's Division of Public Health, Division of Aging and Older Adults with Physical Disabilities, and Medicaid.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0008
**Project Title:** District of Columbia American Recovery and Reinvestment Act Chronic Disease Self-Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
District of Columbia Office on Aging
441 4th Street NW #900 South
Washington, DC 20001

**Contact:**
Clarence Brown
Tel. (202) 724-4382
Email: clarence.brown@dc.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $50,000 |
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| Total | $50,000 |

**Project Abstract:**

The District of Columbia Office on Aging and the Aging and Disability Resource Center in collaboration with the Department of Health, Department of Health Care Finance, and community-based partners, will implement the Stanford University Diabetes Self-Management Program (DSMP) for older diabetics in the community. This project will learn how best to improve the self-care skills of District Medicare seniors with Type 2 diabetes by providing the DSMP to at least 104 participants at four of its senior Wellness Centers in four of the neediest Wards (4, 5, 7, and 8). The project objectives are: 1) to enhance participants' quality of life; 2) to reduce unnecessary hospitalizations and emergency visits; 3) to strengthen the District's capacity and commitment to implement, deliver, and sustain chronic disease self-management programs for all affected residents; 4) and to assure that the DSMP is delivered with fidelity and thereby to learn how results compare to those produced in Stanford's original research.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** **90RA0032**
**Project Title:** **Florida American Recovery and Reinvestment Act Chronic Disease Self-Management Program Project**
**Project Period:** **03/31/2010 - 03/30/2012**

**Grantee:**
Florida Department of Elder Affairs
4040 Esplanade Way
Tallahassee, FL 32399-7000

**Contact:**
Michele Mule
Tel. (850) 414-2000
Email: Mulem@elderaffairs.org

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $1,000,000 |
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| Total | $1,000,000 |

**Project Abstract:**

The Florida Department on Elder Affairs (FDOEA) will build a statewide program infrastructure for administration of a Chronic Disease Self-Management Program (CDSMP). The project goals are to enhance existing evidence-based programs, expand CDSMP efforts into new areas of the state, and target hard-to-serve populations such as limited-English speakers, low-income individuals, minorities, Medicaid eligible individuals and rural residents. These goals will be achieved through the following objectives: 1) include CDSMP under a Medicaid waiver; 2) recruit the efforts of the FDOEA Long-Term Care Community Diversion Pilot Project providers; 3) make CDSMP information available in Aging and Disability Resource Centers; 4) leverage FDOH grant funding to purchase three to four licenses for project lead agencies; and 5) increase the number of volunteer leaders in project Planning and Service Areas. The expected outcomes of the proposed project include: 1) increased self-efficacy in managing chronic conditions among adults age 60 and older; 2) increased availability of health services to minority, low-income, and rural individuals; and 3) a more efficient referral system for individuals to CDSMP. The products of the proposed project include monthly narrative reports submitted to FDOEA, excel spreadsheets and invoices to ensure compliance with the contract and program requirements, participant data for project evaluation, and a CDSMP lending library of Stanford course material.

**Program: Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** **90RA0045**
**Project Title:** **Chronic Disease Self-Management Program (CDSMP).**
**Project Period:** **03/31/2010 – 03/30/2011**

**Grantee:**
Georgia Department of Human Services
Division of Aging Services
Two Peachtree Street, NW, Suite 9-398
Atlanta, GA 30303

**Contact**
Jamie Cramer
Tel. No. (404) 429-5322
Email: jacramer@dhr.state.ga.us

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $905,164 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $905,164 |

**Project Abstract:**

The Georgia Department of Human Services (DHS) Division of Aging Services (DAS) and the Department of Community Health (includes Division of Public Health and the Medicaid Agency) will work with their regional and local partners to provide Chronic Disease Self-Management (CDSMP) and other Evidence-Based Prevention Programs (EBPP) to increase the quality of life for seniors with chronic diseases. Objectives: 1) create a plan to implement CDSMP in five geographic regions to reach 1358 older adults who complete the workshops; 2) train lead agency leaders to conduct CDSMP programs; 3) conduct 135 workshops in five regions, targeting older adults, especially underserved groups; 4) develop a quality assurance plan to ensure fidelity for EBPP; and 5) evaluate these programs for changes in behavior, health status, and health care utilization. The project will also develop and sustain an infrastructure of partnerships for integrating CDSMP and other evidence-based programs into public health and long-term care systems. Objectives: 1) develop a business plan for deploying and sustaining CDSMP programs; 2) re-establish Georgia Coalition for Healthy Aging (GCHA) to assist in strategic planning around the implementation of CDSMP and advocate for EBPP; 3) expand and support the role of AAAs in implementing EBPP; 4) provide leadership, consultation and on-going support to local partners. Participant outcomes are that the program participants: 1) will show increased self-confidence; 2) improved health status, and 3) increased self-management behaviors. System Outcomes will be: 1) an increase in the number of CDSMP programs in the state; and 2) reductions in health care utilization and costs. Products include health promotion materials; reports on project results reporting participant and system outcomes and demographics of program participants.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0009
**Project Title:** Hawaii's Healthy Aging Partnership Chronic Disease Self-Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Hawaii Executive Office On Aging
Department Of Health
No.1 Capitol District 250 S. Hotel Street, Suite 406
Honolulu, Hi 96813

**Contact:**
Nancy Moser
Tel. (808) 586-0100
Email: nancy.moser@doh.hawaii.gov

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

The Hawaii Executive Office on Aging (EOA) will continue to conduct the Chronic Disease Self-Management Program (CDSMP) in collaboration with the state Department of Health, Area Agencies on Aging, and community service providers. The goal is to empower older adults with chronic disease to maintain and improve their health using the Stanford University CDSMP, Arthritis Self-Management and Diabetes Self Management Programs and to make evidence-based health promotion readily available to all. The objectives are to: 1) extend the program's reach to additional communities that include older adults with low income, minorities and limited English speakers with chronic diseases; 2) establish referral linkages between Hawaii's Aging and Disability Resource Center (ADRC) and health clinics, physician practices, hospital discharge planners, and other community services providers; 3) recruit and train local community members to certify as Lay Leaders and deliver workshops with fidelity in their own communities; 4) provide CDSMP workshops to older adults; and 5) measure changes in participants' health status after they learn and use CDSMP skills. Expected outcomes are: 1) Hawaii's Aging Partnership (HAP) will expand to offer CDSMP workshops in 13 new communities; 2) referral linkages will be established with community health care providers ; 3) local Lay Leaders will be trained; 4) at least 532 older adults with chronic diseases will complete at least 4 out of 6 sessions in a CDSMP cycle; and 5) completers will demonstrate increases in self-rated health status, confidence in using self-management skills, and decreases in self-reported use of physician, hospital, and emergency room services.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0033
**Project Title:** Living Well in Idaho American Recovery and Reinvestment Act Program Expansion
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Idaho Department of Health and Welfare
450 W. State Street - 6th Floor
Boise, ID 83702

**Contact:**
Elke Shaw-Tulloch
Tel. (208) 334-5927
Email: shawe@dhw.idaho.gov

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

The Idaho Department of Health and Welfare (IDHW), in partnership with the Idaho Commission on Aging (ICOA), will expand Living Well in Idaho, Stanford University's Chronic Disease Self-Management Program (CDSMP), and introduce the Spanish CDSMP into two of Idaho's seven public health districts, Southwest District Health (Health District 3) and Central District Health (Health District 4). The project goal is to expand the CDSMP and implement Spanish CDSMP in two local public health districts, which include rural and resource-poor areas serving low-income, minority and limited English speaking older adults. It will build on an existing fall prevention program delivery infrastructure to create a sustainable program. The objectives are to: 1) contract with Health Districts 3 and 4 to lead local efforts to expand and implement the CDSMP and Spanish CDSMP; 2) guide Health Districts 3 and 4 to contract with three community-based human services organizations for a total of six organizations implementing CDSMP and Spanish CDSMP to their site and in other sites in their communities; 3) create a cadre of trained Master Trainers and lay leaders in service to each community-based human services organization; 4) ensure that each of the six community-based human services organizations conducts at least seven CDSMP workshops; 5) increase the capacity to serve at least 500 new CDSMP participants through the expanded workshops; 6) develop working partnerships with the Division of Medicaid, Southwest Idaho Area Agency on Aging (AAA), Aging and Disability Resource Connections (ADRC) to refer older adults to the Living Well in Idaho program; and 7) develop the capacity to sustain the program. Boise State University's Center for the Study of Aging will continue to serve as the external evaluation partner responsible for assuring that the programs are implemented with fidelity to the evidence-based models.

**Program: Chronic Disease Self-Management Program – State Grants**

**Grant Number:** **90RA0010**
**Project Title:** **Illinois Chronic Disease Self Management Project**
**Project Period:** **03/31/2010 – 03/31/2012**

**Grantee:**
Illinois Department of Public Health
Office of Health Promotion
535 West Jefferson St.
Springfield, IL 62761

**Contact**
Thomas J. Schafer
Tel. No. (217) 782-3300
Email: tom.schafer@illinois.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $1,000,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,000,000 |

**Project Abstract:**

The Illinois Department of Public Health, in partnership with the Illinois Department on Aging (IDoA), will work together to achieve the following goal: expand the Chronic Disease Self-Management Program (CDSMP) and the Diabetes Self-Management Program (DSMP) in English and Spanish for persons over age 60. This will be accomplished through community-level aging and public health service provider organizations, reaching at least 2,975 completers (of an estimated 5,143 participants). The objectives are: 1) to expand CDSMP and DSMP in three existing Planning and Service Areas (PSA) as defined by the Older Americans Act, and to begin implementation of CDSMP and DSMP in 10 additional Planning and Service Areas; 2) to strengthen and broaden the infrastructure and partnerships necessary to effectively embed and sustain these programs within statewide systems; 3) to evaluate the efforts of each evidence-based intervention to assure program fidelity and quality; and 4) to share subsequent results and findings. The outcomes of the proposed project include: 1) improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health; and 2) reduced health distress, fatigue, disability, and social/role activities limitations. The products of the proposed project include sustainability plans created by Area Agencies on Aging for their Planning and Service area, analyses of participant data and fidelity findings, records of Master Trainer and Lay Leader activity, and reports delivered by Planning and Service Area fidelity monitors.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0011
**Project Title:** Indiana American Recovery and Reinvestment Act Living a Healthy Life Partnership
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Indiana Family and Social Services Administration
402 W. Washington Street E442
Indianapolis, IN 46204

**Contact:**
Andrea Vermeulen
Tel. (317) 234-1749
Email: andrea.vermeulen@fssa.in.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $600,000 |
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| Total | $600,000 |

**Project Abstract:**

The Living a Healthy Life Partnership (Healthy Life Partnership) which includes the Indiana Division of Aging (DA), the Indiana State Department of Health (ISDH), the Indiana Office of Medicaid Policy and Planning (OMPP), local Area Agencies on Aging, local health departments (LHD), Indiana Minority Health Coalition (IMHC) and its local coalitions, physician groups, hospitals and other various community groups will with this grant ensure that the Stanford University Chronic Disease Self Management Program (CDSMP), currently provided by many of Indiana's Area Agencies on Aging (AAAs), will reach a broader population of older adults, including low-income, minority, and limited-English-speaking seniors. The partners will incorporate the existing CDSMP resources into a larger and stronger network to create a system for delivery of CDSMP statewide for older adults in Indiana resulting in a strong foundation built within local communities and supported by statewide agencies and resources that will sustain it beyond the end of this grant. Indiana will focus on the following objectives: 1) expand capacity to deliver evidence-based programs through the development of a statewide infrastructure, 2) develop a comprehensive method of quality assurance and fidelity, 3) promote evidence-based programs to older adults using the AAAs/Aging and Disability Resource Centers (ADRCs) as the catalyst for developing local level partnerships, and 4) target minority populations through non-traditional aging resources. Indiana will have each AAA/ADRC hire or designate a Health and Wellness Coordinator whose duties include but are not limited to training lay leaders, teaching workshops, performing fidelity reports, creating partnerships with other organizations, and compiling reports.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** **90RA0012**
**Project Title:** **Kansas Chronic Disease Self-Management Program**
**Project Period:** **03/31/2010 – 03/31/2012**

**Grantee:**
Kansas Department on Aging
503 S Kansas Ave.
Topeka, KS 66603

**Contact**
Joyce Smith
Tel. No. (785) 291-3356
Email: Joyce.Smith@aging.ks.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $400,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $400,000 |

**Project Abstract:**

The Kansas Department on Aging (KDOA) is working in collaboration with the KS Dept. of Health and Environment, Division of Health, to develop the Stanford University Chronic Disease Self-Management Program (CDSMP) and Spanish CDSMP Tomando Control de su Salud (Tomando) within the state's aging and public health networks. The goals of this proposed project are to build infrastructure for expanding state capacity to deliver the programs; to develop a management system at KDOA to implement and maintain the programs; and to develop a system to measure CDSMP and Tomando outcomes. The project objectives are: 1) to build capacity to administer the programs at the KDOA; 2) to develop CDSMP and Tomando sustainability plans; 3) to build capacity to implement the programs locally; 4) to ensure fidelity; and 5) to reach at least 500 adults age 60 and older. The expected outcomes include: 1) improvements in exercise cognitive symptom management, communication with physicians, self-reported general health; and reductions in health distress, fatigue, disability, and social/role activities limitations. The products of this project include marketing materials to be supplied to Lay Leaders, participant and leader training evaluation forms, and a sustainability plan developed through policy initiatives.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0013
**Project Title:** Kentucky's American Recovery and Reinvestment Act Chronic Disease Self Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Kentucky Cabinet for Health and Family Services
Aging and Independent Living
275 East Main Street, 3E-E
Frankfort , KY 40621

**Contact:**
Carla Crane
Tel. (502) 564-6930
Email: carla.crane@ky.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $600,000 |
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| Total | $600,000 |

**Project Abstract:**

Kentucky will strengthen both state and community-level partnerships between the Department for Aging and Independent Living (DAIL), Department for Medicaid Services (DMS), and Department for Public Health (DPH) to employ the systematic offering of the Chronic Disease Self-Management Program (CDSMP) across the State. At the state level, Departments will collaborate and uniformly communicate project goals with parallel community agencies. At the community level, the employment of CDSMP will be initiated within five of the fifteen (15) regional Area Agencies on Aging and Independent Living (AAAIL). Participating AAAIL regions include the most densely populated areas within the state: Bluegrass (Lexington) and KIPDA (Louisville), in addition to, Northern Kentucky (adjacent to Cincinnati, Ohio), Green River (Owensboro) and FIVCO (Ashland). Each AAAIL will strengthen their community relationships, including key partnerships, as demonstrated within their corresponding sub-work plans. In the first year activities will be concentrated in the participating five regions of the state but by the end of the grant all fifteen AAAILs will have a minimum of two master level trainers to facilitate statewide implementation of CDSMP. It is anticipated that 1,000 participants will complete the CDSMP course. Project objectives are: 1) strengthen collaboration between DAIL, DMS and DPH; 2) seek T-Trainer authorization for a minimum of four individuals; 3) market program statewide; 4) coordinate data collection and reporting; and, 5) evaluate implementation, fidelity, and certification authorization.

**Program: Chronic Disease Self-Management Program – State Grants**

**Grant Number:** 90RA0014
**Project Title:** Stanford Chronic Disease Self-Management Program in Louisiana
**Project Period:** 03/31/2010 – 03/30/2012

**Grantee:**
Louisiana Governor's Office of Elderly Affairs
525 Florida Blvd.
Baton Rouge, LA 70801

**Contact**
Matt W. Estade
Tel. No. (225) 342-3570
Email: mwestrade@goea.la.gov

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $400,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $400,000 |

**Project Abstract:**

The Louisiana Governor's Office of Elderly Affairs (GOEA), in partnership with several state agencies is proposing to implement the Stanford Chronic Disease Self-Management Program (CDSMP). Major partner agencies include the Department of Health and Hospitals' Chronic Disease Prevention and Control Unit (CDPCU) which is in the Bureau of Primary and Rural Health, Office of Aging and Adult Services (OAAS). Other partners include the University of Louisiana Monroe (ULM), Louisiana State University Health Sciences Center (LSUHSC), the State Medicaid agency, and AARP. The goal of the project is to provide the CDSMP to older adults over age 60 through the Louisiana Aging Network. The objectives of the project are to: 1) deliver the Stanford curriculum to 500 older adults who complete the program; 2) create infrastructure and partnerships necessary to embed this health education program for older adults within statewide delivery systems for health and long term care; and 3) evaluate program effectiveness at the participant level, partner level, and state level. The expected outcomes of the project are: 1) the potential for improving the quality of life for seniors; 2) improved health status; 3) change in behavioral risk factors; 4) reduction of the use and cost of health care over time; and 5) at the state level, integration of CDSMP into the larger scope of existing prevention programs to creation of a sustainable infrastructure for its delivery. The four products from this project are a final report, including client-tracking and program evaluation; results of monitoring program fidelity; publications and presentations at conferences; educational opportunities for health care providers and aging professionals in academic settings; and an infrastructure for communication between program developers and practitioners in public health and aging.

**Grant Number:** 90RA0015
**Project Title:** Maine Statewide American Recovery and Reinvestment Act Chronic Disease Self-Management Program Dissemination
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Maine Department of Human Services
Office of Elder Services
11 State House Station 32 Blossom Drive
Augusta, ME 04333-0011

**Contact:**
Kathleen M. Poulin
Tel. (207) 287-9206
Email: kathy.poulin@maine.gov

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

Maine's Office of Elder Services and Maine's Center for Disease Control and Prevention are collaborating with MaineHealth, District Health Offices, area agencies on aging, Division of Employee Health and Benefits, Medicaid Office and community based human services organizations to expand access and enhance sustainability of the Chronic Disease Self-Management Program (CDSMP) for older adults. This grant will expand Maine's capacity to deliver CDSMP statewide, maintain fidelity to the model, strengthen the physician practice based model, and develop an employer based model with State employees and retirees. Objectives are: 1) to increase access for 400 older adults; 2) to increase the number of volunteer leaders and master trainers; 3) to increase participation of state employees and consumers in practice based models; 4) to maintain fidelity, evaluate and monitor impact on health, and 5) strengthen collaboration between AAAs and public health and sustainability of the program. Emphasis will be on new and strengthened partnerships with primary care and patient centered medical home pilot sites and the state employee/retiree health program. Quality assurance and fidelity are achieved though Stanford University's model of master trainers training and supervising lay leaders, regular quality assurance program site visits, a completed fidelity checklist for each CDSMP class, and program fidelity data collected as part of the program evaluation. MaineHealth's Center for Quality and Safety will conduct the data analysis and provide semi-annual outcome reports.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** **90RA0047**
**Project Title:** **Maryland American Recovery and Reinvestment Act Chronic Disease Self-Management Program**
**Project Period:** **03/31/2010 - 03/30/2012**

**Grantee:**
Maryland Department of Aging
301 West Preston St. 15th Floor
Baltimore, MD 21201

**Contact:**
Donna Smith
Tel. (443) 473-9228
Email: dms@ooa.state.md.us

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $600,000 |
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| Total | $600,000 |

**Project Abstract:**

Health Promotion is a vital component of the Maryland Department of Aging's (MDOA) vision of assisting older Marylanders to age in place with dignity, opportunity, choice and independence. Enhancing the quality of health education and physical fitness is a primary goal of MDOA. As the population ages and medical expenses grow more costly, it is important for state and local officials to implement evidence-based (EB) prevention programs such as Chronic Disease Self Management Program (CDMSP) to help reduce the cost of chronic conditions and help patients improve the quality of their lives. Using this new approach, this project will expand coverage of the program to new geographic areas (Anne Arundel, Garrett and Alleghany counties) and add the Stanford Diabetes model to the current program offered. Project goals include 1) providing the CDSMP to approximately 1,700 new seniors across the state, 2) targeting low-income, minority and limited-English speaking persons over age 60 years, 3) implementing an effective delivery system for evidence-based health promotion programs while ensuring optimum fidelity, quality assurance levels and 4) expanding and strengthening our key partnerships. Maryland will bring CDSMP to the grant target population by training a diverse cadre of master trainers and providing employment for evidenced-based health program coordinators. Forming unique partnerships at the state and local levels with a new focus on the Stanford CDSMP Diabetes model will demonstrate an effective delivery infrastructure and have a real impact on the health status of seniors across the state.

**Program: Chronic Disease Self-Management Program – State Grants**

**Grant Number:** **90RA0034**
**Project Title:** **Massachusetts Chronic Disease Self Management Program**
**Project Period:** **03/31/2010 – 03/30/2012**

**Grantee:**
Masschusetts Executive Office of Elderly Affairs
1 Ashburton Place
Boston, MA 02108

**Contact**
Adam Frank
Tel. No. (617) 727-9368
Email: adam.frank@state.ma.us

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $1,141,783 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,141,783 |

**Project Abstract:**

The Massachusetts Executive Office of Elder Affairs (Elder Affairs), in partnership with the Massachusetts Department of Public Health (MDPH), seeks to implement the Massachusetts Chronic Disease Self-Management Program (CDSMP Project) to strengthen and sustain the statewide infrastructure to deliver CDSMP to older adults in Massachusetts. The project will include community-based collaborative networks led by Elder Services of the Merrimack Valley (ESMV) to implement the Stanford CDSMP and Tomando Control de su Salud (Tomando). The goal of the project is to establish a sustainable system to ensure statewide access for older adults to participate in quality Chronic Disease Self-Management Programs. The approach is to build community-based collaborative networks to deliver CDSMP and an infrastructure to ensure quality and fidelity. The objectives are: 1) to expand the infrastructure to support the statewide delivery of CDSMP; 2) to reach at least 1,713 older adults to participate in CDMSP or Tomando, and for these participants to report improved health; and 3) to improve sustainability of the statewide infrastructure for the delivery of CDSMP throughout the aging, public health, and health care networks. The expected outcomes are: 1) to have: CDSMP as an integral part of the health and long-term supports systems; 2) two regions of the state sponsor CDSMP networks; and 3) 1,713 older adults, including low income, minority and limited English speaking seniors benefit from participation in CDSMP. The CDSMP Project products are a quality assurance program; memoranda of understanding and contracts with public and private sector organizations; quarterly reports; evaluation results; website; articles for publication; and data on group leaders and participants.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0046
**Project Title:** Follow the PATH: Older Michiganians taking Personal Action Toward Health
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Michigan Department of Community Health
Office of Services to the Aging
329 S. Walnut
Lansing, MI 48913

**Contact:**
Sherri King
Tel. (517) 373-4064
Email: kings1@michigan.gov

AoA Project Officer: Sharon Skowronski

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $1,106,479 |
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| Total | $1,106,479 |

**Project Abstract:**

The Michigan Office of Services to the Aging (OSA), the Medical Services Administration (Medicaid) (MSA) and the Michigan Department of Community Health's Division of Chronic Disease and Injury Control (DCDIC) are partnering to strengthen and enhance the existing statewide Michigan Partners on the PATH (MIPATH) infrastructure by improving the logistical and operational functionality of local and regional coalitions to facilitate the integration and embedding of evidence based disease prevention programming into the local aging and public health networks. This will be done through: 1) recruiting new statewide partners, including Aging and Disability Resource Center (ADRC) representation, medical schools/health care provider networks, and representatives from the disability networks; 2) designating AAAs as the local lead agencies and having them work with either their Planning and Service Area (PSA) based coalition or the a larger MIPATH Regional Coalition to develop a business plan, market and recruit older adults who are in the target group; and fund workshops within their PSA regions; 3) creating a statewide communications network that will get information about CDSMP to older adults and those that work with them; 4) creating a system to monitor fidelity; and 5) to research and develop sustainable funding streams. The expected outcomes of this project include 10 recruiting 3,380 older adults to attend CDSMP workshops throughout the state; 2) recruiting graduates of the programs to become leaders; and 3) creating a logistical system on a local level to maintain workshop offerings on a regular basis. Workshops will be given in sufficient numbers so participants will not have to travel more than 30 minutes to attend a workshop.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0016
**Project Title:** Minnesota's Chronic Disease Self-Management Program
**Project Period:** 03/31/2010 – 03/31/2012

**Grantee:**
Minnesota Department of Human Services
Aging and Adult Services
540 Cedar St.
P.O. Box 64976
St. Paul, MN 55164-0976

**Contact**
Kari Benson
Tel. No. (651) 431-2566
Email: kari.benson@state.mn.us

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $600,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $600,000 |

AoA Project Officer: Shannon Skrowonski

**Project Abstract:**

The goal of the Minnesota Board on Aging and Minnesota Department of Health is to work with public and private partners at the state and community levels to build a sustainable statewide infrastructure to deliver the Stanford Chronic Disease Self-Management Program (CDSMP). Over the last several years, Minnesota has built a strong foundation to deliver evidence-based health promotion, falls prevention and chronic disease self-management programs. Though limited in geographic scope and participant reach, this infrastructure has proven successful in delivering these programs. The objectives of this initiative are to: 1) expand the availability of CDSMP statewide; 2) increase the reach of CDSMP statewide; 3) refine and expand the fidelity monitoring and quality assurance systems statewide; 4) build regional coordination infrastructure to support statewide delivery of CDSMP; and 5) build state, regional and local public-private coalitions to ensure long-term sustainability of CDSMP. The outcomes that are expected from the proposed initiative include: 1) at least 800 participants having completed at least four workshop sessions by March 2012; 2) a significant proportion of CDSMP participants low-income; 3) most participants being age 60 and older; 4) an increase in participants of non-white populations, 5) and positive reports of the course and of self-reported health by participants. The products of this initiative include participant and program data, narrative reports of progress, financial reports, workshop evaluation surveys, and webinars produced collaboratively by local agencies and CDSMP host organizations.

**Program: Chronic Disease Self-Management Program – State Grants**

**Grant Number:** **90RA0035**
**Project Title:** **Mississippi Chronic Disease Self-Management Program**
**Project Period:** **03/31/2010 – 03/30/2012**

**Grantee:**
Mississippi Department of Human Services
Division of Aging and Adult Services
750 North State St.
Jackson, MS 39202

**Contact**
Danny George
Tel. No. (601) 359-4925
Email: danny.george@mdhs.ms.gov

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $400,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $400,000 |

**Project Abstract:**

The Mississippi Department of Human Services, the Division of Aging and Adult Services, in collaboration with the Mississippi Department of Health, the Mississippi Area Agencies on Aging, the Mississippi Division of Medicaid and Valley Services, Inc., will implement the Stanford Chronic Disease Self-Management Program (CDSMP) and the Stanford Diabetes Self-Management Program (DSMP) to face the challenge of increasing demands for social, health, and long-term care services for the over 60 population in Mississippi. The goal is to provide the six-week course to an estimated 500 seniors sixty years or older and slow the increasing rate of morbidities and moralities associated with chronic disease in Mississippi. The objectives of the project include: 1) collaborating with key partners to develop strong local community partnerships; 2) assisting in establishing memoranda of understanding with strategic partners; 3) supporting regular data analysis; 4) collaborating on strategies to report progress to key stakeholders, 5) collaborating on strategies to integrate CDSMP into the routine workflow of local programs; 6) educating program participants about the personal risk factors associated with chronic disease; 7) identifying pre-post instruments to measure levels of participant knowledge; 8) integrating feedback tools; and 9) increasing health lifestyle skills in participants that will assist them in managing their chronic conditions. The anticipated outcomes of the project include: 1) participants' improved self-management of their health through learning to set attainable goals; 2) increased ease in daily activities; 3) increased communication with their health care providers; 4) enhanced health status; 5) better healthcare system utilization; and 6) increased self-efficacy. The products of this intervention will include a final report containing a blueprint for replication of the project along with significant results and findings; surveys, questionnaires, and interviews of staff and participants.

**Grant Number:** 90RA0017
**Project Title:** Improvement in Self-Management of Chronic Diseases Among Older Adults
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Missouri Department of Health and Senior Services
PO Box 570 920 Wildwood Drive
Jefferson City, MO 65102

**Contact:**
Brad Hall
Tel. (573) 522-2806
Email: brad.hall@dhss.mo.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $632,864 |
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| Total | $632,864 |

**Project Abstract:**

The Missouri Department of Health and Senior Services (DHSS), which includes the state unit on aging and the public health department, will collaborate with the state Medicaid program, and Missouri HealthNet, to support the implementation of the Stanford Chronic Disease Self-Management Program (CDSMP) in Missouri communities. This grant will build on public, private and community collaborations and partnerships achieved previously in a successful implementation of CDSMP. Area Agencies on Aging, local public health agencies and regional arthritis centers will collaborate locally to implement the Stanford program. (DHSS) will work with state agencies and key stakeholders groups to expand Missouri's capacity to deliver the Stanford CDSMP including arrangements for training CDSMP trainers and leaders, collaborations to schedule and conduct the CDSMP courses at various locations and times that are convenient for the public, and routinely collect and report data. Project objectives are: 1) to increase the number of Stanford CDSMP programs in 30 communities; 2) assist 925 older Missourians to complete the program; and 3) increase the number of state and local partners that implement the CDSMP or refer their clients to the programs.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** **90RA0018**
**Project Title:** **Nebraska American Recovery and Reinvestment Act Living Well Program**
**Project Period:** **03/31/2010 - 03/30/2012**

**Grantee:**
Nebraska Department of Health and Human Services
301 Centennial Mall So., P.O. Box 95026
Lincoln, NE 68509-5026

**Contact:**
Jamie Hahn
Tel. (402) 471-3493
Email: jamie.hahn@nebraska.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

The Nebraska Department of Health and Human Services will strengthen the state and local capacity to coordinate, deliver, and sustain its Living Well program statewide. Living Well is a Chronic Disease Self-Management Program (CDSMP) which enables older adults with chronic conditions to improve the quality of their lives while living independently. This will be accomplished through the: 1) development of a statewide and local infrastructure and delivery system for the Living Well Program; 2) creation of a network of Living Well English and Spanish Leaders statewide; 3) enhancing the relationship between the state's Area Agencies on Aging and local public health departments; and 4) enhancing the relationship between the Nebraska Department of Health and Human Services State Unit on Aging, Medicare Agency, and Division of Public Health, Community Health Section programs. The Nebraska Living Well Program will strive to provide the Living Well program to a minimum of 400 older adults (60+), of which 75 will represent minority populations and 125 will represent low income individuals. We will utilize the partner networks of the Area Agencies on Aging, local public health departments, various programs within the Nebraska Department of Health and Human Services' Division of Public Health, Community Health Section, and other community-based service organizations to recruit leaders and participants to the Living Well workshops. We will also work with our Medicare certified rural health clinics, the federally qualified health centers, and Indian Health Services to make the Living Well program available to their patients.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0042
**Project Title:** Nevada American Recovery and Reinvestment Act Chronic Disease Self Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Nevada Department of Health and Human Services
Aging and Disability Services Division
3416 Goni Rd., Suite 132
Carson City, NV 89706

**Contact:**
Jeff Doucet
Tel. (702) 486-3545
Email: jsdoucet@adsd.nv.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

The Nevada Chronic Disease Self Management Program (CDSMP) will develop the capacity of the state and its communities to systematically deliver evidence-based prevention programs that address chronic conditions and other health risks among seniors, to help them maintain and improve their health status and independence. The goal of the Nevada CDSMP project is to improve the health of older adults in Nevada who have chronic conditions, so that they may achieve the best quality of life while maintaining their independence. Objectives include: 1) strengthening and significantly expanding existing capacity to deliver CDSMP and other evidence-based programs statewide; 2) developing and maintaining a community-based collaborative network to support a statewide distribution system for Nevada to deliver CDSMP at the local level; 3) developing and maintaining a quality assurance component, to ensure the proper replication and fidelity of the Stanford CDSMP; and 4) embedding the aforementioned into the State of Nevada's system to provide community-based services and supports to older adults. The Nevada Aging and Disability Services Division (ADSD) will serve as the lead agency for the project and will work closely with the Nevada State Health Division (HD) and the Nevada Medicaid Agency to provide project management, monitoring, evaluation and continuous quality improvement. Local partners are the Southern Nevada Health District and the Washoe County Health District Clark and Washoe Counties. Community partners will include the St. Rose Dominican Hospitals (SRDH) in Clark County and Saint Mary's Regional Medical Center (SMRMC) to deliver the Stanford CDSMP to 300 Nevadans, with special emphasis on reaching underserved populations such as low income Hispanic and African Americans in their respective communities.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0019
**Project Title:** New Hampshire American Recovery and Reinvestment Act Chronic Disease Self-Management Project
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
New Hampshire Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301-6504

**Contact:**
Kathleen Berman
Tel. (603) 271-5172
Email: kberman@dhhs.state.nh.us

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

The gap between current and ideal availability of Chronic Disease Self Management (CDSM) programs in New Hampshire (NH) is substantial and the population that could benefit from CDSM is significant. Current capacity to deliver CDSM in NH is limited but could increase rapidly based on foundation-building that the NH Department of Health and Human Services (NH DHHS) has undertaken during the last several years. Both the NH DHHS Bureau of the New Hampshire (NH) Elderly and Adult Services (BEAS) and Bureau of Prevention Services (BPS) will support a coordinated plan to deliver CDSM programs to elderly and vulnerable populations in all NH counties. The partners will establish an Action Learning Collaborative, which will use outcomes and cost/benefit data from the project to influence policy and systems change. Collaboration began in 2006 when BEAS implemented a Senior Wellness Initiative in New Hampshire senior centers and BPS established a cross-agency Vulnerable Populations Work Group with BEAS involvement. The BPS Asthma and Diabetes Programs have since sponsored initial Stanford Chronic Disease Self-Management Program (SCDSMP) Master Training. The partners' goal from the outset of this effort has been to develop CDSMP capacity statewide which can be created with NH's small size and well-integrated system of an existing network of senior service agencies affiliated with BEAS, including the NH Association of Senior Centers, ServiceLink Aging and Disability Resource Center (ADRC) sites, congregate meal sites and senior housing sites offering CDSMP workshops. The proposed project will also engage in its network Community Health Centers and primary care practices for referrals to CDSMP.

**Program: Chronic Disease Self-Management Program – State Grants**

**Grant Number:** 90RA0020
**Project Title:** Integrating the Chronic Disease Self-Management Program into New Jersey's Community-Based Long-Term Care System
**Project Period:** 03/31/2010 – 03/30/2012

**Grantee:**
New Jersey Department of Health and Senior Services
240 W. State St.
P.O. Box 360
Trenton, NJ 08608 - 1002

**Contact**
Geraldine MacKenzie
Tel. No. (609) 943-3499
Email: geraldine.mackenzie@doh.state.nj.us

AoA Project Officer: Shannon Skowronski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $974,835 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $974,835 |

**Project Abstract:**

The New Jersey Department of Health and Senior Services' goal is to integrate the Chronic Disease Self-Management Program (CDSMP) as a key component of the State's community-based long-term care system. Over the past three years, DHSS and its state-level and community partners have established a strong platform for the delivery of CDSMP and other evidence-based programs (EBPs). The objectives are to: 1) increase access to CDSMP and the Diabetes Self-Management Program (DSMP) throughout the state with a focus on reaching minorities, individuals who speak limited English, and those with low incomes; 2) develop an infrastructure to support sustained referral to and delivery of CDSMP and DSMP; and 3) enhance program administration by formalizing partnerships, ensuring program fidelity, strengthening data collection and evaluation, and developing a statewide sustainability plan. Models for program delivery/referral will be implemented in multiple service networks including the Aging and Disability Resource Center, primary care and chronic disease programs. Agencies/associations able to deliver large numbers of workshops and oversee peer leaders will be nurtured, including those that can do so in languages other than English. Expected outcomes include: 1) a minimum of 1,462 workshop completers; 2) 45% of participants will be minorities, 25% low-income, and 25% will be limited English-speaking; 3) Improvements in self-reported health status and number of poor health days of participants; 4) Improvements in health outcomes related to routine diabetes checks (A1c levels, foot checks, and eye checks). Products will include documentation of staff and participant strengths and weaknesses, materials assessing the success of CDSMP integration, and a sustainability plan for CDSMP and other EBPs.

**Grant Number:** 90RA0036
**Project Title:** Expansion of New Mexico's Arthritis Program Using Stanfords Chronic Disease Self-Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
New Mexico Department of Health
5301 Central Ave NE Suite 800
Albuquerque, NM 87108

**Contact:**
David Vigil
Tel. (505) 841-5836
Email: david.vigil1@state.nm.us

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $252,583 |
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| Total | $252,583 |

**Project Abstract:**

The New Mexico (NM) Department of Health (DOH) Chronic Disease Prevention and Control Bureau's (CDPCB) Arthritis Program will serve as the lead agency in delivering Stanford University's Chronic Disease Self-Management Program (CDSMP) in partnership with State, regional and local organizations. The purpose of this 24-month project is to build on and expand the Arthritis Program's current efforts in delivering CDSMP in New Mexico. The goal is to enable CDSMP participants to build the self-confidence to assume a major role in maintaining their health as well as managing their chronic health condition(s). The Arthritis Program will work closely with the New Mexico Aging and Long Term Services Department (ALTSD) through development, strategic planning and implementation of the CDSMP. The Southern Area Health Education Center (SoAHEC), Montañas del Norte Area Health Education Center (MdN AHEC), and the City of Albuquerque, Department of Senior Affairs (COA DSA) will serve as the key system partners for the delivery of the CDSMP in targeted communities. New Mexico plans to reach at least 500 older adults statewide with the CDSMP. System partners will focus on low income, minority and limited English-speaking older adults (ages 60 and older). To achieve these outcomes, programmatic efforts will be focused on aligning partners to maximize not only resources, but expertise. Partners will support CDSMP delivery by leveraging partnerships, creating credibility, and using various communication strategies.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0021
**Project Title:** New York State American Recovery and Reinvestment Act Chronic Disease Self Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
New York State Office for the Aging
2 Empire State Plaza
Albany, NY 12223-1251

**Contact:**
Marcus Harazin
Tel. (518) 473-5705
Email: marcus.harazin@ofa.state.ny.us

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $1,190,610 |
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| Total | $1,190,610 |

**Project Abstract:**

The New York Office for the Aging and its partners will establish regional delivery collaboratives forming a network to share resources, manage local recruitment, marketing, delivery, treatment fidelity and sustainable delivery of the Chronic Disease Self-Management Program (CDSMP). Project goals are to: 1) Serve 5,000 community-living older adults with chronic diseases; 2) engage providers already delivering CDSMP in a statewide system; and 3) build a regional infrastructure to offer and sustain high quality delivery of CDSMP and other evidence-based health programs. Objectives are to: 1) build six CDSMP regional local delivery collaboratives that include aging service providers, physicians, other health care providers, NY Connects (NY's ADRC), and non-traditional partners; 2) train 80 master trainers and 300 peer leaders; 3) serve 5,000 residents of NYS aged 60+, yielding 3,700 completers of CDSMP including 800 Latino and English as a Second Language completers of Tomando Control and the Diabetes Self-Management Program; and 4) develop state and regional business plans for sustaining CDSMP. Features include referrals by physicians, health networks and NY Connects; reimbursement through Older Americans Act, Medical Home, Medicaid and private insurance funding and local agencies leveraging new and existing capacity expanding access; and fidelity and quality assurance led by statewide T-trainers building towards regionally-based efforts.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** **90RA0041**
**Project Title:** **ARRA Chronic Disease Self-Management Program**
**Project Period:** **03/31/2010 – 03/31/2012**

**Grantee:**
North Carolina Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2001

**Contact**
Audrey Edmisten
Tel. No. (919) 733-8390
Email: audrey.edmisten@dhhs.nc.gov

AoA Project Officer: Shannon Skrowonski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $1,006,537 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,006,537 |

**Project Abstract:**

The purpose of this grant is to implement Stanford University's Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) through a partnership between the North Carolina Division of Aging and Adult Services (DAAS) and the Division of Public Health (DPH). The state's goal is to adapt CDSMP to a smaller scale, making it accessible to seniors throughout the state in 17 Area Agency on Aging (AAAs) regions, and will expand the DSMP to ten AAA regions, where over 50% of the State's older adults reside. Our objectives are to: 1) reach a total of 2,995 participants in CDSMP and/or DSMP, and target low-income, minority, and/or rural older adults; 2) work with at least three diverse implementation settings in each of the seventeen AAA regions to deliver the programs; 3) assure that all sites will deliver the program components as intended ¿ taking steps to ensure fidelity and quality; 4) track processes at the state and regional levels; 5) expand the statewide infrastructure, utilizing AAAs as hubs of regional activities supporting ongoing sustainability and quality assurance; and 6) establish regional committees of diverse and dedicated stakeholders to help shape and support the program implementation. The expected outcomes include: 1) improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health; 2) reduction in health distress, fatigue, disability, and social/role activities limitations. Products will include: a corps of CDSMP and DSMP Master Trainers and Lay Leaders, data collection forms, fidelity monitoring tools and training, a CDSMP Business Plan, and a statewide marketing campaign.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0022
**Project Title:** Ohio's Chronic Disease Self-Management Program/ Diabetes Self-Management Program Statewide Expansion Initiative
**Project Period:** 03/31/2010 – 03/31/2012

**Grantee:**
Ohio Department on Aging
50 W. Broad Street 9th Floor
Columbus, OH 43215-3363

**Contact**
Marc Molea
Tel. No. (614) 752-9167
Email: mmolea@age.state.oh.us

AoA Project Officer: Shannon Skrowonski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $1,000,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,000,000 |

**Project Abstract:**

The Ohio Department of Aging (ODA), in cooperation with the Ohio Department of Health's Office of Healthy Ohio (ODH), area agencies in aging (AAAs), and local partners (county/municipal health departments and community-based human services organizations), propose the goal of making the Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) workshops available to older Ohioans and their caregivers on a statewide basis. This need for statewide expansion is supported by a high prevalence of chronic disease in Ohio; limited coverage and availability of current CDSMP/DSMP initiatives; and limited funds to implement evidence-based disease prevention (EBDP) programs. To support statewide expansion, ODA and ODH have set the following objectives: 1) develop a statewide training and quality/fidelity control infrastructure; 2) expand the availability of CDSMP and make DSMP available by funding AAAs/local partners to conduct CDSMP and DSMP workshops; 3) identify and fund new partners and pathways to support involvement of additional organizations that will target hard to serve populations and health disparities; 4) implement strategies to sustain and support the continued availability of CDSMP and DSMP; and 5) provide continued support to CDSMP/DSMP participants after they have completed workshops. Outcomes will include: 1) 2 new T-trainers, 20 new Master Trainers and 170 Lay Leaders; 2) 2,975 workshop graduates; 3) introduction of CDSMP into Cleveland and Cincinnati; 4) higher number of low-income and minority individuals participating in CDSMP/DSMP; and 5) expanded outreach to Medicaid eligible individuals, individuals with mental illness, caregivers, and veterans. Products will include an inventory of currently available master trainers and lay leaders, a revised participant survey form to include necessary data elements, and a database at ODA to track and monitor human capital.

**Grant Number:** 90RA0023
**Project Title:** The Living Longer, Living Stronger Project: Oklahoma's Self Management Expansion
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Oklahoma Department of Human Services
2401 NW 23rd Street, Suite 40
Oklahoma City, OK 73107

**Contact:**
Zachary Root
Tel. (405) 522-3121
Email: zachary.root@okdhs.org

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $400,000 |
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| Total | $400,000 |

**Project Abstract:**

The Oklahoma Department of Human Services Aging Services Division (OKDHS ASD), in partnership with the Oklahoma State Department of Health (OSDH), the Oklahoma Health Care Authority (OHCA), the Oklahoma Department of Corrections (ODOC) Area Agencies on Aging, local county health departments, and the Choctaw Nation of Oklahoma, will expand implementation of the Chronic Disease Self Management Program (CDSMP) and build upon our evidence-based intervention list with the introduction of the Diabetes Self Management Program (DSMP) into Oklahoma. OKDHS ASD, OSDH and the Choctaw Nation will take the lead in coordinating state efforts with lead local community organizations. The goal is to increase the quality of life and decrease the complications of chronic disease of Oklahomans over 60 years old by implementing CDSMP and DSMP. Objectives are to: 1) develop and sustain quality implementation of two evidence-based disease prevention programs for persons over 60; 2) improve collaboration among health, public health, and aging services network agencies; and 3) evaluate the program, document activities, and disseminate the results. Outcomes are: 1) to provide evidence-based disease prevention programs to 700 persons over 60; and 2) sustain the program once federal funding ends. Participants will report: 1) improvements in self-rated health (15%); 2) decreased health distress (40%); 3) increased stretching and strengthening exercise (40%); 4) decreased use of medical services (5%); 5) increased use of pain-management techniques (50%); 6) program satisfaction (90%); 7) increased energy levels (40%); and 8) increased endurance in exercise (25%). This project will produce a final report; marketing materials; articles for publication; participant data; models for urban, rural and tribal regions; and presentations for national conferences.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0001
**Project Title:** Oregon American Recovery and Reinvestment Act Chronic Disease Self-Management Program Project
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Oregon Department of Human Services
Seniors and People with Disabilities
676 Church Street
Salem, OR 97301

**Contact:**
Elaine Young
Tel. (503) 373-1726
Email: elaine.young@state.or.us

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $478,873 |
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| Total | $478,873 |

**Project Abstract:**

The Oregon Department of Human Services (DHS) State Unit on Aging will support the health and independence of the state's aging population by reaching older adults with sustainable, quality chronic disease self-management programs. At least 800 older adults age 60 and older will complete Stanford's Chronic Disease Self-Management Program (called Living Well with Chronic Conditions in Oregon) or Tomando Control de su Salud (Tomando) program, and DHS will increase capacity to sustain quality self-management programs through systems of regional coordination and fidelity monitoring, identification of sustainable funding sources, and expanded reimbursement options. DHS will partner with two Area Agencies on Aging with histories of collaboration with local health departments and community organizations that serve older adults to provide Living Well/Tomando programs. Within DHS, the State Unit on Aging and Public Health Division will collaborate to support statewide training and technical assistance to continue to develop statewide capacity to offer programs. DHS will work with the two areas and the Division of Medical Assistance Programs to develop systems for regional sustainability. Project objectives are: 1) between March 31, 2010 and March 30, 2012, 800 older adults will have completed a Living Well or Tomando program; 2) by March 30, 2012, ensure that low income, rural, Latino, and Native American older adults have access to Living Well/Tomando programs, and that at least 10% of participants are Latino or Native American older adults; 3) by March 30, 2012, develop regional infrastructure in two areas of the state to provide coordinated, quality Living Well/Tomando programs that reach older adults; 4) by March 30, 2012, develop systems to support sustainability of Living Well/Tomando programs.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0024
**Project Title:** Deploying Evidence-Based Chronic Disease Self-Management Programs (CDSMP) That Empower Older Adults
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Pennsylvania Department of Aging
555 Walnut Street 5th FL
Harrisburg, PA 17101-1925

**Contact:**
Jack Hillyard
Tel. (717) 425-5716
Email: jhillyard@state.pa.us

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $1,000,000 |
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| Total | $1,000,000 |

**Project Abstract:**

The Pennsylvania Departments of Aging and Health will implement and expand the delivery of the Stanford University Chronic Disease Self-Management Program to empower older Pennsylvanians with chronic diseases to maintain and improve their health status. Four Area Agencies on Aging, Allegheny County Area Agency on Aging; Berks County Office on Aging; Cambria County Area Agency on Aging; and Philadelphia Corporation for Aging, will be local lead agencies to administer the program. They were selected by using a combination of the following community factors: 1) a high prevalence of chronic diseases in the Commonwealth; 2) economic distress; and 3) demographic density of low-income, minority and limited English speaking older adults. This effort builds a foundation of community-level partner networks involving our respective aging and public health affiliates and offers an opportunity for local, state and federal agencies to meaningfully strengthen cross-departmental healthcare-related efforts. The overall goal is to improve the ability of 3,309 older adults to maintain their health and manage their chronic health conditions. Activity is targeted to low-income, minority and limited English-speaking older adult populations. The project objectives are to: 1) document the impact of CDSMP on participant health behavior, disability and role functioning and self-reported health care; 2) identify state and local program integration strategies to ensure sustainability; and 3) demonstrate a replicable model of collaboration among area agencies on aging, local health departments, community service providers and health care organizations.

**Grant Number:** 90RA0025
**Project Title:** Puerto Rico Chronic Disease Self-Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Puerto Rico Department of Health
PO Box 70184
San Juan, PR 00936-8184

**Contact:**
Abraham Rivera
Tel. (787) 977-2156
Email: abrahamrivera@salud.gov.pr

AoA Project Officer: Shannon Skowronski

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $400,000 |
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| Total | $400,000 |

**Project Abstract:**

The Puerto Rico Department of Public health (DOH) will implement the Stanford University evidence-based Chronic Disease Self Management Program (CDSMP) to empower older people with chronic diseases in Puerto Rico to maintain and improve their health status and help maintain their independence in the community and reduce health care costs. The DOH and the Office of the Ombudsman for the Elderly (OOE) will support the project goal of implementing an evidence based PRCDSMP for the population 60 years and older with chronic conditions by providing self management skills to maintain healthy and active lifestyles. The expected outcomes for the Puerto Rico CDSMP are that adults 60 years or older who participate and complete the program will report having better strategies for coping with their chronic conditions, specifically: 1) improvements in self rated health; 2) decrease in health distress; 3) increase exercise; and 4) decrease in self reported hospitalizations and in self reported health care utilization. The program will serve a minimum of 500 hundred older adults with chronic conditions using a team of trainers certified by Stanford University to implement the program in each health region considering chronic disease prevalence. Partnerships with public, private and community organizations will provide technical assistance, collect data, implement an evaluation plan and fulfill reporting requirements. The CDSMP will coordinate with Aging Resource Centers, healthcare providers, health insurance agencies, the Puerto Rico Health Services Administration, Chronic Disease Division, Healthy Communities, Health Promotion and Education Programs and others, to identify and refer potential participants. The trainers and leaders to be certified include health educators, social workers, nurses, community outreach workers and chronic disease patients willing to be trained and implement the program in their community. An awareness plan and collaboration agreements will be completed to assure CDSMP continuance.

**Grant Number:** 90RA0026
**Project Title:** Living Well Rhode Island: A Model to Improve Chronic Disease Self-Management in Seniors
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Rhode Island Department of Health
3 Capitol Hill, Room 409
Providence, RI 02908

**Contact:**
Ana Novais
Tel. (401) 222-5117
Email: Ana.Novais@health.ri.gov

AoA Project Officer: Sharon Skowronski

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

Rhode Island (RI) proposes to expand and strengthen its existing capacity to deliver Chronic Disease Self-Management Programs (CDSMP) among seniors. RI's two current CDSMP programs are the Stanford Chronic Disease Self Management Program and Tomando Control de su Diabetes. Living Well Rhode Island: A Model to Improve Chronic Disease Self-Management in Seniors, will expand the delivery infrastructure for these two programs, by working with senior centers in Providence County which has the largest population of residents 60 and over of which the minority population is approximately 10,372. This represents an estimated 8.5 percent of the county's total population of 124,635 seniors. At least 65% of these seniors have a risk factor for or diagnosed chronic disease. The RI Department of Health will serve as the lead agency for this application and will continue its strong collaboration with the RI Department of Elderly Affairs, and the Medicaid Office of the Department of Human Services to improve and sustain CDSMP. An integral collaboration will be established with RI's statewide Aging and Disability Resource Center. Currently, RI has 29 Master Trainers of which 26 are bi-lingual and 116 Leaders, of which 39 are bilingual. This work force is guided and governed by an 18 member Steering Committee and four Task Groups (Policy, Recruitment, Assessment and Fidelity), which meets quarterly, and a 142 member Coalition, which meets bi-annually, and provides updates, shares best practices, and discusses barriers and solutions. Through this grant, RI will: 1) provide CDSMP to a minimum of 500 Providence County seniors, focusing on low-income, minority, and limited English speaking seniors; and 2) strengthen the existing CDSMP infrastructure to provide evidenced-based prevention programs for seniors so that programs can be sustained post-funding.

**Program: Chronic Disease Self-Management Program – State Grants**

**Grant Number:** **90RA0044**
**Project Title:** **Expansion of Chronic Disease Self-Management Program in South Carolina**
**Project Period:** **03/31/2010 – 03/30/2012**

**Grantee:**
South Carolina Lieutenant Governor's Office on Aging
Division of Aging Services
1301 Gervais Street, Suite 200
Columbia, SC 29209

**Contact**
Denise W. Rivers
Tel. No. (803) 734-9939
Email: riversd@aging.sc.gov

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $750,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $750.000 |

**Project Abstract:**

The Lieutenant Governor's Office on Aging (LGOA), in partnership with the South Carolina Department of Health and Environmental Control (DHEC), will implement both a Chronic Disease Self-Management Program (CDSMP) and the Arthritis Foundation Self-Help Program, targeting persons 60 and older and younger persons with disabilities, especially vulnerable and underserved populations. The goal of this project is to reduce the burden and impact of chronic disease in South Carolina and to improve the quality and years of life of older adults. The objectives of this project are to: 1) increase access to and use of CDSMP and the Arthritis Foundation Self-Help Program; 2) developing an integrated statewide infrastructure to support their quality and expansion; 3) implement the two programs in three new, underserved geographic regions; 4) expand the programs in the original three Administration on Aging grantee regions; 5) to strengthen the statewide infrastructure for all evidence based programs; 6) increase the collaboration between state and local partners to effectively expand and evaluate the two programs; 7) to solidify and broaden system-level and infrastructure changes initiated through other projects; and 8) to further collaborative efforts already underway with community and faith-based partners. Expected outcomes are: 1) to reduce the burden and impact of chronic disease in South Carolina; and 2) improve the quality and years of life for older adults and individuals with disabilities in South Carolina. Products will include evaluations of program reach, number of completers, demographics, quality (fidelity), and participant satisfaction; quarterly, semi-annual, and annual reports; and written processes for EBP dissemination at state and region level.

**Grant Number:** 90RA0027
**Project Title:** Chronic Disease Self-Management Programs
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Tennessee Commission on Aging and Disability
500 Deaderick Street, 8th Floor, Suite 825
Nashville, TN 37243

**Contact:**
Cynthia G. Minnick
Tel. (615) 741-2056
Email: cynthia.minnick@tn.gov

AoA Project Officer: Sharon Skowronski

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $800,000 |
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| Total | $800,000 |

**Project Abstract:**

The Tennessee Commission on Aging and Disability (TCAD) will partner with State, Regional, and local partners to achieve the goal of implementing and sustaining the Stanford Chronic Disease Self-Management Program (CDSMP) and enhancing the Arthritis Self-Help Program (ASHP) to reach a minimum of 1,200 older Tennesseans. The objectives are to: 1) implement and manage the CDSMP in 6 regions; 2) enhance ASHP by training additional leaders and providing the program to rural counties not currently being served; 3) build capacity by developing a cadre of leaders to provide and maintain the self-management programs; 4) make CDSMP more accessible to an increased number of older adults; 5) embed the programs through the infrastructure and delivery systems currently in place; and 6) empower older adults with chronic disease to maintain a healthy lifestyle through self-management and to avoid placement in nursing home facilities as a direct result of chronic disease through participation in the CDSMP/ASHP. TCAD's partners for this project are the Tennessee Department of Health, the Department of Finance and Administration, Bureau of TennCare, Arthritis Foundation of Tennessee, University of Tennessee Extension, and the Area Agencies on Aging and Disability in Greater Nashville, East Tennessee, First Tennessee, Southeast Tennessee, and Northwest Tennessee and Meritan in Memphis. Coordinators will conduct outreach and recruit potential participants, program leaders will be identified and trained, and courses will be delivered. Quality assurance activities use the RE-AIM (Reach, Efficacy/Effectiveness, Adoption, Implementation, Maintenance) framework and the implementation components to ensure fidelity of implementation.

**Grant Number:** **90RA0037**
**Project Title:** **Texas Healthy Lifestyles 2010-12**
**Project Period:** **03/31/2010 - 03/30/2012**

**Grantee:**
Texas Department of Aging and Disability Services
Access and Intake
701 West 51st Street
Austin, TX 78751-2312

**Contact:**
Christy Fair
Tel. (512) 438-5471
Email: christy.fair@dads.state.tx.us

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $1,000,000 |
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| Total | $1,000,000 |

**Project Abstract:**

Texas Healthy Lifestyles 2010-12 (TXHL) will dramatically increase the capacity of Texas state and local partnerships to deliver Chronic Disease Self-Management Programs (CDSMP) and Diabetes Self-Management Programs (DSMP) as well as explore the creation of long-term, system-level infrastructure changes to improve the delivery of information and training to Texans living with chronic disease. The project will involve a partnership including the Department of Aging and Disability Services (DADS), the Department of State Health Services (DSHS), the Health and Human Services Commission (HHSC), HHSC' s Office of Border Affairs, and a coalition of area agencies on aging (AAAs), encompassing 67 counties. HHSC will work to identify and engage through its Texas Health Management Program (HMP) chronically ill Medicaid clients. DADS and HHSC, in conjunction with the State's HMP contractor, will work to minimize Medicaid expenses for delivering CDSMP/DSMP to dual eligible clients with chronic disease and explore the feasibility of offering CDSMP/DSMP as a Medicaid benefit. Local partners chosen through a competitive process have committed to delivering CDSMP and DSMP in both English and Spanish to 4,098 individuals, including those from major metropolitan areas, rural East Texas and two tribal entities. The projected number of course completers is 2,975. Partners have committed to creating local partnerships and developing funding options to sustain its projects beyond the initial two-year period including at least a ten percent match in cash or in-kind services to this initial funding. A Texas A&M School of Rural Public Health evaluation team will assist the state in the development of a standardized evaluation protocol, training with the state and participating sites, data analysis, report writing, and feedback to key stakeholders.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0038
**Project Title:** Development and Expansion of the Chronic Disease Self-Management Program Infrastructure in Utah
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Utah Department of Health
PO Box 142001
288 North 1460 West
Salt Lake City, UT 84114-2001

**Contact:**
Nathan L. Peterson
Tel. (801) 538-9458
Email: nathanpeterson@utah.gov

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $298,660 |
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| Total | $298,660 |

**Project Abstract:**

The project goal is to increase participation in Chronic Disease Self-Management Programs (CDSMP) in Utah by developing and expanding the current infrastructure through the development of partnerships with area agencies on aging, local health departments and community-based organizations serving older adults to create a statewide distribution system to systematically deliver CDSMP interventions to senior citizens. Objectives include: 1) program completion from 1,200 older adults with chronic conditions through this AoA grant and an additional 800 through support of the Centers for Disease Control and Prevention (CDC) who participate in approved English and Spanish CDSMP models; 2) developing and expanding partnerships with six Area Agencies on Aging (AAA) and local public health networks; 3) increasing the number of trained leaders and master trainers; 4) addressing the special needs of seniors; and 5) developing a sustainable plan for systems-based CDSMP delivery. As a state currently funded by the CDC Arthritis Program, the approach will be to maintain program fidelity while significantly increasing the number of systems delivering CDSMP interventions. Partnerships within systems in areas of the state with greatest need and potential for reach the expansion of programs in Salt Lake County, which covers approximately 40% of adults over 60, and the Davis County and Mountainland AAA systems. New partnerships will includes the Southwest Utah region, which has an estimated reach of 15% of the Utah population over 60; the Tooele County AAA to address the needs of a large county in northwest Utah; and the Central Utah Health District, to achieve statewide distribution. It is expected that the new infrastructure can reach 95% of Utah seniors.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** **90RA0029**
**Project Title:** **Vermont Chronic Disease Self-management Program Collaborative**
**Project Period:** **03/31/2010 - 03/30/2012**

**Grantee:**
Vermont Department of Health
108 Cherry Street, Box 70
Burlington, VT 05402

**Contact:**
Robin Edelman
Tel. (802) 863-7208
Email: Robin.Edelman@ahs.state.vt.us

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

The goal of Vermont's program is to build the local infrastructure to implement evidence-based chronic disease programs to reduce the health and economic burden of chronic disease through the Stanford Chronic Disease and Diabetes Self-management programs. The Vermont Department of Health (VDH), in collaboration with the Department Disabilities, Aging and Independent Living (DAIL), Area Agencies on Aging (AAAs), and the hospitals statewide strive achieve this goal through the following objectives: 1) recruit 140 older adults and adults with disabilities to complete the program; 2) formalize the partnerships between the institutions such as local VDH District Offices, AAAs, and Vermont hospitals; and 3) ensure program fidelity through measures such as refresher trainings and program evaluations. The expected outcomes include: 1) improved self-confidence, 2) decreased emergency room utilization and lower number of avoidable hospitalizations among program completers; 3) implement program at senior meal sites and housing sites; and 4) increased collaboration with Medicaid case managers to identify and refer patients to the program.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0043
**Project Title:** Chronic Disease Self-Management Program/Diabetes Self-Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Virginia Department for the Aging
Department for the Aging
1610 Forest Avenue, Suite 100
Richmond, VA 23229

**Contact:**
Katie M. Roeper
Tel. (804) 662-7047
Email: katie.roeper@vda.virginia.gov

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $1,046,084 |
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| Total | $1,046,084 |

**Project Abstract:**

The Virginia Department for the Aging (VDA), in partnership with the Virginia Department of Health (VDH) and the Department of Medical Assistance Services (DMAS), proposes to build on the Commonwealth's current Stanford Chronic Disease Self-Management Program (CESMP) and Diabetes Self Management Program (DSMP) initiative "You Can! Live Well Virginia!" These programs will be administered for older adults with chronic diseases through nine Area Agencies on Aging (AAAs) and ten Health Districts (to include 35 local health departments) and serve 49 cities and counties, reaching over 52% of the Commonwealth's over 60 population. The project will assist older adults in managing their illnesses to improve their health status, increase quality of life, and prolong independence and ensure a sustainable delivery system for evidence-based programs is embedded into Virginia's network of community-based supports for seniors. Expected outcomes include: 1) 2,136 individuals completing a CDSMP or DSMP; 2) 23 additional certified Master Trainers; 3) a minimum of 182 new trained Leaders; 4) a strengthened state and local infrastructure delivering evidence-based prevention programs; and 5) resource leverage and integration with current evidence-based prevention and aging services initiatives. VDA and VDH will provide technical assistance to community projects, coordinate and host Master Trainings, track outcomes, and lead sustainability planning. DMAS will administer communications with appropriate Medicaid waiver beneficiaries and foster partnerships with appropriate medical, insurance, and corporate entities. AAAs will provide community-wide coordination, program administration and lead community teams.

**Program: Chronic Disease Self-Management Program State Grants**

**Grant Number:** 90RA0030
**Project Title:** Washington State Communities Putting Prevention to Work:Chronic Disease Self Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Washington Department of Social and Health Services
Aging and Disability Services Administration
PO Box 45600 640 Woodland Square Loop SE
Olympia, WA 98504-5600

**Contact:**
Marietta Bobba
Tel. (360) 725-2618
Email: bobbam@dshs.wa.gov

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $652,582 |
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| Total | $652,582 |

**Project Abstract:**

The Department of Social and Health Services (DSHS) in partnership with the Department of Health (DOH) will offer the Stanford University Chronic Disease Self Management Program (CDSMP) and Tomando Control de su Salud through four Area Agencies on Aging, as lead local organizations. The project will strengthen and significantly impact existing capacity to deliver CDSMP in Washington, reaching 2000 older adults (age 55 and older) yielding 1200 course completers through a network of master trainers, lay leaders and partnerships with public/private organizations. This goal will exceed the targeted minimum CDSMP course completers required for Washington by 33%. Older adults with access barriers, such as language (Spanish, Korean, Vietnamese), culture (Tribes, immigrant/refugees) geographic remoteness or living in low income senior housing, will be targeted for inclusion in the workshops. This project will provide a foundation for development of a statewide dissemination and distribution infrastructure for CDSMP. Existing quality assurance methods will be implemented for continuous quality improvement including quarterly web based meetings and master trainer oversight to ensure fidelity. Multiple existing and new community level collaborations will serve as vehicles to form new partnerships for sustainability. This will be accomplished through local and state advisory workgroups, enhanced website development, statewide conferences, master trainer classes and feasibility studies to assist with dissemination methodology to expand reach. DSHS/ADSA will work with DSHS/Health and Recovery Services Administration (HRSA) to expand reimbursement for CDSMP to all adults with chronic conditions covered by the State Medicaid Plan.

**Grant Number:** 90RA0031
**Project Title:** West Virginia Chronic Disease Self Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
West Virginia Department of Health and Human Resources
State Capitol Complex, Building 3, Room 206
Charleston, WV 25305

**Contact:**
Joe Barker
Tel. (304) 558-9103
Email: joseph.l.barker@wv.gov

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $400,000 |
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| Total | $400,000 |

**Project Abstract:**

The Bureau of Public Health (BPH) will partner with the Bureau of Senior Services (BoSS), Bureau for Medical Services (BMS), West Virginia University Center on Aging's Rural Healthy Aging Research Network (WVU RHAN), Marshall University Center for Rural Health (MU), and the Partnership of African American Churches (PAAC) to develop a network to disseminate the Chronic Disease Self Management Program (CDMSP). This collaboration will address these objectives: 1) disseminate CDSMP/DSMP in all four AAA (Area Agency on Aging) regions in collaboration with Senior Citizen Centers, Aging and Disability Resource Centers (ADRCs), Federally Qualified Health Clinics (FQHCs), local health departments, and PAAC, to target 800 participants, including at least 80 African-Americans; 2) build the capacity in 30 organizations to implement CDSMP/DSMP through training 16 new master trainers and 32 new CDSMP/DSMP Course Leaders; 3) develop the capacity in organizations that serve minority populations by training at least 16 African-Americans; and 4) sustain the dissemination of CDSMP/DSMP by equipping two staff members in the BPH and three staff members in BoSS to provide leadership for supporting these programs throughout the state. The BPH in close partnership with BoSS will lead this statewide effort with guidance by a Steering Committee to explore collaborative sustainability options. CDSMP will be offered at five venues across the state including Senior Centers, ADRCs, FQHCs, local health departments, and the 22 churches members of PAAC. Further sustainability planning will be sought using West Virginia University School of Social Work and the West Virginia University Extension Service Community Outreach Education Service volunteers. MU will coordinate training efforts of Master Trainers, and Lay Leaders and provide yearly skill building seminars. WVU RHAN will serve as the project evaluator.

**Grant Number:** 90RA0028
**Project Title:** Wisconsin Chronic Disease Self Management Program
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
Wisconsin Department of Health Services
1 W. Wilson Street P.O. Box 7850
Madison, WI 53707-7850

**Contact:**
Gail Schwersenska
Tel. (608) 266-7803
Email: gail.schwersenska@wisconsin.gov

AoA Project Officer: Priti Shaw

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $810,328 |
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| Total | $810,328 |

**Project Abstract:**

Under this grant, Wisconsin will complete statewide expansion of the Stanford Chronic Disease Self-Management Program (CDSMP) utilizing the existing aging and public health networks and in partnership with private health systems and health maintenance organizations. Special attention will be given to reaching Wisconsin's Latino population by expanding Tomando Control de su Salud (Tomando), the Spanish version of CDSMP in Milwaukee and training leaders in two other Hispanic communities in Wisconsin. Using trained Native American master trainers, CDSMP will be expanded to at least five (5) of the 11 federally recognized tribes. In total an estimated 1,600 individuals will participate in CDSMP workshops over the next two years. On the state level, the aging and public health partnership forged in other grants will continue and the Division of Health Care Access and Accountability (DHCAA), the Medicaid agency will join the partnership to provide access and outreach to both the community-dwelling older Medicaid population and its extensive provider network. This grant will provide funding for two new staff positions at the Wisconsin Institute for Healthy Aging (WIHA). These positions will be vital to establishing a permanent, sustainable home for evidence-based prevention programs. The WIHA will serve as a vital link to assuring the quality and fidelity by leading and coordinating the monitoring activities of these programs at the state, regional and local level. As part of the effort to maintain quality and fidelity, a consultant with experience in curriculum development utilizing the principles of adult learning will be engaged to assist in designing a leader refresher course based on the key elements of the Chronic Disease Self-Management Program.

## Chronic Disease Self Management Assistance Programs

## National Resource Center

The Administration on Aging solicited applications in FY2010 for support of a National Resource Center to provide technical assistance and evaluation support for AoA and the new State Chronic Disease Self-Management Program (CDSMP) project recipients. The Center is expected to document the extent to which CDSMPs are being implemented with fidelity to their original research design and to strengthen the capacity of states and communities to sustain CDSMPs after their grant period.

**Program: Chronic Disease Self-Management Program National Center**

**Grant Number:** 90RC0042
**Project Title:** Communities Putting Prevention to Work Chronic Disease Self-Management Program National Resource Center
**Project Period:** 03/31/2010 - 03/30/2012

**Grantee:**
National Council on Aging, Inc
1901 L Street, NW – 4thFloor
Washington, DC 20036

**Contact:**
Wendy Zenker
Tel. (202) 479-6618
Email: Wendy.Zenker@ncoa.org

AoA Project Officer: Jane Tilly

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $2,837,500 |
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| Total | $2,837,500 |

**Project Abstract:**
The National Council on Aging (NCOA) will serve as the National Resource Center for the 45 states, DC and Puerto Rico that received grants to promote wellness by deploying evidence-based, chronic disease self-management programs (CDSMP) targeted at older adults with chronic conditions. The Center's goal is to work collaboratively with the Administration on Aging (AoA), the 47 states and territories funded by the Recovery Act, the aging services network and other stakeholders to develop the infrastructure, systems and support to sustain and expand CDSMP and other evidence-based programs. The objectives of the Center are to: 1) provide resources and tools that will assist states in meeting their goals; 2) develop and implement data collection systems to facilitate reporting; 3) assess and evaluate state performance in order to identify opportunities to improve performance; 4) document the extent to which CDSMPs are being implemented with fidelity to the original research design; 5) strengthen the capacity of states and communities to sustain CDSMPs after the grant period ends; and 6) conduct a national study of participant outcomes. Project outcomes include: 1) state's achievement of agreed upon goals to conduct programs that will result in over 50,000 participants attending and completing four out of six CDSMP workshops; and 2) integration of evidence-based and CDSMP programs into the state delivery and distribution system for services to older adults. The Center will also work to advance CDSMP national scaling though collaboration with other federal agencies, national organizations and stakeholders. The Center will produce materials to assist state grantees in achieving their goals, make these materials widely available through webinars, technical assistance calls, site visits, and a website; develop and implement a data management system to facilitate reporting, and issue a final report on the national study.

## Community Living Program

AoA launched the Community Living Program (CLP) in the fall of 2007 which is designed to assist individuals who are at risk of nursing home placement and spend down to Medicaid to enable them to continue to live in their communities. The CLP grants are administered through the State Units on Aging (SUAs), in partnership with Area Agencies on Aging (AAAs) and in collaboration with community service providers, and other key long-term care stakeholders. Grants to SUAs encourage the Aging Services Network to modernize and transform the funding they receive under the Older Americans Act, or other non-Medicaid sources, into flexible, consumer-directed service dollars. It complements the Centers for Medicare and Medicaid Services (CMS) "Money Follows the Person Initiative" by strengthening the capacity of states to reach older adults before they enter a nursing home and spend down to Medicaid. It also supports states' long-term care rebalancing efforts. Since 2008 AoA has worked closely with the Veterans Health Administration to provide an additional opportunity to State Units on Aging (SUAs) and Area Agencies on Aging (AAAs) to serve veterans of all ages at risk of nursing home placement.

For additional information about the CLP program go to the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/NHD/index.aspx

## Community Living Program – State Projects

AoA launched the Community Living Program (CLP) initiative in the fall of 2007. In FY2007, FY2008, and FY2009, AoA issued awards to12, 14 and16 states respectively to initiate new projects or maintain and expand a state's current projects. In all, 28 states have received CLP grants. The total of federal and non-federal funds dedicated to the CLP program in FY2009 was almost $12 million, with a cumulative total for all 3 years of $36 million. With the implementation of the 2009 CLP grants, there are more than 120 CLP program sites nationally. In FY2010, continuation grants were awarded to the 16 FY2009 grantees.

**Grant Number:** **90CD1199**
**Project Title:** **Alabama's Community Living Program**
**Project Period:** **09/30/2009 – 09/29/2011**

**Grantee:**
Alabama Department of Senior Services
770 Washington Avenue, Suite 470 P.O. Box 301851
Montgomery, AL 36130-1851

**Contact:**
Julie Miller
Tel. (334) 353-9285
Email: julie.miller@adss.alabama.gov

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $409,664 |
| FY2009 | $304,020 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $713,684 |

**Project Abstract:**

The Alabama Dept. of Senior Services (ADSS) in Partnership with South Alabama Regional Planning Commission (SARPC) with other stakeholders have as a project goal to implement program and infrastructure changes in methods which SUAs and AAAs use to serve and manage persons at high risk of Medicaid spend down and nursing home placement that improve quality for individuals and help transform Alabama's long- term care system. Objectives: 1) establish a fully functioning aging and disability resource center in SARPC; 2) identify individuals at high risk of nursing home placement and Medicaid spend down; 3) develop formal policies for "Prioritization" as a method to provide a sustainable community living program in Alabama and utilize the DON assessment to target individuals at greatest risk; 4) provide a mix of flexible person-centered services with a cash and counseling model based on assessed needs and preferences; 5) utilize 20% of grant funds and Title III funds providing person-centered services to a minimum of 50 individuals during the 24 month project; 6) ADSS will provide direction and oversight for the infrastructure development of brokerage and fee-for-service case management, cost sharing, and private pay resources; 7) ADSS will develop protocol and guidelines to apply for Veteran's Department Home and Community-Based Services program for SARPC. Outcomes: 1) infrastructure supporting consumer directed programs; 2) strengthened capacity providing streamlined information and long-term care counseling; 3) clients served based on greatest need and risk of spend down and nursing home placement.

**Grant Number:** **90CD1197**
**Project Title:** **Florida Community Living Program Pilot Project**
**Project Period:** **09/30/2009 – 09/29/2011**

**Grantee:**
Florida Department of Elder Affairs
4040 Esplanade Way, Suite 315
Tallahassee, FL 32399

**Contact:**
Jay Breeze
Tel. No. (850) 414-2338
Email: Breezej@elderaffairs.org

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $389,961 |
| FY2009 | $575,469 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $965,430 |

**Project Abstract:**

The Florida Department of Elder Affairs (FDOEA) Community Living Program (CLP) project targets elders at high risk for nursing home placement and spend down to Medicaid. The project operates in Broward, Marion and Miami-Dade counties in concert with the Planning and Service Area (PSA) 10 Aging and Disability Resource Center (ADRC), and PSAs 3 and 11 Aging Resource Centers (ARCs), respectively. The goal of the project is to build on the current CLP Project and expand innovative service delivery options in the areas served by the existing ADRC/ARCs. This expansion will increase the capacity of the aging services network and minimize the number of elders placed in nursing homes, readmitted to hospitals, or spending down to Medicaid. Project objectives include: 1) creating a self-sustaining administrative structure by developing a financial management system that supports consumer directed care (CDC) as a long-term alternative to traditional home and community-based services (HCBS); 2) identifying individuals not eligible for Medicaid but at high risk for nursing home placement and spend down to Medicaid utilizing and enhancing existing ADRC/ARC methods to improve targeting effectiveness in diverting clients; 3) strengthening the aging network's capacity to track client outcomes and document effectiveness of the program; and 4) rapidly authorizing and providing services by creating new and flexible service options using existing funding streams. The CLP project will emphasize greater flexibility in the use of state program funding; rapid authorization of services that offer a consumer-direction option; and responsiveness to the unique and changing needs of the target population, independent of funding sources.

**Grant Number:** 90CD1201
**Project Title:** Expansion of Georgia's Community Living Program to the Northwest Georgia Planning and Service Area
**Project Period:** 09/30/2009 – 09/29/2011

**Grantee:**
Georgia Department of Human Services
Division of Aging, 9th Floor
2 Peachtree St., NW
Atlanta, GA 30303

**Contact:**
Kim Grier
Tel. (404) 520-2101
Email: kagrier@dhr.ga.gov

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $454,611 |
| FY2009 | $505,080 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $959,691 |

**Project Abstract:**

Georgia's Department of Human Services, Division of Aging Services will implement this Community Living Program Project with the Northwest Georgia Area Agency on Aging (NWGA AAA) in the fifteen-county Northwest Georgia region. The goal of the project, Georgia's Consumer Support Options (CSO), is to support the rebalancing of Georgia's long-term care system. The objectives are: 1) to divert persons at risk of nursing home placement and Medicaid spend down; 2) to use established targeting criteria (established during the previous grant cycle) for the intake and screening process through the single-entry point Gateway system 3) to initiate the modernization of the Northwest Region's aging services network by reallocating Title III and other non-Medicaid funds to support flexible spending pools; 4) to implement the DAS consumer-directed model of care, allowing consumers to tailor services to their individual needs; 5) to develop and maintain a Fiscal Management Service at the NWGA AAA; and 6) work with the Atlanta Veteran's Administration Medical Center to provide the Veterans Directed Home and Community Based Service (VDHCBS) program, and, to implement the TCARE protocol of caregiver assessment for the VDHCBS caregivers. Anticipated outcomes are: 1) a significant number of individuals at risk for nursing home placement, but not Medicaid eligible, will delay or avoid nursing home admission: and 2) veterans will have the opportunity to enroll in a self-directed care program. The deliverables are a Flexible Spending Fund Pool to support CSO, a Fiscal Management Service Operations Manual, the implementation of a VDHCBS program option, 4) marketing and promotional materials, and interim and final reports.

**Grant Number:** **90CD1207**
**Project Title:** **Hawaii's Community Living Project**
**Project Period:** **09/30/2009 – 09/29/2011**

**Grantee:**
Hawaii Executive Office on Aging
250 South Hotel Street, Suite 406
Honolulu, HI 96813

**Contact:**
Nancy Moser
Tel. (808) 586-0185
Email: nancy.moser@doh.hawaii.gov

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $504,270 |
| FY2009 | $446,610 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $950,880 |

**Project Abstract:**

The Hawaii Executive Office on Aging (EOA), which operates the Hawaii Aging and Disability Resource Center (ADRC), is conducting the Community Living Program (CLP) in collaboration with the Department of Human Services (the state Medicaid agency), State Council on Developmental Disabilities, Disability Communication Access Board, Area Agencies on Aging, and community service providers. The goal is to assist individuals who are not Medicaid eligible, but at imminent risk of nursing home placement, to remain in the community, avoiding institutionalization and spend-down to Medicaid. The objectives include: 1) identifying at-risk individuals through ADRC and link them to home and community-based services (HCBS), including consumer directed options, to retain them in community living; 2) coordinate ADRC's intake and assessment protocol with Medicaid level-of-care and eligibility tools; 3) identify those at risk of nursing home placement and not Medicaid eligible by adding CLP data elements to ADRC assessment protocols; using Financial Management Services to activate the option for consumer direction; and, 4) to serve at least 90 individuals. Expected outcomes after two years include: 1) 80 individuals will avoid institutionalization and spend down to Medicaid; 2) ADRC sites will use a common intake form to assess individuals for service needs; and, 3) individuals who need support to remain living in the community have the option to elect consumer-directed services.

**Grant Number:** 90CD1200
**Project Title:** Building a Community Living Program for the State of Indiana
**Project Period:** 09/30/2009 – 09/29/2011

**Grantee:**
Indiana Family and Social Services Administration
Division of Aging
402 W. Washington St.
Indianapolis, IN 46204

**Contact:**
Andrea Vermeulin
Tel. (317) 234-6572
Email: andrea.vermeulen@fssa.in.gov

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $382,739 |
| FY2009 | $582,913 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $965,652 |

**Project Abstract:**

The Indiana Family and Social Services Administration (FSSA) is collaborating with the state's Area Agencies on Aging (AAAs) to develop a Community Living Program (CLP). The project goals are to establish mechanisms to ensure that individuals at greatest risk of nursing facility (NF) placement and Medicaid spend down receive services, and to build infrastructure necessary to support the growth of person-centered (PC) and participant-directed (PD) supports. The objectives include: 1) pilot and validate a research-based, objective, and standardized approach to targeting non-Medicaid funded home and community-based services (HCBS) to individuals most at risk of entering a NF and spending down to Medicaid eligibility;; 2) incorporate a PC approach into CLP operations; develop a data-driven quality management system for the CLP; 3) increase the flexibility of PD options; and 4) develop infrastructure that will provide counseling to accompany the PD services offered under the CLP. Outcomes include: 1) a successful pilot of the MDS-HC' 2) the adoption of targeting criteria and policies for assigning priority access to high-risk individuals; 3) a standardized approach for triaging assessments; 4) a process that results in 100% of the participants in the pilot sites having a PC experience when applying for and receiving services from the CLP; 5) identification of performance indicators (PIs); 6) new and modified data collection instruments and protocols, management reports, and remediation policies and procedures; 7) support delivery infrastructure that allows individuals to pay for items and a plan for expanding PD to other funding streams; a participant manual, forms and other tools, Care Coordinator training, and 8) a mentoring program that serves at least 10 individuals.

**Grant Number:** **90CD1205**
**Project Title:** **Maine's Community Living Program**
**Project Period:** **09/30/2009 – 09/29/2011**

**Grantee:**
Maine Department of Health and Human Services
Office of Elder Services
32 Blossom Lane
11 State House Station
Augusta, ME 04333-0011

**Contact:**
Romain Turyn
Tel. (207) 287-9214
Email: Romaine.Turyn@maine.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $347,484 |
| FY2009 | $293,329 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $640,813 |

AoA Project Officer: Linda J. Velgouse

**Project Abstract:**

The goals of Maine's Community Living Program are to: strengthen the capacity of Maine's Aging Network to target individuals not eligible for Medicaid who are at highest risk of nursing home or residential care placement and spend-down; improve access to flexible and consumer-directed services for participants within 12 months. Objectives include: 1) establishing the Area Agencies on Aging/Aging and Disability Resource Centers as Single Entry Points for individuals targeted in this proposal; 2) developing/implementing options counseling protocols to inform consumer decision-making and spending; 3) developing/using an assessment protocol for determining risk; 4) creating more flexibility in Maine's consumer-directed Family Provider Service Option; 5) educating the public, service providers and referral sources about the availability of options counseling; and 5) establishing consumer monitoring and feedback mechanisms. Outcomes include: 1)increasing private pay individuals who access options counseling; 2) increasing consumers well-being and quality of life; 3) improving communication and understanding among partner organizations about options counseling; 4) Improving AAA/ADRC ability to identify individuals at-risk for nursing home admission and spend-down; 5) improving flexibility within the Family Provider Service Option Program; 6) diverting at-risk elders from nursing homes and residential care and Medicaid spend-down; 7) AAA/ADRC staff trained on and using new protocols; and 8) strengthening network of long-term services and supports.

**Grant Number:** **90CD1206**
**Project Title:** **Massachusetts Community Living Program**
**Project Period:** **09/30/2009 – 09/29/2011**

**Grantee:**
Massachusetts Executive Office of Elder Affairs
One Ashburton Place, 5th Floor
Boston, MA 02108

**Contact:**
Ruth Palombo
Tel. (617) 222-7512
Email: Ruth.Palombo@state.ma.us

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $459,285 |
| FY2009 | $500,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $959,285 |

**Project Abstract:**

The Massachusetts Executive Office of Elder Affairs and the Massachusetts Rehabilitation Commission is strengthening the capacity of the Aging and Disability Resource Consortia (ADRC) network to prevent people from unnecessary nursing home placement through implementation of the Community Living Program (CLP) grant. Adults and adults with disabilities in the state-funded Enhanced Community Options Program (ECOP) who are at greatest risk of nursing home admission will be referred to either Aging Service Access Points (ASAPs) or to Independent Living Centers (ILCs) for evaluation and access to home based services that include a consumer directed option. The use, cost and effectiveness of services in averting nursing home placement will be tracked for all participants. The program will build on successful diversion practices at Massachusetts' eleven ADRCs and address opportunities to develop their capacity to: 1) provide ECOP, information on consumer direction, and referral to community-based services; 2) use their information and referral services and field-based staff to identify the target population; 3) track ECOP's effectiveness in nursing home diversion; 4) reach out to hospital, nursing and rehabilitation facility discharge staff to improve relationships; and 5)identify service gaps that may contribute to nursing facility admission. In addition, the program will increase capacity of ASAPs, who are key partners within the ADRCs, to offer ECOP consumers the opportunity to direct their own services, using individual budgeting.

**Grant Number:** 90CD1198
**Project Title:** Minnesota's Community Living Program 2009 - 2011
**Project Period:** 09/30/2009 – 09/29/2011

**Grantee:**
Minnesota Board On Aging
540 Cedar Street
PO Box 64976
St. Paul, 55164-0976

**Contact:**
Jane Vujovich
Tel. (651) 431-2573
Email: jane.vujovich@state.mn.us

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $459,286 |
| FY2009 | $500,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $959,286 |

**Project Abstract:**

The vision for Minnesota's Community Living Program (MCLP) grant project is to reduce Medical Assistance (MA) spending by supporting pre-Medical Assistance (MA) high-risk older adults in self-managing their risk factors and maximizing their use of flexible service options. Minnesota's Live Well at Home Program (LWAHP) (i.e., Nursing Home Diversion Program 2007-2009) strategically identifies and helps high-risk persons proactively manage risk factors. The goals of MCLP are to: 1) bolster the Aging Network's capacity to target pre-MA eligible high-risk older adults and family caregivers through statewide implementation of the LWAHP; 2) broaden statewide capacity to offer self-directed support options to at-risk persons; 3) establish a system-wide approach to measure and report target group diversion from MA. Minnesota will partner with all Area Agencies on Aging (AAAs) to achieve the following objectives: 1) broadly disseminate the Rapid Screen tool; 2) integrate diversion support services and risk management protocols into the MinnesotaHelp Network; 3) build capacity and sustainability for high quality diversion support services; and 4) implement Veterans-Directed Home and Community-Based Services Option. The expected outcomes are: 1) Increased number of persons using the Rapid Screen, taking action to manage their risks; and buying self-directed support; and, 2) Ultimately, evidence of MA savings. Core products are risk management materials; consumer materials; a final report with evaluation results; an enhanced web-portal; and provider standards and training program.

**Grant Number:** **90CD1193**
**Project Title:** **Community Living Program**
**Project Period:** **09/30/2009 – 09/29/2011**

**Grantee:**
Montana Department of Public Health and Human Services
Senior and Long Term Care
111 Sanders
P O Box 4210
Helena, MT 59604

**Contact:**
Charles Rehbein
Tel. No. (406) 444-7743
Email: crehbein@mt.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $395.833 |
| FY2009 | $449,921 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $845,754 |

AoA Project Officer: Linda J. Velgouse

**Project Abstract:**

The goal of Montana's Community Living Program is to support the rebalancing of Montana's long-term care system by assisting individuals, and their family and informal caregivers, who are at imminent risk of nursing home placement and not eligible for Medicaid, to use home and community based services to remain at home and in the community, and thus avoiding unnecessary nursing home placement. Major objectives are to: 1) expand ADRC model to one additional county in Area XI (Ravalli County); 2) design and implement targeting and assessment protocols to identify non-Medicaid older adults at imminent risk of nursing home placement and Medicaid spend-down; 3) develop a consumer directed option for Older Americans Act (OAA) funded services based on the Big Sky Bonanza program, allowing flexible spending options; and 4) maximize the number of persons served with OAA funds by introducing cost sharing for appropriate in-home services. The expected outcomes are: 1) serving at least 50 individuals who are identified at imminent risk of nursing home placement and Medicaid spend-down; 2) establishing a process to identify and target at-risk clients and offer them consumer directed services; 3) providing consumer direction for in-home services; 4) strengthening the capacity to provide information and services to help individuals remain in the community; and 5) expanding the cost sharing model to additional in-home services. The products of this project are a final report including evaluation results; data on consumers served by the project; and new policies, protocols and tools that support consumer directed services for seniors.

**Grant Number:** 90CD1202
**Project Title:** Statewide Expansion of the Consumer Transitions in Caring Model
**Project Period:** 09/30/2009 – 09/29/2011

**Grantee:**
New Hampshire Department of Health and Human Services
Bureau of Elderly and Adult Services
129 Pleasant Street
Concord, NH 03301

**Contact:**
Kathleen F. Otte
Tel. (603) 271-4680
Email: Kathleen.F.Otte@dhhs.state.nh.us

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $454,942 |
| FY2009 | $474,374 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $929,316 |

**Project Abstract:**

The New Hampshire Bureau of Elderly and Adult Services (BEAS), in partnership with the Institute on Disability at UNH (IOD), proposes to actualize the transformation of caregiver support services in New Hampshire, by expanding the Transitions in Caregiving Program statewide. Transitions in Caregiving (TIC) is a consumer-directed model that supports informal caregivers caring for older adults at risk of placement in a nursing facility and ultimately spend down to Medicaid. TIC is currently being implemented in 7 regions of the state through the ServiceLink Aging and Disability Resource Centers (SLRC's) utilizing funding from previous NHDM grants and a Weinberg Foundation grant. The goal of this proposal is to actualize the transformation of the caregiver support program from a centralized, state-managed model into a flexible, consumer-directed model managed at the local level through the SLRC's and implement it statewide. Objectives include: 1) expand the infrastructure established under the initial NHDM project statewide; 2) provide a comprehensive array of supports to family caregivers and train professional staff in the consumer directed model; 3) pilot the model in one region with veterans at risk of nursing home placement; 4) educate legislators and submit legislation to sustain the TIC program; and 5) evaluate the efficacy of the program. Outcomes include: 1) statewide implementation with secured funding; and 2) services to veterans, under the Veteran's Directed Home and Community-Based Care Services.

**Grant Number:** 90CD1203
**Project Title:** New York State: Community Living Program
**Project Period:** 09/30/2009 – 09/29/2011

**Grantee:**
New York State Office for the Aging
Policy Research and Legislation
2 Empire State Plaza
Albany, NY 12223-1251

**Contact:**
Gail Koser
Tel. (518) 474-4425
Email: gail.koser@ofa.state.ny.us

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $459,284 |
| FY2009 | $500,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $959,284 |

**Project Abstract:**

New York State Office for the Aging, with its partners, will develop a peer mentoring learning community to expand and enhance self-directed capacity for nursing home diversion in aging network and VA consumers. The goal of the project is to build statewide capacity to offer seamless, flexible service delivery including self-directed options to divert participants from nursing home placement and Medicaid spend-down. This project builds upon work begun with Broome, Oneida and Onondaga AAAs, expands to 7 additional AAAs, serves over 200 persons (19% of eligible's in those counties) at imminent risk for nursing home placement and Medicaid spend-down and prepares for statewide adoption of flexible service delivery including self-directed approaches. Objectives include: 1) expand self-directed program capacity to serve 200 consumers in 7 AAAs; 2) build the foundation to expand to 25% of State's AAAs; 3) implement continuous quality improvement strategies; 4) set-aside Federal and State monies to support self-directed approaches to targeted populations; and 5) amend Expanded In-Home Services for the Elderly program regulations to support self-directed delivery and implementation in 25% of State's AAAs. Outcomes include: 1) diversion of persons at-risk for nursing home placement and Medicaid spend-down; 2) funding realignment; 3) increased quality delivery; and, 4) statewide replication/sustainability. Products will include a final report with evaluation results, policy, procedures, and toolkit dissemination.

**Grant Number:** **90CD1204**
**Project Title:** **Oregon Community Living Project**
**Project Period:** **09/30/2009 – 09/29/2011**

**Grantee:**
Oregon Department of Human Services
Seniors and People with Disabilities
676 Church Street
Salem, OR 97301

**Contact:**
Elaine Young
Tel. (503) 373-1726
Email: elaine.young@state.or.us

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $345,323 |
| FY2009 | $322,165 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $667,488 |

**Project Abstract:**

The State of Oregon Department of Human Services, Seniors and People with Disabilities Division (SPD), in collaboration with two Area Agencies on Aging - Multnomah County Aging and Disability Services (ADSD) and Washington County Disability, Aging, and Veterans Services (DAVS) – is conducting a Community Living Program grant funding to enhance efforts at diverting individuals from nursing home placement and empowering them to be well-informed long-term care consumers. The goal of this project is to pilot key systemic changes at ADSD and DAVS that will enable those at risk of nursing facility placement and spend-down to Medicaid to remain in home and community-based settings. Project objectives include: 1) revising the intake screening process to identify and respond quickly to those at imminent risk; 2) implementing long-term care options counseling to help targeted individuals and their families make informed decisions about available services; 3) expanding existing programs that promote self-directed care and developing new Web-based tools that enable consumers to research benefits and service options; 4) increasing knowledge, skills, and abilities of case management staff and community partners to equip them to provide consumer-directed care; and, 5) developing an evaluation process to track client outcomes and cost avoidance attributable to nursing facility diversion activities. Outcomes are: 1) key indicators of imminent risk will be validated; 2) consumer awareness and use of home and community-based services will increase as a result of long-term care options counseling; 3) 100 at-risk individuals will delay or avoid nursing home placement and spend-down to Medicaid; and 4) screening and case management staff will increase their knowledge, skills, and abilities to provide consumer-directed care.

**Grant Number:** 90CD1195
**Project Title:** Home and Community Based Services for Seniors, Adults with Disabilities and Veterans
**Project Period:** 09/30/2009 – 09/29/2011

**Grantee:**
South Carolina Lieutenant Governor's Office on Aging
Division of Aging Services
1301 Gervais Street, Suite 200
Columbia, SC 29201

**Contact:**
Denise W. Rivers
Tel. No. (803) 734-9939
Email: riversd@aging.sc.gov

AoA Project Officer: Linda J. Velgourse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $298,625 |
| FY2009 | $425,536 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $724,161 |

**Project Abstract:**

The South Carolina Lieutenant Governor's Office on Aging's (LGOA) Community Living Program: Supporting Independence and Choice in the Community, is being developed in collaboration with the VA Medical Center in Charleston (the Ralph H. Johnson VA Medical Center), the Trident Aging and Disability Resource Center. The goal of the program is to improve access to information and services, and increase options and consumer direction for non-Medicaid eligible Veterans/seniors who need nursing home level of care but who choose to remain in the community. Objectives include: 1) development of a consumer directed Community Living Program through a unified coordination of care concept to ensure recognition of, and satisfaction with, individual preferences for community based services; 2) identification and recruitment of service providers to assist the Veteran/senior; 3) and development of enhancements to existing systems that promote information sharing across previously existing "silos." Additional objectives include: 1) improvement of home and community based services for Veterans/seniors needing nursing home level of care by coordinating training and education for the Veteran/senior, family members, caregivers and ancillary participants; and 2) utilization of information system enhancements to facilitate well-informed consumer directed service plans as early as possible. Expected outcomes include: 1) increased access to services and information; 2) increased consumer control; 3) increased independence through community based services; and 4) greater likelihood of delayed relocation to a facility. Products will include a summary of lessons learned, a manual that will allow others to implement the demonstrated program, and a cost analysis providing an estimate of the cost of program start-up and operation.

**Grant Number:** **90CD1196**
**Project Title:** **Community Living Program of Tarrant County**
**Project Period:** **09/30/2009 – 09/29/2011**

**Grantee:**
Texas Department of Aging and Disability Services
701 W. 51st Street
Austin, TX 78711

**Contact:**
Winnie Rutledge
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AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $528,080 |
| FY2009 | $396,603 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $924,683 |

**Project Abstract:**

Texas Department of Aging and Disability Services, collaborating with the Area Agency on Aging of Tarrant County (AAATC) and the ADRC of Tarrant County (ADRCTC), are developing a Community Living Program (CLP) for caregivers and older persons at imminent risk of nursing home placement and Medicaid spend down. Goals are to: 1) refine, expand and replicate CLP in a densely populated urban area, and 2) expand the scope and array of consumer-directed and evidence-based services to maximize consumer choice. The ADRC will refine screening of at-risk consumers and provide intensive in-home services using agency-based and consumer directed services to delay nursing home placement. The objectives are: 1) effectively target consumers, including veterans, with needed community services and supports; 2) refine income screening, cost sharing and flexible Older Americans Act (OAA) funds to delay Medicaid spend down; 3) reduce time from first call to service initiation; 4) expand agency-based and voucher options to purchase services; 5) integrate person-centered evidence-based programs into service navigation functions; and 6) improve accountability of in-home service providers. The expected outcomes are: 1) blueprint for transformation of ADRC and AAA networks for more targeted allocations of resources and expanded arrays of consumer directed services to maintain consumers in the community and provide caregiver support; and 2) attaining targets of 80% of consumers living in the community six months after services begin and 70% at 9 months. The major products from this project are: final evaluation results, including analysis of consumer satisfaction and success of integrating evidence based practices into service navigation functions; and state-level policy changes pertaining to flexible use of OAA funds.

**Grant Number:** 90CD1194
**Project Title:** Community Living Program: Choices for Independence
**Project Period:** 09/30/2009 – 09/29/2011

**Grantee:**
Virginia Department on Aging
1610 Forest Avenue, Suite 100
Richmond, VA 23229

**Contact:**
Katy Miller
Tel. No. (804) 662-7035
Email: kathy.miller@vda.virginia.gov

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $679,850 |
| FY2009 | $259,880 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $939,730 |

**Project Abstract:**

The Virginia Department for the Aging (VDA), in partnership with ten Area Agencies on Aging (AAA), proposes to significantly enhance the modernization of Virginia's system of long term care for seniors and veterans by expanding the Community Living Program (CLP) to over half of the Commonwealth. Project objectives include: 1) diverting individuals at imminent risk of nursing home placement and spend-down to Medicaid; 2) providing consumer directed options and a flexible array of community services to meet participant's individual needs; and 3) embedding a sustainable CLP model of service delivery into Virginia's network of aging services by building on the foundation established in Virginia's 2008 CLP initiative and significantly expanding the program in both size and reach. Outcomes include: 1) 100 eligible seniors diverted from nursing home placement and spend-down to Medicaid; 2) 8 additional AAAs implementing CLP programs and offering consumer direction of services to both seniors and veterans; 3) 65 Service Coordinators trained in all aspects of CLP; 4) fiscal practices redesigned to allow flexible funding of an array of services from a choice of providers; 5) demonstration of the efficacy of telemedicine to help rural seniors remain safely in their homes; 6) improved speed and efficiency of client assessment and service initiation through Virtual Intake Centers; 7) continued refinement and documentation of Virginia's CLP model; 8) comprehensive client and service tracking through specialized software; and 9) evaluation of the CLP to document success in delaying or avoiding nursing home placement, cost effectiveness of the program and client satisfaction.

**Grant Number:** **90CD1192**
**Project Title:** **Wisconsin Community Living Program**
**Project Period:** **09/30/2009 – 09/29/2011**

**Grantee:**
Wisconsin Department of Health Services
Division of Long Term Care
1 W. Wilson St.
Madison, WI 53707-7850

**Contact:**
Wendy Fearnside
Tel. No. (608) 266-5456
Email: wendy.fearnside@wisconsin.gov

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $452,230 |
| FY2009 | $485,566 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $937,796 |

**Project Abstract:**

The Wisconsin Department of Health Services is developing a Community Living Program (CLP) in partnership with the Greater Wisconsin Agency on Aging Resources and the Aging and Disability Resource Center (ADRC) of Kenosha County and a Veteran Directed Home and Community Based Services program, in cooperation with the Milwaukee VA Medical Center. The goal of Wisconsin's CLP program is to develop the capacity of the State's aging network to help people who are not eligible for Medicaid to avoid unnecessary or premature nursing home placement and impoverishment. Objectives are: 1) to develop and pilot a CLP model that facilitates use of personal resources supplemented with public funding to secure individually-tailored services to help people through situations that put them at immediate risk of nursing home admission; and 2) to better understand the situations that lead to private pay nursing home admissions and spend down, the impact of options counseling and care management on admissions decisions, the types of services that will effectively help people avoid institutionalization and spend down; and the cost of providing those services. The expected outcomes are: 1) at risk individuals will live at home longer and maintain maximum control over their lives; and 2) the State will have documentation to support future policy and funding decisions regarding use of ADRC, Older Americans Act and other funding. The products will include tools and protocols for identifying at risk individuals, assessing needs, prioritizing and authorizing services, accessing public funding for services, and facilitating self direction; client-specific outcome data; and a detailed evaluation report.

## Community Living Program – Consumer Direction Technical Support

The concept of consumer direction in delivery of home and community long-term care services was first explored by the Robert Wood Johnson Foundation (RWJF) program, Independent Choices: Enhancing Consumer Direction for People with Disabilities, which supported State demonstrations from 1995 to 1999 and stimulated the expansion of this concept to the field of aging. In 1998 The Robert Wood Johnson Foundation (RWJF), the Office of the Assistant Secretary for Planning and Evaluation in the United States Department of Health and Human Services (ASPE/DHHS), and the Administration on Aging (AoA) supported three States in demonstrations incorporating consumer direction by giving persons living at home who needed services to remain independent money to purchase those services. The Case and Counseling Program supported a National Program Office located at the Boston College Graduate School of Social Work, now known as the National Resource Center for Participant-Directed Services (NRCPDS), to provide assistance in implementation of the demonstrations and the comparison of the Cash and Counseling consumer-directed model with the traditional agency-directed approach to delivering personal assistance services.

In FY2008, AoA awarded a grant to Boston College and its NRCPDS to provide technical assistance to its Community Living Program grants where consumer direction is a core concept.

**Grant Number:** **90OP0002**
**Project Title:** **Technical Support for Consumer-Directed Programs**
**Project Period:** **09/01/2009 – 09/31/2012**

**Grantee:**
Boston College
Graduate School of Social Work
140 Commonwealth Avenue
Chestnut Hill, MA 02467

**Contact:**
Kevin Mahoney
Tel. (617) 552-4039
Email: Kevin.mahoney@bc.edu

AoA Project Officer: Linda J. Velgouse

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $399,444 |
| FY2009 | $399,444 |
| FY2008 | $200,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $998,888 |

**Project Abstract:**

The grantee, the National Center for Consumer Direction (NCCD) at the Boston College Graduate School of Social Work, supports the goals enunciated in the Older Americans Act Amendments of 2006 and will provide valuable assistance to the Aging Network as it works to increase choices and consumer-directed options for high risk individuals that help to keep them in their homes and communities. The goal of the project is to help states and Area Agencies on Aging increase the consumer direction options available to their constituents. The objectives are: 1) to help programs identify consumer direction status, technical assistance needs and plans in their areas; 2) to provide states and Area Agencies on Aging with opportunities to participate in regular training sessions to increase their knowledge about and ability to provide consumer directed/flexible service options; 3) to identify leaders, both consumers and professionals, to help advance the development of consumer directed options; and 4) to develop linkages with and among Area Agencies on Aging and other programs working in the areas of consumer direction. The expected outcomes of this project are: 1) that at least ten programs will develop basic support structures for consumer directed programming; 2) at least eight programs will increase the degree to which consumer-directed options are available; and 3) a network of consumer directed champions will be developed to advocate for and assist in the development of consumer direction. The products from this project will include: educational materials, including webinars and content for use at national conferences; a minimum of three Promising Practice Reports; and core performance indicators for consumer direction specific to the Aging Network.

## Evidence-Based Disease and Disability Prevention Program

In 2003, AoA began funding pilot programs to test the translation of the Evidence-Based Disease and Disability Prevention programs in the Aging Services Network's community-based settings. Based on the positive results from these pilot programs, AoA increased its Federal support of the Evidence Based and Disease and Disability Prevention Program in 2006 by initiating its state-based Evidence-Based Disease and Disability Prevention Program (EBDDP) program for seniors, in collaboration with the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS) and a variety of private foundations. Through public and private partnerships, States have provided evidence-based programs to older adults in their communities.

AoA requires each participating state to implement the Stanford University Chronic Disease Self-management Program (CDSMP), but also gives each state the option to select another program which helps reduce chronic disease in its senior population. These programs may include: Physical activity, falls management, nutrition and depression and/or substance abuse programs,

More information about EBDDP may be found on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Evidence_Based/index.aspx

## Evidence-Based Disease Prevention – State Programs

The Administration on Aging (AoA) initiated this program with a FY2006 funding opportunity announcement entitled: "Empowering Older People to Take More Control of their Health Through Evidence-Based Prevention Programs: A Public/Private Collaboration." The concept was initiated in part to support and complement emerging emphasis on prevention and chronic disease management in Medicare. As indicated in its title, the new grants were designed to mobilize the aging, public health and non-profit networks at the State and local level to accelerate the translation of HHS funded research into practice through the deployment of low-cost evidence-based disease and disability prevention programs at the community level. The expected long term benefit of this investment was to improve the quality of life of our seniors and reduce the cost of health care over the long run.

The 25 projects funded in FY2006 received continuation support in FY2010 for their final 5th year. Since their initiation new Medicare benefits have been authorized which support preventive care for seniors and reinforce the need for evidence based programming for both evidence-based prevention programs as well as Chronic Disease Self Management Programs (CDSMP) to enhance the qualify of life for seniors. The American Recovery and Reinvestment Act of 2009 included provisions allowing AoA to support new CDSMP programs in States and continue its efforts to develop both infrastructure and support for evidence-based program at the community level. The CDSMP initiative is described elsewhere in this compendium (See Chronic Disease Self-Management Program)

For more information about the Evidence Based Prevention Program go to the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Evidence_Based/index.aspx

**Grant Number:** 90AM3134
**Project Title:** Arizona On The Move For Healthy Aging
**Project Period:** 06/01/2007 – 05/31/2011

**Grantee:**
Arizona Department of Health Services
Public Health Prevention Services
150 North 18th Avenue Suite 520
Phoenix, AZ 85007

**Contact:**
Ramona L. Rusinak
Tel. No. (602) 364-0526
Email: rusinar@azdhs.gov

AoA Project Officer: Jane A. Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $125,000 |
| FY2009 | $250,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $825,000 |

**Project Abstract:**

The Arizona Department of Health Services and its partner the Arizona Department of Economic Security, Division of Aging and Adult Services (ADES-DAAS) through the Arizona on the Move for Healthy Aging Project are implementing the Chronic Disease Self-Management Program (CDSMP) and Enhance Fitness (EF) programs in Pima, Santa Cruz and Yavapai counties over four years. The goals are to: 1) implement evidence-based prevention programs targeting adults 60+; and 2) build and strengthen state and local healthy aging partnerships focused on prevention services targeting older adults. The objectives are: 1) to develop a resource of CDSMP and EF trainers at the state and local levels, 2) establish CDSMP and EF programs in three counties; and 3) integrate evidence-based prevention programs into planning and policy in state public health and aging networks. The outcomes of this project will be increased training and prevention program resources in two rural and one urban county, along with strong partnerships at local and state levels to increase capacity and infrastructure for prevention services targeting adults 60 years and older. An additional outcome will be the availability of data demonstrating the benefit to adults 60 years and older of participation in chronic disease self-management programs. The products from this project will include a final report, evaluation results from the courses, data on health status and outcomes of participants to be used in fact sheets for policy and decision-makers, abstracts for national aging and public health conferences, and project information and resources available on the Healthy Aging Communication Network website and through the Arizona Aging and Disability Resource Center.

**Grant Number:** 90AM3138
**Project Title:** Arkansas Empowering Older Adults Project
**Project Period:** 06/01/2007 – 05/31/2011

**Grantee:**
Arkansas Department of Health
P.O. Box 1437, H- 41
Little Rock, AR 72204-1437

**Contact:**
Becky Adams
Tel. No. (501) 661-2334
Email: becky.adams2@arkansas.gov

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $125,000 |
| FY2009 | $250,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $825,000 |

**Project Abstract:**

The Arkansas Department of Health is initiating the Arkansas Empowering Older Adults Project. The DOH has the following partners: the Department of Human Services, Division of Aging and Adult Services (DAAS), the University of Arkansas for Medical Sciences Reynolds Institute on Aging - Arkansas Aging Initiative, Area Agencies on Aging, the Aging and Disability Resource Center, aging service providers in each region, and local Hometown Health Improvement coalitions. The goal is to empower older Arkansans to take greater control of their health through lifestyle changes and to reduce their risk for chronic diseases and disability by delivering evidence-based prevention programs. The two proposed programs to be implemented are the Stanford Chronic Disease Self-Management Program in two regions and the Active Living Every Day, physical activity program statewide. The objectives are to: 1) develop program infrastructure; 2) train facilitators and master trainers; 3) implement the programs; 4) provide opportunities for physical activity for older adults; 5) maintain fidelity to the original design; 6) assess the impact of programs; and 7) disseminate project information. The expected outcomes are for participants to demonstrate positive lifestyle changes; increase their ability to cope with challenges and barriers to exercise; decrease chronic disease risk factors; and successfully collaborate and mobilize project partnerships.

**Grant Number:** 90AM3122
**Project Title:** Initiative to Empower Older Adults to Better Manage Their Health
**Project Period:** 09/30/2006 – 05/31/2011

**Grantee:**
California Department on Aging
1300 National Drive, Suite 200
Sacramento, CA 95834

**Contact:**
Janet Tedesco
Tel. No. (916) 928-4641
Email: jtedesco@aging.ca.gov

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $250,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,050,000 |

**Project Abstract:**

The California State Departments of Aging and Health Services, local AAAs, public health and non-profits throughout the state, are proposing to implement the Stanford Chronic Disease Self-Management Program (CDSMP) and/or Matter of Balance (MOB), a fall prevention program in five geographic areas and in several Multipurpose Senior Services Programs, introducing Medication Management and Healthy Moves. The goal is to create an effective infrastructure that includes both state and local partnerships to implement sustainable evidence-based prevention programs for older people within the state's aging network. The objectives are to: implement the CDSMP and/or MOB in geographic areas that represent 40% of the state's seniors; disseminate two additional evidence-based programs for frail, dually eligible seniors in at least six communities; and provide technical assistance to the identified local partnerships as prototypes for further expansion. The anticipated outcomes are to create a sustainable network to provide community education and evidence-based programs for diverse older adults; integrate evidence-based programs into at least five geographic regions; and conduct outreach that will successfully recruit approximately 6,000 high risk seniors to the initiative.

**Grant Number:** 90AM3130
**Project Title:** Empowering Older People to Take More Control of Their Health: Evidence-Based Prevention
**Project Period:** 09/30/2006 – 05/31/2011

**Grantee:**
Colorado Department of Health and Environment
Preventive Services Division
PSD-COPAN-A5
4300 Cherry Creek Drive South
Denver, CO 80246

**Contact:**
Michelle Hansen, MS, RD, CDE
Tel. No. (303) 692-2577
Email: Mmhansen@smtpgate.dphe.state.co.us

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,000,000 |

AoA Project Officer: Priti Shah

**Project Abstract:**

The Colorado State Unit on Aging (SUA) and the Department of Public Health and Environment (CDPHE) support this Healthy Aging Partnership Project in collaboration with the Consortium for Older Adult Wellness (COAW). The goal is to expand the existing infrastructure of the partnership of the SUA, CDPHE, and COAW to implement and sustain the delivery of evidence-based (EB) prevention programs through community aging service providers. The objectives are to: 1) create a sustainable delivery system for EB program training and implementation, coordination, technical support and fidelity oversight of the Chronic Disease Self- Management Program (CDSMP) and A Matter of Balance (MOB) in Colorado; 2) modify significant factors caused by chronic diseases or conditions in a minimum of 68% of participants; 3) expand the communication network of OAA community-based service providers that encourages the sharing of resources and increases the opportunity for collaboration; and 4) make this expanded system sustainable. Expected outcomes are: 1) expanded accessibility for older adults to the CDSMP and other evidence-based programs (EBP); 2) embed EBP service system into regional health service providers that collaborate with regional communities for training, networking, and resource sharing; 3) ten trained certified, regional, Master trainers in CDSMP and 50 paired community leaders per year; 4) reach 3,500 participants in CDSMP/Matter of Balance; 5) obtain Area Agency on Aging support to sustain EB programs by using Title III-D funds/private funding; 6) analyze data for evaluation on health indicators, participant reach, and program satisfaction through evidence-based disease prevention software; and 7) expansion of existing networks with additional EB self-management interventions in physical activity, nutrition, and fall prevention.

**Grant Number:** 90AM3141
**Project Title:** Empowering Older People to Take Control of Their Health
**Project Period:** 06/01/2007 – 05/31/2011

**Grantee:**
Connecticut Department of Social Services
Aging Services Division
25 Sigourney Street
Hartford, CT 06106

**Contact:**
Pamela Giannini
Tel. No. (860) 424-5277
Email: pamela.giannini@ct.gov

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $125,000 |
| FY2009 | $250,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $825,000 |

**Project Abstract:**

The State of Connecticut Department of Social Services and the Department of Public Health is developing a collaborative and integrated network of state and local aging, health and non-profit organizations with the goal of empowering older people to take more control over their own health through lifestyle changes that have proven effective in reducing the risk of disease and disability. Its approach is to translate research evidence into programs at the community level by imbedding low-cost prevention programs within existing state and local programs. The objectives are to expand these efforts by: 1) developing and enhancing linkages across state and local aging, health, and nonprofit organizations; 2) augmenting uptake of prevention efforts by training professionals and older adults in the Chronic Disease Self-Management Program (CDSMP); 3) training community-based professionals and seniors in fall prevention; 4) progressively implementing CDSMP in the designated geographic area; 5) progressively implementing a fall prevention program in the designated geographic areas; 6) conducting an impact evaluation; and 7) disseminating the results to Connecticut and to other states. Key organizations include three AAAs, University of Connecticut, Yale University, and several local health, aging, and nonprofit organizations with Title III funding. The expected outcomes include increased knowledge and modified behaviors among professionals and seniors concerning chronic disease self-management and fall prevention.

**Grant Number:** **90AM3174**
**Project Title:** **Evidence-Based Prevention Program**
**Project Period:** **03/18/2008 – 05/31/2011**

**Grantee:**
Florida Department of Elder Affairs
4040 Esplanade Way
Tallahassee, FL 32399-7000

**Contact:**
Michele Mule
Tel. No. (850) 414-2307
Email: mulem@elderaffairs.org

AoA Project Officer: Jane A. Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $641,690 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $941,690 |

**Project Abstract:**

The Florida Department of Health, in collaboration with the Florida Department of Elder Affairs, supports a three year project entitled "Empowering Older People to Take More Control of Their Health through Evidence-Based Prevention Programs". The goal of the project is to provide evidence-based interventions for arthritis and other chronic conditions to the maximum number of people age 60 years and older that are at risk and can benefit from the interventions. The objectives are: 1) to conduct master trainer and leader trainings for the Chronic Disease Self-Management Program (CDSMP) in three counties within three Planning Service Areas (PSA); 2) to conduct leader training for the Spanish Arthritis Self-Management Program (SASMP) in Miami-Dade and Palm Beach counties; 3) to conduct CDSMP and SASMP classes; 4) to evaluate the course through pre/post-tests and satisfaction surveys; 5) to ensure the fidelity of the implementation of the courses through direct observation of the classes and leader checklists; and 6) to disseminate project results. The expected outcomes of this project are: 1) for the CDSMP, positive changes in health care utilization, social/role activities limitations, disability, energy/fatigue, self-rated health, exercise behaviors, cognitive symptom management, communication with physicians, and health distress; and 2) for the SASMP, positive changes in self-efficacy, health care utilization, depression, disability, pain, energy/fatigue, self-rated health, exercise, cognitive symptom management, and use of mental stress management/relaxation techniques. The intended products from this project are interim reports, a final report (including evaluation results), and abstracts for national conferences.

**Grant Number:** 90AM3117
**Project Title:** Healthy Aging Partnership - Empowering Elders (HAP-EE)
**Project Period:** 09/30/2006 – 05/31/2011

**Grantee:**
Hawaii Department of Health
Executive Office on Aging
No. 1 Capitol District
250 S. Hotel Street, Suite 406
Honolulu, HI 96813-2831

**Contact:**
Noemi Pendleton
Phone: (808) 586-0100
Email: noemi.pendleton@doh.hawaii.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $250,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,050,000 |

AoA Project Officer: Priti Shah

**Project Abstract:**

Hawaii's Executive Office on Aging (EOA), in partnership with the Department of Health, three of Hawaii's four AAAs (Honolulu's Elderly Affairs Division, Hawaii County Office of Aging, Kauai's Agency on Elderly Affairs), and OAA-funded service providers and health and research partners in each of these three counties, are implementing a Healthy Aging Partnership-Empowering Elders (HAP-EE) initiative. This project builds on Hawaii`s Healthy Aging Partnership (HAP), a broad partnership established in 2003 to improve older adult health by building aging network capacity to implement evidence-based (EB) prevention programs in Hawaii's multi-ethnic environment. For 2010-2011 funding period, EOA's objectives are to 1) preserve and leverage the current EnhanceFitness infrastructure to expand Hawaii's Aging Network capacity to deliver evidence-based programming; and 2) to deliver high quality EnhanceFitness programs with fidelity, to at-risk older adults. These goals support Hawaii State Plan on Aging Goal 3: older adults are active, healthy, and socially engaged. Our current statewide projected outcomes are to: 1) establish two new sites in the City and County of Honolulu on the island of Oahu; 2) train six new instructors; and 3) impact the lives of at least 128 older adults who have not participated in the programs previously.

**Grant Number:** **90AM3136**
**Project Title:** **Idaho Lifestyle Interventions for the Elderly**
**Project Period:** **06/01/2007 – 05/31/2011**

**Grantee:**
Idaho Department of Health and Welfare
Division of Health
450 West State Street, 6th Floor
PO Box 83720
Boise, ID 83729-0036

**Contact:**
Jaime (Hineman) Harding
Tel. No. (208) 334-5788
Email: hardingj@dhw.idaho.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $125,000 |
| FY2009 | $250,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $825,000 |

AoA Project Officer: Jane A. Tilly

**Project Abstract:**

The Idaho Department of Health and Welfare, in collaboration with the Idaho Commission on Aging, Area Agencies on Aging, and senior centers in Idaho, are implementing health promotion programs for seniors on chronic disease self-management and nutrition education. The goal is to provide comprehensive programs in three health districts by incorporating evidence-based programs into an existing infrastructure that has successfully delivered physical activity/fall prevention classes for older people in rural and resource-poor areas. The objectives are to: 1) provide a Chronic Disease Self-Management Program (CDSMP); 2) contract with senior centers that are hosting other programs to add the CDSMP in their site and in other sites in their communities; and 3) train peer leaders for the Healthy Eating for Successful Living in Older Adults (HE) program. The outcomes will include: 1) CDSMP offered at nine senior centers in three local public health districts; 2) HE program introduced; 3) enhanced quality of life and greater control over health outcomes experienced by CDSMP participants; and 4) improved nutritional status of HE participants.

**Grant Number:** 90AM3112
**Project Title:** Empowering Older People to Take More Control of Their Health
**Project Period:** 09/30/2006 – 05/31/2011

**Grantee:**
Illinois Department of Public Health
Office of Health Promotion
535 West Jefferson
Springfield, IL 62761

**Contact:**
Thomas J. Schafer
Tel. No. (217) 782-3300
Email: tom.schafer@illinois.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,000,000 |

**Project Abstract:**

The Illinois Department of Public Health, in partnership with the Department on Aging, is implementing evidence-based disease prevention programs for older adults. The goal is to provide the Chronic Disease Self-Management Program (CDSMP) and the Strong for Life (SFL) exercise program to persons over age 60 through community-level, not-for-profit aging services provider organizations. The objectives are: 1) to begin implementing the CDSMP in three, and the SFL program in one, Planning and Service Area (PSA) as defined by the Older Americans Act, through AAAs; 2) to begin developing the infrastructure and partnerships necessary to effectively embed these programs for the elderly within statewide systems of health and long-term care; 3) to promote and refer to clinical preventive services through these programs; 4) to evaluate the efforts and monitor the fidelity of each program; and 5) to disseminate the results and findings. The expected long-term outcomes will be: potential improvement in the quality of life for older people; reduction of older people's risk of disease, disability and injury; positive lifestyle and behavioral changes for older persons; reduction in the use and cost of health care over time; and the increased availability and accessibility of evidence-based programs at the community-level for older persons.

**Grant Number:** **90AM3123**
**Project Title:** **Iowa Healthy LINKS**
**Project Period:** **09/30/2006 – 05/31/2011**

**Grantee:**
Iowa Department on Aging
Jessie Parker Bldg. Suite 2
510 East 12th Street
Des Moines, IA 50319

**Contact:**
Kay Corriere
Tel. No. (515) 725-3330
Email: kay.corriere@iowa.gov

AoA Project Officer: Theresa F. Arney

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $250,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,050,000 |

**Project Abstract:**

The Iowa Department on Aging (DOA) and Department of Public Health (IDPH) have partnered with three Planning Service Areas (PSAs) - Aging Resources of Central Iowa, Heritage Area Agency on Aging and Hawkeye Valley Area Agency on Aging to implement the Stanford Chronic Disease Self-Management Program (CDSMP) and Enhance Fitness. The initiative is be called the Iowa Healthy Links and its goal is improving the health of older Iowans with chronic diseases and increasing Iowa's capacity to provide evidence-based health promotion programs for older adults. All three areas are participating in program evaluation, creating the benchmarks and measuring the changes in participant's quality of life, health care utilization, chronic disease self-efficacy, fruit and vegetable consumption, physical activity and strength, along with program sustainability, dispersion, and capacity building. The Des Moines University is coordinating program evaluation. Anticipated outcomes include: 1) improvement in quality of life measures and health behaviors; and 2) a reduction in health care utilization, which will facilitate system development for sustainability. Results from the evaluation will be provided to the Iowa Department of Human Services (state Medicaid agency), Senior Living Coordinating Unit, State Board of Health, State Legislature and private organizations to impact polices and obtain funding for sustaining evidence-based preventive programs. The Iowa Healthy Links will provide a model for implementing evidence-based health promotion programs in other PSA's with other community partners.

**Grant Number:** 90AM3120
**Project Title:** Empowering Older Mainers to Take More Control of Their Health
**Project Period:** 09/30/2006 – 05/31/2011

**Grantee:**
Maine Department of Health and Human Services
Office of Elder Services
11 State House Station
Augusta, ME 04333

**Contact:**
Diana Scully
Tel. No. (207) 287-9204
Email: diana.scully@maine.gov

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $250,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,050,000 |

**Project Abstract:**

The Office of Elder Services (Maine's State Unit on Aging) in partnership with the Maine Center of Disease Control and Prevention (the State Health Agency known as the Maine CDCP) is conducting this project with the goal: to empower older people to take more control of their health and reduce their risk of disease and disability. Objectives are: 1) expand access to and delivery of five evidence-based prevention programs; 2) expand and develop a network of volunteers trained to deliver evidence-based programs; and 3) gain understanding of statewide system of communication and referral patterns between health care providers, community service organizations, Aging and Disability Resource Centers (ADRCs) and the aging and long-term care system in Maine with regard to proposed evidence based programs. The target population is older people with chronic conditions, who could improve their health through participation in these programs. Significant Partners include the Maine CDCP, Area Agencies on Aging, Maine Health's Partnership for Healthy Aging, Aging and Disability Resource Centers, and community organizations already participating in evidence-based wellness programs. Activities being conducting include: 1) cross-training of existing Matter of Balance/Voluntary Lay Leader coaches to administer the Chronic Disease Self-Management Program and develop a network of sites at which both programs are co-located and available; and 2) expansion of Enhance Fitness and Enhance Wellness programs at pilot sites. Outcomes include: 1) increase number of older Mainers who make healthy lifestyle changes; 2) development of a network of people skilled and available to coach older Mainers in attaining and maintaining a healthy lifestyle; and 3) increased communication and referrals among health care providers, community service organizations, and older adults.

**Program: Evidence Based Disease Prevention – State Programs**

**Grant Number:** **90AM3125**
**Project Title:** **Living Well -Take Charge of Your Health**
**Project Period:** **09/30/2006 – 05/31/2011**

**Grantee:**
Maryland Department on Aging
301 West Preston Street, Suite 1007
Baltimore, MD 21201-2374

**Contact:**
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AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,000,000 |

**Project Abstract:**

The Maryland Department of Aging and its partners, the Department of Health and Mental Hygiene, the Governor's Office of Community Initiatives, Office of Service and Volunteerism, Rural Maryland Council, Towson University, and two health insurance companies are implementing this initiative. The goal is to encourage older people to take charge of their health through the Chronic Disease Self-Management Program (CDSMP) in six Planning Service Areas (PSAs), and the Active for Life program in one of those six. The approach is to develop state and local partnerships, including AAAs, aging services provider organizations (ASPO), local health departments (LHD), health care providers, faith-based organizations, and other agencies in their jurisdictions to provide the CDSMP in many settings, promoting the program and making it widely available. The objectives are to: 1) enhance capacity to provide the CDSMP through licensing and training; 2) develop new and enhance existing partnerships for broad application of the CDSMP and for sustainability; 3) provide opportunities for 2,661 participants in CDSMP and 75 in Active for Life; 4) develop outreach and referral for potential leaders and participants; 5) evaluate the projects for quality and effectiveness; and 6) disseminate project information nationally and statewide. The expected outcomes include: 1) CDSMP will be available to participants in a variety of settings; 2) health care providers will make referrals to the evidence-based (EB) projects; 3) participants will demonstrate outcomes as expected by the interventions; and 4) local partnerships, led by AAAs, ASPOs, and LHDs, will act as mentors to non-participating jurisdictions to enable them to develop EB projects in their areas.

**Grant Number:** 90AM3137
**Project Title:** Empowering Older People to Take More Control of Their Health
**Project Period:** 06/01/2007 – 05/31/2011

**Grantee:**
Massachusetts Executive Office of Elder Affairs
Policy and Program Development
One Ashburton Place
Boston, MA 02108

**Contact:**
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AoA Project Officer: Jane A. Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $125,000 |
| FY2009 | $250,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $825,000 |

**Project Abstract:**

The Massachusetts Executive Office of Elder Affairs (Elder Affairs) and its partner, the Department of Public Health Office of Healthy Aging/Health and Disability (MDPH) is implementing evidence-based prevention programs with the goal of developing a sustainable infrastructure within the Commonwealth to implement high-quality evidence-based disease prevention (EBDP) programs that provide the maximum number of at risk older adults and people with disabilities the tools to maintain healthy and active lifestyles. Elder Affairs and MDPH will partner with community-based organizations and provide leadership for the implementation and evaluation of the following EBDP programs in three geographic areas: 1) Stanford University's Chronic Disease Self-Management Program in the Northeast Area; 2) A Matter of Balance in Boston; and 3) Healthy Eating for Successful Living in Older Adults in the South Suburban area. The major objectives are to: 1) build and sustain private/public partnerships at the state and local levels to deliver EBDP programs; 2) create protocols and guidelines for implementation, evaluation, and reporting; 3) provide EBDP programs to reach older adults and people with disabilities; 4) monitor the project's progress, fidelity, and outcomes; and 5) effect statewide and local policy and systems to sustain the project. The expected outcomes are: 1) existing public/private partnerships will expand their capacity to integrate EBDP programs into local and statewide systems; 2) older adults and people with disabilities will report improvements in falls; 3) better strategies for coping with diseases; better food choices; and 4) increased levels of physical activity.

**Grant Number:** 90AM3135
**Project Title:** Michigan's Older Adults: On the PATH to Better Health
**Project Period:** 06/01/2007 – 05/31/2011

**Grantee:**
Michigan Department of Community Health
Community Services
PO Box 30676
Lansing, MI 48909-8176

**Contact:**
Sherri C. King
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Email: kings1@michigan.gov

AoA Project Officer: Shannon Skowronski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $125,000 |
| FY2009 | $250,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $825,000 |

**Project Abstract:**

The Michigan Office of Services to the Aging (OSA) and the Michigan Department of Community Health (MDCH) support this grant. The goal is to create a sustainable statewide infrastructure that can facilitate the integration and embedding of evidence-based disease prevention programming into the local aging and public health networks. The objectives are to: 1) expand and enhance the capacity of the existing statewide group, Partners on the PATH (Personal Action Toward Health); 2) form community coalitions to oversee local provision of services; 3) ensure these coalitions have a sustainable business plan; 4) recruit and train program leaders; 5) develop a universal system to use for evaluation and to monitor fidelity; 6) provide follow-up and referral to participants; and 7) disseminate project information and develop a template for other area agencies on aging to recreate. The expected outcomes of this project are: 1) Partners on the PATH will become a line item in the state budget and will be instrumental in making recommendations on state policy concerning chronic disease; 2) local coalitions will have a sustainable marketing plan and oversee classes offered; 3) seniors who participate in classes will reduce their risk of developing chronic diseases; 4) seniors with chronic diseases will adopt better health practices that will improve their quality of life; 5) pre-and-post testing will reflect an increased knowledge in dealing with chronic diseases; and 6) documented fidelity to the programs will be realized.

**Grant Number:** 90AM3139
**Project Title:** Minnesota's Evidence-Based Health Promotion Initiative
**Project Period:** 06/01/2007 – 05/31/2011

**Grantee:**
Minnesota Board on Aging
PO Box 64976
St. Paul, MN 55164-0976

**Contact:**
Jean Wood
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Email: jean.wood@state.mn.us

AoA Project Officer: Shannon Skowronski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $125,000 |
| FY2009 | $250,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $825,000 |

**Project Abstract:**

The Minnesota Board on Aging in partnership with the Minnesota Department of Health is working with public and private partners at the state and community levels to build a sustainable, statewide-coordinated evidence-based health promotion initiative. The objectives are to: 1) implement three highly visible, evidence-based health promotion programs - The Chronic Disease Self-Management Program, Matter of Balance, a fall prevention program, and Enhance Fitness, a physical activity program; 2) collaborate with strategic partners who can ensure identification of at-risk individuals and consistent referrals to these programs and who have a stake in the outcomes; 3) refine and expand data and quality assurance systems that can be used by all aging services providers to track participation in these programs and assure fidelity of implementation; and 4) build a business case for these approaches to ensure their long-term sustainability. The expected outcomes of this initiative are: 1) older Minnesotans will have fewer falls and fall-related injuries, maximizing their independence and quality of life; and 2) more older Minnesotans will adopt self-management skills and work with their health care providers to more effectively manage their chronic conditions, contributing to improvement of health status, independence and quality of life.

**Grant Number:** 903116
**Project Title:** Empowering Older People to Take More Control of Their Health
**Project Period:** 09/30/2006 – 05/31/2011

**Grantee:**
New Jersey Department of Health and Senior Services
PO Box 360
Trenton, NJ 08625

**Contact:**
Geraldine Mackenzie
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Email: geraldine.mackenzie@doh.state.nj.us

AoA Project Officer: Shannon Skrowonski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $96,141 |
| FY2009 | $192,300 |
| FY2008 | $192,300 |
| FY2007 | $192,300 |
| FY2006 | $192,300 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $865,341 |

**Project Abstract:**

The New Jersey Department of Health and Senior Services (DHSS) is developing statewide capacity for local delivery of low-cost, evidence-based disease prevention programs (EBDPP). This grant is building upon New Jersey's model for healthy aging, which is based upon leadership and coordination within the Area Agency on Aging, program delivery through local community-based providers, and strategic partnerships with public health and other health care providers to assure the quality of health-related activities. The goal is to empower seniors to reduce modifiable risk factors for disease and disability by establishing the infrastructure to effectively deliver the Chronic Disease Self-Management Program (CDSMP) in Atlantic, Cape May, Warren and Ocean Counties, and the Healthy IDEAS program in Essex and Union Counties, the Matter of Balance (MOB) in Middlesex and Salem Counties. Objectives include: 1) establishing local partnerships for service delivery; 2) certifying master trainers and class leaders for CDSMP; 3) developing and delivering training for Healthy IDEAS; 4) implementing programs and integrating them into the counties' service delivery system; and 5) conducting a comprehensive evaluation. In addition, state level intra and inter-departmental partnerships will establish CDSMP in related networks, including Medicaid, Disabilities and Chronic Disease Services. Outcomes will be achieved on three levels: 1) participants will be empowered to better manage their chronic diseases through skill development and enhanced self-confidence; 2) the local service delivery system will have strengthened provider relationships and integrated delivery of EBDPP; and 3) the state will have a more fully developed model to support healthy aging statewide. Target audiences are underserved populations, including African-Americans, Latinos, frail individuals and those with access barriers. Products include evaluated templates for model replication, reports detailing evaluation outcomes, and written materials distributed electronically via listservs and websites.

**Grant Number:** 90AM314
**Project Title:** Empowering Older New Yorkers To Take More Control of their Health
**Project Period:** 09/30/2006 – 05/31/2011

**Grantee:**
New York State Office for the Aging
2 Empire State Plaza
Albany, NY 12223-1251

**Contact:**
Marcus Harazin
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Email: Marcus.Harazin@ofa.state.ny.us.

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,000,000 |

**Project Abstract:**

The New York State Office for the Aging and its partner, the Department of Health, propose to implement evidence-based health promotion programs with the goal of building the capacity of local service delivery systems in New York State to incorporate and sustain implementation of the Chronic Disease Self- Management Program (CDSMP) and the Active Choices, physical activity program. Objectives are: 1) successfully implement CDSMP and DSMP programs in the Capital District Region (Albany, Rensselaer, Saratoga, and Schenectady Counties), Broome County, and New York City; 2) ensure fidelity to program protocols, encourage on-going quality improvement and guide systems change at the state and local level, thereby increasing the likelihood of sustainability upon the completion of the project's funding; and 3) disseminate a model for implementation and sustainability of evidence-based programs. Anticipated Outcomes: 1) improvement in health promotion participation and outcomes for residents over age 60; 2) integration of evidence-based programs into the health promotion offerings of the State and particularly in Point of Entry (POE) and Naturally Occurring Retirement Community Supportive Services Program Development; 3) greater integration of AAA and County Health Department efforts; and 4) new public/private support for evidence-based health promotion programs.

**Grant Number:** **90AM3140**
**Project Title:** **Empowering Older People to Take More Control of Their Health**
**Project Period:** **06/01/2007 – 05/31/2011**

**Grantee:**
North Carolina Department of Health and Human Services
Aging and Adult Services
2101 Mail Service Center
Raleigh, NC 27699-2101

**Contact:**
Audrey Edmisten
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AoA Project Officer: Shannon Skowronski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $74,690 |
| FY2009 | $149,380 |
| FY2008 | $149,380 |
| FY2007 | $149,380 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $522,830 |

**Project Abstract:**

The North Carolina Division of Aging and Adult Services and the Division of Public Health are using its AoA Evidence-based Disease Prevention Programs (EBDPs) grant to successfully implement and maintain Stanford University's Chronic Disease Self-Management Program (CDSMP). The goal of the project is to significantly enhance the state's existing EBDPs infrastructure to ensure stability and expand reach of EBDPs. The objectives are to: 1) pilot an EBDP infrastructure project in one Area Agency on Aging (AAA) region in order to streamline implementation and data collection of multiple EBDPs regionally disseminated plus provide the support needed to ensure fidelity and sustainability; and 2) expand implementation of "A Matter of Balance and Fit and Strong!" using AAAs as hubs of regional activities supporting ongoing sustainability and quality. The expected outcomes of the project are: 1)the pilot AAA will report more efficient implementation and more effective management of EBDPs; and 2) wider dissemination of A Matter of Balance and Fit and Strong! Our major products will include: data management system, data collection forms, fidelity monitoring tools, and a corps of EBDPs trainers and leaders/coaches.

**Program: Evidence Based Disease Prevention – State Programs**

**Grant Number:** **90AM3119**
**Project Title:** **Ohio's Evidence-Based Prevention Program Initiatives**
**Project Period:** **09/30/2006 – 05/31/2011**

**Grantee:**
Ohio Department on Aging
50 W. Broad Street 9th Floor
Columbus, OH 43215-3363

**Contact:**
Marcus J. Molea
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Email: mmolea@age.state.oh.us

AoA Project Officer: Shannon Skowronski

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,000,000 |

**Project Abstract:**

The Ohio Departments of Aging (ODA) and Health (ODH), AAAs and community-based health care and aging service organizations are working to build a collaborative infrastructure aimed at improving the health of older Ohioans by implementing evidence-based prevention programs at the local level. The State is implementing and evaluating four different interventions focusing on Chronic Disease Self-Care: the Active Living Everyday program (ALED); the Chronic Disease Self-Management Program,(CDSMP), Matter of Balance (MoB); Healthy IDEAS (HI) in multiple regions of the state; and the Diabetes Self-Management Program (DSMP), which will begin in 2010. As of January 31, 2009, the state had trained: 24 Master Trainers and 89 Group Leaders in CDSMP; 34 Master Trainers and 157 Group Leaders in MoB; 1 Master Trainer and 12 Instructors in ALED; and 53 Facilitators in Healthy IDEAS. CDSMP classes are being offered in 54 sites; MoB are being been offered in 42 sites; and ALED are being offered in 11 sites. As of January 31, 2009, 686 persons had been enrolled in CDSMP; 652 had been enrolled in MoB; and 180 had been enrolled in ALED... Key project partners include: 8 of 12 Ohio Area Agencies on Aging; the Fairhill Center, Cleveland; the Hamilton County Health District, Cincinnati; the Cuyahoga County Health District, Cleveland;; and the LifeCare Alliance, Columbus.

**Grant Number:** 90AM3113
**Project Title:** Living Longer, Living Stronger: The Oklahoma Project
**Project Period:** 09/30/2006 – 05/31/2011

**Grantee:**
Oklahoma Department of Human Services
Aging Services Division
State Capitol Complex - Sequoyah Building
2400 North Lincoln Blvd.
Oklahoma City, OK 73125

**Contact:**
Zack Root
Tel. No. (405) 521-2907
Email: connie.schlittler@okdhs.org

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,000,000 |

AoA Project Officer: Theresa F. Arney

**Project Abstract:**

The Oklahoma Department of Human Services Aging Services Division, in partnership with the State Department of Health, is developing and implementing the Living Longer, Living Stronger project for persons 60 years and older in four rural regions. The partnership includes AAAs, aging services nonprofit providers, the Chickasaw Nation, and others within the collaborative network. The goal of the project is to increase the quality of life and decrease the complications of arthritis, heart disease, stroke, and obesity among persons residing in Oklahoma by providing the Enhance Fitness and Chronic Disease Self Management Programs. The project objectives are to: 1) develop and sustain quality implementation of two evidence-based health prevention programs for individuals 60 years of age and above; 2) improve collaboration in providing services among health, public health, and aging services network agencies at the state and local level; and 3) evaluate the program, document activities, and disseminate the results. Project outcomes are to: 1) provide evidence-based health prevention programs to 2,800 individuals over 60; 2) develop over 100 permanent program sites over three years; 3) improve health outcomes among 80% of participants; and 4) sustain the program once federal funding ends. The Oklahoma Project will produce an interagency advisory committee, a final report, marketing materials, articles for publication, data reflecting participants in Oklahoma, models for rural and tribal regions, and abstracts and workshops for national conferences.

**Grant Number:** 90AM3115
**Project Title:** Evidence-Based Prevention Programs for Older Adults in Oregon
**Project Period:** 09/30/2006 – 05/31/2011

**Grantee:**
Oregon Department of Human Services
Seniors and People with Disabilities
676 Church Street
Salem, OR 97301-1076

**Contact:**
Elaine Young
Phone: 503-373-1726
Email: elaine.young@state.or.us

AoA Project Officer: Priti Shah

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $250,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,050,000 |

**Project Abstract:**

The Oregon Dept. of Human Services, Seniors and People with Disabilities and the Department of Human Services, Health Promotion, and Chronic Disease Prevention are implementing an evidence-based (EB) disease prevention initiative with the goal of promoting the health and independence of community-living older adults in four diverse areas in Oregon and are additionally expanding state-wide in training and marketing to reach more older adults. In 2010-2011, Oregon is supporting the Chronic Disease Self-Management Program (CDSM) with their funding. CDSMP will promote active self-management of chronic conditions and promote physical activity. The objectives are to: 1) reach at-risk seniors with EB programs through new and expanded partnerships between aging, health, private, and public agencies; 2) maintain fidelity to the design and research outcomes associated with the selected interventions; 3) increase awareness and use of EB health promotion programs focused on older adults; and 4) develop systems that can be used in sustaining, replicating, and expanding the use of such programs in Oregon. The anticipated outcomes are: 1) reach 190 participants; 2) identify new and expanded community partners to offer EB to at risk older adults; 3) increase participation by high risk older adults in EB programs to impact chronic disease self-management, physical activity and falls prevention; and 4) expand the project to additional counties, as a result of dissemination efforts. Products: final report, including data on participation and reach, and systems development; articles that may be written about the project; and logic models for implementation of each program, as well as abstracts for any conference presentations on the project.

**Grant Number:** **90AM3188**
**Project Title:** **Implementation of Evidence-Based Intervention Programs Statewide**
**Project Period:** **09/30/2006 – 05/30/2011**

**Grantee:**
South Carolina Lieutenant Governor's Office on Aging
Division of Aging Services
1301 Main Street, Suite 200
Columbia, SC 29201

**Contact:**
Crystal K. Strong
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Email: CStrong@aging.sc.gov

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $200,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,000,000 |

**Project Abstract:**

The South Carolina Lieutenant Governor's Office on Aging and its partner, the Department of Health and Environmental Control will continue to provide proven prevention programs with the following goals and objectives. Goal 1 - Iincrease the quality and years of life for older adults with chronic diseases or fear of falling with the objectives of 1) expanding the Chronic Disease Self-Management Program (CDSMP) statewide; 2) implementing A Matter of Balance fall prevention program (MOB) in two regions; 3) training additional Group Leaders and Master Trainers; 4) expanding health promotion strategies and materials to reach diverse groups, including underserved populations; and 5) continuing to evaluate the reach, fidelity, and impact of the programs. Goal 2 - Maintain and expand the infrastructure of partnerships to embed these programs in state health and long-term care systems with the objectives of: 1) strengthening and expanding the local partnership base; 2) providing leadership, consultation, and ongoing support to local partners; 3) sustaining and expanding the commitment of funds and resources from public and private sectors; and 4) strengthening and expanding the South Carolina Partnership for Healthy Aging. Outcomes include: 1) CDSMP participants will report increased self-confidence, improved health status, and increased self-management behaviors; 2) MOB participants will demonstrate a reduced fear of falling and increased mobility: and an increased number and reach of evidence-based prevention programs for older adults in the state, and reductions in health care utilization and costs.

**Grant Number:** **90AM3114**
**Project Title:** **Texas Healthy Lifestyles**
**Project Period:** **09/30/2006 – 05/31/2011**

**Grantee:**
Texas Department of Aging and Disability Services
Center for Policy and Innovation
701 W. 51st St.
Austin, TX 78751

**Contact:**
Christy Fair
Tel. No. (512) 438-3257
Email: christy.fair@dads.state.tx.us

AoA Project Officer: Michele Boutaugh

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $99,999 |
| FY2009 | $200,000 |
| FY2008 | $200,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | |
| FY2004 | |
| FY2003 | |
| Total | $999,999 |

**Project Abstract:**

The State of Texas, through the Department of Aging and Disability Services and the Department of State Health Services, under the umbrella of "Aging Texas Well," and in cooperation with the Bexar AAA, the Brazos Valley AAA and Neighborhood Centers Inc., is expanding regional public/private evidence-based health promotion to help seniors take control of their lives and reduce their risk of disease and disability. The goal is to create a focal point at the state level for evidence-based programs under the Aging Texas Well (ATW) Initiative and expand the scope of these programs through the faith-based community, in rural areas, and non-traditional partnerships. The planned interventions are the Chronic Disease Self-Management Program, the Matter of Balance fall prevention program, and Enhance Fitness. The objectives are: 1) to develop a foundation of knowledge of the risks associated with chronic disease and the benefits of a healthier lifestyle; 2) to help older persons learn to take responsibility for day to-day self management of their disease; 3) to increase awareness of local resources for a healthier lifestyle; 4) to reduce the burden of chronic illness across the participating regions of Texas; 5) to incorporate a more comprehensive approach to chronic disease management as part of ATW; and 6) to disseminate project information at the conclusion of the grant term. The outcomes will be: improved self-efficacy (for chronic disease management), improved self-reported health status and symptom management, improved health behaviors, reduced utilization of healthcare resources, and stronger community resources to support non-medical chronic disease management.

**Grant Number:** **90AM3111**
**Project Title:** **Living Well in Wisconsin**
**Project Period:** **09/30/2006 – 05/31/2011**

**Grantee:**
Wisconsin Department of Health and Family Services
Division of Long Term Care
1 West Wilson Street
PO Box 7850
Madison, Wisconsin 53708-7850

**Contact:**
Gail Schwersenska
Tel. No. (608) 266-7803
Email: SchweGA@dhfs.state.wi.us

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $250,000 |
| FY2008 | $250,000 |
| FY2007 | $250,000 |
| FY2006 | $250,000 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,100.000 |

AoA Project Officer: Priti Shah

**Project Abstract:**

The Wisconsin Department of Health and Family Service's Divisions of Long Term Care and Public Health are conducting evidence-based injury and disease prevention programs and Chronic Disease Self Management Programs (CDSMP) in collaboration with AAAs, local county/tribal aging agencies and public health departments, health care providers, the Wisconsin Medical Society, and others. The project goals for 2010-2011 are to: 1) continue to support the implementation of CDSMP and Stepping On; and 2) to implement the Medications Management Improvement System (MMIS) which is an evidence-based tool that reduces falls in older adults by addressing polypharmacy. Objectives are to: 1) promote self-management of chronic conditions and reduce falls in older adults through the CDSMP and Stepping On programs; 2) develop MMIS infrastructure by providing small implementation grants to develop programs; and 3) partner with local pharmacists who can serve as program consultants. Expected outcomes are to reach 500 older adults to: 1) reduce unnecessary therapeutic duplications of the same drug; 2) reduce falls, dizziness or confusion caused by inappropriate psychotropic drugs; 3) reduce cardiovascular medication programs related to dizziness, and 4) reduce inappropriate use of non-steroidal anti-inflammatory drugs.

## Evidence-Based Disease Prevention Programs – National Resource Center

The Administration on Aging (AoA) held a cooperative agreement grant competition to support a National Resource Center to assist State grantees develop the workforce and systems to deliver Evidence-Based Disease and Disability Prevention (EBDP) programs. AoA currently supports 24 states operating EBDP programs at 1,200 community-based delivery sites. The EBDP includes national training and certification programs; a national resource center on evidence-based prevention programs for the elderly; local program training materials, guides and marketing materials; quality assurance mechanisms and fidelity protocols.

Information about the Center and the Evidence-Based Disease and Disability Prevention programs can be read on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Evidence_Based/index.aspx

**Grant Number:** **90AM2793**
**Project Title:** **Evidence-Based Prevention Programs-National Resource Center**
**Project Period:** **09/30/2003 – 02/31/20101**

**Grantee:**
National Council on the Aging
1901 L Street, NW
Washington, DC 20036

**Contact:**
Wendy Zenker
Tel. No. (202) 479-6618
Email: Wendy.Zenker@ncoa.org

AoA Project Officer: Jane A. Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $40,000 |
| FY2009 | $1,300,000 |
| FY2008 | $925,000 |
| FY2007 | $725,000 |
| FY2006 | $687,000 |
| FY2005 | $685,000 |
| FY2004 | $600,000 |
| FY2003 | $600,000 |
| Total | $5,562,000 |

**Project Abstract:**

The National Council on the Aging (NCOA) established a National Resource Center to support prevention demonstration grantees to successfully implement evidence-based disability and disease prevention programs; engage the aging services network (and others) in evidence-based programs and facilitate their adoption; and assist AoA to further develop an evidence-based prevention program. The outcomes of this project are replicable programs that can positively affect the health and function of older adults, and increased support for the aging network's contributions in addressing prevention needs. The Center leverages NCOA's experience in strengthening the capacity of aging service providers to offer evidence-based programming and provide multiple types of resources and technical assistance. Bringing complementary skills and knowledge are the Center's partners - the Aging Blueprint Office, the Healthy Aging Research Network of CDC's Prevention Research Centers, UCLA's Geriatric Medicine and Gerontology Program, a leading communications and dissemination firm, and leading national aging organizations. Support of the National Resource Center was re-competed in FY2010 and supported under a new project grant award.

**Program: Evidence-Based Disease Prevention – National Resource Center**

**Grant Number:** **90BP0001**
**Project Title:** **National Resource Center - Supporting States Developing Evidence-Based Disease Prevention Programs and Delivery Systems**
**Project Period:** **07/01/2010 – 07/01/2011**

**Grantee:**
National Council on Aging, Inc.
1901 L. Street, NW 4th Floor
Washington DC 20036

**Contact:**
Wendy Zenker
Tel. No. (202) 479-6618
Email: Wendy.Zenker@ncoa.org

AoA Project Officer: Jane A. Tilly

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $650,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $650,000 |

**Project Abstract:**

The National Council on the Aging (NCOA) serves as the National Resource Center to support the Administration on Aging's evidence-based prevention programs in 24 states. These programs address topics such as healthy behaviors, exercise, medication management, and depression. The Center's goals are to help grantees implement and sustain these programs in partnership with public health programs. Technical assistance involves individualized assistance, tutorials, webinars, on-line education modules, tools and research designed to support the entire aging services network (and others) as they implement and sustain evidence-based programs. The outcomes of this project are: 1) replicable programs that can positively affect the health and function of older adults, and 2) increased support for the aging network's contributions in addressing prevention needs.

## Evidence-Based Disease Prevention Programs – Evaluation Design

The Administration on Aging (AoA) and the Centers for Disease Control and Disease Prevention (CDC) have been collaborating since 2002 to promote increased collaboration between the public health and aging services networks, and to support health promotion and disease prevention programs for older adults at the state and local level. Beginning in FY2003 with small grants to ten States through the National Association of State Units on Aging (now National Association for States Aging United for Aging and Disabilities), this collaboration has supported implementation of evidence-based health promotion and disease prevention programs.

CDC supports a sub-set of its Prevention Research Centers as a collaborative Healthy Aging Research Network including the Texas A & M University Health Science Center. AoA awarded a grant to the Center in FY2008 for development of an evaluation design to assess the performance of the State grants it has awarded since FY2006 under its Evidence-Based Disease and Disability Prevention Program. The grant also is designed to provide states with tools to improve the implementation and delivery of EBPs in terms of reach and adoption, treatment fidelity, cost-effectiveness, and sustainability, ultimately leading to the enhancement of seniors' health and well-being. In addition to summary briefing reports and scholarly publications, specific products include a research update, plan for online evaluator training modules, guidebook for applying cost-effectiveness methodology, and compendium of best practices.

**Grant Number:** 90OP0001
**Project Title:** Planning a Nationwide Evaluation of Evidence-Based Programs for Seniors
**Project Period:** 09/30/2009 – 06/30/2012

**Grantee:**
Texas A&M University System
School of Rural Public Health
400 Harvey Mitchell Parkway South, Suite 100
College Station, TX 77845

**Contact:**
Marcia Ory
Tel. (979) 458-1373
Email: mory@srph.tamhsc.edu

AoA Project Officer: Jane

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $350,000 |
| FY2009 | $350,000 |
| FY2008 | $200,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $900,000 |

**Project Abstract:**

The Texas A&M Health Science Center, School of Rural Public Health, with support from the Centers for Disease Control's Prevention Research Center-Healthy Aging Research Network, will develop a comprehensive plan for a nationwide evaluation of evidence-based programs (EBP) for seniors. The four major objectives are: 1) to assess the current state of knowledge about EBP practice and evaluation; 2) to identify strengths and gaps in reaching aging populations, delivering EBP services, and building training and evaluation capacity; 3) to recommend a nationwide evaluation plan, specifying design, measurement, desired outcomes, and other critical elements; and 4) to indicate key players/areas of expertise needed to conduct the proposed evaluation plan. The primary outcome will be a recommended plan to evaluate EBPs for older adults nationwide, in collaboration with the National Association of State Units on Aging, National Association of Area Agencies on Aging, and aging services provider organizations. Secondary outcomes are to improve the implementation and delivery of EBPs in terms of 1) reach and adoption; 2) treatment fidelity; 3) cost-effectiveness; and 4) sustainability: which ultimately lead to the enhancement of seniors' health and well-being. In addition to summary briefing reports and scholarly publications, specific products include a: research update, plan for online evaluator training modules, guidebook for applying cost-effectiveness methodology, and compendium of best practices. The intent of the project is to mobilize key stakeholders in synergistic partnership to help define and facilitate implementation of a nationwide evaluation effort developed with input from the aging services network, public health arena, and health care sector.

## Next Generation - Performance Outcome Measurement Project (POMP)

The Administration on Aging (AoA) held a project grant competition in FY2008 for States to build on the work of the Performance Outcome Measurement Project of previous years and to continue to enhance performance measurement capability throughout the Aging Network. The Government Performance and Results Act requires Federal agencies to use performance measurement, particularly outcome measurement, to improve the performance of Federal programs. Further, the Office of Management and Budget implemented a performance assessment process which placed increased emphasis on assessing program performance through outcome measurement. Results from earlier POMP projects were instrumental in improving AoA's program assessment scores.

Over the past nine years, AoA has sponsored the Performance Outcome Measurement Project for the Older Americans Act (OAA), Title III programs. This project with State Units on Aging and Area Agencies on Aging (AAAs) has produced a core set of performance measurement instruments. The instruments have been developed to obtain consumer-reported outcomes and quality assessment for critical OAA services. The instruments also measure special needs characteristics of the people receiving services.

The new projects awarded in FY2008 and continuing in FY2010 encompass developmental and planning work for Next Generation: POMP and the development and preparation of a "POMP TO GO" toolkit. POMP efforts so far have created surveys that interested entities can implement to measure service-specific outcomes. The toolkit will assist the aging network and other interested parties in conducting surveys and using the information collected for program improvement and budget justification. Next Generation: POMP grantees were also asked to do developmental work on predictive modeling of nursing home placement using existing POMP survey data, participate in the development of longitudinal surveys to compliment the cross-sectional information of existing POMP surveys and to validate the nursing home predictor model that is currently being developed and to enhance its utility at the national level through replication and inclusion of community context variables (nursing home bed supply, community characteristics).

Additional information about POMP can be found on this website:

https://www.gpra.net/default.asp

**Program: Next Generation - Performance Outcomes Measurement Project**

**Grant Number:** 90NG0007
**Project Title:** Arizona Next Generation: Performance Outcome Measurement Project
**Project Period:** 09/30/2008 – 07/31/2011

**Grantee:**
Arizona Department of Economic Security
Aging and Adult Services
1789 W. Jefferson, Site Code 950A
Phoenix, AZ 85007

**Contact:**
John Kinkel
Tel. (602) 364-1974
Email: jkinkel@azdes.gov

AoA Project Officer: Cynthia A. Bauer

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $57,904 |
| FY2009 | $57,904 |
| FY2008 | $52,224 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $168,032 |

**Project Abstract:**

The goal for the Next Generation: Performance Outcome Measure Projects (POMP) is enhanced performance measurement capacity throughout the Aging Network. This project, the first phase of the Next Generation: POMP is developmental. Its objectives are: 1) the development of the "POMP TO GO" toolkit; 2) the development of longitudinal performance measurement surveys; 3) the development of a methodology to cross-validate the generic nursing home predictor model being developed under Advanced POMP; and 4) the development of a plan to assess the nursing home predictive value of key performance measure variables in earlier POMP surveys. Arizona is assuming a leadership role for the development of longitudinal surveys.

**Program: Next Generation - Performance Outcomes Measurement Project**

**Grant Number:** **90NG0001**
**Project Title:** **Florida Next Generation: Performance Outcome Measurement Project**
**Project Period:** **09/31/2009 – 07/31/2011**

**Grantee:**
Florida Department of Elder Affairs
4040 Esplanade Way, Suite 315
Tallahassee, FL 32399-7000

**Contact:**
Jay Breeze
Tel. (850) 414-2338
Email: Breezej@elderaffairs.org

AoA Project Officer: Cynthia A. Bauer

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $59,761 |
| FY2009 | $59,942 |
| FY2008 | $59,942 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $159,645 |

**Project Abstract:**

The goal for the Next Generation: POMP project is enhanced performance measurement capacity throughout the Aging Network. This project, the first phase of the Next Generation: Performance Outcome Measurement Project (POMP), is developmental. Its objectives are: 1) the development of the "POMP TO GO" toolkit; 2) the development of longitudinal performance measurement surveys; 3) the development of a methodology to cross-validate the nursing home predictor model being developed under Advanced POMP; and 4) the development of a plan to assess the nursing home predictive value of performance measurement variables included in earlier POMP surveys. Florida is assuming a leadership role in developing a plan to assess the predictive value of performance measures identified in earlier POMP surveys.

**Program: Next Generation - Performance Outcomes Measurement Project**

**Grant Number:** **90NG0006**
**Project Title:** **Next Generation: Performance Outcome Measurement Project**
**Project Period:** **09/30/2008 – 07/31/2011**

**Grantee:**
Georgia Department of Human Services
Division of Aging Services
2 Peachtree Street, N.W., Suite 9-398
Atlanta, GA 30303-3142

**Contact:**
Elaine Popham
Tel. (912) 449-4996
Email: mepopham@dhr.state.ga.us

AoA Project Officer: Cynthia A. Bauer

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $36,868 |
| FY2009 | $27,651 |
| FY2008 | $27,651 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $92,170 |

**Project Abstract:**

The goal for Next Generation POMP is enhanced Performance measurement capacity throughout the Aging Network. This project, the first phase of the Next Generation: Performance Outcome Measurement (POMP), is developmental. Its objectives are: 1) the development of the "POMP TO GO" toolkit; 2) the development of longitudinal performance measurement survey instruments; 3) the development of a methodology to cross-validate the nursing home predictor model under development in Advanced POMP; and 4) the development of a plan to identify nursing home predictive value of performance measurement variables included in earlier POMP surveys. Georgia is assuming a leadership role in the development of the "POMP TO GO" toolkit.

**Program: Next Generation - Performance Outcomes Measurement Project**

**Grant Number:** 90NG0003
**Project Title:** Massachusetts Next Generation Performance Outcome Measurement Project
**Project Period:** 09/31/2009 – 07/31/2011

**Grantee:**
Massachusetts Executive Office on Aging
One Ashburton Place, 5th Floor
Boston, MA 02108

**Contact:**
Ruth Palombo
Tel. (617) 222-7514
Email: Ruth.Palombo@state.ma.us

AoA Project Officer: Cynthia A. Bauer

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $59,998 |
| FY2009 | $59,975 |
| FY2008 | $59,975 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $179,948 |

**Project Abstract:**

The goal for the Next Generation POMP project is enhanced performance measurement capacity throughout the Aging Network. This project, the first phase of the Next Generation: Performance Outcome Measurement Project (POMP) is developmental. Its objectives are: 1) the development of the "POMP TO GO" toolkit; 2) the development of longitudinal performance measurement survey instruments; 3) the development of a methodology to cross-validate the nursing home predictor model being developed under Advanced POMP; and 4) the development of a strategy to assess the nursing home predictive value of key performance measurement variables from earlier POMP surveys. Massachusetts has assumed a leadership role in the development of "POMP TO GO" toolkit.

**Program: Next Generation - Performance Outcomes Measurement Project**

**Grant Number:** **90NG0004**
**Project Title:** **Next Generation: Performance Outcome Measurement Project**
**Project Period:** **09/31/2009 – 07/31/2011**

**Grantee:**
New York State Office for the Aging
2 Empire State Plaza
Albany, NY 12223

**Contact:**
I-Hsin Wu
Tel. (518) 486-2730
Email: i_wu@ofa.state.ny.us

AoA Project Officer: Cynthia A. Bauer

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $60,000 |
| FY2009 | $60,000 |
| FY2008 | $60,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $180,000 |

**Project Abstract:**

The goal for the Next Generation: POMP project is enhanced performance measurement capacity throughout the Aging Network. This project, the first phase of the Next Generation: Performance Outcome Measurement Project (POMP) is developmental. Its objectives are: 1) the development of the "POMP TO GO" toolkit; 2) the development of longitudinal performance measurement survey instruments; 3) the development of a methodology to cross-validate the nursing home predictor model under development in Advanced POMP; and 4) the development of a strategy to assess the nursing home predictive value of key performance measurement variables of earlier POMP surveys. New York is assuming a leadership role for developing a methodology to cross-validate the nursing home predictor model developed under Advanced POMP.

**Program: Next Generation - Performance Outcomes Measurement Project**

**Grant Number:** **90NG0002**
**Project Title:** **Next Generation: Performance Outcome Measures (POMP)**
**Project Period:** **09/31/2009 – 07/31/2011**

**Grantee:**
North Carolina Department of Health and Human Services
Aging and Adult Services
2001 Mail Service Center
Raleigh, NC 27699-2001

**Contact:**
Phyllis Bridgeman
Tel. (919) 733-0440
Email: phyllis.bridgeman@ncmail.net

AoA Project Officer: Cynthia A. Bauer

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $60,000 |
| FY2009 | $60,000 |
| FY2008 | $60,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $180,000 |

**Project Abstract:**

The goal for the Next Generation POMP project is enhanced performance measurement capacity throughout the Aging Network. This project, the first phase of the Next Generation: Performance Outcome Measurement Project (POMP), is developmental. Its objectives are: 1) the development of the "POMP TO GO" toolkit; 2) the development of longitudinal performance measurement survey instruments; 3) the development of a methodology to cross-validate the nursing home predictor model developed under Advanced POMP; and 4) the development of a plan to assess the nursing home predictive value of key performance measurement variables included in earlier POMP surveys. North Carolina is assuming a leadership role in the development of longitudinal performance measurement instruments.

**Program: Next Generation - Performance Outcomes Measurement Project**

**Grant Number:** 90NG0005
**Project Title:** Ohio's Next Generation Performane Ooutcomes Measurement Project
**Project Period:** 09/30/2008 – 07/31/2011

**Grantee:**
Ohio Department on Aging
50 W. Broad Street 9th Floor
Columbus, OH 43215

**Contact:**
Robert Lucas
Tel. (614) 6441471
Email: rlucas@age.state.oh.us

AoA Project Officer: Cynthia A. Bauer

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $60,000 |
| FY2009 | $60,000 |
| FY2008 | $60,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $180,000 |

**Project Abstract:**

The overall for the Next Generation: POMP is enhanced performance measurement capacity throughout the Aging Network. This project, the first phase of the Next Generation: Performance Outcome Measurement Project (POMP) is developmental. Its objectives are: 1) the development of the "POMP TO GO" toolkit; 2) the development of longitudinal performance measurement surveys; 3) the development of a methodology to cross-validate the generic nursing home predictor model being developed under Advanced POMP; and 4) the development of a plan to assess the nursing home predictive value of key performance measure variables in earlier POMP surveys. AoA is assuming a leadership role for final survey content.

# Center for Program Operations

The Administration on Aging (AoA) Center for Program Operations provides plans and directs the programs under the Older Americans Act designed to provide planning, coordination and services to older Americans through grant programs authorized under Titles II, III, VI, and VII. The project grants in this section are administered by the Center's four major units: The Office of Home and Community Based Services; the Office of Elder Rights; the Office of American Indian, Alaskan Native, and Native Hawaiian Programs; and the Office of Outreach and Consumer Information.

## Lifespan Respite Care Program

Lifespan Respite Care programs are coordinated systems of accessible, community-based respite care services for family caregivers of children or adults of all ages with special needs. Eligible state agencies funded are using grant funds for the purposes of planning, establishing and expanding/enhancing Lifespan Respite Care systems in the states, including new and planned emergency respite services, training and recruiting respite workers and volunteers and assisting caregivers with gaining access to needed services. Eligible recipients of respite services under this Program Announcement include family members, foster parents, or other adults providing unpaid care to adults who require care to meet basic needs or prevent injury and to children who require care beyond that required to meet the basic needs of the child.

The Administration on Aging (AoA) held its second year grant competition for State government agencies in FY2010 awarding twelve (12) projects.

Information about the Lifespan Respite Care Program is located on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/LRCP/index.aspx

**Grant Number:** **90LR0013**
**Project Title:** **Delaware Lifespan Respite Care Program**
**Project Period:** **09/01/2010 – 09/01/2011**

**Grantee:**
Delaware Department of Health and Social Services
Aging and Disablities
1901 N. duPont Highway
New Castle, DE 19720-1160

**Contact**
Guy Perrotti
Tel. No. (302) 255-9364
Email: guy.perrotti@state.de.us

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $188,432 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $188,432 |

**Project Abstract:**

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in partnership with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The goal of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The objectives are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated outcomes include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected products are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

**Program: Lifespan Respite Care Program**

**Grant Number:** **90LR0014**
**Project Title:** **Kansas Lifespan Respite Project**
**Project Period:** **09/01/2010 – 09/01/2011**

**Grantee:**
Kansas Department on Aging
403 S. Kansas Ave.
Topeka, KS 66603

**Contact**
Tina Langley
Tel. No. (785) 368-7331
Email: Tina.Langley@aging.ks.gov

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $188,221 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $188,221 |

**Project Abstract:**

Kansas Department on Aging (KDOA), in collaboration with the Kansas Lifespan Respite Coalition, Aging and Disability Resource Centers (ADRCs) and the Kansas Department of Social and Rehabilitation Services supports the development of the Kansas Lifespan Respite Project. The goal of the Project will be to expand access to and improve the quality of respite services for residents across the state, regardless of age, disability or special need. Led by the Kansas Department on Aging (KDOA), three objectives will be achieved: 1) expand coordination, participation and dissemination of respite resources resulting in a statewide respite network; 2) increase family caregiver access to and ease in securing respite providers; and 3) increase availability of qualified respite providers and skilled caregivers statewide. Anticipated outcomes include: 1) coordinated respite provider services and information through enhancement of KDOA's ADRC website; 2) increased public awareness of respite through innovative information campaign; 3) increased caregiver knowledge and access through one-stop point of service; 4) increased training opportunities for family caregivers and respite professionals; and 5) adoption of long-term sustainability plan. Products from the project will include an enhanced/expanded website; enhanced/expanded ADRC Online Resource Manual; information campaign materials (brochures, fact sheets, news briefs) targeting the general public and non-English speaking individuals; quarterly progress and final reports to the U.S. Administration on Aging (AoA); evaluation findings; and training curricula.

**Program: Lifespan Respite Care Program**

**Grant Number:** **90LR0015**
**Project Title:** **Louisiana Lifespan Respite Project**
**Project Period:** **09/01/2010 – 09/01/2011**

**Grantee:**
Louisiana Department of Health and Hospitals
628 N. Street
Baton Rouge, LA 70821- 2031

**Contact**
Hugh Eley
Tel. No. (225) 342-1981
Email: hugh.eley@la.gov

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $188,838 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $188,838 |

**Project Abstract:**

The Louisiana Lifespan Respite Project in collaboration with a broad base of consumer and provider organizations and managed by the Louisiana Lifespan Respite Coalition supports this project to build and expand coordinated long-term care services in Louisiana. The goal of the Lifespan Respite Care Project in Louisiana is to provide a statewide, comprehensive, and coordinated approach to meet the lifespan respite care needs for Louisiana's family caregivers of individuals with disabilities and/or chronic conditions. Major objectives include: 1) formalizing and expanding the Louisiana Lifespan Coalition; 2) updating the statewide database of long-term care services, particularly as it relates to respite care services; 3) marketing Louisiana's Aging and Disability Resource Centers as the premier source of information about respite care; 4) educating consumers, providers, and funders about the definition, the benefits of and the need for respite care, including the most efficient methods of providing respite care in Louisiana; and 5) promoting education and training for family caregivers to increase the availability of informal respite care. Anticipated outcomes include: 1) enhanced and coordinated information available about respite care services available for care recipient throughout the lifespan; 2) increased consumer knowledge of and acceptance of respite services; and 3) increased the availability of lifespan respite care throughout the state. Project products include enhanced information on state web sites, a 'how-to' manual for program implementation, and progress reports as required.

**Grant Number:** **90LR0016**
**Project Title:** **Lifespan Respite Care Program**
**Project Period:** **09/01/2010 – 09/01/2011**

**Grantee:**
Massachusetts Department of Mental Retardation
500 Harrison Ave.
Boston, MA 02118

**Contact**
Amy Nazaire
Tel. No. (978) 774-5000
Email: amy.nazaire@state.ma.us

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $188, 950 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $188,950 |

**Project Abstract:**

The Massachusetts Department of Developmental Services (DDS), in conjunction with the Massachusetts Respite Coalition, seeks to create a statewide Lifespan Respite Program, the goal of which is to increase availability of respite for all populations by creating a centralized, comprehensive statewide information, referral and training process for respite services. The Grant Implementation Team and the Massachusetts Respite Coalition will convene an Advisory Committee and Board of Directors to achieve this goal and the following objectives: 1) develop a statewide respite coalition consisting of family caregivers, respite providers, and members of the aging, disability and health services networks; 2) improve statewide dissemination and coordination of respite care by developing a comprehensive, accessible directory of services; and 3) enhance and expand the availability of Lifespan Respite Services in Massachusetts by improving training and recruitment of providers, and developing a strategic plan and list of policy recommendations. Anticipated outcomes include: 1) a more collaborative network of respite service providers; 2) an easily accessible, highly visible on-line and print-based guide to respite services; 3) a better trained corps of respite workers and volunteers; and 4) greater availability of respite services. Products will include a three-year plan for the development of a Lifespan Respite Services Program; a written assessment of respite services in Massachusetts; a web-and print-based directory of respite services in Massachusetts; a dedicated website; a set of quality and safety guidelines for respite providers; a toolkit for replication of a statewide respite program, including a cost analysis; a training curriculum for workers and volunteers; and a list of policy recommendations.

**Grant Number:** **90LR0017**
**Project Title:** **Minnesota's Lifespan Respite Program**
**Project Period:** **09/01/2010 – 09/01/2011**

**Grantee:**
Minnesota Department of Human Services
Board on Aging
PO Box 64976
St. Paul, MN 55164-0976

**Contact**
Kari Benson
Tel. (851) 431-7415
Email: kari.benson@state.mn.us

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $188,950 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $188,950 |

**Project Abstract:**

The Minnesota Board on Aging, in collaboration with the Minnesota Department of Human Services and the Minnesota Lifespan Respite Coalition, supports the development of a Lifespan Respite Care Program. The goal of the project is to improve access to and availability of lifespan respite services for Minnesota's family caregivers. Proposed objectives are to: 1) jumpstart, train and support Regional Lifespan Respite Collaboratives; 2) enhance the listing of public and private lifespan respite resources on the State's database; 3) expand the online Caregiver Link to provide family caregivers with information, resources and tools regarding respite resources; 4) train community members as 'lifespan respite ambassadors' to increase awareness of available respite services; 5) increase coordination among public programs to maximize recruiting, training and funding resources; and 6) increase consumer choice and control of respite services across the lifespan. The expected outcomes of this effort are: 1) family caregivers will have increased knowledge of available respite services and how to access them; 2) family caregivers will receive more respite services that better meet their needs; 3) service providers, advocates and community members will have increased knowledge of the needs of caregivers and how they can be a part of a community of care; and 4) state program staff will report increased frequency of sharing resources to recruit and train respite providers and to increase the availability of lifespan respite services. Project products will include the enhanced lifespan respite service listing on the statewide Information and Referral database and evaluation reports on the Regional Lifespan Respite Collaboratives and the success of the project in achieving expected outcomes.

**Grant Number:** **90LR0018**
**Project Title:** **Nebraska Lifespan Respite Care Program**
**Project Period:** **09/01/2010 – 09/01/2011**

**Grantee:**
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-0526

**Contact**
Sara Briggs
Tel. (402) 471-4623
Email: sarah.briggs@nebraska.gov

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $178,322 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $178,322 |

**Project Abstract:**

The Nebraska Department of Health and Human Services, in partnership with the Nebraska Lifespan Respite Network and Answers4Families (ADRC) supports this grant to build upon the state's Lifespan Respite Program. The goal of the project is to improve access to Nebraska's Lifespan Respite Program. Project objectives include: 1) replacing existing antiquated database with a web-based system that incorporates the Nebraska Resource Referral System/Answers4Families (ADRC); 2) expand online assessment capacity; 3) expand peer support options available through the ADRC web site; 4) educate respite coordinators about the ADRC; 5) develop or identify a statewide caregiver crisis planning tool; 6) increase providers for crisis/emergency respite; 7) identify, develop and deliver training for first responders; 8) develop criteria for short-term crisis respite funding; and 9) expand awareness of available respite services. Anticipated outcomes include: 1) integration of Lifespan Respite Program information into the ADRC web site; 2) increased accessibility of provider information to families, caregivers and clients; 3) First Responders have resources for families in crisis; and 4) enhanced peer support options for family caregivers. Products will include an enhanced website, webinars and conference presentations, and lessons learned and mentoring to other states.

**Grant Number:** **90LR0019**
**Project Title:** **New York State Office for the Aging Lifespan Respite Care Program**
**Project Period:** **09/01/2010 – 09/01/2010**

**Grantee:**
New York State Office for the Aging
2 Empire State Plaza
Albany, NY 12223-1251

**Contact**
Gregary Olsen
Tel. (518) 473-4552
Email: g_olsen@ofa.state.ny.us

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $188,950 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $188,950 |

**Project Abstract:**

The New York State Office for the Aging (NYSOFA) supports this initiative in collaboration with the Statewide Caregiving and Respite coalition of New York (SCRCNY) and New York State's ADRC (NY Connects) to form a NY Lifespan Respite Program Core Team to meet the following goal: expand and strengthen SCRCNY to build a caregiver support services network and develop a statewide coordinated system, increasing access to respite services for families across age/disability spectrums, including access to emergency respite services. Project objectives include: 1) develop a coordinated system of accessible, community-based respite services for people of all ages/across all needs; 2) conduct a statewide inventory of respite services and include in the statewide NY Connects database; 3) identify and facilitate development of respite services for underserved populations; 4) identify current programs that train informal caregivers and provide a methodology to link caregivers to programs; 5) determine good practices and establish linkages to recruitment and training of volunteers; 6) raise public awareness about caregiving and value of respite; and 7) develop a strategic approach to ensure sustainability. It is anticipated that New York will implement a lifespan respite program that build and strengthens SCRCNY and coordinates existing respite services across all sectors. Anticipated products include: a respite data base; a web-based good practices inventory, caregiver, volunteer and professional training materials; media materials; a final report, including program evaluation results; and abstracts for state and national conferences.

**Grant Number:** **90LR0020**
**Project Title:** **Oklahoma Lifespan Respite Project**
**Project Period:** **09/01/2010 – 09/01/2011**

**Grantee:**
Oklahoma Department of Human Services
2401 NW23rd Street
Oklahoma City, OK 73107

**Contact**
Zackary Root
Tel. (405) 522-3121
Email: zachary.root@okdhs.org

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $188,950 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $188,950 |

**Project Abstract:**

The Oklahoma Department of Human Services, Aging Services Division, in partnership with the Oklahoma Respite Resource Network, Developmental Disabilities Services Division, Area Agencies on Aging, the Oklahoma State Departments of Health and Mental Health and Substance Abuse Services, and the Oklahoma Areawide Services Information System (OASIS) will implement the Lifespan Respite Care Program. The goal of the project is to provide respite services to the unserved and underserved caregiver population spanning the lifespan continuum in Oklahoma. Project objectives include: 1) provide technical assistance and seed grants to caregiver and disability-specific support groups, private and faith-based organizations and volunteer groups to start or enhance respite care services with a focus on sustainability; 2) provide respite vouchers to caregivers not eligible for funding; 3) enhance statewide outreach and recruitment efforts through public speaking engagements and development of promotional materials; and 4) strengthen training collaboration. Expected outcomes of the project include: 1) expanded respite services and choices for caregivers; 2) greater caregiver and care receiver independence; 3) reduction in the economic impact of out-of-pocket expense for respite services; 4) improved physical and mental well-being of the caregiver; and 5) enhanced training opportunities for caregivers and care recipients. Products from this project will include reports, statewide marketing and information materials, a respite guidebook, training materials; a cost-benefit analysis, links to a network of statewide respite resources via expanded websites and the ADRC; and evaluation results.

**Grant Number:** **90LR0024**
**Project Title:** **Pennsylvania Lifespan Respite Care Program**
**Project Period:** **09/01/2010 – 09/01/2011**

**Grantee:**
Pennsylvania Department on Aging
Bureau of Individual Support
555 Walnut Street
Harrisburg, PA 17101 -1925

**Contact**
Robert McNamara
Tel. (717) 772-2541
Email: rmcnamara@state.pa.us

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $187,015 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $187,015 |

**Project Abstract:**

The Pennsylvania Department of Aging in partnership with the Pennsylvania Lifespan Respite Coalition, the Pennsylvania Departments of Public Welfare and Health, Pennsylvania's network of Aging and Disability Resource Centers and key community based organizations will establish a statewide lifespan respite system. The goal of the project is to improve the coordination of and access to respite services across all ages and disabilities in the state. The following objectives will be addressed: 1) establish a statewide Lifespan Respite Care Advisory Council to lead, support and monitor the development of a lifespan respite care system for Pennsylvania; 2) improve coordination among state and local agencies and organizations that provide and/or fund respite services and those that provide information and referral to families; and 3) increase awareness of lifespan respite needs and services among caregivers and providers. Expected project outcomes are 1) improved statewide systems of coordination of respite services; 2) improved access to respite services for caregivers; and 3) increased awareness of respite needs and use of respite services. Products will include a comprehensive and culturally effective website for lifespan respite resources, including training resources and opportunities; a written action plan created by the Advisory Council that presents recommendations for efforts to sustain the created lifespan respite care system; and a report of evaluation results.

**Grant Number:** **90LR0021**
**Project Title:** **Utah Lifespan Respite Care Program**
**Project Period:** **09/01/2010-09/01/2011**

**Grantee:**
Utah Department of Human Services
195 N 1950 St.
Salt Lake City, UT 84116-3097

**Contact**
Sonnie Yudell
Tel. (801) 539-3926
Email: syudell@utah.gov

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $188,950 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $188,950 |

**Project Abstract:**

The Utah Division of Aging and Adult Services, Utah Aging and Disability Resource Center (ADRC), Veteran's Administration, Developmental Disabilities Council, National Alliance on Mental Illness Utah, Alzheimer's Association and other agencies of the Utah Coalition for Caregiver Support (UCCS) will initiate a coordinated statewide lifespan respite care program; The goal of the project is to organize and integrate all of Utah's respite care programs so that a single helpline and website meet the needs of caregivers searching for information, options and relief. The following objectives will be achieved: 1) institute a comprehensive lifespan respite care program with an accessible point of entry for caregivers; 2) expand respite care services and respite scholarships to family caregivers, and develop private funding sources to sustain lifespan respite scholarships; 3) implement a new "UCare" caregiver training program statewide for lifespan caregiver audiences and added modules related to the ADRC services and support to growing numbers of non-service connected Utah caregivers of Veterans with dementia; and 4) facilitate training and job access for candidates entering the field of professional caregiving and provide volunteer training for those desiring to provide lifespan respite care. Anticipated outcomes include: 1) an increased number of caregivers served; 2) increased consumer satisfaction; 3) and improved statewide coordination of lifespan respite care. Products include a final report, cost analysis, presentations and manual to support replication by other states, a web-based caregiver support center, statewide Access Utah Network telephone helpline, and a lifespan respite conference.

**Grant Number:** **90LR0022**
**Project Title:** **Wisconsin Lifespan Respite Care Program**
**Project Period:** **09/01/2010 – 09/01/2011**

**Grantee:**
Wisconsin Department of Health Services
Division of Long Term Care
1 W. Wilson St.
P.O. Box 7850
Madison, WI 53707-7850

**Contact**
Beth Wroblewski
Tel. (608) 267-5139
Email: beth.wroblewski@wisconsin.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $188,950 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $188,950 |

AoA Project Officer: Gregory Link

**Project Abstract:**

The Wisconsin Department of Health Services Division of Long Term Care, in collaboration with the Respite Care Association of Wisconsin (RCAW), Easter Seals Wisconsin, and the Wisconsin Quality Home Care Commission (WQJCC) will implement the Lifespan Respite Care Program. The goal of the project is to expand the availability and accessibility of respite services in Wisconsin. The following objectives will be achieved: 1) modify the Easter Seals Wisconsin Caring Network curriculum as a base-level, respite care provider training for people with special needs across the lifespan, including those with challenging behaviors; 2) deliver revised Caring Network curriculum in 6 different regions of the state; 3) deliver half-day workshops in 6 different regions for respite providers to learn best practices of caring for different special needs populations; 4) develop a public awareness campaign for RCAW about the need for respite providers; 5) implement the public awareness campaign; 6) expand WQHCC's Care Registry referral database and matching services to include trained respite care workers; and 7) communicate respite provider trainings and expanded Care Registry to long-term care stakeholders. The following outcomes are anticipated: 1) trained respite providers will demonstrate knowledgeable skills to provide care for people with special needs across the lifespan, including those with challenging behaviors; and 2) families and caregivers will have more direct access to respite services in their communities. The following products will be created during the project: a provider training curriculum; a statewide home and respite care worker registry and matching service; a statewide public awareness campaign; and public awareness collateral materials, including print, web-based, video and a training curriculum.

**Grant Number:** **90LR0023**
**Project Title:** **Lifespan Respite Care Program**
**Project Period:** **09/01/2010 – 09/01/2011**

**Grantee:**
Washington Department of Social and Health Services
640 Woodland Square Loop, SE
Olympia, WA 08504-5600

**Contact**
Hilari Hauptman
Tel. (360) 725 2556
Email:

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $188,950 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $188,950 |

**Project Abstract:**

The Aging and Disability Services Administration (ADSA) of Washington State is partnering with the Respite and Crisis Care Coalition of Washington (RCCCWA) in a three-year project to build a statewide lifespan respite care system. The goal of the project is to build, strengthen, and expand a sustainable statewide Lifespan Respite Care system and ensure that information is available to caregivers so that respite becomes more available and accessible to family caregivers throughout Washington State. Project objectives are: 1) build the capacity of RCCCWA through new and existing partnerships; 2) provide information to caregivers to give them the skills and confidence to recruit, hire, and work with respite providers; 3) collaborate on a statewide volunteer respite model for the recruitment, training, support and retention of volunteer respite providers; and 4) develop outreach strategies for caregivers, agencies, and the general public to inform them about the single point of entry for inquiries about respite care. Anticipated outcomes include: 1) family caregivers in Washington State will have an increased awareness of the availability of respite care; and 2) family caregivers in Washington State will have increased access to respite services. Products include a website and 1-800 number providing a single point of entry for caregivers seeking respite services, outreach materials in multiple languages about the range of respite care available, a booklet in multiple languages for caregivers on hiring and working with a respite provider; and a final report, including lessons learned and an evaluation of the project's work.

## Technical Assistance Center for Caregiving and Lifelong Respite Programs

In FY2009, AoA awarded a three year grant to the Family Caregiver Alliance in partnership with the ARCH National Respite Network to provide technical assistance for caregiver support and lifespan respite programs.

The National Family Caregiver Program is a Title III Older Americans Act Program which awards formula driven grants to State Agencies on Aging. In FY2010 a continuation award to the partnership was award for its second year.

Information about the National Family Caregiver and Lifelong Respite Programs are located on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Caregiver/index.aspx
http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/LRCP/index.aspx

**Program: Technical Assistance for Caregiver and Lifespan Respite Care Programs**

**Grant Number:** 90PG0004
**Project Title:** Technical Assistance for Caregiver and Lifespan Respite Programs
**Project Period:** 09/01/2009 – 09/31/2012

**Grantee:**
Family Caregiver Alliance
180 Montgomery Street, Suite #1100
San Francisco, CA 94104

**Contact:**
Kathleen A. Kelly
Tel. (415) 434-3388
Email: kkelly@caregiver.org

AoA Project Officer: Greg Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $350,000 |
| FY2009 | $381,622 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $731,622 |

**Project Abstract:**

The Family Caregiver Alliance in partnership with ARCH National Respite Network supports the three-year Strengthening Professional Networks: Technical Assistance for Caregiver Support and Lifespan Respite Programs with the goal of increasing capacity, efficiency and effectiveness of caregiver support and lifespan respite networks (Networks) at state and local levels. The project's objectives are: 1) To support Networks infrastructure development; 2) To develop and disseminate tools and resources for caregivers to the NFCSP and caregiver support programs; 3) To design and maintain a national respite care, technical assistance and information database; 4) To provide knowledge and competency tools and resources to Networks staff. Project outcomes include: increased efficiency of the Networks so the most benefit can be derived from the limited resources available; increased efficiency and effectiveness of the aging network through having the right tools and resources to address the changing needs of family caregivers; easy access to a database of respite resources so family caregivers can more effectively locate and use respite; increased competency of staff across the Networks through: 1) receipt of high quality training aimed at increasing knowledge and skills and 2) dissemination of practice standards for knowledge and competencies related to family caregivers developed at the national levels. The products included two websites offering national databases of respite programs and model caregiver support programs and materials; lifespan respite training materials; training modules; national and state conference workshops; monthly technical assistance emails; in-person and telephone technical assistance; practical tips for program developers; development of state children's respite programs listings; web casts; dissemination of practice guidelines; final report; and abstracts for national conferences.

## Community Innovations for Aging in Place

The 2006 Older Americans Act Amendments authorized support of demonstrations of neighborhood and community programs supporting aging in place with an emphasis on areas with high numbers of older residents aging in place. AoA first funded projects in FY2009, awarding three year demonstrations to fourteen (14) organizations and a technical assistance award to the Visiting Nurse Association of New York. Although diverse in their approaches, each demonstration emphasizes collaboration with organizations and agencies offering existing services which link residents to comprehensive and coordinated health and social services, including disease prevention and health promotion services, education, socialization, recreation and civic engagement.

In FY2010 15 projects received their second year continuation funding.

Additional information about Community Innovations for Aging in Place is found on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/CIAIP/Index.aspx

**Grant Number:** 90AP2651
**Project Title:** Alaska Native Aging in Place Project
**Project Period:** 09/31/2009 – 09/29/2012

**Grantee:**
Mt. Sanford Tribal Consortium
P.O. Box 357
Gakona, AK 99586

**Contact:**
Evelyn Beeter
Tel. (907) 822-5810
Email: ebeeter@mstc.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $259,680 |
| FY2009 | $274,308 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $533,988 |

**Project Abstract:**

In collaboration with the Alaska Native Tribal Health Consortium, University of Alaska and regional community college, State Senior and Disability Services and regional providers this project proposes the development of an Aging in Place program in two rural villages that will serve as a model for developing similar programs in other villages in Alaska. The goal of this three year demonstration project is to pilot an Aging in Place program in two rural Alaska Native villages to develop a cost effective, village based model that enables Native Elders to remain in their homes and villages during their remaining years of life. The objectives are: 1) collaborate with strategic partners to develop a village based program; 2) implement and evaluate services; and 3) disseminate process and outcome data and lessons learned to provide a model that can be adapted by other rural villages. The expected outcome is that the documentation of the project will provide an informative model and be of assistance to other Tribes in developing village based programs. Products include reports detailing evaluations of client services, and program development activities and outcomes and; a website that disseminates information and assistance to benefit rural Tribes in developing village based programs.

**Program: Community Innovations for Aging in Place**

**Grant Number:** **90AP2660**
**Project Title:** **Catholic Charities Older Adult Outreach and Engagement Project**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Catholic Charities of Stockton
1106 North El Dorado Street
Stockton, CA 95202

**Contact:**
Kathi Toepel
Tel. No. (209) 532-8448
Email: ktoepel@ccstockton.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $257,218 |
| FY2009 | $271,708 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $528,926 |

**Project Abstract:**

Catholic Charities - Diocese of Stockton proposes a three-year Older Adult Outreach and Engagement Project in collaboration with Tuolumne and Calaveras County's social service agencies, the Area Agency on Aging, and community organizations supporting the needs of older adults. The approach is to expand the current Older Adult Outreach and Engagement Program by adding new services and strengthening existing ones. The primary goal of the project is to provide a comprehensive, community-coordinated case management system that is responsive and addresses the diverse needs of older adults residing in rural area, enabling more elderly residents to safely age in place, continue to live independently in their community while retaining the dignity and respect they have earned. Objectives include: 1) increase assessment and intervention services which address both physical and psychosocial needs; 2) establish a senior home sharing program; 3) improve both physical and mental activity levels among elderly clients by strengthening already existing senior volunteer programs; and 4) creating a partnership between teen/young adults and seniors. The expected outcomes are that senior citizens can maintain an important level of independence enabling self-determination and increasing the level dignity necessary for a higher quality of life. The Senior Home Sharing program will expand seniors' housing options well beyond placement in long-term care facilities. Pre- and post-evaluations will be conducted with participants to accurately document baseline needs, challenges and successes. Quarterly participant evaluations will reflect positive results from the expanded range of coordinated services. Deliverable products will include a final report with statistically supported findings. Recommendations which delineate methods for replicating successful project results will be included in a publishable report.

**Grant Number:** 90AP2650
**Project Title:** Lespian, Gay, Bisexual, and Transgender Aging in Place Initiative
**Project Period:** 09/30/2009 – 08/29/2011

**Grantee:**
The Los Angeles Gay and Lesbian Community Center
Senior Services
1625 N Schrader Boulevard
Los Angeles, CA 90028-6213

**Contact:**
Karien O'Brien
Tel. No. (323) 993-7014
Email: kobrien@lagaycenter.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $359,867 |
| FY2009 | $380,139 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $740,006 |

**Project Abstract:**

The Los Angeles Gay and Lesbian Center's Seniors Services Department seeks funding for a three-year lesbian, gay, bisexual and transgender (LGBT) Aging in Place Initiative, a unique intervention providing LGBT seniors with targeted support services, as well as training for service providers that assist area seniors as they age in place. The project goal is to ensure that LGBT older adults in Los Angeles are treated with dignity and respect as they access a comprehensive and coordinated continuum of aging-in-place support services that target LGBT seniors. The objectives are to: 1) provide social/recreational programming, support services, and educational and intergenerational opportunities that assist LGBT older adults in building community and improving social networks, thereby decreasing isolation and invisibility; 2) provide short-term case management services, offering LGBT seniors individual support and assistance in times of need and crisis; and 3) train local health and human service agencies and providers to ensure LGBT older adults receive quality care in mainstream institutions. The expected outcomes of this pioneering intervention are: 1) increased socialization among and between LGBT older adults: 2) LGBT seniors having greater access to LGBT-targeted services; 3) establishment of a central data bank and resource clearinghouse for LGBT-friendly resources; 4) LGBT seniors having greater access to resources that are LGBT-friendly; and 4) an increase the knowledge and awareness of LGBT senior issues and needs among mainstream social service providers. The products of this project will be evaluation data that will be useful for local efforts to better serve this population; a replicable model with project best practices for serving LGBT seniors, as well as a training curriculum, that will be useful to various programs throughout the state and country.

**Grant Number:** 90AP2664
**Project Title:** Building A Lifelong Community In South Cobb County
**Project Period:** 09/30/2009 – 9/29/2012

**Grantee:**
Atlanta Regional Commission
Aging Services Division
40 Courtland Street, N.E.
Atlanta, GA 30303

**Contact:**
Cathie Berger
Tel. No. (404) 463-3235
Email: cberger@atlantaregional.com

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $250,868 |
| FY2009 | $265,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $515,868 |

**Project Abstract:**

The Atlanta Regional Commission, the designated Area Agency on Aging for the ten county Atlanta region, is conducting a community capacity building project for aging in place to be implemented with support from Cobb County Senior Services and in collaboration with the Jewish Federation of Greater Atlanta, Visiting Nurse Health System, and other community partners. The goal of Building Lifelong Communities in South Cobb County is to build the capacity of a local community in becoming a Lifelong Community where individuals of all ages can live throughout their lifetime through comprehensive planning, design, programming and community involvement. The objectives are: 1) to improve the design of the built environment to promote connectivity, retail and services, and housing stock needed to age in place; 2) to implement the NORC (Naturally Occurring Retirement Community) Model to enhance the system of long term services and supports that wrap around the built environment; and 3) to conduct outreach to involve and train residents to advocate for their own needs in the long range process of developing a Lifelong Community. Anticipated outcomes are: 1) increased awareness of Lifelong Community Principles among community leaders; 2) improved health outcomes for frail elders; 3) greater resident access to services and supports that facilitate aging in place; and 4) increased civic engagement among older adults in the community. The deliverables will be increased connectivity, retail and services, and housing stock for older residents; cross-training and cross-referral protocols among local service providers; the development of the South Cobb NORC, and a model program that can be replicated regionally and statewide.

**Grant Number:** **90AP2661**
**Project Title:** **Community Innovations for Aging in Place Project**
**Project Period:** **09/30/2009 – 8/29/2011**

**Grantee:**
Coordinating Center for Home and Community Care
8258 Veterans Highway
Millersville, MD 201108

**Contact:**
Karen-Ann Lichtenstein
Tel. No. (410) 987-1048
Email: kalichtenstein@coordinatingcenter.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $417,757 |
| FY2009 | $441,290 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $859,047 |

**Project Abstract:**

The Coordinating Center for Home and Community Care is conducting a three year Community Innovations for Aging in Place project in collaboration with the Howard County Aging and Disability Resource Center (ADRC). The approach integrates innovative case management expertise with existing community-based services to sustain independence of older individuals. Actualizing aging in place principles, the project goal is to establish a partnership between an experienced case management entity and a local ADRC creating a model for supporting elderly individuals with specialized health concerns to age in their own homes or sites of their choice and avoid costly re-hospitalizations and inappropriate facility placement. Objectives of the project are to: 1) provide outreach to identify individuals living in a Naturally Occurring Retirement Community (NORC) surrounding area and in danger of spending down to Medicaid and nursing home placement; 2) work with Howard County General Hospital to implement a comprehensive discharge plan for participants that includes follow-up community-based case management; 3) develop comprehensive community living plans that encompass the medical, social, educational and recreational supports individuals need to age in place, honoring the individual's strengths and choices; 4) provide on-going case management ensuring that as the individual's needs change they have access to needed care and community supports including community housing alternatives; and 5) establish a Community Development Council, comprised primarily of participants. Expected outcomes include: 1) hospital readmissions will be significantly reduced; 2) greater use of community-based services will be realized; 3) individuals will remain in the community longer; and 4) a replicable model of comprehensive care coordination will be implemented. Final products will include a final report to include a case management replication model, a refined needs assessment, and a plan for sustainability.

**Grant Number:** **90AP2654**
**Project Title:** **Services to Help At-Risk Elders Age in Place (SHARE)**
**Project Period:** **09/30/2009 – 08/29/2011**

**Grantee:**
Boston Medical Center
Elders Living at Home
One Boston Medical Center Place
Boston, MA 02118

**Contact:**
Ellen Jamieson
Tel. No. (617) 414-2834
Email: Ellen.Jamieson@bmc.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $272,765 |
| FY2009 | $288,131 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $560,896 |

**Project Abstract:**

The Boston Medical Center's Elders Living at Home Program (ELAHP) proposes to provide and assess comprehensive services allowing a minimum of 40 low-income, formerly homeless older adults who are at risk of recurring homelessness to remain in public housing, with maximum independence, improved health and healthcare, and meaningful activities and relationships. The approach is to provide comprehensive, individualized, ongoing case management targeted to the specific needs of formerly homeless older adults. The goal of the project is to implement and evaluate an intervention to assist formerly homeless older adults to age in place. The objectives are: 1) to build a support network that is accessible and appropriate for formerly homeless older adults; 2) to help these older adults build on their individual abilities, interests, and living skills to achieve the highest possible level of self-determination; and 3) to document and disseminate findings from this intervention that can be used to advance services and policies for vulnerable, underserved older adults. The expected outcomes of this project are: 1) 95% of older adults will remain in their homes; 2) 90% of older adults will increase independence, as measured by diminishing reliance on services; 3) 80% of older adults will maintain or improve their health status; and 4)80% will improve socialization. The products from this project will be data on intensive, individualized stabilization services; case studies on both successful and unsuccessful older adults; and a document on findings that will be shared with advocates for older adults and used to make public policy recommendations at the national, state, and local level.

**Grant Number:** **90AP2655**
**Project Title:** **Caring Communities Resource Centers**
**Project Period:** **09/2009 – 09/29/2011**

**Grantee:**
Catholic Charities of Kansas City-St. Joseph, Inc.
1112 Broadway
Kansas City, MO 64105

**Contact:**
Michael W. Halteman
Tel. No. (816) 221-4377
Email: mhalterman@ccharities.com

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,692 |
| FY2009 | $317,361 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $618,053 |

**Project Abstract:**

Catholic Charities of Kansas City-St. Joseph is implementing Caring Communities Resource Centers for three years in collaboration with senior centers and community partners of health and aging expertise. The approach takes health care assistance, social workers, chronic disease education and related health activities into senior neighborhood settings. The goal is to enhance older adults' ability to live independently and increase healthy behaviors through localized access to a continuum of health and social services focused on seniors and their caregivers supporting quality of life while aging in place. The objectives include: 1) services customized to needs of older adults in low-income, urban and rural neighborhoods; 2) outreach activities for awareness of the comprehensive scope of services; 3) intake and health screenings to determine health conditions and facilitate care plans for better management; 4) intervention, case management, and referrals to health providers; 5) chronic disease management workshops and health literacy; 6) mental health services; 7) assisting family caregivers to identify their own needs; 8) providing resources to address older adult/caregiver circumstances; and 9) respite services. The expected outcomes are: 1) older adults demonstrate improvement in healthy aging behaviors and ability to remain independent; 2) participants engage in health literacy and screenings; 3) older adults reduce reliance on emergency rooms and preventable hospitalization; 4) older adults demonstrate better disease self-management; 5) seniors report a greater sense of well-being; 6) caregivers demonstrate an increased ability to provide care; and 7) older adults report improvement when caregivers share in services. The products are evaluation reports, electronic and media articles for publication, and a new replicable model of service.

**Grant Number:** **90AP2659**
**Project Title:** **Seniors Count Coordination Initiative**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
Easter Seals New Hampshire
555 Auburn Street
Manchester, NH 03103

**Contact:**
Elin Treanor
Tel. No. (603) 621-3462
Email: etreanor@eastersealsnh.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $291,122 |
| FY2009 | $307,521 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $598,643 |

**Project Abstract:**

Easter Seals New Hampshire and Seniors Count are conducting a three year Seniors Count Coordination Initiative in collaboration with the Catholic Medical Center, Elliot Senior Health Center, Dartmouth-Hitchcock, the Bureau of Elderly & Adult Services, Manchester Department of Public Health, and the Aging and Disability Resource Center. The project goal is to create and implement a replicable person-centered model that enhances coordination between medical services, community living/social services, and caregiver support for frail seniors in the Manchester service area. As part of this initiative, the Project Workgroup and Advisory Committee's objectives will be to: 1) develop the infrastructure and tools needed to make the model successful; 2) hire and train staff; 3) implement the initiative; 4) evaluate the effectiveness of the initiative; and 5) disseminate project information. The expected outcomes of the project are: 1) seniors and caregivers will indicate satisfaction with the initiative; 2) seniors and caregivers will agree that the program helped to prolong the senior's ability to age in place; 3) seniors will experience a decrease in revolving-door hospitalization and emergency room visits; and 4) caregivers will indicate that the initiative decreased their stress level and possibility of burnout. The products from this project will be a final report, including evaluation results; a website; articles for publication; an annual symposium; and presentations at national venues.

**Grant Number:** 90AP2658
**Project Title:** Jewish Family Service of New Mexico's Aging In Place Project
**Project Period:** 09/30/2009 – 08/30/2011

**Grantee:**
Jewish Family Service of Greater Albuquerque
5520 Wyoming Blvd. NE Suite 200
Albuquerque, NM 87109

**Contact:**
Michael Gemme
Tel. No. (505) 291-0332
Email: Michael@jfsnm.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $320,519 |
| FY2009 | $338,575 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $659,094 |

**Project Abstract:**

Jewish Family Service New Mexico (JFS) is conducting a three-year Community Innovations for Aging in Place (CIAIP) project in collaboration with the New Mexico Aging and Long Term Services Department, the Area Agency on Aging and Indian Area Agencies on Aging (AAAs), NM Department of Health (DoH), Fort Sumner Community Development Corporation, and other service providers. The goal of the project is to implement a culturally diverse, innovative, and cost-effective aging in place program for the delivery and coordination of community-based health and social services in Native American, rural, urban, and suburban communities that supports seniors and their caregivers. The objectives are: 1) develop and maintain collaborative partnerships with housing facilities, for and not-for-profit organizations, and local, state, and tribal government agencies; 2) develop Partners Advisory Groups (PAGs); 3) empower participants to engage in volunteerism; 4) expand the project to include HUD-based housing and a Native American pueblo; 5) expand wellness interventions that support aging in place; 6) provide transportation activities; 7) promote Aging and Disability Resource Center resources and expand access to programs for participants and their caregivers; 8) promote long-term project sustainability; 9) evaluate impact of services; and 10) disseminate project information. The expected outcomes of the project are: 1) a cost-effective, innovative, and culturally diverse program that increases emotional and physical wellbeing for seniors; 2) caregivers are supported through access to respite resources and programs; 3) multiple-design evaluations reflecting positive results due to participant-driven programming and integrated service provision. The products from the project will be a Brain Fitness program; culturally-based training CDs; a marketing toolkit; a final report and evaluation results.

**Grant Number:** **90AP2657**
**Project Title:** **Naturally Occurring Retirement Communities Health Plus**
**Project Period:** **09/30/2009 – 09/29/2012**

**Grantee:**
New City Department for the Aging
2 Lafayette Street Room 729
New York, NY 10007

**Contact:**
Ishrat Taleb
Tel. No. (212) 442-0962
Email: italeb@aging.nyc.gov

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $320,519 |
| FY2009 | $338,575 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $659,094 |

**Project Abstract:**

The New York City (NYC) Department for the Aging, in partnership with the United Hospital Fund, proposes to broaden the scope of existing Naturally Occurring Retirement Communities (NORC) in NYC to improve the health and mental health of residents and guide systems change for aging in place models. The goal of the NORC Health Plus program is to broaden the scope and guide systems changes to better meet the health and mental health needs of older NORC residents. The objectives are to: 1) provide older NORC residents with the tools necessary to better manage their health by implementing the evidence-based Chronic Disease Self Management Program; 2) empower older residents to better manage their mental health by offering Behavioral Activation Therapy; 3) build the capacity of NORCs to support service and systems change and assume a broader community role; and 4) increase the depth and breadth of NORC residents' participation in the governance and operation of the NORC services program. Anticipated outcome are that seniors undergoing Behavioral Activation therapy will experience a reduction in depression, improved quality of life, increased socialization and participation in activities. Individual outcomes for seniors include: 1) improvement in health status and health behavior; 2) greater self efficacy and better self-reported health; greater energy and reduced fatigue; 3) fewer social role limitations; and 4) better communication with physicians. There will be an increase in the number and type of meaningful volunteer opportunities available to NORC seniors. Additionally, formal mechanisms for volunteer recruitment, management, and retention will be in place and NORC services staff will significantly expand their knowledge base on community organizing, transformational leadership, volunteer management, and program development and funding resources. Other deliverables include: training manuals, best practices manual, and volunteer management tools.

**Grant Number:** 90AP2652
**Project Title:** Technical Assistance Provider and Evaluator for the Community Innovations in Aging in Place Grantees
**Project Period:** 09/30/2009 – 08/29/2011

**Grantee:**
Visiting Nurse Service of New York
Center for Home Care Policy Research
1250 Broadway, 20th Floor
New York, NY 10001

**Contact:**
Mia Oberlink
Tel. No. (212) 609-1537
Email: mia.oberlink@vnsny.org

AoA Project Officer: Greg B. Link

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $459,749 |
| FY2009 | $485,648 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $945,397 |

**Project Abstract:**

The Center for Home Care Policy and Research (CHCPR) of the Visiting Nurse Service of New York (VNSNY) is providing a program of training and technical assistance through a collaborative Technical Assistance Grant (TAG) Team approach to the diverse community-based grantees of the Community Innovations for Aging in Place (CIAIP) initiative to assist them in their efforts to help older community residents age in place. CHCPR is achieving following goals: 1) assist CIAIP grantees in implementing initiatives to help older residents age in place; and 2) identify and disseminate "lessons learned" throughout the field and beyond. Major objectives are: 1) implement a technical assistance package, including group work sessions, individual technical assistance, tools, and resources; 2) convene a National Advisory Committee to inform CHCPR activities; 3) conduct an evaluation by tracking key indicators critical to aging in place efforts and implement targeted evaluation studies with analyses of promising approaches, programs, and services; and 4) synthesize lessons learned and translation into actionable steps to inform the field. Expected outcomes are: 1) individualized technical assistance meeting the needs of each grantee; 2) grantees advancing toward successful aging in place objectives; 3) lessons learned translated into actionable steps that inform the field; and 4) additional communities, and nontraditional service providers and networks, recognizing the need for aging in place initiatives and using CHCPR-produced resources to support their efforts. Products from this program include a final report with evaluation results; a website; CIAIP conference proceedings; abstracts and teaching materials for presentations at national conferences; tools and resources to support the development of aging in place initiatives; "how-to guide"; and 7) articles for publication in print and web-based forums.

**Grant Number:** **90AP2662**
**Project Title:** **Growing Healthy Lives Together**
**Project Period:** **09/30/2009 – 08/29/2011**

**Grantee:**
Supportive Older Women's Network
4100 Main St., Suite 200
Philadelphia, PA 19127

**Contact:**
Arlene Segal
Tel. No. (215) 487-3000 x 11
Email: asegal@sown.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $255,416 |
| FY2009 | $269,804 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $525,220 |

**Project Abstract:**

The Supportive Older Women's Network (SOWN) Growing Healthy Lives Together project is a comprehensive healthy living program for older adults, predominately women, who are aging in place in their homes. The project is targeted to serve a West Philadelphia neighborhood that has a very high percentage of minority, poor older adults living alone, with chronic multiple health conditions. A major challenge in the identified service area is the lack of in-home mental health services. The project is based on a prevention model that is inclusive, open to all older residents in the targeted community and accessible - offered in the consumer's home/building/community. The Healthy Lives project provides an integrated approach to wellness coupling physical and emotional health; it is non-stigmatizing and normative and provides on-going support to sustain healthy lifestyle changes. The goal of the Healthy Lives project is to improve the physical and emotional well-being of older adults by providing a continuum of services to support healthy living. These services include: healthy living coaching, healthy living workshops, Healthy Diner lunches, a Fruit First healthy snacks program, traveling computer workshops to access health and social services, support groups, and volunteer ambassadors. The project looks at addressing barriers to information and knowledge, motivational-attitudinal based barriers, and resource-based barriers by creating a comprehensive healthy living program that includes education, motivation, socialization and resource access. The expected outcomes of this project are: 1) increased knowledge of personal well-being and health; 2) improved confidence and self-mastery in managing health and well-being; 3) decreased depression, loneliness and social isolation; and 4) increased social connectedness.

**Grant Number:** 90AP2663
**Project Title:** A Better Way to Live at Home: Education, Resources, and Supports for Older Adults
**Project Period:** 09/30/2009 – 08/29/2011

**Grantee:**
Family Eldercare
Housing and Community Services
2210 Hancock Drive
Austin, TX 78756

**Contact:**
Angela Atwood
Tel. No. (512) 483-3589
Email: aatwood@familyeldercare.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $378,669 |
| FY2009 | $400,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $778,669 |

**Project Abstract:**

The grantee, Family Eldercare, proposes a three year Community Innovations for Aging in Place project in collaboration with the Area Agency on Aging and five other agencies. The program will be provided in subsidized housing with high concentrations of low-income older adults in three Central Texas communities. The approach is to deliver services through a Service Coordinator at each site, provide case management to persons at risk of premature institutionalization and provide activities, including evidenced based practices, that impact aging in place. The goal of the project is to promote a community in which older adults are active and engaged and barriers to aging in place are proactively addressed. The objectives are: 1) establish an effective program for promoting aging in place; 2) develop a community culture for aging in place; 3) maintain or improve the physical and mental health of older adults; 4) increase opportunities for socialization and learning; and 6) reduce the rate at which older adults move out. The expected outcomes are: 1) on-site staff and residents have increased understanding of the signs that older adults need additional support to remain aging in place; 2) reduced fear of falling and improved activity levels among older adults; 3) reduced medication problems; 4) improved memory performance; 5) increased older adult participation in on site activities and volunteerism; 6) increased knowledge and skills among older adults; and 6) increased understanding of the relationship between program activities and older adult move out rates. The products are written reports with results and lessons learned, Internet posting of information, conference presentations and a toolkit for replicating the program.

**Grant Number:** **90AP2653**
**Project Title:** **Houston Aging in Place Innovations**
**Project Period:** **09/30/2009 – 08/29/2011**

**Grantee:**
Neighborhood Centers, Inc.
Community Based Initiatives
4500 Bissonnet
Bellaire, TX 77401

**Contact:**
Chris Pollet
Tel. No. (713) 669-5250
Email: cpollet@neighborhood-centers.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $473,336 |
| FY2009 | $500,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $973,336 |

**Project Abstract:**

Neighborhood Centers, guided by the Aging Agenda for Houston and Harris County, will implement a three-year Houston Aging in Place Innovations project with the Houston Health Department and Area Agency on Aging, the Care for Elders partnership, the YWCA, Interfaith Ministries of Greater Houston and Gateway to Care. The project approach is a new role for Senior Centers serving naturally occurring retirement communities with a menu of evidence-based health promotion programs, case management teams that include certified community health workers and elder care field specialists, and neighborhood Elder-Care Action Teams. Serving concentrations of low-income, minority older adults in three neighborhoods, the goal is that older adults achieve optimal individual levels of functioning and support needed to age in place comfortably. The objectives are: 1) neighborhood aging in place assets and gaps related to the Aging Agenda are measured; 2) more older adults benefit from evidence-based programs and support services provided by Senior Centers, on-site and off-site; 3) older adults in case management achieve their individual service plans; and 4) neighborhood services to elders improve significantly through more frequent and stronger collaboration. Expected outcomes are: 1) older adults, both mobile and homebound, are better prepared and supported for a higher quality aging in place experience; 2) senior services providers are better connected and coordinated in leveraging resources and efficiently delivering quality services; and 3) senior centers are more integrated with other local service providers and community development entities, and capable of extending services to other neighborhood sites such as churches and senior apartment complexes. The products from this project are a final evaluation report and a complete replication report.

**Grant Number:** **90AP2656**
**Project Title:** **Rural Elder Assistance for Care and Health (REACH)**
**Project Period:** **9/30/2009 – 9/29/2009**

**Grantee:**
City of Montpelier
Department of Planning and Community Development
39 Main Street
Montpelier, VT

**Contact:**
Gwendolyn Hallsmith
Tel. No. (802) 223-9524
Email: ghallsmith@montpelier-vt.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $316,823 |
| FY2009 | $334,670 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $651,493 |

**Project Abstract:**

The City of Montpelier is leading a collaborative effort building on the success of the Onion River Exchange (ORE), an existing Time Bank, to promote coordination between agencies and emerging networks of community-based services. A new social enterprise called REACH -- Rural Elder Assistance for Care and Health - will foster health, wellness, and resiliency for elders and caregivers, expand services to facilitate aging-in-place, and build livable communities for elders of all income levels. The goal is to create a community support system for elders in Central Vermont to provide innovative, reliable, and affordable personal, health, and social services. Objectives are to: 1) develop REACH social enterprise infrastructure enabling stakeholders, community members, elders, and caregivers to build networks of giving/receiving; 2) establish innovative REACH social insurance model to expand delivery of basic, assisted, and specialized services by rewarding community-based contributions; 3) integrate paid and community-based services; 4) create affordable access to preventive care for elders; 5) evaluate impacts of REACH; 6) disseminate results and lessons learned. The expected outcomes are to: 1) increase vulnerable elders' ability to stay in their communities; 2) expand services for elders, especially low-income rural elders, foster behaviors that sustain health and independence; 3) increase ratios of community based and paid services; 4) improve social, physical and mental wellbeing for elders and caregivers; 5) improve community resilience, economic empowerment and livability; and 6) demonstrate viability of the REACH social insurance model for aging-in-place in rural settings. Products will include replicable social enterprise model to support aging-in-place and promote preventive elder care in rural settings; community-based directories of REACH services; and customized Community Weaver software for rural settings.

## National Center for Benefits Outreach and Enrollment

The Administration on Aging (AoA) in conjunction with the Centers for Medicare and Medicaid (CMS) awarded support in FY2008 to establish the National Center for Benefits Outreach and Enrollment (NCBOE) with funding authorized under the Medicare Improvements for Patients and Practitioners Act (MIPPA) to service as resource center to help coordinate and collect information about outreach activities of State grants informing older Americans about available Federal and State benefits. The Patient Protection and Affordable Care Act (PPACA) of 2010 authorized additional benefits for older adults and funding for expansion of outreach activities by State Units and Area Agencies on Aging (SUA/AAAs), State Health Insurance Counseling and Assistance Programs (SHIPs), and Aging and Disability Resource Centers (ADRCs). Additional FY2010 funding for NCBOE was included in the PPACA legislation center to help SUA/AAAs, SHIPs and ADRCs report the results of their outreach efforts to eligible Medicare adults.

Additional information about NCBOE and its role in MIPPA can be read on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/Special_Projects/Medicare_Outreach/index.aspx

**Grant Number:** **90MI002**
**Project Title:** **National Center for Benefits Outreach and Enrollment**
**Project Period:** **09/01/2010 – 8/31/2013**

**Grantee:**
National Council on Aging, Inc.
1901 L Street, NW – 4th Floor
Washington, DC 20036

**Contact**
Hilary Sohmer Dalin
Tel. (202) 479-6626
Email: hilary.dalin@ncoa.org

AoA Project Officer: Katherine J. Glendening

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $5,000,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $5,000,000 |

**Project Abstract:**

The National Center for Benefits Outreach and Enrollment (NCBOE) established in 2008 at the National Council on Aging serves as a central coordinator of national, state and local efforts to enroll low-income seniors and younger adults with disabilities into benefits in a person-centered, cost-efficient manner. Under this grant NCBOE will continue to work with its partners to increase the coordination of benefits and participation of seniors and younger adults with disabilities in benefits programs. Project objectives are to: 1) broaden the national network of Benefits Enrollments Centers (BECs); 2) increase the usability of current benefits screening and enrollment systems; 3) improve benefits coordination and collaboration; 4) promote the use of cost-effective outreach and enrollment strategies in the aging and disability provider networks; 5) provide training and technical assistance (TA) regarding cost-effective strategies, promising practices and other topics related to benefits outreach and enrollment; 6) measure and report on the performance of MIPPA-funded agencies; 7) disseminate results to diverse audiences; and 8) manage the NCBOE efficiently and with attention to multiple audiences. The expected outcomes are: 1) expansion of the BEC network; 2) increased number of consumers receiving benefits information and assistance; 3) increased use of web-based screening and enrollment tools; and 4) increased number of professionals receiving training and TA on benefits-related issues. In addition to periodic and final reports, other products produced under this grant include Issue Briefs, case studies, articles and e-newsletters.

## Aging Network Improvements

The Administration on Aging (AoA) has periodically since 1973 relied upon the support and cooperation of national organizations representing agencies administering programs supported under the Older Americans Act (OAA) to increase the capacity of the Aging Network not only to conduct OAA programs effectively and efficiently, but to integrate and coordinate aging service programs and activities supported by States and other Federal Agencies.

In FY2010 AoA funded the second year of a project to train the leadership of area agencies on aging and tribal governments receiving OAA Title VI support. It also held a grant competition for support of a project to strengthen the leadership and management of State Units on Aging (SUA) an emphasis on analysis and development of standards for performance measurement, and evaluations of SUA progress in priority areas of systems change in managing home an community-based service systems.

**Grant Number:** 90PG0003
**Project Title:** Project to Increase Capacity of Area Agencies on Aging/Title VI Aging Programs by Providing Tools and Resources
**Project Period:** 09/01/2009 – 08/31/2012

**Grantee:**
National Association of Area Agencies on Aging
1730 Rhode Island Avenue, NW Suite 1200
Washington, DC 20036

**Contact:**
Helen Eltzeroth
Tel. No. (202) 872-0888
Email: heltzeroth@n4a.org

AoA Project Officer: Greg B. Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $475,000 |
| FY2009 | $419,227 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $894,227 |

**Project Abstract:**

The National Association of Area Agencies on Aging (N4A) is partnering with Scripps Gerontology Center to increase the management and leadership capacities of Area Agencies on Aging (AAAs) and Title VI aging programs and broaden their role in the delivery of community-based services and supports to better address the needs of older adults and their caregivers. The goal of the project is to increase the capacity of AAAs and Title VI Native American aging programs to enhance management practices and methodologies; leadership; and their role in the delivery of community-based services and supports. Project objectives include: 1) expand the knowledge base of AAA and Title VI programs regarding operations and trends, management, program development and services that promote continuous quality improvement; 2) provide training and technical assistance to AAA and Title VI staff on trends, tools, strategies and techniques to expand and enhance their operations; and 3) enhance and support the knowledge base and leadership of AAA and Title VI governance boards on the roles and responsibilities of the Aging Network to respond strategically to the needs of older adults and caregivers. Project outcomes are that AAA and Title VI programs will provide state-of-the-art management and performance-based programs and systems that enable older adults to age successfully at home and in the community for as long as possible. The project will disseminate findings and reports to the AAA and Title VI community, as well as to the aging field. N4A will market the dissemination of the project materials through promotion to AAAs, Title VI programs, AoA, State Units on Aging and the broader aging field.

**Grant Number:** **90PG0006**
**Project Title:** **Strengthening the Aging Network**
**Project Period:** **09/30/2010 – 03/29/2012**

**Grantee:**
National Association of States United for Aging and Disability
1201 15th Street, NW Suite 350
Washington, DC 20005

**Contact**
Mike Cheek
Tel. No. (202) 898-2578
Email: mcheek@nasuad.org

AoA Project Officer: Greg Case

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $500,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $500,000 |

**Project Abstract:**

The National Association of States United for Aging and Disability (NASUAD) proposes to administer this grant in collaboration with the Administration on Aging (AoA), the National Association of Area Agencies on Aging (n4a), and other partners. The project's goal is to increase the capacity of State Units on Aging across the country to play strong leadership roles in the development and implementation of modernized systems of long term services and supports (LTSS). The objectives are: 1) to design and implement an intensive advanced flexible training system for SUA directors, including, but not limited to, new directors and their senior staffs; 2) to gather information about current performance standards used by states to measure the impact of their LTSS systems; and 3) to design and conduct an evaluation tool that will assess SUA's progress in key areas of systems change. The expected outcomes are: 1) increased number of trained SUA directors and senior staffs prepared to administer Older Americans Act (OAA) and Medicaid HCBS waiver programs; 2) increased number of knowledgeable SUA directors and senior staffs capable of expanding their agencies' capacity to play strong leadership roles in the development and implementation of modernized LTSS systems in their states; 3) improved awareness of SUA directors about performance standards that states are using to measure the impact of their LTSS systems; and 4) the ability to evaluate states ' progress in key areas of systems change. NASUAD will produce as products an advanced, flexible training system for SUA leadership; performance standards for measuring the impact of LTSS systems; evaluation tool to assess SUA's progress in key areas of systems change; website resources; newsletter articles; whitepaper; conference presentations and abstracts; and a final report.

## Lesbian, Gay, Bisexual and Transexual Elders Resource Center

The Administration on Aging held its first discretionary grants competition in FY2010 for Title IV, Older Americans Act support of a national resource center designed to assist national, state and local organizations in serving lesbian, gay, bisexual and transgender (LGBT) elders. The funding announcement sought proposals focused on a primary mission of serving LGBT individuals with the information and technical assistance they need to maintain independence as they age. Applicants addressed three objectives: 1) education of mainstream aging services organizations about the existence and special needs of LGBT elders; 2) sensitization among LGBT organizations about the existence and special needs of older adults; and 3) education of LGBT individuals about the importance of planning ahead for future long-term care needs.

**Program: Lesbian, Gay, Bisexual and Transexual Elders Resource Center**

**Grant Number:** **90LG0001**
**Project Title:** **LGBT Elders Resource Center**
**Project Period:** **03/01/2010 - 02/28/2013**

**Grantee**
Senior Action in a Gay Environment (SAGE)
305 Seventh Avenue, 6th Floor
New York, NY 10001

**Contact:**
Scott French
Tel. (212) 741-2247
Email: sfrench@sageusa.org

AoA Project Officer: Greg Case

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $300,000 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total | $300,000 |

**Project Abstract:**

SAGE - the country's oldest and largest organization serving lesbian, gay, bisexual and transgender (LGBT) older adults - and a partnership of 10 organizations with expertise in mainstream aging, LGBT aging, culture change and program evaluation will create the Technical Assistance Resource Center: Promoting Appropriate Long-Term Care Supports for LGBT Elders (Resource Center). In conjunction with a diverse advisory council and private funding organizations, SAGE and its partners seek to empower and support: (1 mainstream aging providers; 2) LGBT organizations; and 3) LGBT older adults to ensure that LGBT elders have necessary services and supports to successfully age in community. Progress will be measured by improvements in the ability of aging services providers to respectfully and appropriately serve LGBT clients, expansion in the number of available LGBT-sensitive and LGBT-specific aging programs, and an increase in the number of LGBT older adults who feel better prepared to address and plan for their own long-term care needs. The Resource Center will develop: 1) a comprehensive, interactive, web-based clearinghouse with resources useful to all three audiences; 2) a train-the-trainer curriculum and national LGBT aging training corps; 3) in-person trainings and webinars; 4) best practice publications; 5) consumer educational materials and campaigns; 6) a listserv to provide professionals ongoing technical assistance and support; 7) dedicated phone and email technical assistance portals; and 8) a range of social media vehicles to entice users to remain in contact with the Resource Center and grow along with it. In addition, careful collection and analysis of user data will enable the Resource Center to meet emerging and evolving needs, close knowledge gaps, and identify issues to be addressed by policymakers and relevant professionals. Special outreach and attention will be paid to low-income, rural, transgender, limited English-speaking LGBT elders and LGBT elders of color.

## National Center on Elder Abuse

The National Center on Elder Abuse (NCEA) was first funded by the Administration on Aging in 1988 with a grant to the Public Welfare Association. Over the years, and with expansion of authority for its support through the 1992 Older Americans Act Amendments, its activities as a national resource center for prevention of elder abuse have grown. The Center currently functions as a collaboration of three equal partners, the University of Delaware, the National Adult Protective Service Association and the National Committee for the Prevention of Elder Abuse,

The goals of NCEA are to develop and disseminate information for professionals to increase elder abuse, neglect, and exploitation; to identify, report and guide programs that protect older people; to provide tools to increase professional ability of those with daily access to seniors to identify, address, and prevent elder abuse, neglect, and exploitation; and to promote systems change through development of programs, models, and initiatives that measurably decrease elder abuse, neglect, and exploitation incidence.

Information about NCEA may be found on the Administration on Aging website:

http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx

**Grant Number:** **90AM3144**
**Project Title:** **National Center for Elder Abuse**
**Project Period:** **09/01/2007 – 06/30/2011**

**Grantee:**
National Adult Protective Services Association
920 Spring St Ste 1200
Springfield , IL 62704

**Contact:**
Kathleen Quinn
Tel. No. (217) 523-4431
Email: kathleen.quinn@apsnetwork.org

AoA Project Officer: Stephanie D. Whittier Eliason

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $184,108 |
| FY2009 | $199,475 |
| FY2008 | $199,475 |
| FY2007 | $199,475 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $782,533 |

**Project Abstract:**

National Center on Elder Abuse (NCEA) is an equal partner, multi-disciplinary consortium with expertise in elder abuse, neglect, and exploitation. The National Adult Protective Services Association is executing a 4-year program as a collaborator in the NCEA, and is undertaking the following activities to promote the above goals: 1) conduct a national needs assessment to identify both the elder abuse training needs of, and currently available training for, targeted professionals; 2) develop a feasible, long range strategic plan to address gaps identified in the needs assessment; 3) continue to maintain and expand the national elder abuse/APS training library; 4) continue to develop and disseminate training materials for personnel engaged in preventing, identifying, and treating elder abuse, neglect, and exploitation; 5) conduct four annual, national webcasts on elder abuse and Adult Protective Services to disseminate information for targeted professions; and (6) annually prepare and distribute an annotated bibliography of recent elder abuse research. Expected outcomes are: 1) timely, high quality information to support state and local capacity building and innovation; 2) increased professionalization of adult protection and elder abuse service networks; and 3) increased knowledge of the extent and causes of elder abuse and skills and practices for prevention.

**Grant Number:** **90AM3145**
**Project Title:** **National Center for Elder Abuse**
**Project Period:** **09/01/2007 – 06/30/2011**

**Grantee:**
National Committee for the Prevention of Elder Abuse
1612 K Street NW Ste 400
Washington, DC 20006

**Contact:**
Pamela B. Teaster
Tel. No. (202) 682-4140
Email: pteaster@email.uky.edu

AoA Project Officer: Stephanie D. Whittier Eliason

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $300,000 |
| FY2008 | $300,000 |
| FY2007 | $300,000 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,200,000 |

**Project Abstract:**

National Center on Elder Abuse (NCEA) is an equal partner, multi-disciplinary consortium with expertise in elder abuse, neglect, and exploitation. In support of the NCEA goals, the National Committee for the Prevention of Elder Abuse is executing a 4-year program as a collaborator in the NCEA and undertake the following activities to encourage and enhance development of comprehensive elder justice systems: 1) award mini-grants of approximately $10,000 each year to support the creation and promote the sustainability of multidisciplinary local and state elder abuse networks; 2) provide technical assistance to states and AAAs to promote the widespread development, implementation, and sustainability of new or existing local and state elder abuse networks; 3) maintain and augment the Promising Practices Clearinghouse; and 4) develop analyses of state statutory issues and track federal laws that impact elder abuse detection, intervention, and prevention and disseminate that information. The expected outcomes are: 1) timely, high quality information to support state and local capacity building and innovation; 2) increased professionalization of adult protection and elder abuse service networks; and 3) increased knowledge of the extent and causes of elder abuse and skills and practices for prevention.

**Grant Number:** **90AM3146**
**Project Title:** **National Center for Elder Abuse**
**Project Period:** **09/01/2007 – 06/30/2011**

**Grantee:**
University of Delaware
Center for Community Research and Service
210 Hullihen Hall
Newark, DE 19716

**Contact:**
Judith Trefsger
Tel. No. (302) 831-2828
Email: trefsger@udel.edu

AoA Project Officer: Stephanie D. Whittier Eliason

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $174,996 |
| FY2009 | $174,996 |
| FY2008 | $264,998 |
| FY2007 | $264,998 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $879,998 |

**Project Abstract:**

The University of Delaware (UD) is an equal partner in the Delaware National Center on Elder Abuse (NCEA), a multi-disciplinary consortium with expertise in elder abuse, neglect, and exploitation. As a four year NCEA program collaborator, UD supports the its goals with an emphasis on increasing national awareness of elder abuse and NCEA resources and services, and to: 1) promote public awareness materials; 2) create a strategic social marketing plan and implement select elements; 3) develop and disseminate products to enhance public and professional response to elder mistreatment; 4) foster coordination/communication among entities addressing elder mistreatment; 5) provide effective managerial support to NCEA. Anticipated outcomes are: 1) increased national awareness of elder abuse as a social problem requiring action; 2) enhanced awareness/use of NCEA resources/ services; 3) improved prevention and intervention strategies by practitioner use of NCEA resources/services; and 4) expanded capacity to respond to needs of stakeholders through efficient and effectively managed NCEA. Products include an online user-searchable, public awareness resource inventory; a strategic social marketing blueprint; customizable fact sheets, issue briefs, and educational/outreach materials; elder abuse listserv maintenance; monthly e-newsletters; and a self-service article/research database

## National Long Term Care Ombudsman Resource Center

The National Long Term Care Ombudsman Resource Center (Center) was established in 1988 with an Administration on Aging (AoA) grant awarded to the National Association of State Units on Aging (now the National Association of States United for Aging and Disabilities) in collaboration with the National Citizen's Coalition for Nursing Home Reform (now the National Consumer Voice for Quality Long-Term Care). The need for the Center became evident after substantive changes were made in the 1988 Older Americans Act Amendments increasing the responsibilities and authority of State ombudsman programs. The Ombudsman Program began in 1976 following the success of demonstrations first funded in 1972 and transferred to AoA in 1973.

The statewide ombudsman programs are federally funded under Titles III and VII of the Older Americans Act and other federal, state and local sources. Long-Term Care Ombudsmen are advocates for residents of nursing homes, board and care homes, assisted living facilities and similar adult care facilities and work to resolve problems of individual residents through mediation and if necessary referral to State authorities. A primary goal of the Ombudsman Program is to bring about changes at the local, state and national levels that will improve residents' care and quality of life.

Information about the Center and the Long Term Care Ombudsman Program is found on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/Ombudsman/index.aspx

**Program: National Long-Term Care Ombudsman Resource Center**

**Grant Number:** **90AM2690**
**Project Title:** **National Long-Term Care Ombudsman Resource Center**
**Project Period:** **06/01/2003 – 05/31/2011**

**Grantee:**
National Consumer Voice for Quality Long-Term Care
1828 L Street, NW, Suite 801
Washington, DC 20036

**Contact:**
Lori Smetanka
Tel. No. (202) 332-2275
Email: lsmetanka@theconsumervoice.org

AoA Project Officer: Nichlas Fox

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $547,000 |
| FY2009 | $547,000 |
| FY2008 | $537,444 |
| FY2007 | $550,000 |
| FY2006 | $550,000 |
| FY2005 | $550,000 |
| FY2004 | $550,000 |
| FY2003 | $550,000 |
| Total | $4,381,444 |

**Project Abstract:**

The goal of this cooperative agreement between AoA and the National Consumer Voice for Quality Long-Term Care (formerly the National Citizens' Coalition for Nursing Home Reform) is to equip the long-term care ombudsmen to carry out their responsibilities under the Older Americans Act. Responsibilities are to: 1) address the problems and complaints of residents of long-term care facilities; and 2) represent residents' needs and interests. To attain these goals, the Center provides support, training and technical assistance to the ombudsman network that daily responds to requests for assistance from facility residents, their families and the public. The five objectives are: 1) to direct training and training materials to enhance ombudsman skills; 2) to develop specific products and dialogue forums; 3) to conduct daily technical assistance, and provide information and referral services on program management, program promotion, training, and pertinent national and state long-term care issues; 4) to promote the ombudsman program; and 5) to collaborate on efforts to strengthen ombudsman involvement in state and national initiatives. The anticipated outcomes include: 1) transmittal of current and accurate information to ombudsmen and State Agencies on Aging directors, to improve their state training, management, program promotion and advocacy functions; 2) and full utilization of the Center's technical assistance and products. Products include a final report; training materials; data base enhancements; and conference materials.

## Pension Counseling and Information Program

Since 1993, the Administration on Aging (AoA) has funded the Pension Counseling and Information Program (the Program) to help individuals understand and exercise their pension rights. Originally a demonstration project, pension counseling became a permanent program under Title II of the Older Americans Act (OAA) in 2000 and consists of multiple counseling projects and a single national technical assistance project. In FY 2001 and 2002, AoA shifted its funding focus from local and statewide projects to multi-state, regional projects in order to move the Program toward nationwide coverage. AoA currently funds six regional counseling projects that serve 29 states. AoA also funds a national technical assistance and resource center that provides the counseling projects with legal training, case consultation and operational support.

Additional information about the Pension Counseling and Information Program may be read on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/Pension_Counseling/index.aspx

## Pension Counseling and Information Projects

In FY2010 AoA held a competition for new three year projects and awarded six (6) grants to organizations having a proven record of advising and representing individuals who have been denied employer or union-sponsored retirement income benefits. The counseling and information projects provide individuals who reside, have worked in, or have some other pension or employer connection to the regional service area with drafting administrative pension claims and appeals, providing representation and support through administrative proceedings; identifying and pursuing pension benefits from clients' prior employers; and answering basic questions about rights and remedies under all public and private pension systems throughout their service region regardless of age or income, though targeting outreach efforts to those in greatest need.

**Grant Number:** 90PC0006
**Project Title:** Western States Pension Assistance Project
**Project Period:** 07/01/2010 - 06/30/2013

**Grantee:**
Legal Services of Northern California
Senior Legal Hotline
517 12th Street
Sacramento, CA 95814-1418

**Contact:**
David L. Mandel
Tel. (916) 551-2142
Email: dmandel@lsnc.net

AoA Project Officer: Valerie Soroka

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

Legal Services of Northern California will continue provision of comprehensive regional pension counseling and information services throughout Arizona, California, Hawaii, and Nevada. The Western States Pension Assistance Project will continue its successful co-location with the statewide Senior Legal Hotline, while maintaining its distinct identity with separate outreach and dedicated full-time staff that possesses expertise in pensions and retirement benefits. The target population is vulnerable seniors; including disadvantaged, hard-to-reach, and limited-English speaking populations (the region's four states are among the most diverse in the nation). Expected project outcomes include: 1) greater awareness of pension assistance; 2) increased access to pension plan information and benefits; and , 3) promotion of financial security, increased choice, and greater independence in retirement. In addition to counseling and case assistance, objectives include: 1) developing a network of experts to consult on cases and accept referrals when more help is needed; 2) conducting outreach through the aging and legal services networks, unions, government agencies, private bar and media, targeting especially those in greatest need and those most likely to benefit from pension help; and 3) building ties with partners in other states to create an effective regional program. Products will include lessons learned, an expanded website, press releases, conference materials and other outreach products, and training materials.

**Grant Number:** 90PC0005
**Project Title:** New England Pension Assistance Project
**Project Period:** 07/01/2010 - 06/30/2013

**Grantee:**
University of Massachusetts Boston
Gerontology Institute
100 Morrissey Blvd
Boston, MA 02125-3393

**Contact:**
Ellen A. Bruce
Tel. (617) 287-7315
Email: ellen.bruce@umb.edu

AoA Project Officer: Valerie Soroka

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

The Gerontology Institute of the University of Massachusetts Boston will continue operation of the New England Pension Assistance Project, with the goal of increasing workers' and retirees' knowledge of and access to retirement benefits through pension counseling. The target population is older workers and retirees in the six New England states (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, and Vermont), with particular outreach to women, low-income and minority elders, and seniors with limited English proficiency. The project objectives are to: 1) provide individual pension counseling in the six New England states; 2) conduct outreach to older workers, retirees, and the community in New England to maximize appropriate client intake and inform them about different types of pensions and individual pension rights; and 3) maintain program consistency with AoA Pension Counseling programs through staff training, data collection, and shared information on recurring problems faced by workers. Objectives will be accomplished through a program of individual counseling and referrals, case investigation, legal research, community education, and outreach. The expected outcomes are: 1) to maximize workers' and retirees' income, and 2) to increase awareness of pension rights, issues, and problems among clients and the general population. Products will include semi-annual newsletters; evaluation methodology and results (as part of the final report); and an enhanced website.

**Grant Number:** 90PC0007
**Project Title:** Mid-America Pension Rights Project
**Project Period:** 07/01/2010 - 06/30/2013

**Grantee:**
Elder Law of Michigan, Inc.
3815 W. St. Joseph St., Suite C-200
Lansing, MI 48917-3682

**Contact:**
Katherine B. White
Tel. (517) 853-2375
Email: kwhite@elderlawofmi.org

AoA Project Officer: Valerie Soroka

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

The goal of the Mid-America Pension Rights Project is to operate a regional pension counseling and information service to 600-800 individuals per year in Michigan, Ohio, Pennsylvania, Kentucky, and Tennessee, with gradual expansion into Indiana. The target population includes vulnerable seniors (those with limited English proficiency, profound health problems/disabilities or caregiving responsibilities), low-income seniors, those without internet access, and seniors in rural areas. The approach utilizes specialized, toll-free telephone service with quick call responses from attorneys who are pension specialists; a project website; and pension-specific, targeted outreach. Expected outcomes include: 1) improvement of the financial situation and security of retirees and their spouses; 2) enhancements in the understanding of pension benefits, rights and options; and 3) increases in the availability of, and access to, high quality pension counseling and information in Indiana. In addition to the provision of consistent and reliable pension counseling and information services, a major objective is to conduct regional outreach activities to reach all area pensioners including those who are in rural areas, have limited English proficiency, or profound health problems/disabilities. Products to be created include: a revised project outcome survey; a report measuring the change in economic security for pensioners receiving monetary recoveries; and new electronic outreach materials designed to complement existing regional and national marketing materials.
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**Grant Number:** 90PC0003
**Project Title:** Upper Midwest Pension Rights Project
**Project Period:** 07/01/2010 - 06/30/2013

**Grantee:**
Metropolitan Area Agency on Aging, Inc
2365 North McKnight Road
North St. Paul, MN 55109

**Contact:**
David Bonello
Tel. (651) 251-5766
Email: dbonello@tcaging.org

AoA Project Officer: Valerie Soroka

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

The Metropolitan Area Agency on Aging of North St. Paul, Minnesota, will partner with Iowa Legal Aid, the Coalition of Wisconsin Aging Groups, Legal Services of North Dakota, and the University of South Dakota Elder Law Forum to provide quality, comprehensive pension counseling, information, and referral through a coordinated regional service delivery model to Minnesota, Wisconsin, Iowa, North Dakota and South Dakota. The target population is older workers and retirees, with special emphasis upon rural communities, labor groups, women's groups, and limited English-speaking communities. Project objectives are to 1) deliver pension counseling services, including assisting with survivor benefits, drafting claims and appeals, and conducting lost pension searches; 2) conduct outreach activities including intake and referral through partnerships and targeted initiatives; and 3) maintain and enhance operational efficiency by identifying, sharing and implementing effective pension counseling practices, and collecting and reporting on project data. Expected project outcomes include: 1) an increase in overall economic self-sufficiency of retirees served; 2) heightened consumer awareness of pension counseling, information, 3) referral services; restoration of legal rights and pension benefits to participants who often can least afford to go without retirement income; and 4) increased efficiencies and improved project outcome data. Expected products include articles for publication, outreach materials, and web pages.

**Grant Number:** 90PC0004
**Project Title:** Mid-Atlantic Pension Counseling Project
**Project Period:** 07/01/2010 - 06/30/2013

**Grantee:**
South Brooklyn Legal Services, Inc.
Benefits and Employment Unit
105 Court Street
Brooklyn, NY 11201-5658

**Contact:**
Gary Stone
Tel. (718) 237-5500
Email: gstone@sbls.org

AoA Project Officer: Valerie Soroka

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

South Brooklyn Legal Services will to continue operation of the Mid-Atlantic Pension Counseling Project, with the goal of providing pension counseling and information for the New York and New Jersey region. The target population is retired workers and their dependents, with particular emphasis upon low-income, isolated, frail, and homebound clients and non-English speaking communities. Project objectives include: 1) resolving each caller's pension problem by providing specialized services, ranging from information to direct counseling and assistance; 2) reaching people throughout the region; and 3) collecting information about project services, to be shared with other regional projects. The project will reach out to retired workers and their dependents, and target isolated and homebound clients by providing telephone access, while taking advantage of newspapers and other widely-disseminated media to increase awareness of the availability of project services. Non-English speaking clients will be served by using bilingual staff and on-demand translators. The expected outcomes are that clients will receive specialized and individualized expert assistance and, as a consequence, enjoy increased financial security as well as increased capacity to make informed decisions concerning their retirement income. The major products from this project will be three years of data concerning clients and the services they need.

**Grant Number:** **90PC0008**
**Project Title:** **South Central Pension Rights Project**
**Project Period:** **07/01/2010 - 06/30/2013**

**Grantee:**
Texas Legal Services Center, Inc.
815 Brazos St., Suite. 1100
Austin, TX 78701-2509

**Contact:**
Roger Curme
Tel. (512) 477-6000 142
Email: rcurme@tlsc.org

AoA Project Officer: Valerie Soroka

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

Texas Legal Services Center will to continue providing pension counseling and information services throughout Arkansas, Louisiana, Missouri, Oklahoma, and Texas and to establish services in New Mexico, through the South Central Pension Rights Project. The overall goal of the project is to meet the increased demands for outreach, counseling, referral and information dissemination created by the challenges of the current economic environment, in an effort to protect financial security and foster independence in retirement. The target population is retired workers and their dependents, with particular emphasis upon disadvantaged, non-English speaking, rural, and other hard-to-reach populations. Objectives include: 1) regional service delivery of counseling and information services on the exclusive subject matter of pensions; 2) provision of regional intake and a referral network; 3) conduct of project-specific outreach; tracking of outreach activity and outcomes; 4) programmatic consistency in staffing, legal training and resources, data collection and reporting, and 5) shared learning. Expected outcomes include: 1) a positive change in the degree of customer satisfaction; 2) promotion of financial security and independence among retirees; and 3) overall improvement in seniors' financial, emotional, physical, or mental well-being. The major products from this project will include publications regarding state and local government pension plans within the region, an enhanced website, and an operations manual.

## National Pension Assistance Resource Center

AoA funds a Technical Resource and Assistance Center (the Center) specifically to deliver legal training and case consultation, as well as operational support and coordination, to the pension counseling project network established in 1991. Currently six organizations funded by AoA (See Pension Counseling and Information Projects) offer counseling services on a regional basis. Until funding is available to support a nationwide network, the Center is further called upon to assist individuals living in areas not currently served by an AoA Pension Counseling Project by maintaining a nationwide dataset of pension information and assistance resources, including government agencies, legal and aging services providers, legal hotlines, lawyer referral services, and the array of community services and private professionals that provide some level of pension assistance. The Center also provides necessary technical assistance to this expanded network of pension assistance resources. In addition, a critical nationwide outreach function is provided by the Center, ensuring that both individuals in need and key service provider stakeholders know about all available pension assistance resources.

In FY2010 AoA held a grant competition for a new three year cooperative agreement to support the Center open to organizations with a proven record of advising and representing individuals who have been denied employer or union-sponsored pension and retirement savings plan benefits; the capacity to provide services under the Program on a national basis; and a well-established, positive reputation in their respective professional communities.

Additional information about the Pension Counseling and Information Technical Assistance Resource Center and a link to its site may be found on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/Pension_Counseling/index.aspx

**Grant Number:** **90PX0001**
**Project Title:** **National Pension Assistance Resource Center**
**Project Period:** **07/01/2010 - 06/30/2013**

**Grantee:**
Pension Rights Center
1350 Connecticut Avenue, N.W., Suite 206
Washington, DC 20036

**Contact:**
John Hotz
Tel. (202) 296-3776
Email: jhotz@pensionrights.org

AoA Project Officer: Valerie Soroka

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $421,253 |
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| Total | $421,253 |

**Project Abstract:**

The Pension Rights Center will continue management and operation of a National Pension Assistance Resource Center to support the Administration on Aging's (AoA) Pension Counseling and Information Projects and other pension assistance providers, with the goal of ensuring that older Americans receive the retirement benefits they have earned. The target population is older workers and retirees nationwide, with a special focus on hard-to-reach and traditionally disadvantaged groups, including minorities, women, and non-English speaking populations. The major project objectives are to: 1) design and deliver high-quality pension law training and supporting educational materials, and to provide ongoing technical assistance and legal back-up services to AoA's regional pension counseling projects and the extended community of legal services providers willing to assist; 2) maintain and publicize PensionHelp America, a nationwide Internet-based pension information and referral service; and 3) promote and facilitate the identification, sharing and implementation of best practices among the AoA pension counseling projects, and to support the uniform collection and reporting of reliable program-wide outcome data. Expected outcomes include enhanced capabilities of AoA' s Pension Counseling and Information projects, resulting in increased independence and financial security of older Americans. Products will include training curricula; development and coordination of a three-day national training conference; customized field-based training; maintenance of a pension counseling listserv, Pension Counseling.Net and PensionHelp America website; publications, testimony, and brochures; and enhancement of the Pension Assistance Information Database online data collection tool.

# Model Approaches to Statewide Legal Assistance

The Administration on Aging (AoA) maintains support for state leadership efforts to develop and maintain effective, high quality, high impact, and targeted legal service delivery systems that maximize the impact of limited legal resources on older adults in greatest need. In FY2010 AoA held a cooperative agreement project grant competition to support seven (7) projects in eligible states to develop approaches that promote state leadership and sustainability beyond the AoA funding period. AoA awarded second year continuation grants in FY2010 to eleven (11) projects funded in FY2009. Descriptions of the eighteen (18) State grants are included in this compendium

The goal of Model Approaches is to protect and enhance essential rights and benefits of older persons in states across the country by utilizing the leadership of the State Legal Assistance Developer and key project partners to create and maintain coordinated, well integrated, and cost effective statewide legal service delivery systems. Such systems should ultimately include: integration of a low-cost senior legal helpline with IIIB legal services and other low-cost mechanisms to achieve cost-efficiency and maximum impact from limited legal resources as well as effectively target scarce resources to older persons in greatest social or economic need. Applicants were asked to focus on the most critical legal issues confronting target populations and integrate them into the legal service delivery system within the broad aging service network.

Additional information about AoA's support of the Legal Assistance Program may be found on AoA's website:

http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/Legal/index.aspx

**Grant Number:** 90SL0012
**Project Title:** Alaska Statewide Model Approach to Statewide Legal Assistance Systems
**Project Period:** 07/01/2010 - 06/30/2013

**Grantee:**
Alaska Legal Services Corporation
1648 Cushman Street, Suite 300
Fairbanks, AK 99701

**Contact:**
Andy Harrington
Tel. (907) 452-5181
Email: aharrington@alsc-law.org

AoA Project Officer: Omar Valverde

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

Alaska Legal Services Corporation (ALSC) will partner with the Alaska Department of Health and Social Services, the Aging and Disabilities Resource Center, the Division of Senior and Disabilities Services, and the Alaska Commission on Aging with the goal of increasing overall access to legal services for elders within the state of Alaska, particularly for those in greatest social and economic need. Over a three year time frame ALSC will: 1) plan and implement a manageable, and feasible seniors legal needs assessment; 2) develop a project plan based upon the results of the assessment; 3) integrate and expand statewide resources by implementing low-tech tools to increase senior access to legal resources; 4) assess at least 12 months of data to determine program effectiveness; 5) determine overall impact and future sustainability for the project; and 6) disseminate project information. Anticipated outcomes are: 1) increased community awareness about the availability of senior legal services; 2) increased access to a potential statewide Senior Legal Help-line; 3) easily accessible low-tech legal resources for seniors; and 4) an increased level of access to legal services for seniors.

**Grant Number:** **90SL0007**
**Project Title:** **Model Approaches to Statewide legal Assistance**
**Project Period:** **09/01/2009 – 08/31/12**

**Grantee:**
Legal Services of Northern California
517 12TH Street
Sacramento, CA 95814

**Contact:**
David Mandel
Tel. (916) 551-2142
Email: dmandel@lsnc.net

AoA Project Officer: Valerie B. Soroka

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $100,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $200,000 |

**Project Abstract:**

California's Senior Legal Hotline (SLH), the Department of Aging (CDA), and the Legal Aid Association of California (LAAC) is continuing a three-year partnership to better meet the legal needs of many more seniors, targeting the most needy among the state's huge, diverse population and reducing serious disparities in the existing availability of legal help. The project goal is to increase the availability of low-cost, high-quality legal assistance to seniors through improved coordination among the hotline, local senior legal services providers, the Dept. of Aging, and others. Objectives include conducting assessments of seniors' legal needs and gaps in the existing delivery system; setting policies that will improve efficiency through service coordination and reduced duplication; increasing volunteer participation, focusing especially on the State Bar's Pro Bono Practice Program; harnessing the aging and legal services networks and media for targeted outreach; establishing a permanent body of stakeholders to provide feedback and advocate for expansion of senior legal services; and striving to increase support for sustainability and growth of the hotline and senior legal services providers. Proposed project outcomes include: 1) better access to senior legal services; 2) more pro bono volunteers; and 3) greater efficiency and better results through increased coordination and collaboration. Products will include reports from the needs and gap assessments, updated standards and reporting protocols, agreements on provider coordination, client self-help materials, advocate resources, and outreach plan and materials.

**Grant Number:** **90SL0016**
**Project Title:** **Delaware Legal Hotline Grant**
**Project Period:** **07/01/2010 - 06/30/2013**

**Grantee:**
Delaware Department of Health and Social Services
1901 N. DuPont Highway
New Castle, DE 19720

**Contact:**
Linda Heller
Tel. (302) 255-9390
Email: Linda.Heller@state.de.us

AoA Project Officer: Omar Valverde

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

The Delaware Model Approaches project creates a partnership between the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), the Community Legal Aid Society, Inc. and the Delaware Helpline to create a comprehensive, well integrated, cost effective, and targeted legal service delivery system. The partners, under the leadership of the state Legal Assistance Developer (LAD), will develop and implement the Legal Assistance Hotline Program (LAHP) that will serve as a single point of entry into legal services for all of Delaware's seniors and their caregivers. Its objectives are to: 1) target scarce legal resources to older persons in the greatest social or economic need by developing a legal needs assessment; 2) create and maintain a high-quality statewide senior legal hotline at Legal Helplink; 3) create and maintain a high-quality statewide legal services delivery system integrated into the state broad aging service network; and 4) broaden the visibility and utilization of the new statewide legal services delivery system. Anticipated outcomes are that consumers and their caregivers will have greater access to legal assistance in addition to improved service and follow-up. Documentation of outcomes will focus on tracking project activities, customer outcomes and evaluations.

**Grant Number:** **90SL0014**
**Project Title:** **Model Approaches for Improving the District of Columbia's Legal Services Delivery System**
**Project Period:** **07/01/2010 - 06/30/2013**

**Grantee:**
Legal Counsel for the Elderly
601 E Street, NW
Washington, DC 20049

**Contact:**
Aaron Knight
Tel. (202) 434-2107
Email: aknight@aarp.org

AoA Project Officer: Omar Valverde

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

AARP Legal Counsel for the Elderly (LCE) through the District of Columbia (DC) Model Approaches Project intends to increase access to legal assistance for older persons, particularly those in greatest social or economic need. The project goal is to Improve access to and quality of legal services delivered to older DC residents by the hotline and related components of the legal delivery system, with a special emphasis on serving hard-to-reach, underserved, and limited-English speaking populations. The Objectives are: 1) engage stakeholders in evaluating the current system; 2) gather information on the legal needs particularly those with the greatest social or economic need; 3) improve the low-cost services of hotline, self-help offices, brief services, and pro bono project; 4) strengthen outreach approaches to better target those with the greatest need, focusing on their most critical legal needs; and 5) broaden support from key partners for the services LCE provides. Anticipated outcomes include measurable increases in: 1) access to legal services; 2) client satisfaction; and 3) client case outcomes.

**Grant Number:** **90SL0015**
**Project Title:** **Georgia Model Approaches Project**
**Project Period:** **07/01/2010 - 06/30/2013**

**Grantee:**
Atlanta Legal Aid Society, Inc.
Georgia Senior Legal Hotline
151 Spring Street NW
Atlanta, GA 30303

**Contact:**
Amanda Styles
Tel. (404) 614-3905
Email: abstyles@atlantalegalaid.org

AoA Project Officer: Omar Valverde

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

The Georgia Model Approaches project partners the Atlanta Legal Aid Society with the Department of Human Services Division of Aging Services, to strengthen Georgia's legal services delivery system. The project goal is to increase the availability of high-quality, high-impact, low-cost legal services for Georgia's most vulnerable seniors by improving and sustaining coordination among legal services providers, integrating legal services providers with the broader aging network, and investing in technology and strategic partnerships. The objectives are to: 1) assess the most critical legal needs of the most vulnerable seniors and the capacity of the legal services delivery system to meet those needs; 2) convene working groups of legal and social service providers to create integrated referral, outreach, and training systems that better meet the needs of vulnerable seniors and establish a permanent advisory body to ensure continued integration and visibility and statewide support; and 3). enhance the low-cost components of the legal services delivery system, the Hotline and volunteer attorneys, through technology and new programs. Anticipated outcomes are: 1) an integrated legal services delivery system that maximizes resources so that seniors have greater access to legal services, and allocates cases so that seniors are served by the most appropriate provider; 2) increased awareness by vulnerable seniors and social service providers of the legal rights of seniors and of the services available to protect those rights; and 3) more efficient and effective low-cost components of the legal services delivery system.

**Grant Number:** 90SL0009
**Project Title:** Model Approaches to Statewide Legal Assistance Systems
**Project Period:** 09/01/2009 – 06/31/12

**Grantee:**
Louisiana Governor's Office of Elderly Affairs
412 North 4th Street, 3rd Floor
Baton Rouge, LA 70802

**Contact:**
Jane A. Thomas
Tel. (225) 342-7100
Email: janeathomas@msn.com

AoA Project Officer: Valerie B. Soroka

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $99,654 |
| FY2009 | $99,654 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $199,308 |

**Project Abstract:**

The goal of Louisiana's Model Approaches project is to increase access to legal services for seniors with the greatest social and economic need, utilizing the helpline and other legal services. The Legal Assistance Developer (Governor's Office of Elderly Affairs) is collaborating with the Louisiana Civil Justice Center (the helpline) and the legal service providers in Louisiana to develop a coordinated system of legal services to the 60 and older population. Project objectives include: 1) conducting a statewide legal needs assessment of seniors; 2) providing a statewide toll-free helpline to seniors; 3) developing packets and downloadable forms such as healthcare powers of attorney and living wills; 4) referring seniors who need direct representation to legal service providers; 5) completing a statewide reporting form for III-B providers to report quarterly; and 6) completing development of standards for targeting Louisiana's most vulnerable seniors. The expected outcomes are: 1) a statewide fully integrated and coordinated legal delivery system targeted to those seniors in greatest need; 2) increased access to legal services; 3) a statewide senior legal helpline; 4) a finalized reporting form for III-B providers; and 5) a meaningful reporting form for helpline data. The products expected are a completed needs assessment, a Title III-B reporting form, establishment of standards, senior-friendly packets, and Aging Disability and Resource Centers linkages to websites and toll free phone numbers.

**Grant Number:** 90SL0006
**Project Title:** Model Approaches to Statewide Legal Assistance System
**Project Period:** 09/01/2009 – 08/31/2012

**Grantee:**
Legal Services for the Elderly, Inc.
5 Wabon Street
August, ME 04330

**Contact:**
Jaye Martin
Tel. (207) 620-3103
Email: jmartin@mainelse.org

AoA Project Officer: Valerie B. Soroka

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $102,058 |
| FY2009 | $102,058 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $204,116 |

**Project Abstract:**

The goal of Maine's Model Approaches project is to increase the number of elders in Maine who seek and obtain ready access to high-quality legal assistance when their basic human needs are at stake, through the implementation of sustainable, low-cost delivery methods. Collaborative partners include Maine's Office of Elder Services, Legal Services for the Elderly, Inc., five Area Agencies on Aging, the Long Term Care Ombudsman, Attorney General, private bar, and the University of Maine's Law School, Dept. of Social Work, and Center on Aging. The objectives are: 1) to establish a collaborative leadership structure for elder legal service in Maine; 2) increase the capacity of the system through use of collaborative pro bono mechanisms; and 3) increase access to legal services by underserved groups of elders. The expected outcomes are: 1) participation by key agencies in a new leadership structure; 2) enhanced coordination of services; 3) adoption of a cooperative statewide outreach plan targeting hard-to-reach groups; and 4) an increase in the number of socially or economically disadvantaged elders receiving services, particularly minorities and non-English speakers. The products include a needs assessment with a focus on hard-to-reach groups, a replicable interdisciplinary elder rights leadership structure, and collaborative low-cost approaches for expanding the capacity of a statewide legal services delivery system.

**Grant Number:** **90SL0018**
**Project Title:** **Massachusetts Senior Legal Assistance Project**
**Project Period:** **07/01/2010 - 06/30/2013**

**Grantee:**
Legal Advocacy and Resource Center, Inc.
197 Friend Street 9th Floor
Boston, MA 02114-1802

**Contact:**
Rosa A. Previdi
Tel. (617) 603-1716
Email: rprevidi@gbls.org

AoA Project Officer: Omar Valverde

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

The Legal Advocacy and Resource Center through the Massachusetts Model Approaches project will partner with the Massachusetts Executive Office of Elder Affairs to create a statewide legal service delivery system, with a focus on reaching those of greatest economic or social need, increasing the quality and quantity of elder legal services in Massachusetts by: ensuring referral to the most appropriate service; providing full representation; identifying all legal resources for older Massachusetts residents; streamlining the intake process; transferring intake information to partnering agencies; using paralegals and law students to resolve simpler challenges; and developing and using pro bono resources. Specific objectives are: 1) maximizing efficiency of existing legal services network by assessing current needs and strengths and convening an advisory committee of legal and aging service providers; and 2) developing and promoting a legal helpline to serve as first point of contact to provide elders with information, advice and referrals. Anticipated outcomes are: 1) establishment of a statewide legal helpline serving 2,000 additional seniors served per year by the legal service network in Years 2 and 3 of the grant; 2) enhanced active involvement of law schools in the legal services network; 3) increased capacity to address consumer and advanced directive issues; 4) increased availability of pro-se materials; and 5) increased collaboration among legal services providers.

**Grant Number:** 90SL0004
**Project Title:** Model Approaches to Statewide Legal Assistance System
**Project Period:** 09/01/2009 – 08/31/2012

**Grantee:**
Missouri Department of Health and Senior Services
920 Wildwood Drive
P.O. Box 570
Jefferson City, MO 65102

**Contact:**
Marta J. Fontaine
Tel. (573) 526-3246
Email: marta.fontaine@dhss.mo.gov

AoA Project Officer: Valerie B. Soroka

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $97,914 |
| FY2009 | $97,914 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $195,828 |

**Project Abstract:**

The Missouri Department of Health and Senior Services is coordinating and enhancing existing limited and fragmented senior legal services by instituting a statewide toll-free phone line in conjunction with an online helpline. The goal is an integrated system of senior legal services that any consumer, senior or caregiver -- urban or rural, English or non-English speaking -- can access for information on legal issues and referrals to Title III-B and Legal Services Corporation funded services, or private attorneys providing pro bono or low-cost services involving critical needs. The target population includes rural and minority seniors, foreign-language speaking immigrants (primarily Spanish, Bosnian and Vietnamese), in-home service recipient populations assessed by Adult Protective Services and/or served by Medicaid waiver programs, and nursing facility residents. Objectives include: 1) conduct of a needs assessment to guide establishment of a toll free number paired with an online helpline to link seniors and their caregivers to legal information and services specific to their local area; 2) an increase in the amount of pro bono and low-cost hours of private attorneys for senior legal services; and 3) increased access to computers at community agencies, including senior centers and meal sites. Expected outcomes include: 1) increased awareness of senior legal issues and services; and 2) the integration of existing and additional services, resulting in better informed decisions on legal issues for Missouri seniors. The final products are to be a statewide senior legal phone helpline and companion online helpline, standard reporting and measurement tools, and additional legal service hours provided by Missouri Bar Association members.

**Grant Number:** 90SL0001
**Project Title:** Model Approaches to Statewide Legal Assistance System
**Project Period:** 09/01/2009 – 08/31/2012

**Grantee:**
Legal Aid of Nebraska
1904 Farnam Street, Suite 500
Omaha, NE 68102

**Contact:**
Margaret Schaefer
Tel. (402) 348-1069 x225
Email: mschaefer@legalaidofnebraska.com

AoA Project Officer: Valerie B. Soroka

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $100,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $200,000 |

**Project Abstract:**

The project goal is to ensure that elders with greatest social or economic need have access to quality legal assistance through an integrated service delivery system. The "Nebraska Model" will benefit the aging and legal services field of knowledge by developing a model addressing the unique needs of a large, predominantly rural state, with the rapidly increasing number of elders confronting geographic isolation as a chief barrier to access to legal services. Objectives are: 1) to foster linkages between Area Agencies on Aging and Legal Aid, and among legal aid providers, and the broader aging services system; 2) establish a statewide system to serve the most vulnerable, underserved elders; 3) integrate low-cost service delivery mechanisms with Title III-B legal services and the broader aging services delivery system; 4) promote awareness of legal services available; and 5) develop a statewide accountability system. Expected outcomes include: 1) continued provision of legal services via ElderAccessLine (helpine) to 1200 clients; 2) satisfaction ratings of at least 85%; legal services for minority elder populations that are over 50% low-income, over 1/3 geographically isolated, English as a Secondary Language or Limited English Proficient, 15% Native Americans, African Americans, Hispanic or other minorities; and 3) measurable increase in calls from elders to the ElderAccessLine, with a measurable decrease in cost per person. Products will include a legal services inventory, culturally competent toolkit, marketing plan, outcomes-based service standards, and sustainability plan.

**Grant Number:** **90SL0008**
**Project Title:** **Model Approaches to Statewide Legal Services**
**Project Period:** **09/01/2009 – 06/31/12**

**Grantee:**
Legal Aid of North Carolina
224 South Dawson Street
Raleigh, NC 27601

**Contact:**
Angeleigh Dorsey
Tel. (828) 236-1080 ext. 3106
Email: angied@legalaidnc.org

AoA Project Officer: Valerie B. Soroka

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $93,954 |
| FY2009 | $93,954 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $187,908 |

**Project Abstract:**

Legal Aid of North Carolina (LANC), in partnership with the North Carolina Division of Aging and Adult Services (DAAS), and Campbell University School of Law (Campbell), is developing an integrated, coordinated statewide legal assistance delivery system for low-income seniors, with particular emphasis upon isolated, underserved, rural and minority seniors. Objectives are: 1) evaluation of the current legal assistance delivery system; 2) increased access to low-cost, quality legal assistance to seniors in the greatest need through expansion of the pilot LANC Senior Helpline into a statewide helpline serving all 100 counties; and 3) establishment by Campbell of a senior law clinic and statewide conference for stakeholders to develop pro se materials and pro bono services as determined by a senior legal needs survey. The outcome will be sustainable, integrated, and coordinated access to low-cost legal assistance. The expected products from this project include the first North Carolina legal needs assessment, a new senior law clinic in the state capital, a statewide senior legal helpline, and a final report for the Administration on Aging.

**Grant Number:** 90SL0003
**Project Title:** Model Approaches to Statewide Legal Assistance System
**Project Period:** 09/01/2009 – 08/31/2012

**Grantee:**
Pro Seniors, Inc.
7162 Reading Road, Suite 1150
Cincinnati, OH 45327

**Contact:**
Rhonda Y. Moore
Tel. (513) 458-5506
Email: rmoore@proseniors.org

AoA Project Officer: Valerie B. Soroka

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $100,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $200,000 |

**Project Abstract:**

Pro Seniors, Inc., which has housed the Ohio Senior Legal Hotline since 1990, is developing with the support of Ohio's Attorney General, Department of Aging, Area Agencies on Aging (AAAs), and legal services programs, a more integrated and coordinated senior legal services delivery system in Ohio to better meet the legal needs of the State's large, growing, and in many cases, disabled and vulnerable senor population. Project objectives include: 1) enhancing and promoting access to legal services for Ohio seniors by strengthening the capacity of the helpline; 2) conducting an analysis of the current senior legal service delivery system; 3) fostering increased collaboration and coordination between legal services providers, including Title III-B providers, the helpline, pro bono providers, and the broader aging service delivery network, including AAAs; and 4) increasing legal services to underserved populations. Outcomes include 1) increasing helpline clients by 10%; 2) increasing by 10% each, the number of low-income, minority and rural helpline clients; 3) increasing effective helpline referrals to legal aid programs by 20%; and 4) increasing by 5% each, the percentage of low-income, minority and rural Title III-B clients. Products will include a quarterly elder law newsletter, a statewide elder law task force, an Ohio elder law resource website and listserv, and a matrix for helpline referrals to Title III-B programs and data on stakeholder participation, including survey results.

**Grant Number:** 90SL0011
**Project Title:** Model Approaches to Statewide Assistance Systems
**Project Period:** 09/01/2009 – 08/31/2012

**Grantee:**
Rhode Island Legal Services, Inc
56 Pine Street, Suite 400
Providence, RI 02903

**Contact:**
Robert M. Barge
Tel. (401) 274-2652
Email: rbarge@rils.org

AoA Project Officer: Valerie B. Soroka

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $100,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $200,000 |

**Project Abstract:**

Rhode Island Legal Services, Inc. is implementing a three-year program to increase access to legal assistance for seniors in Rhode Island. The plan seeks to develop a fully integrated, coordinated, low-cost state legal assistance network, the Rhode Island Senior Legal Assistance Network (RISLAN). RISLAN incorporates legal services providers, and the services of Rhode Island's Title III-B legal services provider, with Rhode Island's Aging and Disability Resource Center (the POINT), to ensure that all socially and economically disadvantaged seniors obtain the legal help they need. Objectives include: 1) conducting a legal needs assessment of senior Rhode Islanders; 2) collaborating with all stakeholders to build a network of legal services providers and pro bono programs; and 3) increasing coordinated access and availability of legal assistance at senior centers. Outcomes include: 1) greater numbers of seniors experiencing increased security from eviction, foreclosure, or financial exploitation; and 2) seniors' lives improved by elimination of legal problems. Expected products are a statewide senior legal assistance plan, consumer, tax, and financial exploitation pamphlets, an electronic desk manual listing "frequently asked questions" of a legal nature, and an evaluation report.

**Grant Number:** **90SL0005**
**Project Title:** **Model Approaches to Statewide Legal Assistance System**
**Project Period:** **09/01/2009 – 08/31/2012**

**Grantee:**
South Carolina Lieutenant Governor's Office on Aging
1301 Gervais St., Suite 200
Richland, SC 29201

Email: **Contact:**
Catherine S. Angus
Tel. (803) 734-9983
Email: cangus@aging.sc.gov

AoA Project Officer: Valerie B. Soroka

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $100,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $200,000 |

**Project Abstract:**

The Lieutenant Governor's Office on Aging will partner with South Carolina Legal Services (SCLS) and ten Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs), to increase, improve, and enhance seniors' access to legal services throughout South Carolina. Project goals are to: 1) increase visibility and accessibility of legal services for seniors, as well as the number of seniors receiving legal services; 2) conduct a needs assessment to identify specific populations and services needed; 3) develop and implement educational initiatives for the target population (including rural and low-income seniors and immigrant populations); and 4) support and expand SCLS's intake line to provide telephone assistance or appropriate referral for Title III-B assistance. Planned outcomes include: 1) improved access to expanded legal services; 2) improved quality of life and independence for seniors; 3) development of a sustainable system for access to those services with ongoing collaboration; 4) participation by stakeholders after the project's end; and 5) a system of ongoing data collection and assessment. Products will include an updated Guide to Laws and Programs Affecting Seniors, a DVD for mass distribution on futures planning/estates and the probate process, a referral system to legal assistance with data collection, and final grant reporting on outcomes including lessons learned.

**Grant Number:** **90SL0013**
**Project Title:** **Texas Elder Exploitation Project**
**Project Period:** **07/01/2010 - 06/30/2013**

**Grantee:**
Texas Legal Services Center, Inc.
Legal Hotline for Texans
815 Brazos, Suite 1100
Austin, TX 78701

**Contact:**
Paula Pierce
Tel. (512) 639-5414
Email: ppierce@tlsc.org

AoA Project Officer: Omar Valverde

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

The Texas Elder Exploitation Project will expand and coordinate the Legal Hotline for Texans and the State's senior legal hotline, with the Texas Department of Aging and Disability Services and the State Legal Assistance Developer to reach exploited elderly with legal services. Its objectives are: 1) to develop a task force to build a model legal service delivery system for victims of exploitation; 2) to compile information on the legal needs of exploited elders and current system capacity to guide; development of the project; 3) to develop, test, and maintain the Texas Elder Exploitation Project as an expansion of the Legal Hotline for Texans; 4) to develop tools to sustain the project beyond AoA funding; 5) to establish outreach to effectively target limited legal resources to those in greatest need; and 6) to utilize leadership of the State Legal Assistance Developer to build support among stakeholders to provide ongoing input to implement, grow, and sustain the project. Anticipated Outcomes are: 1) increased financial security for seniors whose exploitation issues are resolved; 2) more effective collaboration among identified stakeholders to increase services available to exploited seniors; and 3) improved capacity of the legal service delivery system to address problems encountered by exploited seniors.

**Grant Number:** 90SL0010
**Project Title:** Model Approaches to Senior Legal Services
**Project Period:** 09/01/2009 – 08/31/12

**Grantee:**
Utah Legal Services, Inc.
205 North 400 West
Salt Lake City, UT 84103

**Contact:**
Tarita Kisa Clayton
Tel. (801) 924-3390
Email: tclayton@utahlegalservices.org

AoA Project Officer: Valerie B. Soroka

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $ |
| FY2009 | $100,000 |
| FY2008 | $100,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $200,000 |

**Project Abstract:**

The goal of Utah's project is to develop a well coordinated and integrated system of efficient, accessible, and targeted legal services for Utah seniors. The objectives are to: 1) create a statewide senior legal helpline; 2) conduct a legal needs assessment; 3) convene a Utah Elder Law Coalition to develop a comprehensive and integrated statewide legal service delivery plan; 4) target services appropriately to those most in need; and 5) expand, enhance and coordinate self-help delivery mechanisms. Measurable project outcomes include: 1) increase by 20% the number of seniors receiving services for high priority cases; 2) increase by 30% the number of Utah's targeted senior population (low-income, homebound, rural, minority, and limited English-speaking) that will have access to legal services; and 3) increase by 15% the awareness of available legal services and ability to identify legal issues, by the broader community-based aging network. The proposed products include a legal needs assessment, comprehensive and integrated statewide delivery plan, written self-help materials, video files, podcast audio files, Spanish language presentation materials, a "How to Manual," summary journal articles, and project methodology and lessons learned presentations.

**Grant Number:** **90SL0002**
**Project Title:** **Model Approaches to Statewide Legal Assistance System**
**Project Period:** **09/01/2009 – 08/31/2012**

**Grantee:**
Vermont Legal Aid, Inc.
PO Box 1367
264 North Winooski Avenue
Burlington, VT 05402

**Contact:**
Michael Benvenuto
Tel. (802) 863-5620
Email: mbenvenuto@vtlegalaid.org

AoA Project Officer: Valerie B. Soroka

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $100,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $200,000 |

**Project Abstract:**

Vermont Legal Aid, Inc. is evaluating, coordinating and expanding the delivery of legal services to seniors throughout the State of Vermont. The goal of the project is to improve the lives of Vermont seniors by providing greater access to comprehensive and coordinated legal services in all areas of the State. This is being accomplished by establishing a coordinated service delivery system for seniors statewide, including the piloting of a helpline for seniors focused on consumer laws problems. Target populations include rural seniors (comprising approximately 82% of the senior population), with particular emphasis upon homebound seniors, immigrant, and limited-English-speaking seniors. The expected outcome of this project is a coordinated system for the intake, referral, and delivery of legal services that increases access to services for seniors statewide. The expected products from this project include a legal needs study for the State of Vermont; a comprehensive and integrated intake and referral system for seniors; and a pilot project of a statewide helpline focused on consumer law issues for seniors, which can serve as a template for integrating helpline services into a full-service organization.

**Grant Number:** 90SL0017
**Project Title:** Creation Of a Coordinated, Efficient, Cost-Effective, Quality Legal Services Delivery System for Senior West Virginians
**Project Period:** 07/01/2010 - 06/30/2013

**Grantee:**
West Virginia Senior Legal Aid, Inc.
235 High Street, #519
Morgantown, WV 26505-5454

**Contact:**
Cathy McConnell
Tel. (304) 296-0082
Email: seniorlegalaid@yahoo.com

AoA Project Officer: Omar Valverde

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

The goal of the West Virginia Model Approaches project is to create a comprehensive, well-integrated, cost-effective, efficient, and high quality legal services delivery system for needy senior West Virginians. Its objectives are to: 1) convene an Elderlaw Advisory Group to make our legal services delivery efficient, effective, higher quality, targeted, and broader access; 2) conduct a legal needs assessment and delivery system assessment; 3) cost-effectively dispel legal mythology among seniors; 4) efficiently and cost-effectively provide quality, relevant legal trainings online; 5) improve states system of response to financial exploitation of seniors by people in positions of trust; 6) reach out to and serve the special legal needs of LGBT seniors; 7) bring West Virginia Senior Legal Assistance and Legal Assistance of West Virginia together to carefully integrate programs services to seniors; and 8) enhance pro bono referral especially to target populations. Anticipated Outcomes are: 1) the law and aging community in state will learn the legal needs of the neediest seniors; 2) target populations of seniors will have increased awareness of how legal assistance can preserve independence, and increased access to quality legal services; 3) seniors and senior service providers will receive valuable elder law information geared toward helping seniors preserve their independence; and 4) increased number of hours pro bono attorneys devote to serving seniors in our state.

# National Legal Assistance Centers

The 1984 Older Americans Act (OAA) Amendments (P.L. 98-459) required the Administration on Aging to make grants and enter into contracts to provide a national legal assistance support system of activities to State and area agencies on aging for providing, developing, or supporting legal assistance for older individuals. First funded in FY1985, National Legal Assistance Centers have provided expertise on laws affecting the elderly to State and local legal service providers funded under OAA Title III and legal service developers funded under OAA Title VII. Authority for support of the Centers is currently under Title IV Section 420 which in calling for AoA to support a national legal assistance support system, specifies that it is to provide, develop and support it through case consultations; training; provision of substantive legal advice and assistance; and assistance in the design, implementation, and administration of legal assistance delivery systems to local providers of legal assistance for older individuals.

In recent years AoA has supported the National Legal Assistance Centers through a competitive process of awarding three year grants as cooperative agreements. In FY2008 changed its process to require applicants to compete for options reflecting the requirements of the Act asking for the national organizations to apply under one or more of the five (5) options in the FY2008 program announcement which were: case consultation, training on law and aging; technical assistance/legal and aging systems development; information and resource development and dissemination; and website content development. The five project awards made under this announcement included in this compendium received their third year continuation funding in FY2010.

Information about the Centers can be found on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/Legal/national_legal.aspx

**Grant Number:** 90LA0001
**Project Title:** National Legal Resource Center – Information and Development
**Project Period:** 09/30/2008 – 07/32/2011

**Grantee:**
American Bar Association Fund for Justice and Education
740 15th Street, NW
Washington, DC 20005

**Contact:**
Holly Robinson
Tel. (202) 662-8694
Email: robinsoh@staff.abanet.org

AoA Project Officer: Omar Valerde

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $185,000 |
| FY2009 | $185,000 |
| FY2008 | $150,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $520,000 |

**Project Abstract:**

The American Bar Association (ABA) Fund for Justice and Education, through the ABA Commission on Law and Aging, will develop and disseminate a wide range of information and resources on law and aging as the primary activity under funding Option IV: Information and Resource Development and Dissemination. The ABA will make informational materials and other resources available to professionals and advocates in law and aging including: Title III-B attorneys, Legal Service Corporation attorneys, Legal Assistance Developers, pro bono attorneys, elder law and consumer law attorneys in the public and private sectors, members of the judiciary, law enforcement, aging services staff of area agencies on aging and Aging and Disability Resource Centers (ADRCs), employees and volunteers of organizations providing legal and aging services to older persons (including low income minorities and Native Americans), older consumers, and other professionals and advocates within organizations serving older persons. The informational materials and other resources on law and aging to be developed and/or disseminated will include: research and findings on cutting edge issues of elder law; newsletters; fact sheets; issue briefs; self-help manuals; educational and outreach materials; results of demonstration projects impacting aging and legal systems; and models of innovation in legal and aging service delivery. In addition, a primary activity under Option IV will involve the administration of a professional listserve and the development of content for the NLRC website. Anticipated Outcomes are that the project will: 1) support the leadership, knowledge, and systems capacity of states, legal services providers, area agencies on aging, ADRCs, and other organizations serving older persons; and 2) enhance the quality, cost effectiveness, and accessibility of legal assistance and elder rights programs provided to older persons.

**Grant Number:** 90LA0003
**Project Title:** Building the Legal Capacity of the Aging Network through Case Consultations
**Project Period:** 09/30/2008 – 07/31/2011

**Grantee:**
National Senior Citizens Law Center
1444 Eye Street NW, Suite 1100
Washington, DC 20005

**Contact:**
Lynda Martin-McCormick
Tel. (202) 289-6976
Email: lmm@nsclc.org

AoA Project Officer: Omar Valverde

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $206,000 |
| FY2009 | $206,000 |
| FY2008 | $200,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $612,000 |

**Project Abstract:**

The National Senior Citizens Law Center (NSCLC) provides case consultation as the primary activity under funding Option I for case consultation. NSCLC makes case consultation available to professionals and advocates in law and aging, including Title III-B legal assistance providers, Legal Services Corporation (LSC) providers, Legal Assistance Developers, elder law and consumer law attorneys in the public and private sectors, members of the judiciary, aging services staff of area agencies on aging and Aging and Disability Resource Centers (ADRCs), and other professionals and advocates within organizations serving older persons. NSCLC will provide intensive and tailored advice in the following legal subject matter areas (in partnership with the National Consumer Law Center): Healthcare benefits; Long term care in institutional or home and community based settings; Older Americans Act services; Social Security (including SSI and SSDI); Medicare (including Medicare Part D); Medicaid (including the financing of home and community based care); Housing (including defense against foreclosures or evictions); Pension benefits; Abuse, neglect, and financial exploitation of vulnerable elders; Consumer fraud/scams; Guardianship (including the defense of guardianship); Insurance benefits; Debt collection harassment; Mortgage fraud and predatory lending; and Credit repair and counseling. Anticipated outcome are that the project will: 1) support the leadership, knowledge, and systems capacity of states, legal services providers, Area Agencies on Aging, ADRCs, and other organizations serving older persons; and 2) enhance the quality, cost effectiveness, and accessibility of legal assistance and elder rights programs provided to older persons.

**Grant Number:** **90LA0002**
**Project Title:** **National Elder Rights Training Project**
**Project Period:** **09/30/2008 – 07/32/2011**

**Grantee:**
National Consumer Law Center
77 Summer Street, 10th Floor
Boston, MA 02110-1006

**Contact:**
Odette Williamson
Tel. (617) 541-8010
Email: owilliamson@nclc.org

AoA Project Officer: Omar Valerde

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $156.000 |
| FY2009 | $156,000 |
| FY2008 | $150,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $462,000 |

**Project Abstract:**

National Consumer Law Center is training aging and legal service providers and advocacy networks as the primary activity under the funding option Training on Law and Aging. Training and education is available to advocates and professionals in law and aging, including Legal Assistance Developers, Title III-B attorneys, Legal Service Corporation attorneys, pro bono attorneys, elder law and consumer law attorneys, judiciary members, law enforcement, Area Agencies on Aging and Aging and Disability Resource Centers (ADRCs), employees and volunteers of organizations providing legal or aging services to older persons (inc. low income minorities and Native Americans), older consumers, and other professionals and advocates serving older persons. Partnering with the National Senior Citizen's Law Center, training topics offered include: 1) application of laws on Long Term-Care in institutional and community-based settings; financing health care through Medicare/Medicaid; financing health care through appropriate private pay options; guardian/conservator and surrogate decision-making; housing and public benefits; Older Americans Act services; predatory mortgage lending; home foreclosure; and vulnerable older adult abuse, neglect, self- neglect, and exploitation; 2) application of laws on fraud, targeting older consumers, including identity theft, investment fraud, and other financial crimes; 3) proper identification and /referral of legal and elder abuse issues by aging and legal service providers; 4) coordination/integration of legal and aging service delivery systems, inc. enhanced linkage of legal services with ADRCs; 5) target and enhance access to legal services for older persons in most social and economic need; 6) development of measurable outcomes for legal service delivery systems that quantify beneficial impact of legal services on older persons; and 7) collaborations to enhance access to quality legal and aging services for older persons most in need. The anticipated outcome is enriched quality. improved cost effectiveness and accessibility of legal assistance and elder rights programs for older persons.

**Grant Number:** 90LA004
**Project Title:** National Legal Resource Center: Technical Assistance for Legal and Aging Systems Development
**Project Period:** 09/30/2008 – 07/31/2011

**Grantee:**
The Center for Social Gerontology
2307 Shelby Ave
Ann Arbor, MI 48103-3803

**Contact:**
Penelope A. Hommel
Tel. (734) 665-1126
Email: phommel@tcsg.org

AoA Project Officer: Omar Valverde

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $201,744 |
| FY2009 | $193,277 |
| FY2008 | $150,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $545,021 |

**Project Abstract:**

The Center for Social Gerontology (TCSG) provides technical assistance in the design, implementation, administration, and evaluation of legal assistance delivery and elder rights advocacy systems. The grantee works with states, Area Agencies on Aging (AAAs), Aging and disability Resource Centers (ADRCs), and legal services providers to improve the delivery of legal assistance and elder rights programs, with an emphasis on the implementation of well-integrated and cost effective legal service delivery systems. TCSG provides technical assistance in the following areas: 1) technical assistance to states, AAAs, ADRCs, and legal providers involved in the Model Approaches demonstration projects; 2) technical assistance to state and local organizations in the development of intake and assessment tools; 3) technical assistance to state and local organizations in the development of needs assessment tools; 4) technical assistance to state and local organizations in the development of systems capacity assessment tools; 5) technical assistance to state and local organizations in the development of outreach strategies; 6) technical assistance to state and local organizations in the development of outcomes measures and reporting/data collection systems; 7) technical assistance to state and local organizations in the development of legal service delivery strategic plans; 8) technical assistance to state and local organizations in the development of legal service delivery standards; 9) technical assistance to AAAs, ADRCs, and local legal service providers, in the integration of legal assistance programs into community based service delivery systems; 10) technical assistance to state and local agencies and organizations on guardianship issues; and 11) technical assistance to state and local organizations on innovative funding sources for legal assistance and elder rights programs.

**Grant Number:** 90LA0006
**Project Title:** Center for Elder Rights Advocacy (C.E.R.A.)
**Project Period:** 09/30/2008 – 07/31/2011

**Grantee:**
Elder Law of Michigan, Inc
3815 W. St. Joseph St., Suite C-200
Lansing MI 48917

**Contact:**
Keith Morris
Tel. (866) 949-2372
Email: kmorris@ceraresource.org

AoA Project Officer: Omar Valverde

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $147,978 |
| FY2009 | $147,978 |
| FY2008 | $100,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $395,956 |

**Project Abstract:**

The Center for Elder Rights Advocates (CERA) provides direct technical assistance to state and local organizations in the design, implementation, administration, and evaluation of senior legal helplines as the primary activity under funding Option III Technical Assistance/Legal and Aging Systems Development. CERA is working with states, area agencies on aging, Aging and Disability Resource Centers (ADRCs), and legal services providers to expand and improve well integrated and cost effective legal service delivery systems that involve legal helplines and interface seamlessly with the aging services network. The project will support the leadership, knowledge, and systems capacity of states, legal services providers, area agencies on aging, ADRCs, and other organizations serving older persons and enhance the quality, cost effectiveness, and accessibility of legal assistance and elder rights programs provided to older persons.

## Senior Medicare Patrol (SMP)

The Senior Medicare Patrol (SMP) program empowers seniors through increased awareness and understanding of healthcare programs and helps seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error and abuse. SMP projects work to resolve beneficiary complaints of potential fraud in partnership with state and national fraud control/consumer protection entities, including Medicare contractors, state Medicaid fraud control units, state attorneys general, the Department of Health and Human Services Office of the Inspector General and the Center for Medicare and Medicaid Services.

The SMP program was established in 1997 with enactment of P.L. 104-209, the Omnibus Consolidated Appropriations Act of 1997 which included language directing the AoA to establish demonstration projects that utilize the skills and expertise of retired professionals in identifying and reporting error, fraud and abuse. Senator Harkin who introduced this language was impressed by the results of a previous Administration on Aging (AoA) demonstration, Operation Restore Trust, which addressed fraud and abuse of Medicare and Medicaid in nursing homes and among durable equipment providers. SMP operations through projects in all states, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands and recruits and trains nearly 4,500 volunteers to reach beneficiaries.

AoA held competitions for new capacity building grants in FY2010 and made continuation awards to grants awarded in FY2009 and FY2008 to expand the reach of programs statewide. Additional information about SMP may be found on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/SMP/index.aspx

## Senior Medicare Patrol (SMP) Program – Capacity Building Grants

The Administration on Aging (AoA) announced a funding opportunity in FY2010 for Senior Medicare Patrol (SMP) programs to compete in one of several categories to increase their capacity to educate beneficiaries on health care fraud in Medicare and Medicaid programs. These categories included specified States with high fraud rates, States at greatest risk for health care fraud and abuse, and/or States where HHS/DOJ Health Care Fraud Prevention and Enforcement Force Action Team (HEAT) Strike Force Teams have been established. Increased funding for all current (incumbent) SMP grantees was believed necessary to reach more Medicare and Medicaid beneficiaries, their families and caregivers; to expand and enhance their volunteer work force and risk management; to expand outreach and education to beneficiaries statewide; and to manage beneficiary inquiries and complaints in a timely, professional manner.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0077**
**Project Title:** **Alabama Senior Medicare Patrol- Capacity Building Grant**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Alabama Department of Senior Services
770 Washington Ave., Suite 570
Montgomery, AL 36130

**Contact:**
Robyn James
Tel. (334) 353-9273
Email: Robyn.James@ADSS.Alabama.gov

AoA Project Officer: Dorothy E. Smith

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $150,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $150,000 |

**Project Abstract:**

The Alabama Department of Senior Services (ADSS) supports this one-year SMP (Senior Medicare Patrol) program in collaboration with the 13 Area Agencies on Aging. The goal of the program is to increase education to beneficiaries, caregivers, providers, and the public to protect, detect, and report healthcare waste, fraud, and abuse. The objective is to expand SMP services and increase the number of SMP volunteers to build program capacity for the long term. The expected outcomes include: 1) a new and improved statewide SMP volunteer program; 2) an increase in SMP program activities, 3) an expansion of education and services to the highly rural, low-income, and hard-to-reach communities; 4) an additional state level staff person to assist the SMP Director; and 5) an increase in the number of SMP volunteers. The program products include a new volunteer program training curriculum and new volunteer recruitment materials.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP00**
**Project Title:** **Alaska Senior Medicare Patrol Capacity Building Grant**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Alaska Department of Health and Social Services
Senior and Disabilities Services
550 West 8th Avenue
Anchorage, AK 99501-3518

**Contact:**
Judith Bendersky
Tel. (907) 269-3669
Email: judith.bendersky@alaska.gov

AoA Project Officer: Terry W. Duffin

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $50,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $50,000 |

**Project Abstract:**

The Alaska Senior Medicare Patrol (SMP) Program educates and empowers Alaskan seniors through its network of agency relationships and volunteer counselors. The SMP Expansion Grant will enable the Alaska SMP to enhance its capacity by developing online training modules and online certification and coordinate volunteer training, counseling and outreach activities throughout Alaska. The SMP project is continually strengthening its collaborative partnership with individuals and agencies throughout the state including current SMP/Sate Health Insurance Information Program (SHIP volunteers, the Division of Insurance, the Office of Elder Fraud and Abuse and the Better Business Bureau.

**Grant Number:** **90MP0045**
**Project Title:** **Arizona Senior Medicare Patrol Project**
**Project Period:** **09/30/2010 – 09/30/2011**

**Grantee:**
Arizona Department of Economic Security
Division of Aging and Adult Service
1789 West Jefferson, 950A
Phoenix, AZ 85007-3202

**Contact:**
Melanie Starns
Tel. No. (602) 542-5757
Email: mstarns@azdes.gov

AoA Project Officer: Christine Ramirez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

The Arizona Senior Medicare Patrol (ASMP) Project located within the Department of Economic Security's (DES) Division of Aging and Adult Services (DAAS) is a one-year project to develop innovative health care fraud prevention activities. The goal is to build and strengthen the volunteer base. The objective is to interface with the Centers for Medicare/Medicaid Services (CMS), CMS contractors, law enforcement and other state partners to develop or implement new public awareness strategies about the incidence and prevalence of Medicare fraud. The expected outcomes are: 1) an increased awareness of beneficiaries, including those who are isolated and hard-to-reach, of how to detect and prevent Medicare/Medicaid error, fraud, and abuse; 2) an increased number of volunteers within Area Agencies on Aging (AAA) with knowledge to educate and investigate on behalf of beneficiaries, their families and caregivers on Medicare/Medicaid error, fraud, and abuse; and 3) an increased understanding of tools to improve ASMP. The products will include training modules and printed material on information and education in the prevention and knowledge of identifying health care errors, fraud, and abuse.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0058**
**Project Title:** **Senior Medicare Patrol Project**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Arkansas Department of Human Services
Division of Aging and Adult Services
700 Main Street
PO Box 1437, Slot S-530
Little Rock, AR 72203-1437

**Contact:**
John Pollet
Tel. (501) 682-8504
Email: john.pollett@arkansas.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $100,000 |

AoA Project Officer: Lisa J.Theirl

**Project Abstract:**

The Arkansas Senior Medicare Patrol (SMP) grant is a one-year grant to expand the capacity of the state SMP project to recruit, train, manage, and support an increased number of volunteers to handle the increased number of inquiries generated by expansion efforts. The goals are: 1) to expand and enhance the SMP volunteer workforce; 2) to expand SMP outreach and beneficiary education statewide through media spots and innovative methods; and 3) to integrate all healthcare fraud fighting activities within the Arkansas DHS through collaboration with the state Medicaid Office. The objectives are: 1) to expand program coverage into additional communities, with emphasis on the Delta counties recently added to the service area of Tri-County Rural Health Network (our sub-grantee partner on the 2008-2010 Senior Medicare Patrol Integration (SMPI) grant); 2) to enhance our ability to manage beneficiary inquiries and complaints through recruitment and training of local RSVP and AARP volunteers to work in the office; and 3) to develop a strong network of partners/sub-grantees building solid volunteer bases. The expected outcomes are: 1) an increased number of calls to the hotline and greater awareness of the program in event attendees and hotline callers (to be determined via a survey instrument); 2) an enhanced ability to prevent Medicare/Medicaid fraud and prosecute fraudulent providers. The products expected from this project include a survey to measure attendees and hotline callers and data on the level of healthcare fraud perpetrated in Arkansas.

**Grant Number:** **90MP0034**
**Project Title:** **Senior Medicare Patrol Expansion and Capacity Building Grant**
**Project Period:** **09/30/2010 – 09/30-2011**

**Grantee:**
California Health Advocates (CHA)
5380 Elvas Avenue Suite 124
Sacramento, CA 95819-5819

**Contact:**
Julie Schoen
Tel. No. (714) 560-0309
Email: jschoen@cahealthadvocates.org

AoA Project Officer: Sau Wo D. Lam

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $430.000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $430,000 |

**Project Abstract:**

California Health Advocates (CHA), the current grant holder of the California Senior Medicare Patrol project, collaborates closely with the Center for Medicare and Medicaid Services Integrity Field Office in Los Angeles. The goal of this project is to fully utilize community resources to educate the public to protect, detect and report fraud and abuse of the Medicare program. The approach will be to expand services by doubling the number of SMP volunteers and formalized coordination with local State Health Insurance Information Program (SHIPs). The objectives are: 1) to establish a statewide SMP 800 number; 2) to recruit and train at least one SMP volunteer liaison for each of the 24 SHIPs in California; 3) to provide continuous training and in-services to volunteers and the public via webinars; and 4) to establish a fully operational Northern California SMP branch office to expand outreach. The expected outcomes are: 1) double the current number of active SMP volunteers statewide and manage their activities effectively; 2) increase accountability and data collection of the number and types of telephone inquiries received through a call data base; and 3) expand the number and types of education events given throughout the state as well as media outreach, specifically targeting underserved/non-English speaking communities. The products from this project: a larger coordinated, educated and accountable volunteer base; an 800 line that is solely dedicated to SMP; and webinars and products that will be shared with all of our partners.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0075**
**Project Title:** **Colorado Senior Medicare Patrol (SMP) Capacity Building**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Colorado Department of Regulatory Agencies
Division of Insurance
1560 Broadway, Suite 850
Denver, CO 80202

**Contact:**
Suzanne R. Sigona
Tel. (303) 894-7541
Email: suzanne.sigona@dora.state.co.us

AoA Project Officer: Courtney L. Hoskins

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $100,000 |

**Project Abstract:**

Colorado Senior Medicare Patrol (SMP) operated through the Colorado Division of Insurance, supports this SMP Capacity Building project. The goal of the SMP program is to support activities of volunteer recruitment and community outreach to enhance-improve-expand Medicare beneficiaries' ability to detect and report circumstances of potential fraud and abuse. The objectives are: 1) to recruit more volunteers; 2) to train volunteers; 3) to develop infrastructure to support a coordinated and collaborative approach to the management and support of volunteers; and 4) to institute a comprehensive program that educates a wider range of citizens of Colorado who are exposed to incidents of Medicare fraud and abuse. The expected outcomes of this project are: 1) a higher level of support and engagement of our currently contracted SMP programs (statewide); 2) increased knowledge of beneficiaries to activities that constitute fraud and abuse; 3) increased reporting of fraudulent or abusive activities, 4) increase in Medicare funds recovered from abusive or fraudulent activities; and 5) increased savings to beneficiaries. Products will include: an 800 toll free line; statistical reports; ads; and training materials.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** 90MP0064
**Project Title:** Connecticut Senior Medicare Program (SMP) Expansion Project
**Project Period:** 09/30/2010 – 09/29/2011

**Grantee:**
Connecticut Department of Social Services
Aging Services Division
25 Sigourney Street
Hartford, CT 06106-5033

**Contact:**
Dee White
Tel. (860) 425-5008
Email: dee.white@ct.gov

AoA Project Officer: Gene Brown

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $100,000 |

**Project Abstract:**

The Connecticut Department of Social Services, State Unit on Aging, supports this one year Health Care Fraud Prevention Program Expansion and Senior Medicare Patrol (SMP) Capacity Building Grant in collaboration with Connecticut's Regional Area Agencies on Aging. The goal of this project is to enhance the Senior Medicare Patrol (SMP) program capacity by increasing and supporting the SMP volunteer workforce and expanding SMP outreach, fraud awareness and education to Medicare beneficiaries throughout the state. The objectives are: 1) to improve SMP project efficiency through increased number of SMP volunteers; 2) to enhance the SMP volunteer training strategy; 3) to expand SMP outreach and education to beneficiaries, caregivers, targeting hard-to-reach and isolated populations; 4) to expand SMP project's ability to manage beneficiaries' fraud inquiries and complaints in a timely and professional manner. The expected outcomes include the following: 1) increased number of volunteers enrolled in the SMP project; 2) expanded SMP program volunteer training initiatives; 3) increased awareness of Medicare fraud, waste and abuse issues by beneficiaries and caregivers: and 4) increased reporting of suspected fraud, waste, or abuse resulting in savings or cost avoidance attributable to the project. Products will include Medicare Fraud Tip Sheets, webinar training courses, Medicare Fraud Awareness Bookmarks, Scam Alert Boards, Caregivers' Fraud Educational CDs for Caregivers.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0052**
**Project Title:** **Delaware Senior Medicare Patrol (SMP) Capacity Building**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Delaware Department of Health and Social Services
1901 N. DuPont highway, Main Building Annex
New Castle, DE 19720

**Contact:**
Cynthia Allen
Tel. (302) 255-9390
Email: cynthia.allen@state.de.us

AoA Project Officer: Carmen D. Sanchez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $50,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $50,000 |

**Project Abstract:**

The Division of Services for Aging and Adults with Disabilities (DSAAPD) supports this one year Senior Medicare Patrol (SMP) Capacity Building Project in collaboration with the State of Delaware Aging and Disability Resource Center (ADRC), Delaware Aging Network (MOT Senior Center), and Lenape Indian Tribe of Delaware. The goal is to expand the capacity of the existing SMP project by developing new innovations in a more comprehensive manner throughout the state. The objectives are: 1) to recruit, screen, train, manage and support an increased number of SMP volunteers and 2) to utilize these volunteers to effectively expand SMP outreach to beneficiaries in local communities with a result of enhanced SMP capacity for performance management. The expected outcomes are: 1) increased outreach, education and training efforts to the underserved and 2) increased SMP activities that are accurately tracked, recorded and reported. Products include Volunteer Services Coordinator/Case Manager (VSC/CM) position toolkit, Case Manager rolling file, SMP Site toolkit with strategic plan for outreach activities and technological marketing through an internet provider.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

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**Grant Number:** **90MP0050**
**Project Title:** **Senior Medicare Patrol of the District of Columbia**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Legal Counsel for the Elderly
601 E Street, NW, Building A, A4
Washington, DC 20049

**Contact:**
Jan May
Tel. (202) 434-2164
Email: jmay@aarp.org

AoA Project Officer: Barry F. Klisberg

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $50,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $50,000 |

**Project Abstract:**

This is a one-year grant to expand the capacity of the state Senior Medicare Patrol (SMP) project to recruit, train, manage, and support an increased number of SM P volunteers to handle the increased number of inquiries generated by expansion efforts. The goal of the Senior Medicare Patrol of the District of Columbia SMP, a project of Legal Counsel for the Elderly (LCE), is to educate DC Medicare and Medicaid beneficiaries and caregivers on how to detect and report health care fraud, error, and abuse. The objectives are: 1) to empower seniors their families and caregivers through increased awareness and understanding of health care programs and to protect them from the economic and health-related consequences associated with Medicare and Medicaid fraud, error, and abuse; 2) to expand and enhance our volunteer workforce; 3) to expand SMP outreach and education; 4) to expand our ability to manage beneficiary inquiries and complaints in a timely professional manner; and 5) to improve and enhance SMP program and volunteer management. The expected outcomes are: 1) increased number of volunteers, including bi-lingual volunteers; 2) increased visibility through radio, television, print and online media; and 3) increased number of complaints and inquiries handled in a timely manner. Products will include volunteer training materials; ads and reports for the media.

**Grant Number:** 90MP0032
**Project Title:** Florida Senior Medicare Patrol Program Expansion and Capacity Building
**Project Period:** 09/30/2010 - 09/30/2011

**Grantee:**
Area Agency on Aging of Pasco-Pinelles, Inc.
9887 4th Street, Suite 100
St. Petersburg, FL 33702

**Contact:**
Sally Gronda
Tel. No. (727) 570-9696
Email: grondas@elderaffairs.org

AoA Project Officer: Ronald S. Taylor

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $430,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $430,000 |

**Project Abstract:**

This is a one-year grant to develop strategies for more direct and effective Senior Medicare Patrol (SMP collaboration with the Department of Justice (DOJ) Health Care Fraud Prevention and Enforcement Action Team (HEAT) Strike Force units in high Center for Medicare and Medicaid Services (CMS) identified fraud areas. The goal of this SMP expansion program is to expand the capacity of the state SMP project to recruit, train, manage, and support an increased number of SMP volunteers to handle the increased number of inquiries generated by expansion efforts. The objectives are: 1) to outreach to media, 2) to increase staff capacity to handle program expansion; and 3) to educate beneficiaries/consumer on the three tenets of the SMP Program - protect, detect, and report. Expected outcomes include: 1) a significant increase in the number of volunteers and their participation in program activities; 2) a timely exchange of ideas and information between SMP and the Tampa/Miami HEAT Strike Force; 3) an increase in media outreach throughout the state; and 4) assignment of staff/consultants to geographic regions, in order to maximize our outreach efforts. Products from this program will include semi-annual reports to AoA and OIG, a new updated web site and marketing and educational materials (English, Spanish, and Creole).

**Grant Number:** **90MP0038**
**Project Title:** **Senior Medicare Patrol Expansion and Capacity Building**
**Project Period:** **09/30/2010 – 09/30/2011**

**Grantee:**
Georgia Department of Human Services
Division of Aging Services
2 Peachtree St.
Atlanta, GA 30303

**Contact:**
Belinda J. Jones
Tel. No. (404) 657-8756
Email: bjjones@dhr.state.ga.us

AoA Project Officer: Ronald S. Taylor

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

GeorgiaCares consists of the State Health Insurance Assistance Program (SHIP) and the Senior Medicare Patrol (SMP). The goals of this one-year grant proposal are to improve the management and coordination of statewide volunteer efforts and to increase capacity of outreach through the expansion and development of new partnerships. The objectives are: 1) to hire a volunteer coordinator; 2) to implement coordinated volunteer administration including risk management; 3) to ensure that all GeorgiaCares hotline counselors are adequately trained on SMP; 4) to develop new partnerships with state and local agencies; 5) to increase the number of at-risk beneficiaries receiving education on how to detect and prevent health care fraud; and 6) to increase media spots to expand outreach to Medicare/Medicaid beneficiaries, their families and caregivers. The expected outcomes of this grant are: 1) increased identification of health care fraud hot spots within Georgia; greater visibility of media; and 2) expanded number of trained SMP volunteers including dual-language volunteers. The products from this grant proposal include a public awareness campaign that includes volunteer/beneficiary highlights, use of social networking sites, SMP labels with the hotline number for placement on beneficiaries Durable Medical Equipment (DME) and financial exploitation/scam alerts, risk management materials added to SMP volunteer recruitment packets, and completion of a semi-annual and final report including lessons learned and the project evaluation.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0069**
**Project Title:** **Senior Medicare Patrol Capacity Building Grant**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Guam Department of Public Health and Social Services
Division of Senior Citizens
123 Chalan Kareta
Mangilao, GU 96913- 6304

**Contact:**
J. Peter Roberto
Tel. (671) 736-7102
Email: caring.communities@yahoo.com

AoA Project Officer: Anna H. Cwirko-Godycki

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $20,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $20,000 |

**Project Abstract:**

The Guam Senior Medicare Patrol (SMP) remains committed to recruit retired professionals to serve as volunteers to educate Medicare beneficiaries on how to prevent, detect, and report health care error, fraud and abuse. The goal is to enhance current efforts to increase and support the volunteer workforce thus expanding outreach and education efforts throughout the island. The objectives are: 1) to develop a systematic plan of implementation to expand its organizational capacity; 2) to expand regular outreach to disseminate project information through the expanded volunteer workforce to expand program coverage; 3) to establish new partnerships to strengthen outreach to beneficiaries considered at greatest risk from fraud; and 4) to evaluate expanded project activities to improve the efficiency of the Guam SMP project. The expected outcomes are: 1) an increased number of volunteers trained; 2) an increased number of group education sessions; and 3) an increased number of outreach activities. Products will include an enhanced volunteer training manual.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0055**
**Project Title:** **Senior Medicare Patrol Project (SMP Hawaii)**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Hawaii Department of Health
Executive Office on Aging
250 South Hotel Street, Suite 406
Honolulu, HI 96813-2831

**Contact:**
Noemi Pendleton
Tel. (808) 586-0100
Email: noemi.pendleton@doh.hawaii.gov

AoA Project Officer: Anna H. Cwirko-Godycki

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $88,750 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $88.750 |

**Project Abstract:**

The goal of this project is to expand the capacity of Senior Medicare Patrol (SMP) Hawaii to conduct outreach and education about Medicare and Medicaid fraud, abuse, and errors to beneficiaries and their caregivers, families, and communities throughout the state of Hawaii. The objectives are: 1) to recruit increased numbers of SMP volunteers in all four Hawaii counties; 2) to recruit dual-language SMP volunteers to reach targeted limited English proficient (LEP) populations; 3) to provide SMP volunteers with training to expand their capacity to conduct outreach, answer beneficiary inquiries, and resolve complex issues; 4) to expand outreach statewide by increasing the numbers of group presentations; developing radio public service announcements (PSAs) about health care fraud, abuse, and errors; and creating a stand-alone SMP Hawaii website to increase access to education and to facilitate reporting of health care fraud, abuse, and errors; and 5) to improve project management by simplifying volunteer reporting requirements. Expected outcomes are: 1) increased number of people who will be able to detect fraud and errors and report cases to SMP Hawaii; 2) improve beneficiary wellbeing by answering their inquiries and resolving complaints. Products include a website, training videos, a volunteer-recruitment public service announcement for television, five educational public service announcements for radio, translated SMP brochures and PowerPoint; a volunteer management packet comprised of a volunteer application form, agreement, performance evaluation instrument, exit survey, and a one-form-fits all for volunteer activity reporting.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** 90MP0057
**Project Title:** Idaho Senior Medicare Patrol (SMP) Capacity Building Project
**Project Period:** 09/30/2010 – 09/29/2011

**Grantee:**
Idaho Commission on Aging
341 W Washington St
PO Box 83720
Boise, ID 83720

**Contact:**
Donna Denny
Tel. (208) 577-2854
Email: donna.denney@aging.idaho.gov

AoA Project Officer: Terry W. Duffin

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $88,750 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $88,750 |

**Project Abstract:**

As the current Senior Medicare Patrol (SMP) grantee, the Idaho Commission on Aging (ICOA) is supportive of the one-year SMP Capacity Building Grant offered by the Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS). The goal of this one-year award is to provide additional resources to reach more Medicare and Medicaid beneficiaries, their families and caregivers, with the message of fraud prevention and identification through enhanced efforts to increase and support the volunteer workforce required to expand outreach and education efforts throughout the state. The objectives are: 1) to expand and enhance the SMP project's volunteer force; and 2) to expand SMP outreach and education to Medicare beneficiaries, families and caregivers statewide. The expected outcomes of this SMP project are: 1) increased awareness of the SMP program; 2) increased number of volunteers; and 3) increased sub-contracts in a number of local community-based organizations to assist with outreach to minorities. The products include a final report; a website, and increased numbers of events and training hours in the data reporting system SMARTFACTS.

**Grant Number:** 90MP0037
**Project Title:** Illinois Senior Medicare Patrol Program
**Project Period:** 09/30/2010 – 09/30/2011

**Grantee:**
AgeOptions
1048 Lake St.
Oak Park, IL 60301

**Contact:**
Anne Posner
Tel. No. (708) 383-0258
Email: anne.posner@ageoptions.org

AoA Project Officer: Amy Wiatr-Rodriguez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

AgeOptions supports the one-year Health Care Fraud Prevention Program Expansion and SMP Capacity Building project. The goals are to expand outreach/public awareness of SMP; to increase and improve partnerships for the SMP program; to increase; to increase capacity of SMP volunteer program; and to enhance program capacity for management of beneficiary inquiries/complaints and project performance. The objectives are: 1) to expand targeted outreach to vulnerable beneficiaries; enhance depth and scope of education for beneficiaries statewide; explore new and innovative media/public awareness activities; 2) to collaborate with key partner organizations; develop new partnerships; enhance interface with CMS, CMS contractors, and law enforcement; 3) to expand and enhance the SMP Project's volunteer work force; enhance volunteer screening, training, and monitoring; and 4) to expand SMP ability to manage beneficiary inquiries and complaints in a timely, professional manner; enhance SMP capacity for performance management. The expected outcomes of this project include: 1) increased outreach; 2) increased number of beneficiary complaints, development of new partnerships with law enforcement, TRIAD groups, and senior housing service coordinators; and 3) increased volunteer involvement. Products from this project will include educational materials on specific fraud topics (presentations, tip sheets, press releases), materials in non-English languages, and resources related to volunteer program management.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** 90MP0072
**Project Title:** Senior Medicare Patrol (SMP) Project
**Project Period:** 09/30/2010 – 09/29/2011

**Grantee:**
Indiana Association of Area Agencies on Aging
Education Institute
4755 Kingsway Dr. Suite 402
Indianapolis, IN 46205

**Contact:**
Kristan LaEace
Tel. (317) 205-9201
Email: klaeace@iaaaa.org

AoA Project Officer: Amy Wiatr-Rodriguez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $150,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $150,000 |

**Project Abstract:**

Indiana Senior Medicare Patrol's (IN-SMP) project goal is to enhance its capacity to deliver statewide education and training on Medicare fraud prevention. The objectives are: 1) to enhance capacity to provide information on fraud, errors and abuse; 2) to engage new partners to collaborate and share information with beneficiaries; 3) to recruit, train and maintain additional volunteer coordinators to further outreach efforts; and 4) to initiate a statewide volunteer recruitment media campaign. The expected outcomes are: 1) an increase in volunteer coordination capacity; an increase in the number of active volunteers (including Spanish-speaking volunteers); 2) an increase in the number of efforts performed by volunteers; 3) an increase in the number of overall outreach efforts; 4) an increase in the number of fraud cases reported to the Area Agencies on Aging (AAAs), 5) an increase in the number of one-on-one counseling sessions; and 6) increased media exposure for IN-SMP. Products include media releases; articles targeting Medicare beneficiaries; new outreach materials targeting Hispanic populations; new outreach materials targeting rural populations; media publications and broadcasts targeting Hispanic and rural populations; and a final report.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0070**
**Project Title:** **Iowa Senior Medicare Patrol Expansion**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Hawkeye Valley Area Agency on Aging
2101 Kimball Ave, Suite 320
P O Box 388
Waterloo, IA 50704-0388

**Contact:**
Shirley Merner
Tel. (319) 272-2244
Email: smerner@hvaaa.org

AoA Project Officer: Amy Wiatr-Rodriguez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $100,000 |

**Project Abstract:**

Hawkeye Valley Area Agency on Aging (HVAAA) will expand the capacity of Iowa Senior Medicare Patrol (SMP) through efforts of current sub-contractors, Iowa's Area Agencies on Aging (AAAs) and the Iowa Center on Health Disparities (ICHD) and expand our partnership with the Iowa Department of Public Health (IDPH) to include diabetes educators statewide. The goal is to inspire a "call to action" attitude among Medicare beneficiaries and caregivers by using a fresh approach to deliver the SMP message, while expanding outreach, education and complaint resolution through an increased number of volunteers. The objectives are: 1) to expand and enhance our volunteer workforce; 2) to expand outreach and education more comprehensively statewide; 3) to increase inquiries received and expand our ability to manage complaints; 4) to enhance capacity to manage performance; and 5) to disseminate our technique, successes and challenges to interested audiences. The expected outcomes are: 1) an increased professionally managed and supported volunteer workforce; 2) an increase in the amount of funds recovered; and 3) an increased use of Iowa SMP services by Medicare beneficiaries and caregivers. Products will include training toolkits; presentations to professionals; and reports.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** 90MP0067
**Project Title:** 2010 Kansas Senior Medicare Patrol Supplemental grant
**Project Period:** 09/30/2010 – 09/29/2011

**Grantee:**
Kansas Department on Aging
503 S Kansas Ave
Topeka, KS 66603

**Contact:**
Tina Langley
Tel. (785) 296-5222
Email: Tina.Langley@aging.ks.gov

AoA Project Officer: Amelia R. Wiatr

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $100,000 |

**Project Abstract:**

The Kansas Department on Aging (KDOA) is undertaking a Senior Medicare Patrol (SMP) capacity-building project to expand and enhance the Kansas SMP volunteer corps. Kansas SMP will develop new partnerships with community-based organizations across the state to recruit and train new volunteers, with an emphasis on reaching rural areas and Spanish-speaking communities. The goal of the project is to build the capacity of the SMP by recruiting, training and maintaining a network of active volunteers that covers every county in Kansas. The objectives are: 1) to hire a full-time, bi-lingual Volunteer Coordinator to recruit, train and manage volunteers; 2) to recruit "unaffiliated" volunteers who can provide services in the community; 3) to develop an infrastructure that will streamline the reporting/referral process; and 4) to establish six Regional Volunteer Coordinator positions to continue volunteer recruitment, training and recognition after this grant ends. Expected outcomes are: 1) an increase in the statewide availability of trained, active volunteers; 2) an increase in the number of unaffiliated volunteers; 3) an increase in the use of the new SMP Partner web page; 4) an increase in volunteer activity; and 5) an increase in public awareness of fraud. Products will include a new SMP Partner web page; recruitment and training materials; OIG reports generated through SMARTFACTS; and narrative reports detailing strategies and results.

**Grant Number:** **90MP0048**
**Project Title:** **Senior Medicare Patrol - Capacity Building**
**Project Period:** **09/30/2010 – 09/30/2011**

**Grantee:**
Louisville/Jefferson County Metro Government
Attn: Public Health and Wellness
527 West Jefferson Street
Louisville, KY 40202

**Contact:**
Betty Adkins
Tel. No. (502) 574-2003
Email: betty.adkins@louisvilleky.gov

AoA Project Officer: Ronald S. Taylor

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $150,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $150,000 |

**Project Abstract:**

The grantee, Kentucky Senior Medicare Patrol (SMP), supports this one-year Capacity Building Grant in collaboration with its current statewide subcontractors. The goal of the project is to increase and support SMP volunteers for the purpose of expanding outreach and education regarding healthcare fraud and abuse throughout the state. The objectives are: 1) to recruit, train, manage, and support 105 additional SMP volunteers; 2) to expand outreach and education to beneficiaries throughout Kentucky, targeting limited English-speaking populations, rural communities, and beneficiaries living in poverty; 3) to develop the capability to manage beneficiary inquiries and issues in a timely and professional manner; and 4) to enhance the capacity for performance management. The expected outcome of this project is that there will be an increase in the number of beneficiaries that: 1) become better educated consumers of their healthcare system; 2) understand the importance of reviewing Medicare Summary Notices and Explanation of Benefits, and; 3) are empowered to prevent healthcare fraud and preserve the financial integrity of Medicare and Medicaid. Products from this project will be: 1) a final report including a program evaluation; 2) a new state-wide toll-free telephone number staffed by the Louisville Metro SMP; 3) additional materials and resources to distribute to beneficiaries; and 4) increased media exposure.

**Grant Number:** 90MP0029
**Project Title:** Louisiana Senior Medicare Patrol Project - Fraud Prevention Program
**Project Period:** 09/30/2010 – 09/30/2011

**Grantee:**
eQ Health Solutions, Inc.
8591 United Plaza Blvd., Suite 270
Baton Rouge, LA 70809-7007

**Contact:**
Tricia Canella
Tel. No. (225) 248-7064
Email: tcanella@eqhs.org

AoA Project Officer: Derek B. Lee

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $379,433 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $379,433 |

**Project Abstract:**

The goal of the Louisiana Senior Medicare patrol (SMP) is to reach Medicare beneficiaries to educate them to reduce fraud, errors and abuse in the Medicare system through more direct and effective collaboration with the Department of Justice Health Care Fraud Prevention and Enforcement Action Team (HEAT) Strike Force unit. The objectives are: 1) to expand current organizational capacity to recruit, train, support, and manage SMP volunteers; 2) to increase the number of partners and involving them in appropriate activities; 3) to expand program coverage and outreach to a statewide level; 4) to strengthen outreach to beneficiaries at greatest risk; and 5) to develop a more direct and effective collaboration with Louisiana's HEAT Strike Force. The expected outcomes are: 1) an increase in SMP activities from 27 parishes to 64 parishes; 2) an increase in senior volunteers from 15 to 50; 3) establishment of three Community SMP Leaders; 4) educated 9,000 beneficiaries; 5) increased number of members of the Medicare Fraud Alert system; and 6) an increased involvement with Louisiana's HEAT Strike Force. Products will include: beneficiary pre-and post-survey; electronic training manual; and training materials.

**Grant Number:** **90MP0047**
**Project Title:** **Maine Senior Medicare Patrol Capacity Building Grant**
**Project Period:** **09/30/2010 – 09/30/2011**

**Grantee:**
Maine Department of Health and Human Services
Office of Elder Services
32 Blossom Lane, SHS 11
August, ME 04333-0011

**Contact:**
Kathy Poulin
Tel. No. (207) 287-9206
Email: kathy.poulin@maine.gov

AoA Project Officer: Gene Brown

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $88,750 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $88,750 |

**Project Abstract:**

Maine's DHHS Office of Elder Service (OES), supports this Capacity Building Grant for Maine's Senior Medicare Patrol (SMP) in collaboration with Maine's five area agencies on aging (AAAs), Legal Services for the Elderly (LSE) and related partners. The goal of the project is to increase awareness and reporting of healthcare fraud statewide. The approach is to obtain additional volunteers and reorganize existing staff and volunteer responsibilities to maximize outreach and reporting. The objectives are: 1) to expand partnerships with law enforcement agencies, Center for Medicare and Medicaid Services and other partners; 2) to expand the number of trained volunteers statewide and their role in researching and reporting fraud complaints; 3) to increase the support for recruitment, training, management, and retention of volunteers; and 4) to increase outreach and education efforts with beneficiaries, their families, caregivers, and providers statewide. Expected outcomes of this project are: 1) the creation of a Special Project Coordinator position dedicated to enhancing volunteer workforce development and management to expand the capacity to investigate healthcare fraud in Maine; 2) an increase in recruiting, training, managing, and retaining volunteers; 3) the creation of volunteer Subject Matter Experts (SMEs) to investigate and report healthcare fraud; 4) an increase in the reporting of healthcare fraud cases; and 5) an increase in outreach to consumers and providers on identifying and reporting healthcare fraud. Anticipated products from this project include additional Personal Health Journals; television ads; promotional items that include the SMP message and the statewide, toll-free phone number; new brochures; new outreach presentations for consumers and providers; reports to AoA; and abstracts and presentations for regional and/or national SMP conferences.

**Grant Number:** **90MP0039**
**Project Title:** **Senior Medicare Patrol Projects**
**Project Period:** **09/30/2010 – 9/30/2011**

**Grantee:**
Maryland Department on Aging
301 West Preston St., Suite 1007
Baltimore, MD 21201

**Contact:**
Gloria G. Lawlah
Tel. No. (410) 767-1271
Email: dms@ooa.state.md.us

AoA Project Officer: Barry F. Klitsberg

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

The Maryland Department of Aging (MDoA) will build upon current lessons learned and best practices that include centralized outreach, marketing and volunteer recruitment approaches, enhanced and specialized trainings, and expansion of strategic partnerships. The goal of this project is to empower Maryland seniors through increased awareness and training and to protect them from the economic and health related consequences associated with Medicare and Medicaid fraud, error and abuse. The objectives are: 1) to increase volunteer recruitment to expand and enhance the volunteer workforce; 2) to expand outreach and educational opportunities to beneficiaries statewide: 3) to expand the program statewide, 4) to expand the program's ability to manage beneficiary inquiries and complaints efficiently; and 5) to enhance the capacity for performance management. Expected outcomes include: 1) increased jurisdictions statewide; 2) increased number of volunteers; 3) increased number of beneficiaries and their caregivers counseled; 4) increased media outreach; 5) increased number of inquiries and concerns; and 6) increase of counselors at local level to manage reporting mechanisms available to trained volunteers. Products to be developed include a marketing and outreach report and evaluation; training video and DVD files, flyers, announcements, and a training kit.

**Grant Number:** **90MP0041**
**Project Title:** **Expansion of Massachusetts Senior Medicare Patrol Program**
**Project Period:** **09/30/2010 – 09/30/2011**

**Grantee:**
Elder Services of the Merrimack Valley, Inc.
360 Merrimack Street. Building #5
Lawrence, MA 01843

**Contact:**
Dayna Brown
Tel. No. (978) 946-1368
Email: Dbrown@esmv.org

AoA Project Officer: Barry Michaels

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $299,885 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $299,885 |

**Project Abstract:**

The Elder Services of the Merrimack Valley, Inc. (ESMV) supports the Massachusetts Senior Medicare Patrol Program (MA SMP) in this one-year grant to develop innovative health care fraud prevention activities. The goal of the of the program is to expand its capacity to more effectively reach a higher number of Medicare and Medicaid beneficiaries, their families and caregivers with information on how to protect their personal information, detect any irregularities with their medical bills, Medicare Summary Notices, Explanation of Benefits and report any discrepancies. The objectives are: 1) to expand outreach and education to beneficiaries statewide; 2) to work with existing SMP grantees to build their capacity to increase outreach and education efforts as well as volunteer recruitment from respective immigrant communities; 3) to develop and increase additional collaborations with partner organizations, including enhance interface with Center for Medicare and Medicaid Services (CMS), CMS Contractors and the Office of Inspector General (OIG); 4) to expand MA SMP volunteer corps by improving and enhancing statewide SMP program volunteer recruitment and management; 5) to expand ability to manage beneficiary inquiries and complaints in a timely professional manner; and 6) to implement new healthcare fraud media/public awareness campaign. The expected outcomes are: 1) increased outreach and education efforts to beneficiaries; 2) increased collaborations with partner organizations; 3) increased number of MA SMP volunteers; and 4) increased internal ability to manage beneficiary inquiries and complaints in a timely professional manner. Products will include materials for public awareness media campaign and evaluation and reports.

**Grant Number:** 90MP0031
**Project Title:** Capacity Expansion of Michigan AP Senior Medicare Patrol Project
**Project Period:** 09/30/2010 – 09/30/2011

**Grantee:**
Michigan Medicare/Medicaid Assistance Program, Inc. (MMAP)
6105 W. St. Joseph Hwy. Suite 204
Lansing, MI 48917

**Contact:**
Jo Murphy
Tel. No. (517) 886-1242
Email: jo@mmapinc.org

AoA Project Officer: Sam J. Gabuzzi

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $380,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $380,000 |

**Project Abstract:**

The goal of the Michigan Medicare/Medicaid Assistance Program (MMAP) Health Care Fraud Prevention Program Expansion and Senior Medicare Patrol (SMP) Capacity Building Project (MMAP SMP Expansion Project) is to enhance the efforts of Michigan's SMP Project to increase prevention, detection, and reporting of Medicare fraud and abuse and reach beneficiary populations statewide and specifically in the geographical location of the Health Care Fraud Prevention and Enforcement Action Team (HEAT) Joint Strike Force. MMAP, Inc. partners with the 16 Area Agencies on Aging (AAA) in Michigan. The AAAs provide SMP counseling, and community outreach through a workforce of MMAP volunteers. The AAAs recruit, manage, and provide ongoing training and support to their MMAP volunteers. MMAP, Inc. and the AAAs will undertake the following objectives to accomplish the project goal: 1) to expand awareness of health care fraud and enhance the role of the SMP as a working partner in the HEAT Joint Strike Force geographical area, and (2 to expand the capacity of Michigan's SMP Project to recruit, manage, and support MMAP/SMP volunteers, and utilize these volunteers to effectively expand SMP outreach to beneficiaries in local communities. The expected outcomes will be: 1) increased referrals to MMAP from Medicare beneficiaries, their family members, and caregivers; state and local partners; and professional organizations; and 2) increased number of qualified volunteers who conduct community education and outreach events and manage beneficiary inquiries and complaints in a professional manner. Products to be produced include customized public education and outreach materials including: sample press releases, flyers, brochures, and outreach presentations; summary of innovative best practices in reaching vulnerable, at-risk populations; and an internet-based SMP training and certification module.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** 90MP0065
**Project Title:** Minnesota's Senior Medicare Patrol Capacity Building Grant
**Project Period:** 09/30/2010 – 09/29/2011

**Grantee:**
Minnesota Board on Aging
540 Cedar Street
PO Box 64976
St. Paul, MN 55164-0976

**Contact:**
Krista Boston
Tel. (651) 431-7415
Email: krista.boston@state.mn.us

AoA Project Officer: Katheen Votava

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $150,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $150,000 |

**Project Abstract:**

The grantee, Minnesota Board on Aging, supports this one year Senior Medicare Patrol (SMP) Capacity Building grant in partnership with the Area Agencies on Aging in Minnesota. The goal for the grant project is to expand the capacity of the SMP project. Program objectives include: 1) to expand Minnesota SMP outreach and education to beneficiaries statewide with emphasis on the Spanish-speaking and rural populations, 2) to expand and enhance the Minnesota SMP volunteer workforce with target recruitment of Spanish-speaking volunteers and volunteers in rural areas, 3) to expand the Minnesota SMP ability to manage beneficiary inquires and complaints in a timely, professional manner, 4) to enhance SMP capacity for performance management. The intended outcomes of this project are: 1) increased number of rural and Spanish-speaking beneficiaries in Minnesota who are aware of fraud, error and abuse and know to identify and report potential issues to the Senior LinkAge Line®, 2) increased number of rural and Spanish-speaking volunteers who are able to provide assistance to hard-to-reach populations in Minnesota, 3) Senior LinkAge Line® staff and volunteers possess the skills and confidence to provide comprehensive health insurance counseling and education as it pertains specifically to health care fraud, error and abuse. Products will include: an episode within the MBA and Twin Cities Public Television series "Getting There" focused on health care fraud, error and abuse; PSAs; an updated Minnesota SMP website located within the Minnesota Board on Aging website; and an updated Senior Surf Day manual used in education sessions.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0060**
**Project Title:** **Missouri Senor Medicare Patrol Expansion Project**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
District III Area Agency on Aging
PO Box 1078
Warrensburg, Missouri 64093

**Contact:**
Diana Hoemann
Tel. (660) 747-3107
Email: dhoemann@goaging.org

AoA Project Officer: Kathleen Votava

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $150,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $150,000 |

**Project Abstract:**

The Missouri Senior Medicare Patrol (SMP) Expansion Project is a one-year project with the goals of expanding the capacity of the Missouri SMP project to recruit, screen, train, manage and support an increased number of SMP volunteers, and utilize these volunteers to effectively expand SMP outreach to beneficiaries in local communities in a more comprehensive manner throughout the state. The objectives of the project are: 1) to expand and enhance the SMP project's volunteer workforce; 2) to expand SMP outreach and education to beneficiaries statewide; 3) to expand SMP ability to manage beneficiary inquiries and complaints in a timely and professional manner; and (4 to enhance SMP capacity for performance management. Expected outcomes of the project include: 1) a 75% increase in active SMP volunteers who report outreach and education activity; and ) 75% of SMP volunteers will continue their commitment to the program for another year. The major product that will result from this project is an easily replicable SMP Outreach Campaign for volunteers to complete.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0078**
**Project Title:** **Senior Medicare Patrol Capacity Building Grant**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Mississippi Department of Human Resources
Post Office Box 352
Jackson, MS 39205

**Contact:**
Dan George
Tel. (601-359-4929)
Email: Danny.George@mdhs.ms.gov

AoA Project Officer: Joyce R. Robinson-Wright

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $100,000 |

**Project Abstract:**

The Mississippi Department of Human Services Division of Aging and Adult Services (MDHS/DAAS) is collaborating with Mississippi's ten Area Agencies on Aging, Mississippi SHIP and other key partners. The project goal is to enhance the Senior Medicare Patrol (SMP) efforts to increase and support the volunteer workforce required to expand outreach and education efforts throughout the state. The objectives are: 1) to expand and increase the volunteer workforce by recruiting, training, managing and supporting outreach to retired professionals and the general population, who, as SMP volunteers, provide broader program coverage in underserved communities; 2) to expand SMP outreach and education to beneficiaries statewide; 3) to expand SMP ability to manage beneficiary inquiries in a professional and timely manner; and 4) to enhance SMP capacity for performance management. The expected outcomes are: 1) expanded volunteer network to educate and assist seniors in previously underserved areas; 2) new media outreach; 3) increased numbers educated to monitor Medicare statements for error and to call for assistance; and 4) increased resolution to calls and complaints. Products include a final evaluation report; data on volunteer and training sessions; new SMP fraud-fighting informational/educational literature designed for underserved beneficiaries with diverse levels of literacy.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0054**
**Project Title:** **Montana Healthcare Waste, Fraud and Abuse Volunteer Expansion Project**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Missoula Aging Services
337 Stephens Ave
Missoula, MT 59801

**Contact:**
Renee Labrie-Shanks
Tel. (406) 728-7682
Email: rlabrie@missoulaagingservices.org

AoA Project Officer: Susan A. Raymond

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $50,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $50,000 |

**Project Abstract:**

Senior Medicare Patrol Montana is eager to expand on and enhance the project's volunteer work force. The goal of this expansion is to add volunteers who remain active in the SMP program once trained through better volunteer management. The intention is to train those volunteers who are interested in responding to complaints and investigating concerns in a timely manner and improve their ability to thoroughly investigate complex inquiries. The objectives are: 1) to designate SMP Montana staff time and travel to provide one-on-one training to create local volunteer coordinators with the participating partners; 2) to expand sub-contracts using monetary incentives for maintaining active volunteers; and 3) to create a specialized volunteer training model based on select current volunteers that can be duplicated throughout the state that will cater to volunteers with the ability to work on complex cases. The expected outcomes will be: 1) to reach the goal of 100 active volunteers statewide, an increase of 50 new volunteers and 25 re-activated volunteers; 2) current volunteers and 25 new volunteers will increase their ability to investigate complaints and provide appropriate referrals; 3) increase SMP effort of Montana's Program Manager from part-time to full-time; and 4) final reports will reflect an increase in complex inquiries received and beneficiaries reached. The products from this project are a final report, a webinar based volunteer coordinator training that can be duplicated and shared nationally; articles for publication; enhanced volunteer training to specifically cover complex inquiries and casework.

**Grant Number:** **90MP0046**
**Project Title:** **Expand the capacity of the Senior Medicare Patrol Project**
**Project Period:** **09/30/2010 – 09/30/2011**

**Grantee:**
Nebraska Department of Health and Human Services
Division of Medicaid and Long Term Care
P.O. Box 95026
Lincoln, NE 68509-5026

**Contact:**
Madhavi Bhadbhade
Tel. No. (402) 471-2309
Email: madhavi.bhadbhade@nebraska.gov

AoA Project Officer: Kathleen Votava

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $88,750 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $88,750 |

**Project Abstract:**

The goal of the Nebraska Senior Medicare Patrol (SMP), a project of the Nebraska Department of Health and Human Services (DHHS), State Unit on Aging (SUA), is to expand the SMP outreach and education to beneficiaries statewide by expanding and enhancing the SMP volunteers' network that will be trained in conducting outreach and education, focusing on areas that have been underserved. The objectives include: 1) expand SMP Outreach and Education to beneficiaries in all counties in the state; 2) expand and enhance the project's volunteer workforce by ensuring adequate SMP staffing levels to effectively recruit, train, support and manage the volunteer workforce; 3) develop a Media Toolkit and outreach materials for volunteers to use to increase beneficiary awareness about the SMP Program; 4) enhance and solidify state and local partnerships with organizations such as AARP, State Health Insurance Information Program, Rural Health Organizations, and Area Agencies on Aging (AAAs); and 5) Target training and education to isolated areas and to minorities. The outcomes of the project include: increased awareness of healthcare fraud, error, waste and abuse throughout the state, especially in areas that are underserved; increase volunteer workforce in additional communities and areas with large population; and increased SMP visibility statewide using a media toolkit, website enhancement and enhancing partnerships. The products of the project will include: a media tool kit and other materials such as Public Service Announcements, enhanced website, promotional outreach items, bill boards and print advertisements.

**Grant Number:** 90MP0043
**Project Title:** Health Care Fraud Prevention Program Expansion and Senior Medicare Patrol Capacity Building Grants
**Project Period:** 09/30/2010 – 09/30/2011

**Grantee:**
Nevada Office of the Attorney General
555 East Washington Ave., #3900
Las Vegas, NV 89101

**Contact:**
Jo Anne Embry
Tel. No. (702) 486-3154
Email: jembry@ag.nv.gov

AoA Project Officer: Dennis E. Dudley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $284,268 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $284,268 |

**Project Abstract:**

The goal of the Nevada Senior Medicare Patrol (NV SMP) is to develop innovative health care fraud prevention activities to expand its capacity to recruit, train, manage and support an increased number of volunteers to handle the increased number of inquiries generated by expansion efforts. The objectives are: 1) to target statewide development; 2) to develop new collaborations with law enforcement and non-profit organizations; 3) to enhance interface with Center for Medicare and Medicaid Services (CMS) Los Angeles Field Office and CMS contractors; 4) to develop innovative approach and education through collaboration with law enforcement and non-profit organizations; and 5) to target hard-to-reach, underserved, minority populations in Northern Nevada with messages through the media and with appropriate materials. The expected outcomes are: 1) increased consumer awareness of heath care fraud control mechanisms; 2) increased base of volunteers; 3) enhanced training and consistent updates for existing volunteers; and 4) enhanced partnerships with law enforcement agencies. Products include training materials and Public Service Announcements.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0073**
**Project Title:** **Senior Medicare Patrol (SMP) Capacity Building Grant**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
New Hampshire Department of Health and Human Services
Bureau of Elderly and Adult Services
129 Pleasant Street
Concord, NH 03301

**Contact:**
Karol Demon
Tel. (603) 271-4925
Email: kdermon@dhhs.state.nh.us

AoA Project Officer: Barry Michaels

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $88,750 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $88,750 |

**Project Abstract:**

The New Hampshire Department of Health and Human Services' Bureau of Elderly and Adult Services is the grantee for the New Hampshire Senior Medicare Patrol (SMP) Program. The goal for this one-year grant is to expand the capacity of the state SMP project to recruit, train, manage, and support an increased number of SMP volunteers to handle the increased number of inquiries generated by expansion efforts. The objectives are: 1) to create an active, knowledgeable volunteer network; 2) to establish a volunteer management team to recruit, train, and retain a pool of volunteers for the entire state; 3) to support primary point for investigating consumer complaints, resolving complex billing issues, and referring potential fraud and abuse cases to the appropriate Medicare contractor; and 4) to develop partnerships to focus on vulnerable populations. The expected outcomes are: 1) an increased number of knowledgeable volunteers; 2) improved quality and quantity of inquiries; and 3) enhancement of SMP recognition and performance measures. Products will include media materials, newsletters, and Public Service Announcements.

**Grant Number:** **90MP0036**
**Project Title:** **Senior Medicare Patrol of New Jersey**
**Project Period:** **09/30/2010 – 09/30/2011**

**Grantee:**
Jewish Family and Vocational Services of Middlesex County
32 Ford Ave., 2nd Fl.
Milltown, NJ 08850-1532

**Contact:**
Charles Clarkson
Tel. No. (732) 777-1940
Email: CharlesC@jfvs.org

AoA Project Officer: Barry F. Klitsberg

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

The goal of the New Jersey Senior Medicare Patrol (NJ SMP) under this capacity building grant is to use its expertise to expand outreach to Medicare/Medicaid beneficiaries. The objectives are: 1) to partner with multiple agencies not currently NJ SMP partners and professionals in the aging services network and other areas to promote and expand awareness of Medicare/Medicaid fraud, waste and abuse; 2) to develop and disseminate educational materials about Medicare/Medicaid fraud, waste and abuse to targeted populations; 3) to expand SMPNJ outreach through the use of media events, including the use of the SMP Resource Center's toolkit; and 4) to serve as consumer advocate to resolve billing disputes and errors and to receive, respond to, and follow-up on complaints about suspected fraud, waste and abuse, and make referrals to appropriate agencies. The expected outcomes are: 1) an increase in older adults that will become knowledgeable about fraud, waste and abuse in the Medicare/Medicaid programs; 2) an increase in older adults that review their Medicare Summary Notice; 3) an increase in older adults that take the necessary steps to call their healthcare providers to correct billing disputes and errors; and 4) an increase in older adults that report suspected cases of fraud, waste and abuse. Products will include training materials in English and Spanish and materials for media distribution.

**Grant Number:** **90MP0030**
**Project Title:** **New York State - HEAT Grant**
**Project Period:** **09/30/2010 – 09/30/2011**

**Grantee:**
New York State Office for the Aging
2 Empire State Plaza
Albany, NY 12223-1251

**Contact:**
Marcas Harazin
Tel. No. (518) 473-5177
Email: marcus.harazin@ofa.state.ny.us

AoA Project Officer: Barry F. Kitsberg

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $430,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $430,000 |

**Project Abstract:**

The New York State Office for the Aging (NYSOFA), working with the Health Care Fraud Prevention and Enforcement Force Action Team (HEAT) Strike Force, National Government Services (NGS), three Area Agencies on Aging (AAAs) and 59 Health Insurance, Information Counseling and Assistance Program/Senior Medicare Patrols (HIICAP/SMPs) statewide, will reach more Medicaid and Medicare beneficiaries. Goals are: 1) establish effective working partnership with the Brooklyn HEAT Strike Force and 2) expand the capacity of the HIICAP/SMP volunteer network to educate consumers in prevention of health care fraud. Objectives are: 1) convene a SMP Project Management Group with HEAT Strike Force members that meets regularly to review goals and objectives and discuss issues encountered in achieving them; 2) develop targeted consumer fraud and abuse media campaign; 3) target specific interventions to high need areas; 4) develop monthly one hour live radio talk show in the greater New York City area; 5) develop and test turn-key training program for SMP-only and HIICAP/SMP volunteers; 6) purchase and distribute fraud and abuse education and outreach materials statewide. The expected outcomes include: 1) establishing coordination with the HEAT Strike Force; 2) expanded reach to vulnerable and at-risk Medicare populations; 3) increased awareness of fraud and abuse among Medicare beneficiaries; 4) increased reporting of fraud and abuse through HIICAP/SMPs in three geographic areas; and 5) increased capacity for all our HIICAP/SMPs to recruit, train and effectively use SMP-only volunteers. Products include brief, easy-to-use volunteer training program for all 59 HIICAP/SMPs in NYS; targeted media campaign including monthly one-hour live radio show; printed fraud and abuse marketing materials; and a final report.

**Grant Number:** **90MP0044**
**Project Title:** **North Carolina Senior Medicare Patrol Program**
**Project Period:** **09/30/2010 – 09/30/2011**

**Grantee:**
North Carolina Department of Insurance
11 South Boylan Avenue
Raleigh, NC 27603

**Contact:**
Carla Obiol
Tel. No. (919) 807- 6900
Email: carla.obiol@ncdoi.gov

AoA Project Officer: Dorothy E. Smith

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

The Seniors' Health Insurance Information Program (SHIIP) of the North Carolina Department of Insurance (DOI) will expand the capacity of the North Carolina Senior Medicare Patrol Program (NCSMP) to recruit, train, manage, and support an increased number of SMP volunteers to handle the increased number of inquiries generated by expansion efforts. The goal of the project is to enhance NCSMP efforts to reach a larger number of Medicare beneficiaries and caregivers with the SMP message of fraud prevention education awareness. The objectives are to: 1) provide statewide educational efforts targeting vulnerable and at-risk beneficiaries; 2) increase healthcare fraud prevention partnerships and collaborations with local, state and federal law enforcement agencies; 3) enhance coordination of NCSMP program activities and efforts with Regional Center for Medicare and Medicaid Services Office and Contractors; 4) develop statewide media/public awareness activities to expand SMP program messaging regarding health care fraud prevention education; 5) expand the capacity of NCSMP to recruit, screen, train, manage and support an increased number of NCSMP Volunteer Specialists statewide and program staffing to accomplish the task. The expected measurable outcome of this project is to successfully put "boots on the ground" by expanding the statewide SMP coordinated effort centered on practical steps to protect Medicare benefits from identity theft, detect errors on health care statements by reviewing for accuracy and the source for reporting suspected healthcare fraud. These efforts will be recorded in Smart Facts and analyzed for program expansion effectiveness. The products from this program are: 1) written AoA progress, financial and OIG reports and 2) educational and training materials and media efforts.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** 90MP0062
**Project Title:** North Dakota Senor Medicare Patrol Supplement 2010
**Project Period:** 09/30/2010 – 09/29/2011

**Grantee:**
Minot State University
North Dakota Center for Persons with Disabilities
500 University Avenue West
Minot, ND

**Contact:**
Linda Madson
Tel. (701) 858-3424
Email: linda.madsen@minotstateu.edu

AoA Project Officer: Susan A. Raymond

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $50,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $50,000 |

**Project Abstract:**

The Senior Medicare Patrol (SMP) project in North Dakota will collaborate with the North Dakota State Health Insurance Counseling (ND SHIC), Retired Service Volunteer Corps (RSVP) and Lutheran Social Services of North Dakota (LSSND) to increase volunteers and expand outreach and education efforts throughout the state to seniors in underserved counties and non-English speaking New Americans. The goal is to expand the capacity of the SMP project the state. The objectives of North Dakota SMP are to: 1) expand and enhance the SMP project's volunteer work force, 2) expand SMP Outreach and Education to beneficiaries statewide, 3) expand SMP ability to manage beneficiary inquiries and complaints in a timely, professional manner, and 4) enhance SMP capacity for performance management. The expected outcome is greater public awareness of potential Medicare errors and fraud. Products will include a final report with evaluation results; an accessible website; written materials translated for non-English speaking populations; paper and electronic presentations; and professional articles. All materials will be made available in alternative formats upon request.

**Grant Number:** **90MP0035**
**Project Title:** **Health Care Fraud Prevention Program Expansion and Senior Medicare Patrol Capacity Building**
**Project Period:** **09/30/2010 – 09/30/2011**

**Grantee:**
Pro Seniors, Inc.
7162 Reading Rd., suite 1150
Cincinnati, OH 45237

**Contact:**
Rhonda Y. Moore
Tel. No. (513) 458-5506
Email: rmoore@proseniors.org

AoA Project Officer: Kathleen Votava

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $299,828 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $299,828 |

**Project Abstract:**

Pro Seniors proposes to expand its Ohio Senior Medicare Patrol (SMP) project to accomplish the following goals: 1) to increase public awareness of health care fraud and the role of Ohio SMP in combating this crime and 2) to enhance the capacity of Ohio SMP to support an increased number of volunteers thereby expanding outreach to beneficiaries throughout Ohio. Objectives include the following: 1) to expand SMP outreach and education, focusing on high fraud and underserved areas and vulnerable, at-risk and limited English-speaking beneficiaries; 2) to increase strategic collaboration with law enforcement and other partners; 3) to enhance interface with the Center for Medicare and Medicaid Services (CMS) and CMS contractors to improve referrals; 4) to increase public awareness of health care fraud and Ohio SMP through outreach and education and a media campaign; 5) significantly increase the number of Ohio SMP volunteers, including recruiting a dual-language volunteer; 6) to enhance Ohio SMP program staffing to support increased number of volunteers; and 7) to expand capacity to respond to beneficiary inquiries and complaints. The expected outcomes are: 1) Ohio SMP will increase its number of volunteers by 50%, recruiting and training 33 additional volunteers; 2) Ohio SMP will provide at least one outreach/education activity in each of the 38 counties where our message has not yet been provided; 3) at least eight outreach/education activities will be offered to limited English-speaking populations; and media coverage will be used in each of the five regions of the state. Products will include: personal healthcare journals and brochures in appropriate languages.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** 90MP0071
**Project Title:** Health Care Fraud Prevention Program Expansion and Senior Medicare Patrol Capacity Building Grant
**Project Period:** 09/30/2010 – 09/29/2011

**Grantee:**
Oklahoma Insurance Department
Senior Health Insurance Information Program Division
Five Corporate Plaza
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112

**Contact:**
Lisa B. Gober
Tel. (401) 521-6632
Email: lisa.gober@oid.ok.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $100,000 |

AoA Project Officer: Lisa J. Theirl

**Project Abstract:**

The grantee, Oklahoma Senior Medicare Patrol (SMP), supports a one-year collaborative initiative with the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging (AoA) with focus to expand and enhance the SMP project's volunteer workforce, which will result in greater consumer healthcare fraud prevention and education. The goal of the project seeks to increase the number of Oklahoma Medicare and Medicaid beneficiaries who can identify health care fraud, report health care fraud and tell other seniors how to detect and prevent fraud in their communities. The objectives are: 1) to foster expanded and enhanced statewide program coverage; 2) improve beneficiary education and inquiry resolution for issues of health care fraud; 3) foster SMP national program visibility and consistency; 4) improve efficiency of SMP program while increasing results for both operational and quality measures; and 5) target training and education to isolated and hard-to-reach populations. The expected outcomes of the project include: 1) increased numbers of seniors being trained as SMP volunteers; 2) increased number of outreach presentations being conducted to beneficiaries; and 3) increased one-on-one beneficiary contacts resulting from reporting of potential fraud. The products created for this project will include a new SMP brochure, fraud placemats, media Public Service Announcements and reporting documents on the outcome results of the project.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0049**
**Project Title:** **Oregon Senior Medicare Patrol**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Oregon Department of Human Services
Senior and Disabled Services
3420 Cherry Ave NE, Suite 140
Salem, OR 97303-5328

**Contact:**
Victoria L. Weld
Tel. (503) 934-6068
Email: victoria.l.weld@state.or.us

AoA Project Officer: Terry W. Duffin

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $100,000 |

**Project Abstract:**

The Oregon Department of Human Services, Senior and People with Disabilities Division (SPD) is Oregon's primary Senior Medicare Patrol (SMP) grantee. The primary goal is to effectively educate beneficiaries, increase organizational and service capacity by recruiting and training volunteers, and increase public awareness and participation by conducting outreach activities. The objectives are: 1) to employ media resources to increase public awareness, promote our services and recruit volunteers; 2) to develop or acquire support materials and technologies to effectually execute objectives; 3) to combine forces in multi-agency outreaches that leverage resources and larger audiences; 4) to widen the SMP message to rural and Latino Oregonians, recruiting volunteers from each group (including bi-lingual Latinos); 5) to engage and motivate frontier populations to establish an effective, innovative system for frontier SMPs; and 6) to influence Latino societal views on Medicare fraud using cultural norms. Expected outcomes include: 1) increased recognition for SMP program; 2) increased contact with Latino and rural populations yielding more volunteers, some of them bi-lingual with the ultimate goal of establishing a Spanish speaking arm of SMP; and 3) an effective infrastructure designed to flex in capacity as we grow; greater expertise for tracking fraud, abuse or errors; and increase in services. Products include media kits; ad campaign components; volunteer brochures and handbills; and reports and evaluations as required.

**Grant Number:** 90MP0042
**Project Title:** Pennsylvania SMP - Senior Medicare Patrol Projects
**Project Period:** 09/30/2010 – 09/30/2011

**Grantee:**
Center for the Rights and Interests of the Elderly
100 South Broad Street, Suite 1500
Philadelphia, PA 19110

**Contact:**
Diane Menio
Tel. No. (215) 545-5728
Email: menio@carie.org

AoA Project Officer: Carmen D. Sanchez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $300,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $300,000 |

**Project Abstract:**

The goal of the Center for Advocacy for the Rights and Interests of the Elderly (CARIE) is to expand the PA-Senior Medicare Patrol's (SMP) statewide coverage through the use of volunteer peer educators and collaborations and partnerships, including the state Senior Health Insurance Information Program (SHIP - APPRISE) program by educating older adults and caregivers to recognize, detect, and report suspected health care fraud and abuse in the Medicare and Medicaid programs. The objectives are: 1) to develop innovations in outreach and education to Medicare and Medicaid beneficiaries statewide; 2) to collaborate with partner organizations; 3) to enhance interface with CMS and CMS contractors; 4) to develop new media/public awareness activities; 5) to expand and enhance the SMP project's volunteer workforce; 6) to expand ability to manage beneficiary inquiries and complaints in a timely, professional manner; and 7) to enhance capacity for performance management. The expected outcomes are: 1) increased number of beneficiaries reached (8,000-10,000); increased number of new volunteers trained (15-20); 2) increase in number of beneficiary complaints and subsequent referrals for investigation; 3) increased communication and strengthened relationships with CMS contractors; and 4) increase in number of education materials across the state. Products developed include outreach and educational materials in English and other languages, project newsletters, reports to AoA and the OIG, and giveaways with a fraud prevention message.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0059**
**Project Title:** **Puerto Rico Senior Medicare Patrol Capacity Building Project**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Puerto Rico Governor's Office of Elderly Affairs
P.O. Box 191179
San Juan, PR 00919-1179

**Contact:**
Rosanna Lopez
Tel. (787) 721-6121
Email: rlopez@ogave.gobierno.pr

AoA Project Officer: Carmen D. Sanchez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $100,000 |

**Project Abstract:**

The Puerto Rico Senior Medicare Patrol (SMP) Capacity Building Project's main goal is to enhance its capacity through recruitment of additional volunteers, an improved managerial capability for training and performance of staff and volunteers, and an extended community outreach and awareness initiative. Its objectives are: 1) to recruit 15 additional volunteers and one additional staff counselor; 2) to broaden the knowledge and competency of volunteers, 3) to enhance staff counselors capabilities for recruitment, training, support and management of volunteers; 4) to expand our ability to manage inquiries and complaints in a timely, professional manner; and 5) to extend outreach, education and training efforts to all municipalities and previously underserved communities. The expected outcomes include: 1) the recruitment and retention of 15 additional volunteers and one additional counselor; 2) increase proficiency in knowledge relevant to health care fraud; 3) limit turnover of volunteers to less than 10%; and 4) increase by 50% the number of simple and complex issues processed. Products to be available in clude a final report, educational materials in Spanish, and web-access to program information.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0061**
**Project Title:** **Rhode Island Senior Medicare Patrol Program**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Rhode Island Department of Elder Affairs
74 West Rd, Hazard Building
Cranston, RI 02920

**Contact:**
Aleatha Dickerson
Tel. (401) 462-0931
Email: adickerson@dea.ri.gov

AoA Project Officer: Gene H. Brown

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $88,750 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $88,750 |

**Project Abstract:**

The goal of the Rhode Island Senior Medicare Patrol (SMP) is to continue to provide a comprehensive, coordinated statewide information/referral system related to Medicare/Medicaid fraud, waste, and abuse. The primary goal for this project is to expand efforts to provide SMP outreach/education throughout Rhode Island. The objectives are: 1) to provide resources and training to ensure volunteers are fully equipped to train present and new volunteers with the most current, updated SMP information; 2) to provide targeted outreach to traditionally underserved, culturally diverse and ethnic racial communities; and 3) to provide SMP education with targeted efforts to reach beneficiaries with homebound, disabled adults. The expected outcomes are: 1) an increase in information and tools to protect beneficiaries from fraud and scam seekers; 2) an increase in the number of SMP-educated seniors and disabled adults; and 3) an increase in health care cost savings. Products will include: brochures, pamphlets, and ads for the media.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0074**
**Project Title:** **Senior Medicare Patrol (SMP) Expansion**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
South Carolina Lieutenant Governor's Office on Aging
Division of Aging Services
1301 Gervais Street- Suite 350
Columbia, SC 29201

**Contact:**
Gloria McDonald
Tel. (803) 734-9902
Email: mcdong@aging.sc.gov

AoA Project Officer: Ronald S. Taylor

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $150,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $150,000 |

**Project Abstract:**

The goal of the South Carolina Lieutenant Governor's Office on Aging is to expand the capability of the SMP program to recruit and train a cadre of volunteers to educate and empower Medicare and Medicaid beneficiaries and caregivers to recognize, detect and report health care fraud and abuse. The objectives are: 1) to provide fraud outreach in areas with the highest concentration of consumers and where incidences of misleading marketing practices and other frauds are prevalent; 2) to train local staff and volunteers; 3) to expand intervention using volunteers who are familiar with Medicare Summary Notices, billing practices and marketing policies; 4) to disseminate fraud information to an increased number of beneficiaries, including those who are homebound and hard to reach; 5) strengthen linkage with community agencies to increase reporting; and 6) to evaluate impact of additional volunteers on services/reporting. The expected outcomes are: 1) an increase in recruitment of volunteers; 2) an increase in the number of beneficiaries who know how to review the Medicare Summary Notice (MSN); 3) an increase number of beneficiaries who can detect and report other types of scams; and 4) an increase in the conduct of more multimedia events to promote the SMP program. The products to be developed include brochures, manuals, posters and media spots.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0079**
**Project Title:** **Tennessee Senior Medicare Patrol: Empowering Seniors to Prevent Healthcare Fraud**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Upper Cumberland Development District
1225 S. Willow Avenue
Cookville, TN 38509

**Contact:**
LaNelle Godsey
Tel. (931) 432-4111
Email: lgodsey@ucdd.org

AoA Project Officer: Joyce R. Robinson-Wright

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $126,969 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $126.969 |

**Project Abstract:**

The goal of the Tennessee Senior Medicare Patrol (SMP) project is to strengthen the existing SMP project's efforts to empower Medicare and Medicaid beneficiaries and caregivers to prevent health care fraud, waste and abuse through outreach and education. The project will continue objectives pursued under its basic grant support. New objectives introduced include: 1) develop/update training modules on preventing fraud in specialized areas such as Medicaid and home health; 2) enhance the SMP website, conduct reviews of each contract AAAD to measure program performance; and 3) create a TN SMP Policy and Procedure manual to be a resource for all statewide staff. In addition to the objectives, Tennessee SMP will develop and print posters to disseminate to providers, order items for health fairs, and recognize our volunteers.

**Grant Number:** **90MP0033**
**Project Title:** **Expansion of the Texas Senior Medicare Patrol Project**
**Project Period:** **09/30/1 – 09/30/2011**

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $430,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $430,000 |

**Grantee:**
Better Business Bureau Educational Foundation
1333 West Loop South
Houston, TX 77027-9116

**Contact:**
Candace Tywman
Tel. No. (713) 341-6124
Email: ctwyman@bbbhou.org

AoA Project Officer: Derek B. Lee

**Project Abstract:**

The Houston Better Business Bureau Education Foundations Senior Medicare Patrol (SMP) grant initially covered 10 counties in the Greater Houston area. The goals for this grant are: 1) to expand the Texas SMP volunteer force; 2) to increase awareness of health care fraud through outreach and education; 3) to increase reports of Medicare fraud; and, 4) to build upon existing relationships with law enforcement and Center for Medicare and Medicaid Services contract investigators to expedite reporting of potential fraud. The objectives are: 1) to establish partnerships focused on volunteer recruitment in both urban and rural communities; 2) to partner with the Health Care Fraud Prevention and Enforcement Action Team (HEAT) Strike Force to increase public awareness about health care fraud by implementing a media campaign utilizing materials developed by the Administration on Aging and the SMP National Resource Center; and 3) to increase the number of beneficiaries reached through outreach and education. The expected outcomes include: 1) expanded awareness of health care fraud and abuse across Texas; 2) increased number of volunteer work force; and 3) increased detection and reporting of fraud. Products will include a final report showing growth in capacity by increasing the number of volunteers, number of calls reporting Medicare fraud, and number of individuals reached through outreach and education.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

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**Grant Number:** 90MP0063
**Project Title:** Vermont Senior Medicare Patrol Expansion of Statewide Volunteerism and Outreach Project
**Project Period:** 09/30/2010 – 09/29/2011


**Grantee:**
Community of Vermont Elders
641 Comstock Rd., Suite 4
P.O. Box 1276
Berlin, VT 05602

**Contact:**
Anita Hoy
Tel. (802) 229-4731
Email: anita@vermontelders.org

AoA Project Officer: Barry Michaels


| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $50,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $50,000 |

**Project Abstract:**


The Community of Vermont Elders (COVE) will expand the Vermont Senior Medicare Patrol (SMP) as a Medicare error, fraud and abuse education and prevention program, particularly through increased volunteerism and outreach. The goal is to expand the current pool of active volunteers to reach an increased number of Vermonters through a variety of new venues and exciting program activities, including an expansion of the COVE Savvy Senior programs. The objectives are: 1) to expand and enhance Vermont SMP's staff and volunteer workforce to provide education and outreach; 2) to expand collaborative activities with key stakeholders including the Vermont Senior Health Insurance Assistance Program, Lyric Theatre, and the Vermont Refugee Resettlement Project; 3) to expand SMP Outreach and Education to effectively reach a wider and more diverse population of Vermonters; 4) to monitor program reach and effectiveness through the use of national and statewide reporting and tracking tools, and; 5) to develop additional outreach materials and a toolkit that will be available for national dissemination. The expected outcomes are: 1) increased opportunity to educate a larger and more diverse audience; 2) improved and increased service delivery to beneficiaries; and 3) increased public support and new opportunities to promote SMP as a viable effective education and prevention program. Anticipated products included announcements, press materials, new and enhanced training toolkit and a skit.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0053**
**Project Title:** **Senior Medicare Patrol Expansion Capacity Building Project**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Virgin Islands Department of Human Services
Division of Senior Citizen Affairs
Knud Hansen Complex Building A
Charlotte Amalie, VI 00802-9998

**Contact:**
Michael Rymer-Charles
Tel. (340) 774-1166
Email: mrhymercharles@dhs.gov.vi

AoA Project Officer: Carmen D. Sanchez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $20,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $20,000 |

**Project Abstract:**

The goal of the Division of Senior Citizen Affairs in the Department of Human Services is to enhance existing services in the territory and to reach the St. Thomas district community to educate beneficiaries and their caregivers to become informed consumers while protecting the integrity of the Medicare and Medicaid programs. The objectives are: 1) to expand and enhance the project's volunteer workforce; 2) to expand outreach and education to beneficiaries specifically in the St. Thomas district; and 3) to expand the ability of the project to manage beneficiary inquiries and complaints in a timely, professional manner. The expected outcomes are: 1) increased recruitment and training of volunteers; 2) increased visibility; 3) expansion to hard-to-reach areas with specially trained volunteers; 4) increased outreach and resources for the limit English proficient population; and 5) increased number of volunteers receiving specialized training to handle inquiries and complaints. Products will include volunteer recruitment brochures in English and Spanish.

**Grant Number:** **90MP0040**
**Project Title:** **The Virginia Senior Medicare Patrol Project**
**Project Period:** **09/30/2010 – 09/30/2011**

**Grantee:**
Virginia Association of Area Agencies on Aging
24 East Cary Street, Suite 100
Richmond, VA 23219

**Contact:**
Susan Johnson
Tel. No. (804) 644-5628
Email: sjohnson@thev4a.org

AoA Project Officer: Carmen D. Sanchez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $298,367 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $298,367 |

**Project Abstract:**

The Virginia Association of Area Agencies on Aging's Senior Medicare Patrol (SMP) will implement a one-year program expansion with Virginia's local Area Agencies on Aging, the Virginia Department for the Aging, the Attorney General's Medicaid Fraud Control Unit (MFCU) and TRIAD chapters, AARP, and the Virginia Bureau of Insurance. The program's goal is to increase the number of educated consumers, caregivers and beneficiaries who are willing to report suspected Medicare, Medicaid, and health insurance fraud, error and abuse. The objectives include: 1) to hold 6-8 community forums with partners to provide education about health care reform; health care fraud, error and abuse; and prevention tools to beneficiaries and family members; 2) to increase the number of local volunteer and provider trainings in coordination with the AAA's and the number of community outreach and education events; 3) to increase the number of confidential inquiries, reporting, and referrals about potential Medicare / Medicaid fraud made to the Virginia SMP toll-free hotline; 4) to promote Virginia's SMP with a revised website; 5) to increase public awareness in urban and rural areas through print and radio advertisements; 6) to increase SMP's capacity to coordinate volunteers and enhance responses to inquiries and complaints; and 7) to document the dissemination efforts to measure the effectiveness of the SMP strategies. The expected outcomes are: 1) an increase in local community-based outreach and education events; 2) an increase in confidential calls to the SMP 1-800 Hotline from educated Medicaid and Medicare program beneficiaries who suspect fraud, error, or abuse; and 3) an increased workload in the Attorney General's Medicaid Fraud Unit and the federal Medicare fraud investigation units. Products will include brochures in English and other languages; training toolkit; refrigerator magnets; healthcare journal; and video clips.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0056**
**Project Title:** **Senior Medicare Project Capacity Building Grant**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Washington State Office of the Insurance Commissioner
Consumer Protection
PO Box 40256
Olympia, WA 98504-0256

**Contact:**
Marijean Holland
Tel. (360) 725-7091
Email: MarijeanH@oic.wa.gov

AoA Project Officer: Terry W. Duffin

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $150,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $150,000 |

**Project Abstract:**

The Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine -- the Washington state Senior Medicare Patrol (SMP) Project -- supports this one-year SMP capacity building project in collaboration with key partners. They include various agencies that serve limited English-speaking and isolated Medicare and Medicaid beneficiaries across Washington State. The project goal is to expand the Washington State SMP project capacity to recruit, screen, train, manage and support an increased number of SMP volunteers to effectively expand SMP outreach to beneficiaries in local communities in a more comprehensive manner throughout the state. The project objectives include: 1) recruit, train, manage and support increased numbers of SMP volunteers, including those who are bilingual, to provide program coverage in additional communities; 2) expand SMP subcontracts with local community-based groups to help with Objective 1; 3) use innovative marketing strategies and social media to expand awareness of the SMP project to underserved communities statewide; 4) expand consumer outreach efforts to target limited English-speaking populations statewide through development of culturally competent materials; 5) allocate additional staff time to respond to beneficiary inquiries and complaints in a timely, professional manner, and effectively report cases to CMS contractors; 6) enhance SMP capacity for performance management, track and report results, and manage; and 7) train the increased cadre of volunteers. The expected outcome is increased awareness of SMP projects and its message to Medicare beneficiaries and their caregivers. Anticipated products are financial and progress reports; WA SMP blog or e-newsletter; public education and marketing materials, including some in other languages.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** 90MP0051
**Project Title:** Senior Medicare Patrol Capacity Building in West Virginia
**Project Period:** 09/30/2010 – 09/29/2011

**Grantee:**
AARP Foundation
601 E Street, NW
Washington, DC 20049

**Contact:**
Julia Stephens
Tel. (202) 434-2051
Email: jstephens@aarp.org

AoA Project Officer: Barry F. Klitsberg

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $88,750 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $88,750 |

**Project Abstract:**

The West Virginia Senior Medicare Patrol (WVSMP) will recruit, screen, train, manage and support more volunteers and will expand outreach to beneficiaries in a comprehensive manner, ensuring statewide coverage. The goal is to expand the capacity of the WV SMP project to recruit, screen, train, manage, and support more SMP volunteers and to effectively expand SMP outreach to beneficiaries in a comprehensive manner. The objective is to educate as many beneficiaries as possible about how to detect, protect and report health care fraud, waste and abuse, through the work of the volunteers and through targeted, outreach activities. The WV SMP will complete this task by taking seven distinct steps: 1) hiring a volunteer coordinator, 2) conducting new volunteer recruitment activities, 3) hosting volunteer training workshops in locations geographically spread across the state, 4) partnering with the Area Agencies on Aging on referrals and outreach, 5) making targeted media buys and conducting outreach activities to three special populations - geographically isolated rural, Spanish-speaking and African-American beneficiaries, 6) conducting a "Ready, Set, Internet!" training workshop about how to stay safe from fraud while online, and 7) participating in the State's 2nd Annual "Money Smart Week." Expected outcomes include: 1) measurable increases in the number of beneficiaries, their family members and caregivers receiving services offered by the WVSMP; 2) increased simple and complex inquiries and one-on-one counseling sessions; 3) increased awareness of the work of the WVSMP; 4) increased knowledge of WVSMP issues by our volunteers and by those served by the organization; and 5) additional volunteer outreach hours. Products include materials for print media buys.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** 90MP0066
**Project Title:** Wisconsin Senior Medicare Patrol Coalition of Wisconsin Aging Groups Senior Medicare Patrol Project
**Project Period:** 09/30/2010 – 09/29/2011

**Grantee:**
Coalition of Wisconsin Aging Groups
Elder Law Center
2850 Dairy Drive, Suite 100
Madison, WI 53718-6742

**Contact:**
Bridget Erstad
Tel. (608) 224-0607
Email: bridgete@cwag.org

AoA Project Officer: Sam J. Gabuzzi

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $150,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $150,000 |

**Project Abstract:**

The goal of this project is to expand Wisconsin Senior Medicare Patrol's (SMP) capacity by increasing staff and by training selected volunteers to do more: as trainers themselves and as "first responders" to fraud complaints. Hiring a Grant Coordinator and Outreach Assistant will free the SMP Project Director and the SMP Volunteer Coordinator to concentrate on their respective position duties. The objectives are to: 1) enhance SMP's ability to screen and train volunteers statewide in a timely manner; 2) provide advanced training to selected volunteers to enable them to train other new volunteers; 3) provide specialized training to selected volunteers to assist in researching and responding to complex issues; 4) expand education and outreach through Public Service Announcements (PSAs), podcasts, online and self-study courses; and 5) reach out to Wisconsin's non-English speaking communities (especially Hmong and ideally Spanish) through specialized PSAs and presentations. The expected outcomes will be a more rapid response to complaints of possible fraud, quicker screening and training of potential volunteers, and expanded SMP presence in Wisconsin's 72 counties. This in turn will help us recruit dual-language volunteers. Additional staff will mean more time for SMART FACTS data entry, creation of educational materials, and locating and taking advantage of new outreach opportunities. The products will include a self-study course developed by SMP volunteers with backgrounds in health and education and an online course developed by the same group, both based on SMP Volunteer Foundations Training Curriculum; a variety of handouts, PSAs, flyers, and other material targeted to specific populations; an enhanced website; and a final report.

**Program: Senior Medicare Patrol (SMP) Program – Capacity Building Grants**

**Grant Number:** **90MP0068**
**Project Title:** **Senior Medicare Patrol- Capacity Building Grant**
**Project Period:** **09/30/2010 – 09/29/2011**

**Grantee:**
Wyoming Senior Citizens, Inc.
106 West Adams
Riverton, WY 82501- 0000

**Contact:**
Charlie Simineo
Tel. (307) 856-6880
Email: execdir@wyoming.com

AoA Project Officer: Courtney L. Hoskins

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $50,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $50,000 |

**Project Abstract:**

The Wyoming Senior Citizens, Inc. Senior Medicare Patrol (SMP) program has a goal of increasing exposure to and education of 75,000 plus Medicare beneficiaries. The objective is to reach out to as many of Wyoming's senior citizens as possible in a reasonable amount of time given the size of the state and the small staff available to do so. The expected outcomes are: 1) hire an additional 0.5 FTE staff member to assist in recruiting more volunteers; and 2) an increased number of volunteers. The products will include a statewide mailing list and materials for the expansion of local radio SMP advertisements.

## Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants

The Administration on Aging (AoA) awards three year grants to States to support Senior Medicare Patrol (SMP) projects by staggering the years of new competitions. Since FY1996 these basic support grants have focused on expanding the original localized programs to reach senior beneficiaries statewide. Continuation awards were made in FY2010 to States who received new grant awards in FY2008 and FY2009.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0027**
**Project Title:** **Senior Medicare Patrol Program Grant**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Alabama Department of Senior Services
State Unit on Aging
770 Washington Ave., Suite 470
Montgomery, AL 36130

**Contact:**
Robyn James
Tel. (334) 353-9273
Email: Robyn.James@ADSS.Alabama.gov

AoA Project Officer: Dorothy E. Smith

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a three-year Senior Medicare Patrol (SMP) project grant to the Alabama Dept. of Senior Services (ADSS) to support an SMP program, in collaboration with the 13 Area Agencies on Aging. The goal of the project is to educate beneficiaries and providers to identify errors in Medicare billing to combat healthcare waste, fraud and abuse. The objectives are to: 1) educate beneficiaries and providers on how to identify errors in Medicare billing; 2) provide publications to educate beneficiaries on identifying potential fraud and abuse; 3) publicize a statewide 1-800 number for assistance; 4) establish an effective reporting mechanism to track outreach events, as well as potential fraud and abuse cases; 5) build partnerships with healthcare providers, Medicare carriers and fiscal intermediaries; and 6) recruit & train volunteers. Expected outcomes are: 1) more rural, low-income, and non-English speaking aging consumers educated and aware of Medicare waste, fraud and abuse, 2) measurable outcomes with post-evaluations at seminars will show a marked increase in the awareness and detection of fraud and abuse positively affecting target areas; 3) increased publicity on waste, fraud and abuse will be available statewide; 4) volunteers will be recruited and trained in rural and underserved areas; and 5) healthcare providers will begin to be trained to identify healthcare waste, fraud and abuse. Products will include a website with statewide resources; reference materials on waste, fraud and abuse; and community-based educational programs designed to provide tips on preventing and identifying waste, fraud and abuse, emphasizing the importance of protecting one's personal information; and required reports, including evaluation results.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2955**
**Project Title:** **Senior Medicare Patrol**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Alaska Department of Health and Social Services
Senior and Disabilities Services
550 West 8th Avenue
Anchorage, AK 99501-3518

**Contact:**
Judith Bendersky
Tel. (907) 269-3669
Email: judith.bendersky@alaska.gov

AoA Project Officer: Terry W. Duffin

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $149,996 |
| FY2009 | $149,996 |
| FY2008 | $149,996 |
| FY2007 | $149,482 |
| FY2006 | $149,482 |
| FY2005 | $149,482 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $898,434 |

**Project Abstract:**

This is a continuation of the Alaska Senior Medicare Patrol (SMP) Project to recruit and train local senior citizens in each group of communities, to educate Medicare beneficiaries and their families about the importance of recognizing and reporting Medicare and Medicaid fraud, error and abuse. The goal of the project is to implement a statewide plan that empowers senior volunteers to assist older persons to become educated about their health care expenditures under Medicare in order to prevent error, fraud, abuse and waste. The objective is to reach vulnerable, isolated and limited English speaking Medicare beneficiaries through partnership with the American Association of Retired Persons (AARP), Older Persons Action Group (OPAG), Alaska Native Tribal Health Consortium (ANTHC), and the Anchorage Senior Center and other local senior centers throughout the State of Alaska. Expected outcomes are: 1) increased number of volunteer counselors; 2) increased awareness regarding healthcare error, fraud, abuse and waste; 3) increased number of complaints by beneficiaries or partner agencies; and 4) increased savings attributable to the project. Products will include voice enhanced CD-ROMs; PowerPoint training materials; video teleconferences; brochures; and reports, as required.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2954**
**Project Title:** **Ferret Out Fraud - Senior Medicare Patrol Project**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Arizona Department of Economic Security
Division of Aging and Adult Service
1789 West Jefferson, 950A
Phoenix, AZ 85007-3202

**Contact:**
Melanie Starns
Tel. No. (602) 542-5757
Email: mstarns@azdes.gov

AoA Project Officer: Dennis Dudley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $159,943 |
| FY2006 | $159,943 |
| FY2005 | $159,943 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,019,829 |

**Project Abstract:**

This is a continuation of the Arizona Department of Economic Security, Aging and Adult Administration's Arizona Senior Medicare Patrol Project (ASMPP) to address the need to educate and disseminate information about Medicare/Medicaid error, fraud, and abuse in the health care system. The goals of the program are to build the capacity of the ASMPP to reach beneficiaries with special emphasis on expanding culturally sensitive and linguistically appropriate materials for beneficiaries and developing processes that will result in program improvement. The expected outcomes are: 1) beneficiaries, including those who are culturally diverse, will have increased awareness and knowledge in order to detect and prevent Medicare/Medicaid error, fraud and abuse; 2) Area Agency on Aging (AAA) staff and volunteers will have increased knowledge to educate beneficiaries, their families and other professionals on Medicare/Medicaid error, fraud and abuse; 3) AAA staff will have an increased understanding of tools to improve the ASMPP; and 4) Arizona Beneficiaries Coalition and Arizona Fraud Prevention Coalition members and other organizations will have increased opportunities to partner in efforts to educate and prevent Medicare/Medicaid error, fraud, and abuse. Products of this project include required reports, evaluation materials, and Spanish brochures.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2931**
**Project Title:** **Senior Medicare Patrol Projects**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Arkansas Department of Health and Human Services
Aging and Adult Services
P.O. Box 1437, Slot S530
Little Rock, AR 72203-1437

**Contact:**
John Pollet
Tel. (501) 682-8504
Email: john.pollett@arkansas.gov

AoA Project Officer: Lisa Theirl

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $179,530 |
| FY2006 | $179,530 |
| FY2005 | $179,530 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,078,590 |

**Project Abstract:**

This is a continuation of the Arkansas Division of Aging and Adult Services to administer the Senior Medicare Patrol (SMP) project in collaboration with regional partners committed to consumer education and the protection of the aging and disabled populations of the state. The goal of the project is to empower senior beneficiaries to identify, prevent, and report healthcare fraud, waste and abuse. The target populations are the vulnerable and underserved, such as those impacted by low literacy, low income, cultural barriers and geographic isolation. The objectives are to: 1) train partners and volunteers to present the Arkansas SMP (ASMP) message; 2) educate and empower seniors to prevent healthcare fraud; 3) collaborate with the aging, minority and disability communities to reach underserved populations regarding healthcare fraud and health literacy; 4) package the ASMP healthcare fraud and abuse message and health literacy message together with information the public wants and needs; and 5) share all educational materials developed with seniors across the state and with other SMPs. The expected outcomes are: 1) increased beneficiary awareness of healthcare fraud and abuse, as indicated in surveys returned after group sessions; 2) increased effectiveness of activities to reach minority, rural, low-literate and non-English speaking populations; and 3) increased effectiveness of ASMP volunteers to educate beneficiaries in the areas of Medicare Basics (Parts A, B, C, & D), healthcare fraud, waste, and abuse; volunteer reporting; low-income subsidies; and Medicare Rights. Products will include brochures, training modules, "tip sheets", and reports as required.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0020**
**Project Title:** **California Senior Medicare Patrol (SMP)**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
California Health Advocates (CHA)
5380 Elvas Avenue Suite 124
Sacramento, CA 95819-5819

**Contact:**
Julie Schoen
Tel. No. (714) 560-0309
Email: jschoen@cahealthadvocates.org

AoA Project Officer: Sau Wo D. Lam

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $180,000 |

**Project Abstract:**

This is a continuation of a three-year grant to the California Health Advocates (CHA). The CHA Senior Medicare Patrol (SMP) has statewide coverage and a national presence. The objects are to: 1) collaborate with already established creditable organizations; 2) utilize a statewide 800 number in partnership with the State Health Information Program (SHIP); 3) refine relationships with other agencies to improve case tracking, communication and recoupment outcomes; 4) participate in state/regional organizations; 5) partner with California Medicare Coalition, Latino Health Access, Asian Pacific Islander Coalition, Office on Aging groups; 6) provide necessary reporting forms and training materials via Internet; 7) identify high profile cases that will substantiate credibility and value of the SMPs nationwide; 8) maintain and improve our cohesive case tracking system; 9) improve the efficiency of the SMP program, while increasing results for both operational and quality measures; 10) reach underserved populations by hiring staff with bi-lingual capabilities and proven track records in outreach and service; 11) and be recognized collectively as a national program with the other Administration on Aging (AoA) SMPs and the National Technical Resource Center. Expected measurable outcomes are: 1) provision of a minimum of 12 training sessions per year; 2) a volunteer base of 800 statewide; 3) provision of a yearly conferences on fraud and abuse issues for managers; 4) report of a minimum of 24 cases of fraud annually; 5) an increase savings to Medicare from $1.5 million to $3.0 million; 6) an increase numbers of elderly educated from current average of 10,000 to 12,000 per year; and 7) target training and education to isolated and hard-to-reach populations. Products will include a newsletter; fact sheets; placemats; website; brochures; flyer for hard-to-reach populations; and a final report.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** 90AM2951
**Project Title:** Anti-Fraud Education Project
**Project Period:** 07/01/2005 – 05/31/2011

**Grantee:**
Colorado Department of Regulatory Agencies
Division of Insurance
1560 Broadway, Suite 850
Denver, CO 80202

**Contact:**
Suzanne R. Sigona
Tel. (303) 894-7541
Email: suzanne.sigona@dora.state.co.us

AoA Project Officer: Courtney L. Hoskins

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $167,591 |
| FY2006 | $167,591 |
| FY2005 | $167,591 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,042,773 |

**Project Abstract:**

This is a continuation of the Colorado Division of Insurance project, through its Senior Health Insurance Assistance Program (SHIP), to support the Senior Medicare Patrol (SMP) project, in collaboration with 16 SHIP affiliates and Colorado Access to Benefits Coalition (ABC) members. The goals are to: promote an understanding of Medicare/Medicaid fraud and abuse among consumers/caregivers; increase reporting when fraud and abuse occurs; and decrease the incidence of Medicare and Medicaid fraud and abuse in Colorado. The objectives are to: 1) provide consumer education on anti-fraud messages; assist consumers with fraud/abuse complaints; and 2) continue development of network of organizations and individuals delivering the message and assisting those who suspect fraud and/or abuse, with an emphasis on reaching out to rural and minority populations. The expected outcomes are: 1) increased placement of effective messages in applicable consumer publications; 2) expanded network (individuals, agencies, media) for dissemination of anti-fraud messages;3) increased awareness of potential Medicare fraud among Colorado consumers; 4) a decrease in the incidence of undetected cases of Medicare fraud/abuse in the State; and 5) an increase in the resolution of reported cases of suspected fraud and/or abuse. The products from this project are SMP brochures, Personal Healthcare Journals, fraud alerts, consumer presentations, fraud messages in partner consumer-oriented materials, semi-annual narrative reports with evaluation data and financial reports, as required.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0013**
**Project Title:** **Connecticut CHOICES Senior Medicare Patrol Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Connecticut Department of Social Services
Aging Services Division
25 Sigourney Street
Hartford, CT 06106

**Contact:**
Dee White
Tel. (860) 425-5008
Email: dee.white@ct.gov

AoA Project Officer: Gene H. Brown

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a continuation of a three-year grant awarded to the Connecticut Department of Social Services. The goal is to enable beneficiaries to become better health care consumers by increasing their awareness of Medicare, Medicaid, and other potential incidents of health care fraud, errors, abuse and scams in order to detect and reduce improper payments and prevent victimization of themselves and others by ferreting out fraudulent scams and practices. The objectives are to: 1) enhance/create partnerships utilizing volunteers; 2) improve program visibility through an awareness campaign; 3) provide education to beneficiaries and professionals, specifically targeting homebound and other isolated and/or hard to reach populations; and 4) improve project efficiency, while increasing both operational and quality measures. Targeted areas include seniors in urban and rural areas with a high concentration of underserved seniors, but which have produced a disproportionately low number of clients: African American and Hispanic seniors; and isolated homebound seniors. Expected outcomes include: 1) increased awareness among consumers of health care fraud, abuse and related scams; 2) increased accessibility, quantity and effectiveness of information available to help targeted populations from being victimized; 3) increased awareness of fraud and abuse issues of those professionals involved with homebound/homecare clients; 4) expanded programming for and participation of volunteers in community initiatives; and 5) increased beneficiary inquiries and reports of suspected fraud, waste or abuse that result in action and savings attributable to the project. Products from the project include a web-based training program, power point presentations, and outreach materials.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2936**
**Project Title:** **Delaware Medicare Patrol Project**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Delaware Department of Health and Human Services
1901 N. DuPont Highway, Main Annex
New Castle, DE 19720

**Contact:**
Cynthia Allen
Tel. (302) 255-9390
Email: cynthia.allen@state.de.us

AoA Project Officer:

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $163,538 |
| FY2007 | $170,000 |
| FY2006 | $170,000 |
| FY2005 | $170,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $993,583 |

**Project Abstract:**

This is a continuation of the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) support of the Senior Medicare Patrol (SMP) project, in collaboration with State of Delaware Department of Health and Social Services, ElderInfo (SHIP), Medicaid Fraud, and related fraud or Medicare groups. The goal of the project is continue to reach vulnerable and hard to reach Medicare and Medicaid beneficiaries through trained volunteers by providing education, developing reading materials at a low reading level and maintaining federal, state, and local partnerships. The objectives are to: 1) continue to recruit and train culturally aware, bilingual, retired professionals with experience in health care, communication and education to teach Medicare and Medicaid beneficiaries and their families throughout Delaware; 2) continue or to develop partnerships with Federal, State and local agencies with new and creative strategies for reaching out to the culturally diverse, low income, low literate, and isolated Medicare and Medicaid beneficiaries; and 3) develop and implement a marketing outreach plan, using research conducted to effectively reach and educate vulnerable and hard to reach diverse seniors. The expected outcome is an increased number of contacts to the 800 number, by email, or other communication, due to our outreach efforts. The products from this project are a Smart Facts generated OIG report with data assessment reports; a website; press releases and articles for publications; newsletters and flyers; and in-house training, and reports as required.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2940**
**Project Title:** **Senior Medicare Patrol Project**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Legal Counsel for the Elderly
601 E Street, NW, Building A, A4
Washington, DC 20049

**Contact:**
Jan May
Tel. (202) 434-2164
Email: jmay@aarp.org

AoA Project Officer: Barry F. Klisberg

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $160,000 |
| FY2006 | $160,000 |
| FY2005 | $160,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1.20,000 |

**Project Abstract:**

This is a continuation of the Senior Medicare Error Patrol Project (SMEPP), a cooperative agreement project administered by the Legal Counsel for the Elderly, Inc. (LCE). Per the new program specifications of the Administration on Aging (AoA), LCE will expand the Senior Medicare Patrol (SMP) District-wide. The goal of the SMEPP is to teach District of Columbia Medicare and Medicaid beneficiaries how to detect and prevent healthcare fraud and waste. The objectives are to: 1) reach out to all 8 wards in the District of Columbia, particularly hard to reach segments of African American, Hispanic, and Asian Pacific American populations and institutions; 2) collaborate with the District of Columbia Office on Aging and its Senior Service Network to realize healthcare system savings; 3) recruit and train diverse volunteers to enhance culturally-effective outreach; 4) improve data collection via a SMARTFACTS database and through updates and trainings from the National Consumer Protection Resource Center; and 5) increase SMP visibility through radio, television, print and online media, highlighting its successes. Expected outcomes are: 1) increased awareness of healthcare fraud and abuse within hard-to-reach populations throughout the District; 2) increased participation in multilingual and multicultural educational seminars; 3) increased promotion of the SMP Hotline to ensure complaints were referred to proper authorities in a timely manner; increased dissemination of SMP materials through radio, television, print, and online media outlets; 4) increased project effectiveness via SMARTFACTS; and 5) increased documentation cost savings to the Medicare and Medicaid programs and beneficiaries. Products include brochures, pamphlets, and a final report.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM3204**
**Project Title:** **National Hispanic Senior Medicare Patrol (SMP) Project**
**Project Period:** **09/30/2008 – 05/31/2011**

**Grantee:**
National Hispanic Council on Aging
734 15th Street NW Suite 1050
Washington, DC 20005

**Contact:**
Maria E. Hernandez-Lane
Tel. (202) 347-9735
Email: mlane@nhcoa.org

AoA Project Officer: Derek B. Lee

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $225,000 |
| FY2009 | $225,000 |
| FY2008 | $180,000 |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $630,000 |

**Project Abstract:**

The National Hispanic Council on Aging (NHCOA) supports this three-year project focusing on outreach and education in areas with high Hispanic populations. The goal for the project is to educate Hispanic older adults of Mexican, Cuban, Central American, South American, Caribbean, and other Latino origins about Medicare, Medicaid and home healthcare fraud and abuse prevention and reporting, by crafting comprehensive programs tailored to the specific characteristics and needs of all the different Hispanic groups in the country.
The objectives are to: 1) concentrate on outreach and education in areas with high Hispanic populations; 2) expand the education focus to include Medicaid and home health care; 3) lay groundwork for a nationwide social marketing campaign to promote behaviors that lead to the prevention and reporting of Medicare fraud; and 4) develop a web-based cultural competency course targeting healthcare providers and pharmacies. Expected outcomes: 1) increased understanding of the Medicare, Medicaid and home healthcare systems, fraud and abuse and ways to report fraud; 2) increased avenues for reporting fraud and abuse among beneficiaries and their families; and 3) increased awareness of culturally-competent practices in relation to Medicare for Hispanic older adults. Products will include educational materials specific to each Hispanic population.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2939**
**Project Title:** **Senior Medicare and Medicaid Patrol of Florida**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Area Agency on Aging of Pasco-Pinellas, Inc.
9887 4th Street North, Suite 100
St Petersburg, FL 33702

**Contact:**
Sally Gronda
Tel. No. (727) 570-9696
Email: grondas@elderaffairs.org

AoA Project Officer: Ronald S. Taylor

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,040,000 |

**Project Abstract:**

This is a continuation of the Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) Senior Medicare Patrol (SMP) program. The goal is to build upon past experiences and expand outreach statewide through strategic partnerships representing a variety of programs whose missions coincide with the SMP. The objectives are to: 1) expand the Steering Committee statewide; 2) establish new partnerships/collaborations to assist in expanding the program statewide and reaching underserved populations; 3) develop and implement a marketing and outreach plan that is culturally competent; 4) develop and implement innovative strategies to expand outreach and education statewide; 5) expand volunteer recruitment efforts in the current project areas of Pasco and Pinellas counties; 6) expand volunteer training to incorporate the new Medicare Modernization Act; 7) and expand volunteer recognition efforts statewide. Expected outcomes include: 1) an increase in the number of complaints to the statewide SMP fraud hotline as a result of an expanded marketing and outreach campaign; 2) an increase in the involvement of retired professionals, particularly older minority individuals, in Medicare/Medicaid education and training; and 3) increased awareness/knowledge among seniors about fraudulent practices and Medicare Part D. Products will include a web page; brochures and posters; data/results of community education; articles and interviews for publication; and a final report, including evaluation results.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2933**
**Project Title:** **Senior Medicare Patrol (SMP)**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Georgia Department of Human Resources
Division of Aging Services
2 Peachtree Street, NW
Atlanta, GA 30303

**Contact:**
Belinda J. Jones
Tel. No. (404) 657-8756
Email: bjjones@dhr.state.ga.us

AoA Project Officer:

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,040,000 |

**Project Abstract:**

This is a continuation of the Georgia Department of Human Resources (DHR), GeorgiaCares Senior Medicare Patrol (SMP) project. The goal of this project is to empower Georgians to become better informed healthcare consumers, who are able to recognize quality healthcare, fraud, error, abuse and waste. The project objectives are to increase: 1) awareness of fraud and the SMP among Georgia's citizens; 2) capacity of outreach through the expansion and development of partnerships; 3) the number of active recruited volunteers; 4) opportunities to provide new training methods to local, certified coordinators for program and volunteer management; and 5) capacity to reach target populations. Expected outcomes: 1) 100% of all persons completing beneficiary surveys and training evaluations after attending SMP trainings and/or community education sessions will demonstrate an increase in awareness of Medicare and Medicaid error, fraud and abuse; 2) increased number of active, recruited volunteers entered into the Aging Information Management System (AIMS); 3) increased program outcomes entered into SmartFacts, AoA's web-based data management system; 4) increased outreach activities; and 5) increased capacity to reach target populations. Products will consist of: completion of the upgrade to the Aging Information Management System (AIMS) database to better capture and utilize client date; a final report, including evaluation results, client demographics, program monitoring, successes and areas needing improvement; shared website utilization with GeorgiaCares SHIP program to promote utilization of socially isolated populations to obtain needed and relevant information on Medicare/Medicaid fraud, error, abuse and waste reporting and resources.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0021**
**Project Title:** **2009 Guam Senior Medicare Patrol Project (SMP)**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Guam Department of Public Health and Social Services
Division of Senior Citizens
123 Chalan Kareta
Mangilao, GU 96913- 6304

**Contact:**
J. Peter Roberto
Tel. (671) 736-7102
Email: caring.communities@yahoo.com

AoA Project Officer: Anna H. Cwirko-Godycki

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $75,000 |
| FY2009 | $75,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $150,000 |

**Project Abstract:**

This is a continuation of a three-year Senior Medicare Patrol (SMP) project. The goal of the Guam SMP Project is to continue expanding and further enhancing the project for the purpose of educating Medicare and Medicaid beneficiaries, family members, and caregivers to actively protect themselves against fraudulent, wasteful and abusive health care practices and to report suspected errors. Guam SMP project objectives are to: 1) train members of the American Association of Retired Persons, local chapter, to serve as Guam SMP project volunteer resources and educators; 2) educate and provide community awareness of Medicare/Medicaid waste, fraud and abuse; 3) disseminate, in various formats, project information on Medicare/Medicaid waste, fraud and abuse; 4) foster current and establish new partnerships; and 5) evaluate project activities and communicate project outcomes. Expected measurable outcomes are: 1) an increased number of proficiently trained volunteers; 2) increased numbers of education beneficiaries, families and caregivers; 3) increased tracking of inquiries and the rate of inquiry resolution; and 4) increased Medicare/Medicaid savings. Products will include consumer driven, culturally appropriate informational materials; volunteer training items, e.g. training manual, volunteer incentives and certificates of appreciation; evaluation tools, and required reports.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0024**
**Project Title:** **Senior Medicare Patrol Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Hawaii Executive Office on Aging
250 South Hotel Street
Honolulu, HI 96813-2831

**Contact:**
Noemi Pendleton
Tel. (808) 586-0100
Email: noemi.pendleton@doh.hawaii.gov

AoA Project Officer: Anna H. Cirko-Godycki

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a three-year grant to continue a Senior Medicare Patrol (SMP) in the State of Hawaii's Executive Office on Aging. SMP Hawaii works closely with partners in the aging network, law enforcement, and various community advocacy organizations. The goal of the project is to encourage seniors to become self-advocates, protecting themselves, their families and their communities from financial, consumer and healthcare fraud. Program objectives are to: 1) establish working partnerships and multi-agency projects with local, state, and federal law enforcement agencies; 2) reach out to isolated, underserved, and non-English populations, i.e., Native Hawaiians, Southeast Asian, homebound; 3) develop and replicate innovative outreach tools; and develop 4) volunteer recruitment, retention, and training strategies. Expected project outcomes: 1) four advisory council meetings with representatives from law enforcement, regulatory, consumer advocacy, and aging network organizations; 2) fraud prevention and resource fairs on Oahu and neighbor islands (Oahu, Hawaii, Maui, and Kauai); 3) development and replication of a DVD to highlight various healthcare fraud schemes, i.e., durable medical equipment, home healthcare, HMO, Part D; 4) recruitment and training of10 volunteers in both Native Hawaiian and Southeast Asian communities; and 5) development and distribution of a fraud prevention and awareness booklet. Products will include a DVD; potholders with program information; brochures; fraud awareness and prevention booklet; and project reports, including evaluation results.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2949**
**Project Title:** **Idaho Medicare Education Partnership**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Idaho Commission on Aging
341 W Washington St
PO Box 83720
Boise, ID 83720

**Contact:**
Donna Denny
Tel. (208) 577-2854
Email: donna.denney@aging.idaho.gov

AoA Project Officer: Terry W. Duffin

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,080,000 |

**Project Abstract:**

This is a continuation of a cooperative agreement awarded to the Idaho Commission on Aging (ICOA). The Idaho Senior Medicare Patrol Project works with Senior Health Insurance Benefit Advisors (SHIBA), the Pocatello Area Agency on Aging, and the Hispanic Outreach Division of Canyon County Office on Aging, to use trained volunteers to educate beneficiaries in understanding and analyzing their Medicare billing information. The goal is further penetration into the senior community to expand consumer awareness of fraud by utilizing trained volunteers to educate and empower beneficiaries to scrutinize their Medicare billing information and flag unusual entries or charges, and to forewarn seniors on identity theft, consumer fraud and other health care scams. The objectives are to: 1) foster a statewide education program for Idaho beneficiaries and their caregivers in analysis of the Medicare Billing Summary Notices; 2) carry forward this prevention approach in the context of other types of health care fraud, by partnering with other entities, such as the Idaho Health Care Association and Idaho private insurance carries; 3) extend the programs' visibility through the Aging and Disability Resource Center in Northern Idaho; 4) improve efficiency by training staff and volunteers to fully utilize the SMARTFACTS SYSTEM; and forge relationships with harder to reach populations, such as Idaho's Native Americans and Hispanics. Expected outcomes are: 1) increased frequency of reports by seniors in detecting instances of suspected fraud; and 2) reduced numbers of seniors falling prey to scams and fraudulent business practices. Products will include a final report, including evaluation results; updates on the ICOA website; articles in the ICOA Newsletter and press releases; and regular program information disseminated through presentations at Senior Centers and during town hall events hosted by the Governor.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** 90MP0026
**Project Title:** Statewide Illinois Senior Medicare Patrol (SMP) Program
**Project Period:** 06/01/2009 – 5/31/2012

**Grantee:**
AgeOptions
1048 Lake St., Suite 300
Oak Park, IL 60301

**Contact:**
Anne Posner
Tel. (708) 383-0258
Email: anne.posner@ageoptions.org

AoA Project Officer: Amelia Wiatr

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a three-year continuation grant to the Suburban Area Agency on Aging-AgeOptions, for the Senior Medicare Patrol (SMP) program for the state of Illinois. The goal of the program is to recruit and train volunteers to conduct health care fraud control, outreach and education. The objectives are to: 1) foster national and statewide program coverage; 2) improve beneficiary education and inquiry resolution for other areas of health care fraud; 3) foster national program visibility and consistency; 4) improve the efficiency of the SMP program, while increasing results for both operational and quality measures; and 5) target training and education to isolated and hard-to-reach populations. The expected outcomes are: 1) statewide coverage through collaborations with all the Area Agencies in Illinois; 2) a centralized intake system to report health care fraud; 3) a statewide media campaign; 4) expansion of the SMP message to people with disabilities through partnership with the Illinois Network for Centers for Independent Living (INCIL); 5) improved targeting to ethnic and limited English speaking seniors through partnership with the Coalition for Limited English Speaking Elderly (CLESE); 6) increased awareness about Medicare Part D and Durable Medical Equipment (DME) fraud; 7) consistent branding of the program with the national SMP effort; 8) an increased number of people reached with the SMP message; and 9) suggested best practices for reaching and educating isolated and hard-to-reach populations. The products from this project will be project reports, as required, including evaluation results; a website; newsletters; SMP power point presentation; SMP posters; playing cards; a fraud prevention toolkit; and an SMP brochure.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0006**
**Project Title:** **Senior Medicare Patrol Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Indiana Association of Area Agencies on Aging
Education Institute
4755 Kingsway Drive, Suite 402, Suite 402
Indianapolis, IN 46205

**Contact:**
Kristen S. LaEace
Tel. (317) 205-9201
Email: klaeace@iaaaa.org

AoA Project Officer: Amelia R. Watr

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is the first year of a three-year continuation grant to the Indiana Association of Area Agencies on Aging (IAAAA) Education Institute, Inc. to continue an education and training model, the Indiana Senior Medicare Patrol (SMP) project. The goal is to create an education and training model on Medicare fraud prevention, including Part D, for elder volunteers and others who work with underserved Medicare populations including rural, low income and African American groups. The objectives are to: 1) continue working with established partners to foster national and statewide program coverage; 2) improve beneficiary education and inquiry resolution for other areas of health care fraud; 3) foster national program visibility and consistency; 4) improve the efficiency of the SMP program, while increasing results for both operational and quality measures; and 5) target training and education to isolated and hard-to-reach populations. The expected outcomes are: 1) an increase in the beneficiary knowledge of Medicare fraud and abuse; and 2) a 10% increase in the number of complaints reported/received over the life of the project. Products will include brochures, personal health care journals, Medicare Summary Notice (MSN) guides and informational sheets, project reports as required, including evaluation results.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** 90MP0001
**Project Title:** Iowa Senior Medicare Patrol (SMP)
**Project Period:** 06/01/2009 – 5/31/2012

**Grantee:**
Hawkeye Valley Area Agency on Aging, Inc.
2101 Kimball Ave, Suite 320
P O Box 388
Waterloo, IA 50704-0388

**Contact:**
Shirley Merner
Tel. (319) 272-2244
Email: smerner@hvaaa.org

AoA Project Officer: Amelia R. Watr

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

The Hawkeye Valley Area Agency on Aging (HVAAA) is in its first year of a three-year Senior Medicare Patrol Project (SMP) grant application. The SMP's major partners include Iowa's Area Agencies on Aging (AAA), and Iowa EXPORT Center of Excellence on Health Disparities (Project EXPORT) located at the University of Northern Iowa. Through these partnerships, the SMP continues to achieve statewide coverage, expert knowledge of underserved populations, expertise in design of culturally-sensitive marketing and educational materials, and previously established community relationships. The project's goal is to recruit, train, and empower retired professionals to create responsible beneficiaries of healthcare statewide. The focus of this project is to increase outreach and education to include Iowa's isolated and hard-to-reach, underserved populations including African American, Asian, Hispanic, Native American, rural Iowans and other emerging populations. The objectives: 1) improve program efficiency statewide; 3) foster and nurture statewide coverage and increase outreach to target populations; 4) increase public awareness to underserved populations; 5) improve beneficiary healthcare education by focusing on underserved populations; and 6) foster national SMP visibility and recognition for Iowa SMP's outreach project. The expected outcomes are: 1) targeted elderly population will be equipped to be good stewards of healthcare dollars; 2) recovery of misspent healthcare dollars will increase; and 3) an increase in the number of reports of healthcare concerns for resolution or investigation. The products from this continuation project include folders; informational handouts that are culturally sensitive; an updated ID theft brochure; give-away items for use at health fairs and presentations; and reports as required, including evaluation results. Project lessons learned will be provided to the AoA National Consumer Protection Technical Resource Center (NCPTRC).

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** 90AM2956
**Project Title:** Senior Medicare Patrol Project
**Project Period:** 07/01/2005 – 05/31/2011

**Grantee:**
Kansas Department on Aging
503 S Kansas Ave
Topeka, KS 66603

**Contact:**
Tina Langley
Tel. (785) 296-5222
Email: Tina.Langley@aging.ks.gov

AoA Project Officer: Amelia R. Wiatr

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $78,241 |
| FY2009 | $78,241 |
| FY2008 | $78,241 |
| FY2007 | $63,930 |
| FY2006 | $63,930 |
| FY2005 | $63,930 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $426,513 |

**Project Abstract:**

This is a continuation grant for the Kansas Department on Aging. The goal of the Kansas Senior Medicare Patrol Project (SMP) is to increase understanding of fraud issues and increase the detection and reporting of errors, fraud, and abuse by beneficiaries. The objectives are to: 1) foster statewide program coverage through partnerships with volunteer networks and use of a toll-free number and interactive website; 2) improve beneficiary education and inquiry resolution for health care fraud in the Medicaid system; 3) foster national program visibility by working with the State Health Insurance Information Program (SHIP) and Aging and Disability Resource Centers (ADRC) programs and by utilizing a web-based data collection system; 4) improve the efficiency of data tracking and demonstrate an increase in program measures by utilizing SMARTFACTS; and 5) target education to low-income populations, residents in nursing facilities, and Spanish-speaking beneficiaries. Expected outcomes are: 1) an increase in the number of counties having trained SMP volunteers; 2) an increase in the number of volunteers conducting education activities; 3) an increase in the number of beneficiaries receiving education; an increase in the number of "simple inquiries" received; and 4) an increase in the number of "complex issues" received. The products will include Office of the Inspector General (OIG) reports generated through SMARTFACTS; program materials developed for our target populations; narrative reports detailing strategies and results; and other reports, as required.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM3133**
**Project Title:** **Senior Medicare Patrol (SMP) Kentucky**
**Project Period:** **01/01/2007 – 05/31/2011**

**Grantee:**
Louisville/Jefferson County Metro Government
Attn: Public Health and Wellness
527 West Jefferson Street
Louisville, KY 40202

**Contact:**
Betty Adkins
Tel. No. (502) 574-2003
Email: betty.adkins@louivilleky.gov

AoA Project Officer: Ronald S. Taylor

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $170,000 |
| FY2009 | $170,000 |
| FY2008 | $170,000 |
| FY2007 | $272,610 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $782,610 |

**Project Abstract:**

This is a continuation of a grant to the Louisville Metro Government Community Action Partnership (LMCAP) to operate the statewide Senior Medicare Patrol program, the Kentucky Senior Medicare Patrol (KYSMP), through seven regional existing Retired Senior Volunteer Programs (RSVPs). The goal is to maintain a pool of volunteers (a target of 335 people age 55 and older) to act as Medicare educators throughout the state. The objectives are to: 1) broaden educational services to Medicare and Medicaid beneficiaries in all 120 Kentucky counties; 2) recruit and train 50 new senior volunteers; 3) integrate KYSMP services into 10 statewide Community Action Partnerships (CAPs) and 2 Legal Aid Offices in the eastern and northeastern counties of the state; 4) update training manual inserts; 5) identify new statewide partnerships for collaboration on community outreach events that focus on educating the general retiring public; and 6) research and develop strategies to reach English as a Second Language populations. Expected outcomes are: 1) an increase in the number of educational services to beneficiaries; 2) more established partnerships to preserve integrity of Medicare/Medicaid programs; and 3) an increase in the number of knowledgeable beneficiaries of healthcare fraud in the Medicare and Medicaid programs. Products will include project reports, including evaluation results, as required; educational materials for volunteers and beneficiaries; group session post survey results; personal healthcare journals; and data tracking reports.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MPMP0018**
**Project Title:** **Louisiana Senior Medicare Patrol Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Louisiana Health Care Review, Inc.
8591 United Plaza Blvd., Suite 270
Baton Rouge, LA 70809

**Contact:**
Tricia C. Canella
Tel. (225) 248-7064
Email: tcanella@lhcr.org

AoA Project Officer: Derek B. Lee

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a continuation of a three-year grant to the Louisiana Health Care Review, Inc. (LHCR) which is the Medicare Quality Improvement Organization (QIO) for Medicare in Louisiana under contract with the Centers for Medicare and Medicaid Services. Working in partnership with the LHCR, Office of Elderly Affairs (OEA), Senior Health Insurance Information Program (SHIIP) and other aging related organizations such as the Louisiana Medicaid Fraud Control Unit and the USDA Rural Assistance Program and will be supported by LHCR. The goal is to create a network of volunteers recruited from the Louisiana Retired Teachers' Association that work through the state's Aging and Disability Resource Centers (ADRC) and the Area Agencies on Aging (AAA) to train beneficiaries to detect, report, and prevent healthcare fraud. The Louisiana Senior Medicare Patrol (LASMP) will be a statewide effort, with an additional focus on the elderly homebound living in rural and hard-to-reach areas of the state, mainly in Medically Underserved and Healthcare Professional Shortage areas. The objectives are to: 1) recruit and support volunteers statewide; 2) increase fraud education among Medicaid beneficiaries; 3) implement a web-based seamless data collection system; 4) improve the efficiency of LaSMP by increasing both operational and quality measures; and 5) achieve sustainability for future efforts by coordinating all of the state's agencies that investigate fraud and elderly abuse. Expected outcomes: 1) improved dialogue between patients and their health care provider; 2) reduced number of coding errors; 3) improved health outcomes by insuring that services ordered by the physician are delivered; 4) development of an interactive fraud prevention web site; and 5) creation of a unified state agency fraud initiative. Products will include a survey, fraud prevention website, and reports as required.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2948**
**Project Title:** **Senior Medicare Patrol Project**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Maine Department of Health and Human Services
Office of Elder Services
32 Blossom Lane, SHS 11
August, ME 04333-0011

**Contact:**
Kathy Poulin
Tel. No. (207) 287-9206
Email: kathy.poulin@maine.gov

AoA Project Officer: Christine Ramirez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,080,000 |

**Project Abstract:**

This is a continuation of the Maine Senior Medicare Patrol (SMP) Project, Maine Department of Health and Human Services. The goal is to educate beneficiaries, MaineCare (Medicaid) participants, their families and caregivers about Medicare benefits and empower them to identify and report health care errors, fraud and abuse. The objectives are to: 1) train SHIP/SMP volunteers and staff; 2) provide statewide outreach and education through expanded collaboration with the Maine SHIP and statewide, regional and community organizations; and 3) increase the number of health care fraud complaints referred to Medicare and MaineCare. The expected outcome is an increased number of educated Medicare beneficiaries, MaineCare participants, their families, and caregivers who are knowledgeable, responsible consumers who will detect and report health care fraud. Products will include flyers, presentations, brochures, information cards, health journals, posters, a Community Medicare Advocate's Handbook, a new on-line SHI/SMP training tool, training materials, and Medicare Bingo. A final report and presentations will be developed to share information with the AoA, the Centers for Medicare and Medicaid Services (CMS), the National Consumer Technical Resource Center, other SMPs and SHIPs.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0028**
**Project Title:** **Maryland SMP- Senior Medicare Patrol Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Maryland Department of Aging
Client and Community Services
301 W. Preston Street- Suite 1007
Baltimore, MD 21201

**Contact:**
Wiley Finch
Tel. (401) 767-1278
Email: acb@ooa.state.md.us

AoA Project Officer: Barry F. Klitsberg

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a three-year continuation of the Senior Medicare Patrol (SMP) project operated by he Maryland Department of Aging (MDoA). The goals are to: 1) increase senior awareness of health care fraud, waste, abuse and error; 2) to mobilize state and community resources to work together in resolving and publicizing health care fraud concerns; and 3) to support the goals of the AoA Senior Medicare Patrol. The objectives are to: 1) develop partnerships and collaborations to ensure statewide program coverage; 2) improve beneficiary education and inquiry resolution for other areas of health care fraud; 3) increase awareness for beneficiaries about the problem of healthcare, fraud waste and abuse; 4) identify and test best practices to reach the hard-to-reach population; 5) target training and education to isolated and hard-to-reach populations; 6) recruit and train volunteers with a variety of skills and education; 7) foster program visibility and consistency; 8) incorporate the new SMP logo and tagline in all MDoA and AAA SMP materials; and 9) incorporate the use of the Smartfacts reporting system in Maryland's Senior Medicare Patrol Program. Expected outcomes are to: 1) provide statewide outreach to Medicare and Medicaid beneficiaries and their families; 2) receive inquiries of suspected incidences of fraud, waste, error or abuse; 3) document estimated savings attributable to the project; 4) develop new partnerships; 5) assist individuals; and 7) recruit, educate and train a volunteer corps of retired professionals. The products from the project will include an assessment survey for Medicare beneficiaries; a paper on building partnerships with non-English communities; an updated training curriculum; a new SMP brochure; and an enhanced web site.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** 90AM2930
**Project Title:** Massachusetts Medicare and Medicaid Outreach and Education Program "Senior Medicare Patrol Project"
**Project Period:** 07/01/2005 – 05/31/2011

**Grantee:**
Elder Services of the Merrimack Valley, Inc.
360 Merrimack Street, Building #5
Lawrence, MA 01843

**Contact:**
Dayna Brown
Tel. No. (978) 946-1368
Email: Dbrown@esmv.org

AoA Project Officer:

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,040,000 |

**Project Abstract:**
This is a continuation of the Elder Services of the Merrimack Valley, Inc. grant to support the Massachusetts Senior Medicare Patrol (MASMP) project. The goal is to continue to broaden and increase its outreach and education efforts throughout the state to reach low income, vulnerable, isolated, and limited English-speaking (LEP) populations about their health benefits eligibility, and how to identify Medicare and Medicaid errors, fraud and abuse. The objectives are: 1) to foster national and statewide program coverage; 2) to improve beneficiary education and inquiry resolution for other areas of health care fraud; 3) to foster national program visibility and consistency; to improve the efficiency of the SMP Program, increasing the results for both operational and quality measures; and 4) to target training and education to isolated and hard-to-reach populations. The expected outcomes are: 1) an increased linguistic capacity of the Massachusetts Serving Health Insurance Needs of Elders (SHINE) Program in the 13 regional SHINE programs; 2) an increased number of SHINE counselors in the 13 regional programs; 3) increased outreach, education services, and benefits counseling to at least 250,000 beneficiaries across the state; and 4) LEP populations reached throughout Massachusetts through a multi-pronged, multi-ethnic media campaign. Products include website; training materials in different languages; and reports, as required.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM3143**
**Project Title:** **Senior Medicare Patrol Program**
**Project Period:** **06/01/2007 – 05/31/2011**

**Grantee:**
Michigan Medicare/Medicaid Assistance Program, Inc. (MMAP)
6105 W. St. Joseph Hwy. Suite 204
Lansing, MI 48917

**Contact:**
Jo Murphy
Tel. No. (517) 886-1242
Email: jo@mmapinc.org

AoA Project Officer: Sam J. Gabuzzi

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $160,000 |
| FY2009 | $160,000 |
| FY2008 | $160,000 |
| FY2007 | $160,000 |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $640,000 |

**Project Abstract:**

The Michigan Medicare/Medicaid Assistance Program (MMAP) picked up the third year of a three-year grant, originally awarded to the Area Agencies on Aging Association of Michigan. The goal for this continuation grant, the Michigan Medicare\Medicaid Assistance Program (MMAP), is to increase prevention, detection, and reporting of Medicare and Medicaid fraud, errors, and abuse by Michigan's 1.5 million Medicare beneficiaries. MMAP will achieve this goal through statewide education, outreach, and prevention efforts. The objectives are: 1) to foster national and statewide program coverage; 2) to improve beneficiary education and inquiry resolution for other areas of heath care fraud; 3) to foster national program visibility and consistency; 4) to improve the efficiency of the Senior Medicare Patrol (SMP) program while increasing results for both operational and quality measures; and 5) to target training and education to isolated and hard-to-reach populations. Expected outcomes: 1) increased savings to Medicare, Medicaid, and individual beneficiaries; 2) increased number of active volunteers who counsel beneficiaries and conduct outreach about Medicare fraud, errors, and abuse; 3) increased number of beneficiaries who know how to prevent, detect, and report Medicare fraud, errors, and abuse; 4) increased referrals from state and local partners; and 5) increased and improved SMP services. Products will include: summary of innovative best practices in reaching traditionally underserved populations; press releases, flyers, and outreach presentations; SMP brochures; training materials; Internet-based SMP training and certification module.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** 90MP0005
**Project Title:** Minnesota's Senior Medicare Patrol 2009-2012
**Project Period:** 06/01/2009 – 5/31/2012

**Grantee:**
Minnesota Board on Aging
540 Cedar Street
PO Box 64976
St. Paul, MN 55164-0976

**Contact:**
Krista K. Boston
Tel. (651) 431-7415
Email: krista.boston@state.mn.us

AoA Project Officer: Kathleen Votava

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a continuation of a three-year health care anti-fraud demonstration project in partnership with the seven Minnesota Area Agencies on Aging and related organizations serving hard-to-reach populations. The goal of the project is to empower individuals to identify and report instances of error, fraud and abuse in the health care system with emphasis placed on Medicare and Medicaid programs. Objectives of the project are to: 1) foster national and statewide Senior Medicare Patrol (SMP) coverage; 2) improve beneficiary education and inquiry resolution for other areas of health care fraud; 3) foster national program visibility and consistency; improve the efficiency of SMP, while increasing results for operational and quality measures; 4) and target training and education for hard-to-reach populations. Expected outcomes are: 1) an increased number of Minnesotans who receive services from the Senior LinkAge Line who are aware of fraud, abuse and error issues and know how to identify and report them; 2) increased number of consumers and professionals from helping agencies who know where to go for objective help with questions regarding health care fraud, errors and abuse; 3) a decreased number of individuals who experience confusion and frustration when trying to report and resolve fraud, abuse and errors; and 4) increased knowledge, skills and confidence of Senior LinkAge Line staff/volunteers to provide comprehensive health insurance counseling, as it pertains to health care fraud, abuse and error. Products will include a new interactive Web site; secure instant message software and voiceover Internet Protocol capability; automated statewide tracking of health care fraud, abuse and error grievances; virtual volunteer coordinator reference handbook; a cookbook; and a report, as required.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0015**
**Project Title:** **Senior Medicare Patrol (SMP) Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Mississippi Department of Human Services
Aging and Adult Services
750 North State Street
Jackson, MS 39202

**Contact:**
Dan George
Tel. (601-359-4929)
Email: Danny.George@mdhs.ms.gov

AoA Project Officer: Joyce R. Robinson-Wight

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $175,000 |
| FY2009 | $175,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $350,000 |

**Project Abstract:**

This is a continuation of a three-year Senior Medicare Patrol (SMP) grant to the Mississippi Department of Human Services (MDHS), Division of Aging and Adult Services (DAAS), to establish a statewide network of trained volunteers serving in their communities to educate and assist seniors in identifying and combating health care fraud, error and abuse. As the State Unit on Aging, DAAS will use oversight and coordination to provide services to Mississippi's older population through a system of Area Agencies on Aging (AAAs). The three-year project incorporates statewide partnerships and sub-grants to serve seniors in Mississippi's 82 counties. The project goal is to educate Mississippi's population to recognize, report, and reduce fraud and abuse of Medicare recipients. The objectives are to: 1) foster national and statewide program coverage; improve beneficiary education and inquiry resolution for other areas of health care fraud; 2) foster national program visibility and consistency; 3) improve efficiency of the SMP program, while increasing results for both operational and quality measures; 4) and target training and education to isolated and hard-to-reach populations. The expected outcomes are: 1) increased number of trained volunteers; 2) increased number of volunteer presentations; 3) increased number of Mississippians educated in fraud and abuse awareness; 4) increased number of Medicare abuse/error complaint calls; and 5) increased amount of dollars saved to Medicare, Medicaid or beneficiaries. Products will include required reports, including evaluation results; low-literacy literature; and a volunteer training manual.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0004**
**Project Title:** **The Missouri Senior Medicare Patrol**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
District III Area Agency on Aging
PO Box 1078
Warrrensburg, MO 64093

**Contact:**
Diana Hoemann
Tel. (660) 747-3107
Email: dhoemann@goaging.org

AoA Project Officer: Kathleen Votava

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $179,978 |
| FY2009 | $179,978 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $359,956 |

**Project Abstract:**

This is a continuation of a three-year grant to the District III Area Agency on Aging (AAA) for support of the Missouri Senior Medicare Patrol project (SMP). The goal of the Missouri SMP is to increase the awareness of Medicare and Medicaid error, fraud, and abuse among beneficiaries, their caregivers, home health and in-home workers, and hard-to-reach populations in the state of Missouri. The objectives are to: 1) conduct a statewide media campaign that semi-annually will focus on a topic of interest to Medicare/Medicaid recipients; 2) refine and consolidate the training materials needed to train SMP volunteers; 3) contract with each Missouri AAA and the Missouri state prescription assistance program to provide volunteer support and training; 4) utilize the SMP Coalition's expertise to provide direction and support for the project; 5) develop an educational series focused on home health care and in-home care workers that will increase the ability of these professionals to recognize and report potential fraud and abuse to the appropriate agency, as well as distribute fraud and abuse information to their clients; and 6) collaborate with AAA's, local community groups and the state Office on Minority Health to reach targeted hard-to-reach populations. Expected outcomes are: 1) two retired senior volunteers will conduct activities to educate beneficiaries about potential fraud and abuse in each county in Missouri; 2) every county in the state will conduct a minimum of one group presentation and one media event; and 3) beneficiary inquiries about health care error, fraud and abuse will increase by 25% in areas targeted for minority outreach. Products will include educational toolkits, articles for publication, and a final report.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2937**
**Project Title:** **Montana Medicare Waste Project**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Missoula Aging Services
337 Stephens Ave
Missoula, MT 59801

**Contact:**
Renee Labrie-Shanks
Tel. (406) 728-7682
Email: rlabrie@missoulaagingservices.org

AoA Project Officer: Susan A. Raymond

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180.000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,040,000 |

**Project Abstract:**

This is a continuation of the Medicare Waste Project of the Missoula Aging Services, which will build on its nine years of experience in outreach and education to Medicare beneficiaries on the issues of waste, fraud and abuse and general consumer healthcare fraud through the Senior Medicare Patrol (SMP). The goals are to identify, report and reduce errors, fraud and abuse within the Medicare and Medicaid systems and focus on home health care, Medicaid and Medicare. The objectives are to: 1) inform and educate Medicare beneficiaries statewide by May 31, 2011 to identify potential healthcare error, fraud and abuse; 2) maintain 100 older adults as educators, counselors and advocates for Medicare beneficiaries, their families and the public; 3) enhance and expand relationships and collaborations with relevant state agencies and organizations on the issues of consumer healthcare fraud and Medicare/Medicaid; and 4) produce a library of self-training CD's for volunteers as well as beneficiaries. Expected outcomes are: 1) a higher level of beneficiary understanding, empowering them to identify and report healthcare waste, fraud and abuse, as demonstrated by survey returns; 2) an increased number of professional outreach partnerships statewide, including SMP, resulting in a more recognizable message; and 3) a greater number of volunteers receiving consistent and timely training. Products will include project reports, as required; abstracts for state and national conferences; Montana- specific SMP brochures, healthcare journals and a website; a library of self-training CD's; ads and articles for publication; and training manuals for partners and volunteers.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0011**
**Project Title:** **Nebraska Senior Medicare Patrol (SMP) Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Nebraska Department of Health and Human Services
Medicaid and Long Term Care
PO Box 95026
Lincoln, NE 68509

**Contact:**
Madhavi Bhadbhade
Tel. (402) 471-2309
Email: madhavi.bhadbhade@nebraska.gov

AoA Project Officer: Kathleen Votava

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a continuation of a three-year grant to the Nebraska Office of Long Term Care (LTC) Ombudsman to support the Senior Medicare Patrol (SMP) program, Nebraska ECHO Project (Educating and Empowering Consumers of Healthcare Organizations). The goal of the ECHO Project is to increase awareness among Nebraska's beneficiaries on how to identify, report and prevent Medicare and Medicaid fraud, error and waste and to empower and assist them in protecting their rights. This includes the right to be billed accurately for services received and to not be victimized by fraud schemes. The objectives of the Nebraska SMP are to: 1) disseminate project information to beneficiaries, their caregivers, and the general public; 2) recruit, train and support qualified volunteers and enlist their efforts on behalf of beneficiaries; 3) develop and maintain a network of partnerships that will work together to eliminate healthcare fraud, error and waste; 4) provide outreach and advocacy to the most vulnerable of beneficiaries; and 5) provide targeted education to hard-to-reach populations. The expected outcomes of this project are: 1) beneficiaries will have an increased awareness of healthcare fraud, error and waste, and initiate positive changes in their behavior; 2) additional volunteers will be recruited and trained; and 3) an increased number of inquiries and complaints will be resolved or result in some action, including the savings or recoupment of healthcare dollars. The products from this project will include educational and promotional materials; a consumer website; and a summary of project data and accomplishments.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0019**
**Project Title:** **Senior Medicare Patrol Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Nevada Office of the Attorney General
555 East Washington Ave. #3900
Las Vegas, NV 89102

**Contact:**
Jo Anne Embry
Tel. No. (702) 486-3154
Email: jembry@ag.nv.gov

AoA Project Officer: Dennis E. Dudley

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a continuation of a three-year grant to the Nevada Office of the Attorney General. The goal is to increase awareness of Medicare, Part D and Medicaid fraud, waste, and abuse. The objectives of the Nevada Senior Medicare Patrol (SMP) project are to: 1) create training manuals and develop new materials with the new logo and tag line, and culturally competent materials for non-English speaking and Nevada's rural populations; 2) maximize partner collaborations in order to improve outreach to Hispanic and rural populations; and 3) increase complaints to the program through the increased outreach; and incorporate the SmartFacts system to maximize program progress reporting. Expected outcomes are: 1) increased complaints to our state-wide hotline; and 2) increased awareness of issues involving Medicare, Medicare, Part D, and instances that may point to fraud, error or abuse. The products will include brochures; training modules; placemats, key chains, pens, pencils, jar openers, notepads, refrigerator magnets, and required reports.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0022**
**Project Title:** **Senior Medicare Patrol Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
New Hampshire Department of Human Services
129 Pleasant Street
Concord, NH 03301

**Contact:**
Karol Demon
Tel. (603) 271-4925
Email: kdermon@dhhs.state.nh.us

AoA Project Officer: Barry Michaels

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a continuation of a three-year grant to the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services (BEAS) for support of a Senior Medicare Patrol (SMP) project. The goal of the project is to recruit, train and manage a network of volunteers and counselors statewide to educate Medicare beneficiaries and their families about health care error, fraud and abuse. The objectives are to: 1) foster statewide and local SMP program awareness; 2) provide outreach and education on health care fraud and abuse; 3) conduct targeted outreach and assistance to people who are hard to reach; and 4) improve operational efficiencies and ensure consistent quality of reporting systems. Expected outcomes are: 1) increased statewide awareness of the Senior Medicare Patrol project; 2) increased number of Medicare beneficiaries reached who are homebound, living in isolated or rural areas, who have low literacy, limited income and/or living with disabilities or chronic illnesses; 3) more improved operationally efficient program; and 4) an increase in the number of knowledgeable beneficiaries on matters of health care fraud, error and abuse and other scams. Products will include: brochures; newsletters; PowerPoint presentations; and project reports and evaluation, as required.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2935**
**Project Title:** **Senior Medicare Patrol (SMP) of New Jersey**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Jewish Family and Vocational Services of Middlesex County
32 Ford Ave, 2nd Floor
Milltown, NJ 08850

**Contact:**
Charles Clarkson
Tel. No. (732) 777-1940
Email: CharlesC@jfvs.org

AoA Project Officer: Barry Klitsberg

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,040,000 |

**Project Abstract:**

This is a continuation of the Jewish Family and Vocational Services (JFVS) of Middlesex County grant to support a Senior Medicare Patrol (SMP) project designed to improve the quality of healthcare for senior citizens in New Jersey. The goal is to reach out and to provide information so that seniors (with an emphasis on African- Americans and the homebound population) can take the appropriate steps to protect themselves from becoming victims of fraud. The objectives are to: 1) utilize staff and volunteers in order to reach as many seniors of the State as possible; 2) partner with aging services professionals, law enforcement personnel and others to promote awareness of Medicare/Medicaid fraud; 3) develop and disseminate consumer educational materials about and to prevent Medicare/Medicaid fraud; 4) provide counseling and serve as consumer advocates in resolving billing disputes and errors; and 5) receive and resolve complaints of suspected fraud and to make referrals to appropriate agencies. The expected outcomes are that seniors in New Jersey will: 1) become aware of the extent of fraud in the Medicare and Medicaid programs; 2) review their Medicare Summary Notices to ensure that they are receiving the services for which Medicare is paying; 3) take the necessary steps to call their providers to correct any billing disputes and errors; and 4) report suspected cases of fraud to JFVS-SMP and to other agencies. The products will include semiannual and final reports; Group Session Post Survey; press releases and articles for publication; television interviews; public service announcements on radio and television; and brochures, flyers, and tip sheets.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2929**
**Project Title:** **Senior Medicare Patrol – New Mexico Seniors Saving Medicare/Medicaid**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
New Mexico Aging and Long Term Services Department
2550 Cerrillos Road
Santa Fe, NM 87505

**Contact:**
Deborah Armstrong
Tel. (505) 476 - 4755
Email: debbie.armstrong@state.nm.us

AoA Project Officer: Lisa Theirl

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,040,000 |

**Project Abstract:**

This is a continuation grant to the New Mexico Aging and Long Term Services Department to support a Senior Medicare Patrol (SMP) project. The goal of the NM Aging and Long-Term Services Department Senior Medicare Patrol (SMP) program is to strengthen client self-advocacy by increasing beneficiaries' knowledge of their rights and their ability to recognize and react to Medicare and Medicaid (M/M) error, fraud, and under/over utilization. The objectives are to: 1) continue to foster national and statewide program coverage; 2) improve beneficiary education and inquiry resolution for many areas of health care fraud, with special focus in New Mexico on Medicaid waste, fraud and abuse and Medicaid long-term care initiatives; 3) continue to foster national program visibility and consistency; 4) increase operation and quality measures to improve the efficiency of the SMP program; and 5) target training and education to isolated and hard-to-reach populations. Expected outcomes are: 1) an established presence and an active volunteer base in the greater Albuquerque, Santa Fe and Las Cruces areas and in some smaller communities in the state; 2) recruitment of Spanish and Navajo speaking volunteers; 3) a toll-free help line accessible throughout the state; 3) expanded knowledge of Medicare/ Medicaid waste, fraud and abuse through most of the state; 4) an increase in the number of volunteers proficient in Medicare/Medicaid issues; 5) a high-percentage of seniors informed about Part D Medicare program enrollment procedures; and 6) the recovery of thousands of dollars. Products will include a new Medicare/Medicaid packet; an updated volunteer training manual; an on-line volunteer training module; and on-line fraud alerts specific to the basics of Medicare, Medicaid, home health care, and Medicare prescription drug coverage and Medicare health plans. All products will be bilingual.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0012**
**Project Title:** **New York State Senior Medicare Patrol Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
New York State Office for the Aging
Health Benefits and Economic Section
2 Empire State Plaza
Albany, NY 12223-1251

**Contact:**
Marcas Harazin
Tel. No. (518) 473-5177
Email: marcus.harazin@ofa.state.ny.us

AoA Project Officer: Baryy F. Klitsburg

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a continuation of a three-year grant to New York State Office for the Aging to support a Senior Medicare Patrol (SMP) program. The goal of this project is to ensure health care fraud control outreach and education in aging, social, health and law enforcement networks. The objectives are to: 1) expand already established programs; 2) expand the number of certified long-term care ombudsman and health insurance information counselors who are trained SMP volunteers; 3) renew the contract with National Government Services, Inc. (NGS) to continue its role of maintaining a statewide toll-free hotline; 4) work cooperatively with the NY Connects Program, which is an ADRC-type model with regard to staff development and community presentations; 5) continue work with New York State Office of Medicaid Inspector General and the New York State Attorney General Medicaid Fraud Unit to increase enforcement and prosecution of fraud, error and abuse cases; 5) work with long standing and new partners who are committed to reaching those in most economic and social need, who are particularly vulnerable to health care fraud, error and abuse due to social isolation; and 6) develop multiple ways to disseminate SMP through a variety of conferences and symposiums. Expected outcomes are to: 1) expand the network of SMP volunteers to include providers and seniors across residential and community-based systems; 2) increase the awareness of isolated seniors; and 3) reactivate the state workgroup. Products include a final report consisting of a model for replication; a legislative proposal for whistleblower protection; data collection; a hotline number for general information; and updated outreach materials.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0014**
**Project Title:** **North Carolina Senior Medicare Patrol Program**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
North Carolina Department of Insurance
11 South Boylan Avenue
Raleigh, NC 27603

**Contact:**
Carla S. Obiol
Tel. (919) 807-6900
Email: carla.obiol@ncdoi.gov

AoA Project Officer: Dorothy E. Smith

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a continuation of a three-year grant to the Seniors' Health Insurance Information Program (SHIIP) to continue the North Carolina Senior Medicare Patrol (NCSMP) program. The goal of this program is to reduce Medicare/Medicaid error, fraud and abuse through statewide coordinated efforts of educational and promotional activities and to encourage reporting by Medicare/Medicaid beneficiaries and caregivers. The objectives are to: 1) provide and expand education/promotional activities to Medicare/Medicaid beneficiaries, caregivers, and traditionally underserved populations; 2) recruit, train and retain volunteers; 3) received and resolve complaints of error, fraud and abuse; 4) network with statewide partners to serve as advisors, trainers and to provide counseling assistance with resolving error, fraud and abuse issues; 5) develop and disseminate educational materials to the SMP Resource Center and projects; 6) participate in the SMP complaints management system and integration strategies; and 7) evaluate program outcomes. The expected outcomes are: 1) increased number of reported and resolved complaints; and 2) increased number of educational materials and strategies that will serve as examples for other SMP projects. The products from the project are written reports and evaluations; educational, promotional and training materials; and education and outreach activities.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0010**
**Project Title:** **North Dakota Senior Medicare Patrol (II) Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Minot State University
North Dakota Center for Persons with Disabilities
500 University Ave W
Minot, ND 58707

**Contact:**
Linda Madsen
Tel. (701) 858-3424
Email: linda.madsen@minotstateu.edu

AoA Project Officer: Susan A. Raymond

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a continuation of a three-year grant to Minot State University (MSU). The MSU Community Outreach Services of the N. Dakota Center for Persons with Disabilities (NDCPD) will collaborate with AARP, ND Disability Advocacy Consortium (NDDAC), Retired Senior Volunteer Program (RSVP), and the ND Senior Health Insurance Counseling (SHIC) program to help ND rural seniors identify and report Medicare errors, fraud & abuse through a Senior Medicare Patrol (SMP) program. The goal of ND SMP is to help all ND seniors, including those in the most rural counties and those with disabilities, review their Medicare bills to assure that no errors, fraudulent charges or abuse have occurred. Local volunteers, regional volunteer coordinators and disability adapted curricula will be utilized to educate underserved Medicare beneficiaries, including seniors in frontier counties, and individuals with disabilities on Medicare and Medicaid. Objectives are to: 1) increase steering committee membership for comprehensive state input; 2) sustain 8 regional volunteer coordinators and at least 80 volunteers statewide; 3) continue training regional coordinators and volunteers to provide beneficiary assistance; 4) implement SMP activities for at least 400 beneficiaries, including information dissemination, group training, and one-on-one beneficiary education and inquiry processes; 5) provide ongoing guidance and technical assistance to meet individual needs; and 6) evaluate the impact of the ND SMP project. Expected outcomes include: 1) greater public awareness of potential Medicare errors, fraud or abuse; 2) increased skills in examining Medicare charges; and 3) increased inquiries and resolution of errors, fraud and abuse. Products will include a final report with evaluation results; an accessible website; web-based training materials with CD-ROM; adaptable and disability accessible volunteer and constituent training materials; paper and electronic presentations; and professional articles.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2947**
**Project Title:** **Ohio Seniors Fight Fraud**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Pro Seniors, Inc.
7162 Reading Rd., suite 1150
Cincinnati, OH 45237

**Contact:**
Rhonda Y. Moore
Tel. No. (513) 458-5506
Email: rmoore@proseniors.org

AoA Project Officer: Kathleen Votava

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $129,000 |
| FY2006 | $129,000 |
| FY2005 | $129,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $927,000 |

**Project Abstract:**

This is a continuation of a grant to Pro Seniors to continue its Senior Medicare Patrol Project, Ohio Seniors Fight Fraud (OSFF), in Southwestern Ohio. The goal of this project is to empower beneficiaries and consumers to prevent health care fraud through outreach and education. The objectives are to: 1) establish SMP program coverage in all counties through strategic partnerships; 2) increase beneficiary education and inquiry resolution regarding Medicaid fraud; 3) foster national program visibility and consistency by enhancing the capability of the Aging and Disability Resource Centers and other community-based organizations to identify and refer health care fraud to Ohio SMP (OSMP); 4) improve the efficiency of Ohio SMP through effective use of SMARTFACTS; and 5) use creative outreach strategies to reach isolated and hard-to-reach populations, including low-income, rural and limited English-speaking individuals. The anticipated outcomes for the coming year include: 1) recruiting and training 15 additional volunteers; and 2) educating at least 5,000 Medicare beneficiaries and caregivers, including 800 rural and 300 limited English-speaking populations, about health care fraud and inquiry resolution. The products of this project are: required reports, post surveys, volunteer newsletters, the health care fraud presentation, educational handouts, Personal Health Care Journals, and radio public service announcements.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** 90AM2952
**Project Title:** SUMMIT Medicare/Medicaid Fraud, Abuse and Waste Reduction
**Project Period:** 07/01/2005 – 05/31/2011

**Grantee:**
Oklahoma Insurance Department
Senior Health Insurance Information Program Division
Five Corporate Plaza
3625 NW 56th Street, Suite 100
Oklahoma City, OK 73112

**Contact:**
Lisa B. Gober
Tel. (401) 521-6632
Email: lisa.gober@oid.ok.gov

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $160,000 |
| FY2006 | $160,000 |
| FY2005 | $160,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,020,000 |

AoA Project Officer: Lisa J. Theirl

**Project Abstract:**

This is a continuation of a grant for the Senior Medicare Patrol (SMP) program, Summit Medicare/Medicaid Fraud, Abuse and Waste Reduction Program (SUMMIT). The goal is to reduce Medicare/Medicaid fraud, abuse and waste in Oklahoma. Objectives are to: 1) provide fraud information to the general public (beneficiaries, family members, caregivers) through community presentations, public education, SMP training, with emphasis on geographically isolated rural/frontier elders; 2) provide Temporary Assistance to Needy Families (TANF) recipients through the Literacy Resource Office's Life Skills module; 3) assist isolated elders through home delivered meals by utilizing the Oklahoma Senior Center Association, and SUMMIT, SHICP, and AARP volunteers; 4) educate college/university students through Oklahoma Campus Compact Service Learning; 5) inform Hispanic elders through Hispanic Chambers of Commerce; and 6) educate American Indians through Oklahoma Indian Council on Aging. The expected outcomes are: 1) TANF recipients learn civic responsibility in reducing Medicaid fraud; 2) more college/university students realize the urgency to preserve Medicare/Medicaid for future generations; and 3) all Oklahomans, including Hispanics, American Indians, isolated rural/frontier and homebound beneficiaries learn self-protection against healthcare fraud. Products include training/resource manual; brochures and resource flyers; lesson plan for Oklahoma Literacy Council Life Skills in audio and visual; fraud booklet written at 4th - 6th grade reading levels; a presentation for college/university Service Learning Coordinators; handouts in Spanish; and required reports, including evaluation results.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2938**
**Project Title:** **Oregon Senior Medicare Patrol**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Oregon Department of Human Services
Senior and Disabled Services
3420 Cherry Ave NE, Suite 140
Salem, OR 97303-5328

**Contact:**
Victoria L. Weld
Tel. (503) 934-6068
Email: victoria.l.weld@state.or.us

AoA Project Officer: Terry W. Duffin

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,040,000 |

**Project Abstract:**

This is a continuation grant to the Oregon Department of Human Services to support the Senior Medicare Patrol (SMP) project, in collaboration with the Oregon Senior Health Benefits Assistance Program (SHIBA), the Oregon Home Care Commission, the Governor's Commission on Senior Services, AARP, and the Oregon Department of Justice. The goals are to: 1) continue to provide information, outreach, education, resources and advocacy through utilization of retired professionals as volunteers to combat Medicare/Medicaid (M/M) errors, fraud, and abuse; 2) educate hard-to-reach M/M beneficiaries and those most vulnerable to elder rights violations by training in-home caregivers; and 3) enhance outreach to tribal and minority communities. The objectives are to: 1) improve SMP coverage area by gaining volunteers in Oregon's more rural areas through existing partnerships and new partnerships with retiree organizations and hospitals; 2) conduct targeted outreach to dual-eligible clients to more fully educate them regarding their benefits, fraud and abuse; 3) increase the SMP presence at the beneficiary level through direct beneficiary contacts, including distribution of the Oregon SMP newsletter; and 4) improve efficiencies in the program by bringing the program into a larger Medicare unit in the Senior and People with Disabilities Division. The expected outcomes of the project are 1) an increase in the number of volunteers and volunteer sponsoring organizations; and 2) an increased number of clients educated about fraud, waste and abuse. The products will include a training product that can be downloaded from the web for volunteers and others to access at their convenience, and required reports.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0023**
**Project Title:** **Pennsylvania Senior Medicare Patrol (SMP)**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Center for Advocacy for the Rights Interests of Elders
100 S. Broad Street, Suite 1500
Philadelphia, PA 19110

**Contact:**
Diane Menio
Tel. (267) 546-3434
Email: menio@carie.org

AoA Project Officer:

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is continuation of a three-year grant to the Center for Advocacy for the Rights and Interests of the Elderly (CARIE) to support a Senior Medicare Patrol (SMP)project for the state of Pennsylvania (PA-SMP). The goal is to detect, combat, and increase public awareness of health care fraud and abuse throughout the state of Pennsylvania, thereby reducing the incidence of such practices. The objectives are to: 1) increase program visibility and awareness in Pennsylvania through onsite outreach activities; 2) achieve comprehensive statewide coverage through a partnership with the state health information program (SHIP); 3) recruit and train retired beneficiaries to provide outreach and education to their peers; 4) provide consultation and complaint resolution to consumers; 5) provide measurable outcomes and demonstrate the project's effectiveness; and 6) utilize partners and an advisory committee to build a strong program. The expected outcomes include: 1) several thousand individuals reached at health fairs and presentations leading to increased awareness of fraud and its prevention; 2) a presence in each of Pennsylvania's 67 counties through newsletter articles, consumer education materials and giveaways, and direct contact with consumers; 3) new volunteers who will be trained on health care fraud detection and prevention; 4) increased numbers of consumers assisted with complaint resolution; and 5) an increase in reporting and savings to the Medicare program. Products will include a semiannual and final reports, as required; consumer education materials, including flyers, bookmarks, promotional items, and health care calendars; consumer materials targeted to non-English speakers, i.e., flyers in Spanish, Chinese, etc.; volunteer newsletters and alerts; and a comprehensive website.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2941**
**Project Title:** **Puerto Rico Alert to Fraud Project-Senior Medicare Patrol Project (SMPP)**
**Project Period:** **07/01/2005 – 05/31/2011**

Puerto Rico Governor's Office of Elderly Affairs
P.O. Box 191179
San Juan, PR 00919-1179

**Contact:**
Rosanna Lopez
Tel. (787) 721-6121
Email: rlopez@ogave.gobierno.pr

AoA Project Officer: Carmen D. Sanchez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,040,000 |

**Project Abstract:**

This is a continuation of a grant to the Puerto Rico Office of the Ombudsman for the Elderly to support a Senior Medicare Patrol (SMP) project. The goal of the Puerto Rico Alert to Fraud is to enhance the capacity of the Puerto Rico SMP, Alert to Fraud project (PR-Alf/SMP) to recruit and train volunteers to educate Medicare and Medicaid beneficiaries, caregivers and their families to detect and report health care fraud. The objectives are to: 1) foster the national and program coverage; 3) improve beneficiary education and inquiry resolution for other areas of health care fraud; 4) foster program visibility to enhance its capacity to identify and refer suspected fraud; 5) improve consistency and accuracy in collecting and reporting program performance date; 6) improve the efficiency while increasing results for both operational and quality measures; and 7) ensure the training and education of targeted isolated and hard-to-reach populations. The expected outcomes are: 1) one major initiative per quarter in collaboration with Consortium members to produce anti-health care fraud strategies and activities; 2) volunteers and staff demonstrate at least 90% proficiency in knowledge relevant to prevention, detection, and reporting health care fraud; 3) at least 90% average on participants' evaluations during outreach educational activities; 4) 90% rate of compliance with performance objectives; and less 5) than 5% error rate in collecting and reporting program data in the SMARTFACTS system. Products from the project will include a final report; educational materials in Spanish; and outcome assessments of all strategies for outreach and education and web access to program information.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0002**
**Project Title:** **Senior Medicare Patrol Projects**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Rhode Island Department of Elderly Affairs
74 West Road
Cranston, RI 02920

**Contact:**
Aleatha Dickerson
Tel. (401) 462- 0931
Email: adickerson@dea.ri.gov

AoA Project Officer: Gene H. Brown

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a continuation of a three-year Senior Medicare Patrol Project (SMP). The goals are to recruit and train volunteers to provide a comprehensive, coordinated statewide information and referral system to educate groups of Medicare/Medicaid beneficiaries, their families and professionals about Medicare/Medicaid fraud, error and abuse. The objectives are to: 1) utilize the Rhode Island Adult and Disability Resource Center (ADRC) known as "The Point" as the central Information and Referral access for persons concerned about SMP issues; 2) contract with six regional agencies to help coordinate SMP activities; 3) partner with State Health Insurance Information Program (SHIP) by conducting a variety of co-sponsored educational community outreach events; 4) recruit more counselors than expected; improve program visibility and impact (particularly in Providence); 5) provide counseling to non-English speakers (especially Spanish); 6) professionalize the training process of SMP counselors through structured certification; and 7) access Department of Elderly Affairs' contacts and public awareness mechanisms in communicating the SMP message to the network and relevant community members. As with the successful activities of the past year, the expected outcome will be increased program centralization to assure that achievable and measurable activities occur every week. Products from this project are: a final report, including evaluation results; a resource guide; press releases; newspaper articles; brochures; and abstracts for national conferences.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0009**
**Project Title:** **Senior Fraud Counseling**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
South Carolina Lieutenant Governor's Office on Aging
Division of Aging Services
1301 Gervais Street, Suite 200
Columbia, SC 29201

**Contact:**
Gloria McDonald
Tel. (803) 734-9902
Email: mcdong@aging.sc.gov

AoA Project Officer: Ronald S. Taylor

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $175,000 |
| FY2009 | $175,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $350,000 |

**Project Abstract:**

This is a continuation of a three-year grant for the Senior Medicare Patrol (SMP) program administered by the Lieutenant Governor's Office on Aging-Division of Aging Services. The SMP program provides services that address fraud in Medicare/Medicaid through a statewide aging network with Area Agencies on Aging (AAAs) as service providers in each of the ten regions of the state. The goal of the Senior Medicare Patrol project is to provide statewide fraud education and seminars to individuals and groups about Medicare and Medicaid fraud, error and abuse. The objectives are to: 1) conduct ongoing seminars; 2) submit fraud alerts to the media, 3) make home visits and telephone contacts to inform beneficiaries and the public at large about Medicare health care fraud; 4) establish a system for individuals to report suspected fraud/abuse and errors; 5) recruit, train, and retain counselors to help individuals review and understand health care summary notices; 6) collaborate with aging network, PalmettoGBA Benefits Integrity Unit and the Attorney General's Office to train counselors and to serve as a clearinghouse for suspected fraud; 7) and disseminate project information, literature and promotional items. The outcomes of the project are: 1) to reach diverse beneficiary population with awareness of fraudulent tactics, and 2) increase reading of or have caregivers review Medicare Summary Notices for fraud and errors. Products include semi-annual reports; final report, including evaluation results; and educational and promotional materials.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0007**
**Project Title:** **South Dakota Senior Medicare Patrol Program**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
East River Legal Services Corporation
335 N. Main Ave., #300
Sioux Falls, SD 57104

**Contact:**
Candise H. Gregory
Tel. (605) 336-2475
Email: gregory.candise@att.net

AoA Project Officer: Courtney Hoskins

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

The East River Legal Services (ERLS) supports this continuation grant of the three-year South Dakota Senior Medicare Patrol (SMP) project in collaboration with the South Dakota State Health Insurance Program (SHIP), Cooperative Extension Services, South Dakota Division of Insurance and South Dakota Attorney General's Office. The goal of the project is to provide education and information relating to Medicare fraud, as well as other types of health care and consumer fraud. The objectives are to: 1) recruit and train volunteers from the network; 2) educate seniors about Medicare benefits and how to recognize and report suspected fraud, error, waste and abuse; 3) expand outreach to seniors in all 66 counties of the state; 4) keep seniors advised in a timely manner of issues affecting their health and well-being; and 5) increase inquiry resolution for seniors. The expected outcome is an increase in client contacts and households reached through media events. Products will include a final report of project results and statistical information; an interactive website; the Medicare Advantage handout; scam alerts; and a targeted newspaper column and additional self-help.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2944**
**Project Title:** **Tennessee Senior Medicare Patrol Project**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Upper Cumberland Development District
1225 S. Willow Avenue
Cookville, TN 38509

**Contact:**
LaNelle Godsey
Tel. (931) 432-4111
Email: lgodsey@ucdd.org

AoA Project Officer: Joyce R. Robinson-Wright

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,080,000 |

**Project Abstract:**

This is a continuation of a grant to the Upper Cumberland Development District/Area Agency on Aging and Disability (AAAD) to administer a three-year Senior Medicare Patrol (SMP) program focusing on fraud, waste, and abuse monitoring in the Medicare and Medicaid systems. The goal is to enhance and expand the existing Tennessee Senior Medicare Patrol Project by focusing on recruitment of qualified volunteers, strengthening our community partnerships and expanding our joint Senior Medicare Patrol project (SMP) and State Health Insurance Assistance Program (SHIP) Advisory Board. The objectives are to: 1) expand and enhance the joint SMP/SHIP Advisory Board; 2) hold statewide volunteer trainings to increase the volunteer base; 3) develop new outcome measurement tools; 4) produce a quarterly newsletter; 5) enhance the SMP website; 6) enhance media exposure; 7) disseminate project information; and 8) provide semi-annual reports to AoA. The expected outcome is increased awareness of the Tennessee SMP program. Products from this project are required reports, including evaluation results; and magnifying glasses, fraud playing cards, and other volunteer recognition items.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2946**
**Project Title:** **Senior Medicare Patrol Project - MOD Squad**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Better Business Bureau Educational Foundation
1333 West Loop South
Houston, TX 77027-9116

**Contact:**
Candace Tywman
Tel. No. (713) 341-6124
Email: ctwyman@bbbhou.org

AoA Project Officer: Derek B. Lee

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180.000 |
| FY2007 | $125,000 |
| FY2006 | $125,000 |
| FY2005 | $125,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $915,000 |

**Project Abstract:**

This is a continuation of a grant to the Better Business Bureau Education Foundation to accomplish and continue to implement a collaborative effort utilizing volunteers and community stakeholders educating Medicare and Medicaid beneficiaries to detect and report healthcare fraud, waste and abuse. The goal for the project is to combat Medicare fraud and waste by recruiting and training retired professionals as volunteer educators to reach other older adults throughout the Greater Houston area and empower them to become partners in the effort to end Medicare fraud, waste and abuse. The objectives are to: 1) develop and maintain collaborative efforts with eldercare agencies and service organizations; 2) engage older adults to actively participate in protecting themselves from consumer fraud; 3) recruit and train volunteers to provide education; 4) expand outreach to limited English-speaking populations; and 5) increase awareness and engage agencies and professionals in promoting the prevention of healthcare fraud. Expected outcomes are: 1) increased understanding of Medicare benefits and fraud; 2) increased detection and reporting of healthcare fraud; and 3) increased awareness of consumer fraud. Products will include: educational materials for limited English-speaking populations; tools to reach low-literate beneficiaries; and training tools for professionals.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0008**
**Project Title:** **Utah Senior Medicare Patrol (SMP)**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Utah Department of Human Services
Division of Aging and Adult Services
120 N 200 W, #325
Salt lake City, UT 84103

**Contact:**
Darren Hotton
Tel. (801) 538-4412
Email: dhotton@utah.gov

AoA Project Officer: Susan A. Raymond

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $158,000 |
| FY2009 | $158,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $316,000 |

**Project Abstract:**

This is a continuation of a three-year grant to Utah Legal Services to support a Senior Medicare Patrol (SMP) project. The goal of the three-year project is to educate and empower Utah seniors and caregivers to prevent and report health care fraud by recruiting and training volunteers to conduct outreach and education and to interact with law enforcement. The objectives are to: 1) increase outreach to the Native American population through our sub-grantee, 2) Utah State Ombudsman Program; 3) increase the quality and scope of community education events and one-on-one sessions; 4) increase the number of inquiries and rate of resolution of reported health care fraud; 5) gather data for grant reporting; and 6) increase statewide travel. The expected outcomes are: 1) an increased awareness of health care fraud following educational presentations and one-on-one sessions; and 2) an increased number of beneficiaries who read notices, report errors and seek assistance from this project. Products will include project reports, as required; training materials; evaluation results; website; brochures; and a monthly newsletter.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0003**
**Project Title:** **Vermont Senior Medicare Patrol (SMP)**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Community of Vermont Elders
P.O. Box 1276
Montpelier, VT 05641

**Contact:**
Anita Hoy
Tel. (802) 229-4731
Email: anita@vermontelders.org

AoA Project Officer: Michael Barry

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $180,000 |

**Project Abstract:**

This is a continuation of a three-year grant to provide a Senior Medicare Patrol (SMP) project, Community of Vermont Elders. The goals of the project are to: 1) build upon the current structure of collaborative efforts with professionals in Vermont's elder network who can assist with public education, identification of Medicare error and waste and referral; 2) continue to utilize the media as a primary educational strategy, which effectively provides useful resource information to isolated and homebound beneficiaries; 3) continue to identify opportunities to educate Vermonters about Medicare program benefits, rights and protections; and 4) develop an outreach and education strategy to reach people with disabilities. The objectives are to: 1) continue collaborative agreement with AAAs; 2) collaborate with SHIP to form an educational strategy for people with disabilities; 3) continue collaboration with the National Senior Service Corps; 4) continue expansion of referral and reporting services; 5) identify/train and incorporate an intern as a designated program outreach assistant; and 6) strengthen/broaden representation and expertise on the Vermont SMP Advisory Council. The expected outcomes are: 1) a reduction in Medicare/Medicaid error, fraud and abuse; 2) increased number of referrals received; 3) an increase in the number of volunteers engaged in education; 4) an increase in the number of beneficiaries and providers educated; 5) addition of key stakeholders in Advisory Council; 6) increased reporting; and 7) increased public awareness about Vermont SMP and Medicare error, fraud and abuse. Products from this project will include a final report, including evaluation results; public service announcements; and educational materials.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0017**
**Project Title:** **Senior Medicare Patrol Project**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Virgin Islands Department of Human Services
Knud Hansen Complex Building A
Charlotte Amalie, VI 00802

**Contact:**
Michal Rhymer-Charles
Tel. (340) 774-1166
Email: mrhymercharles@dhs.gov.vi

AoA Project Officer: Carmen D. Sanchez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $75,000 |
| FY2009 | $75,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $150,000 |

**Project Abstract:**

This is a continuation of a three-year grant to the Virgin Islands Department of Human Services. The grant supports a Senior Medicare Patrol (SMP) program which recruits and trains senior citizens, including retired professionals as volunteers, to educate Medicare and Medicaid beneficiaries and/or their caregivers on how to protect themselves from fraud and abusive health care practices. The primary goal of the SMP program is to continue to expand the program territory wide, through recruitment, outreach, referral, and follow-up. The objectives of the project are to: 1) identify target populations, such as seniors in isolated and hard-to-reach areas; 2) develop educational materials to serve the bilingual and culturally diverse and visually impaired, as well as those with limited literacy skills; 3) develop a reporting system to report and follow up on any suspected fraud or abuse; 4) implement program coverage strategies, such as web-based applications, media and outreach events; 5) enhance beneficiaries' education through various collaborative efforts and group training sessions with statewide partners; and 6) establish outreach outcomes for seniors at eight senior citizen centers territory wide, caregiver support groups, senior independent living communities, and assisted living facilities. The expected outcomes are:an increased number of: 1) volunteers recruited; 2) training sessions; 3) beneficiaries reached, and 4) educational activities. Products will include required reports, including evaluation results; brochures; and educational materials.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2953**
**Project Title:** **Senior Medicare Patrol Program**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Virginia Association of Area Agencies on Aging
24 East Cary Street, Suite 100
Richmond, VA 23219

**Contact:**
Susan Johnson
Tel. No. (804) 644-5628
Email: sjohnson@thev4a.org

AoA Project Officer: Carman D. Sanchez

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $160,000 |
| FY2006 | $160,000 |
| FY2005 | $160,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,020,000 |

**Project Abstract:**

This is a continuation of a grant to the Virginia Association of Area Agencies on Aging (V4A) to manage a statewide Senior Medicare Patrol Project (SMP) to reduce public funds lost in Virginia due to Medicare/Medicaid error, fraud, and abuse. The goal of V4A is to provide education about health care fraud, error and abuse, and prevention tools to beneficiaries, family members and providers. The approach expands use of a toll-free hotline for questions, referrals, and the reporting of Medicare/Medicaid fraud; subcontracts with local area agencies on aging (AAAs) and Aging and Disability Resource Center (ADRC) programs for older volunteers to assist with public education and outreach activities; and collaborates with statewide organizations that reach target populations. Objectives are to: 1) disseminate 80,000 Medicare Medicaid Protection Toolkits through AAAs with State Health Insurance Information Programs/Virginia Insurance Counseling Assistance Program Activities, TRIAD chapters, Senior Navigator Centers, local social services, and other partners; 2) train staff and volunteers statewide; establish systematic outreach plans to reach beneficiaries, caregivers, and residents in long-term care (LTC) facilities, and rural, low-income, and Hispanic populations; 3) collaborate with statewide organizations/agencies to enhance their participation in SMP related activities; 4) and enhance responses to callers' inquiries and complaints. The expected outcomes are: 1) an increased number of beneficiaries, caregivers, and family members will learn about health care fraud, preventing fraud, and reporting Medicare or Medicaid fraud; and 2) an increased number of referrals to SMP by way of statewide partners. Products from this project will include a Medicare/Medicaid fraud prevention toolkit; articles for media publication throughout the state; an updated website for public use; and a quarterly SMP communiqué for communication among AAA partners, and aging, health and consumer partners.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2942**
**Project Title:** **Senior Medicare Patrol Project Consortium**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
Washington Office of the Insurance Commissioner
State Health Insurance Benefits Advisors Helpline
P.O. Box 40256
Olympia, WA 98504

**Contact:**
Marijean Holland
Tel. (360) 725-7091
Email: MarijeanH@oic.wa.gov

AoA Project Officer: Terry W. Duffin

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,040,000 |

**Project Abstract:**

This is a continuation grant to the Washington State Office of the Insurance Commissioner's (OIC) Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine to support a Washington State Senior Medicare Patrol (SMP) project. The goal of the project is to prevent Medicare and Medicaid fraud, abuse, and waste by educating consumers on how to better monitor what these programs pay for on their behalf, and to identify and report potential discrepancies. The objectives are to: 1) recruit, train, and place retired professional people to provide service; 2) provide public education, counseling and outreach to seniors and their caregivers and those enrolled in Medicaid; develop and distribute, via volunteers who specialize in fraud education and consumer protection, information statewide to the public targeting rural, diverse, and limited-English speaking populations; 3) develop effective fraud training curricula that supports high-quality service; 4) address the information gap by recruiting technologically-savvy volunteers and ensuring appropriate resources are available to enter information directly into the SMARTFACTS system; and 5) develop and maintain community partnerships that increase program capacity and sustainability. The expected outcomes are: 1) Medicare and Medicaid beneficiaries and caregivers are better informed and educated on how to prevent, monitor, and report potential fraud and abuse; 2) more efficient tracking of fraud and abuse incidences and trends by partnerships; and 3) more trusted and competent volunteer networks to support rural, diverse, and limited-English speaking communities. Products will include semi-annual performance measures and financial reports; social marketing and public education materials, and specific fraud volunteer training materials.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90AM2943**
**Project Title:** **West Virginia Senior Medicare Patrol Project**
**Project Period:** **07/01/2005 – 05/31/2011**

**Grantee:**
AARP Foundation
601 E Street, NW
Washington, DC 20049

**Contact:**
Julia Stephens
Tel. (202) 434-2051
Email: jstephens@aarp.org

AoA Project Officer: Barry F. Klitsberg

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $180,000 |
| FY2007 | $180,000 |
| FY2006 | $180,000 |
| FY2005 | $180,000 |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,040,000 |

**Project Abstract:**

This is a continuation of a grant to the AARP Foundation, for support of the West Virginia Senior Medicare Patrol Project (SMP). The goal is to further reduce public funds lost to Medicare and Medicaid through error, waste, fraud and abuse by continuing to expand the efforts implemented in previous years. The project objectives are to: 1) recruit, train and support volunteer leaders and educators to provide education, training, and consultation about health care fraud and abuse to their peers in rural counties; 2) conduct a media campaign to promote the project and toll-free hotline using newspaper, radio, and television; 2) provide education to Medicare and Medicaid beneficiaries; and 4) provide assistance through complaint resolution to those reporting suspected health care fraud and abuse. Expected outcomes are: 1) reduction in error, waste, fraud, and abuse in the delivery of health care services within Medicare and Medicaid; 2) increased number of volunteer led workshops, beneficiaries educated, complaints received, providers trained, and savings to the Medicare and Medicaid programs; and 3) an increase in the number of people reached through public relations and marketing activities. Products will include a training film aired on cable access television, and required project reports.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** 90MP0016
**Project Title:** Wisconsin SMP Coalition of Wisconsin Aging Groups Senior Medicare Patrol Project
**Project Period:** 06/01/2009 – 5/31/2012

**Grantee:**
Coalition of Wisconsin Aging Groups
Legal Services
2850 Dairy Drive, Suite 100
Madison, WI 53718,-6742

**Contact:**
Bridget Merstad
Tel. (608) 224-0606
Email: bridgete@cwag.org

AoA Project Officer: Sam J. Gabuzzi

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a continuation of a three-year grant to the Coalition of Wisconsin Aging Groups' (CWAG) Elder Law Center to build on the successful volunteer and partnering programs of its nine-year Senior Medicare Patrol (SMP) grant ("the project") and Integration Grant by expanding the project's scope to address healthcare integrity broadly. The goal is to train seniors to be better healthcare consumers and to increase the reports of healthcare error, fraud, waste, and abuse. The objectives are to: 1) enhance its statewide coverage by continuing to revise its volunteer structure by expanding the current regional system aligned with the CWAG nine districts to a county-based lead volunteer representative system and redesign the project's volunteer positions to reflect four distinct levels of involvement; 2) improve beneficiary education and problem resolution by continuing to create training materials and publications for use by volunteers and project partners that teach seniors to be better healthcare consumers by identifying and reporting healthcare integrity problems; 3) foster national visibility by continuing to share materials and experiences with the National Consumer Protection Technical Resource Center; 4) improve the efficiency and effectiveness of the project through increased complaint referrals by encouraging seniors to report suspected cases of healthcare fraud more broadly; and 5) continue to focus educational and training opportunities for isolated and hard-to-reach populations. Expected outcomes include: 1) an increase in the number of elderly individuals educated; 2) an increase in the number of inquiries to the project and rate of inquiry resolution; and an 3) increase in Medicare, Medicaid, and other healthcare savings. Products will include: project reports, as required; evaluation results; two websites, written articles for publication; data on performance outcomes; and presentations at national conferences.

**Program: Senior Medicare Patrol (SMP) Program – Statewide Expansion Grants**

**Grant Number:** **90MP0025**
**Project Title:** **Senior Medicare Patrol for Wyoming**
**Project Period:** **06/01/2009 – 5/31/2012**

**Grantee:**
Wyoming Senior Citizens, Inc.
106 West Adams Avenue
PO Box BD
Riverton, WY 82501

**Contact:**
Charlie Simineo
Tel. (307) 856-6880
Email: execdir@wyoming.com

AoA Project Officer: Courtney L. Hoskins

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $180,000 |
| FY2009 | $180,000 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $360,000 |

**Project Abstract:**

This is a three-year grant to the Wyoming Senior Citizens, Inc. to conduct a Senior Medicare Patrol (SMP) project to serve isolated and rural, low income, disabled, and Native Americans on the Wind River Indian Reservation. The goal of this project is to educate those persons who will benefit from Medicare fraud and abuse information, Medicare Modernization Act and Medicare Part D changes. The objectives are to: 1) train SMP volunteers; 2) educate beneficiaries and general public about Medicare fraud; 3) test beneficiaries' knowledge through feedback survey to determine if information presented was beneficial; 4) track data on number, types and results of referrals; 5) recruit and maintain retired professionals, as well as one bilingual volunteer; educate seniors who do not visit senior centers; 6) establish at least one coalition partner in each county; and 7) update educational materials. Expected outcomes are: 1) increased volunteer knowledge; 2) increased awareness of the SMP program in the general population; 3) increased identification of problems on health care bills and explanation of benefits; 4) increased efficiency in tracking data; and 5) increased savings of dollars in the Medicare program. Products from the project will include brochures, posters, bookmarks, health care journals, playing cards, hand sanitizers, band-aid kits and other educational materials and reports as required, including evaluation results.

## National Consumer Protection Technical Resource Center

AoA held a new grant competition in FY2010 to support a cooperative agreement to operate the National Consumer Protection Technical Resource Center. The Center provides training, technical assistance, and promotional activities in support of the SMP program formerly known as the Senior Medicare Patrol. SMP projects train and mobilize senior volunteers to provide education to Medicare and Medicaid beneficiaries and the public in their communities targeting health care fraud. The program authorized under the 1996 Health Insurance Portability & Accountability Act, Titles II and IV of the Older Americans Act, as amended is operated by 54 grantees in all states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam. The goal of the Center is to provide professional expertise and technical support, and serve as an accessible and responsive central source of information, in order to maximize the effectiveness of the 54 Senior Medicare Patrol (SMP) projects in healthcare integrity outreach and education.

Additional information about SMP including a link to the Resource Center may be found on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/SMP/index.aspx

**Program: National Consumer Protection Technical Assistance Center**

**Grant Number:** 90AM2807
**Project Title:** National Consumer Protection Technical Resource Center
**Project Period:** 09/30/2003 – 08/31/2010

**Grantee:**
Hawkeye Valley Area Agency on Aging
2101 Kimball Avenue, Suite 320
Waterloo, IA 50702

**Contact:**
Ginny Paulson
Tel. (877) 808-2468
Email: gpaulson@hvaaa.org

AoA Project Officer: Barbara Lewis

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $59,944 |
| FY2009 | $646,773 |
| FY2008 | $600,000 |
| FY2007 | $600,045 |
| FY2006 | $300,000 |
| FY2005 | $300,000 |
| FY2004 | $300,000 |
| FY2003 | $300,000 |
| Total | $3,106,782 |

**Project Abstract:**

The grantee, Hawkeye Valley Area Agency on Aging, supports this three year National Consumer Protection Technical Resource Center project, in collaboration with Health Benefits ABCs, and related governmental and consumer protection groups. The goals of the project are to: provide training and technical assistance to Senior Medicare Patrol (SMP) projects to increase their knowledge and ability to meet their mission, and increase national visibility and integration of the SMP Projects into the aging and fraud prevention network. The objectives are to: 1) advance the Administration on Aging's strategic priorities for the SMP Program; 2) improve beneficiary education and inquiry resolution for health care fraud; 3) improve the efficiency and quality of the SMP program; 4) help SMPs target training and education to hard-to-reach populations; 5) increase SMP program visibility; and 6) enhance SMP program consistency. The expected outcomes of this project are to: 1) achieve mastery of SMART FACTS as a reporting and program management tool; 2) increase the number and appropriateness of SMP referrals to resolution entities; 3) standardize volunteer certification program implementation plan and curriculum development; 4) increase the number of nationwide entities who are familiar with the SMP program; 5) increase training and education tools available to SMPs for reaching hard-to-reach populations; 6) increase tools available to SMPs to promote a unified fraud prevention, detection, and reporting message; 7) increase SMP satisfaction with and utilization of such tools; 8) increase SMP staff knowledge of health care fraud and consumer protection issues; and 9) the project evaluation using Re-AIM will reflect positive results in SMP ability to achieve their program mission consistently and with quality. The products of this project are: a web-site, newsletters, e-digest, updated operations manuals, volunteer certification implementation plan and curriculum, needs assessment, fact sheets, Public Service Announcements, web-conferences, evaluation, and abstracts for national conference presentations.

**Program: National Consumer Protection Technical Resource Center**

**Grant Number:** 90NP0001
**Project Title:** The National Consumer Protection Technical Resource Center; The Center of Service and Information for Senior Medicare Patrol
**Project Period:** 09/01/2010 - 08/31/2013

**Grantee:**
Hawkeye Valley Area Agency on Aging Inc
Consumer Protection Division
2101 Kimball Avenue Suite 320
Waterloo, IA 50702-5057

**Contact:**
Ginny Paulson
Tel. (877) 808-2468
Email: gpaulson@hvaaa.org

AoA Project Officer: Barbara Lewis

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $860,000 |
| | |
| | |
| | |
| | |
| | |
| | |
| Total | $860,000 |

**Project Abstract:**

Hawkeye Valley Area Agency on Aging (HVAAA), with the assistance of subject matter experts, proposes to continue operating the National Consumer Protection Technical Resource Center (The Center), as it has since its inception in 2003. The project goal is to provide centralized training, support and technical assistance to Senior Medicare Patrol (SMP) projects and forge national visibility and consistency for the SMP program. The objectives are to: 1) facilitate SMP sharing of knowledge, experience, and successful practices; 2). develop national, standardized SMP outreach and volunteer training and management products; 3) support the management and referral of beneficiary complaints received by SMPs; 4) provide SMPs and the public with accessible, accurate, relevant and timely information about health care fraud and consumer protection for older adults; 5) represent the SMP program to the national media and national level partners; and 6) facilitate national consistency through accurate reporting in SMART FACTS. The expected outcome is: The Center's activities will prove vital in assisting SMPs in meeting AoA's five SMP strategic objectives and achieving the SMP program mission of empowering seniors to prevent healthcare fraud. Products that will be delivered include: 1) mentor program to support SMP project directors; 2) SMART FACTS training, support and system improvements; 3) website for consumers and SMPs, including a *Resources for SMPs* portal; 4) presentations to a national audience via conferences and webinars; 5) webinar trainings on topics needed to expand the knowledge and competencies; 6) standardized SMP volunteer training, risk management, and program manuals; and 7) reports of SMP feedback, achieved through evaluation, needs assessments and stakeholder meetings.

## Resource Centers for Older Indians, Alaska Natives, and Native Hawaiians

The AoA has supported at least one Resource Center for Older Indians, Alaska Natives, and Native Hawaiians since 1994 which serve as the focal points for developing and sharing technical information and expertise for Native American organizations, Native American communities, educational institutions, and professionals working with elders in culturally competent health care, community-based long-term care, and related services. AoA has also funded support for development of its Older American Act (OAA) Title VI Grants for Native Americans grants to tribal organizations under its National Minority Aging Organizations (NMAO) Technical Assistance Centers Program.

For more information about the resource centers and Title IV grants go to the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Native_Americans/index.aspx

**Program: National Resource Centers on Older Indians, Alaska Natives and Native Hawaiians**

**Grant Number:** 90OI00001
**Project Title:** National Resource Centers on Older Indians, Alaska Natives and Native Hawaiians
**Project Period:** 07/01/2009 – 06/30/2012

**Grantee:**
University of Alaska - Anchorage
3211 Providence Drive
Anchorage, AK 99508

**Contact:**
George Charles
Tel. (907) 786-1065
Email: afgpc1@uaa.alaska.edu

AoA Project Officer: :Cecilia Aldridge

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $218,116 |
| FY2009 | $243,116 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $461,232 |

**Project Abstract:**

The National Resource Center on Older Indians, Alaska Natives and Native Hawaiians (Center) is focused on Alaska Native elder issues. They goal is to increase elder mental health through collaboration by: 1) decreasing the absence of respect; 2) safety and wellness (elder mistreatment); 3) coordinating organizational service delivery; and 4) expanding elder knowledge of available services/programs for Alaska Native elders. The project focuses on building core tools to eliminate fractionalization of elders' services, including the creation of a network of providers. The Center coordinates services of all organizations in the state of Alaska providing services to Native Alaska elders and compiles this information into a directory. The Center facilitates cross organizational meetings and partnerships via audio conferencing and information dissemination in two partner meetings and one statewide meeting. All gathered information is provided to the elders, their councils and organizations via meeting presentations and Blackboard dialogs. Products being developed are educational tools (basic health education materials such as health literacy, over/under/conflicting/of medication), demonstrate implementation models (best promising and emerging practices to be replicated with cultural adjustments), and continued program implementation into future years. It is anticipated that these products will help prevent various geriatric medical maladies to decrease health disparity of elders.

**Program: National Resource Centers on Older Indians, Alaska Natives and Native Hawaiians**

**Grant Number:** 90OI0002
**Project Title:** Ha Kupuna: National Resource Center for Native Hawaiian Elders
**Project Period:** 07/01/2009 – 06/30/2012

**Grantee:**
University of Hawaii
Sakamaki Hall D-200
2530 Dole Street
Honolulu, HI 96822

**Contact:**
Colette Brown
Tel. (808) 956-9081
Email: cbrowne@hawaii.edu

AoA Project Officer: Cecilia Aldridge

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $129,852 |
| FY2009 | $161,658 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $291.510 |

**Project Abstract:**

The Ha Kupuna - a Resource Center for Native Hawaiian Elders (Center) was established in 2006. The goal of this Center is to develop and disseminate knowledge on health and long-term care in order to increase and improve the delivery of services to Native Hawaiian elders and their caregivers. Objectives are to: 1) sustain their core organizational structure; 2) develop a national knowledge base; 3) provide technical assistance and training to Title VI organizations; 4) improve the capability of organizations in using a qualitative methodology; 5) record the stories of elders; and 6) broadly disseminate information. Over the course of the project this Center's activities will include: 1) six completed reports; 2) two completed manuscripts; 3) six presentations at national and local meetings/conventions; 4) two meetings for advisory council members; 5) coordination with the two other funded Native American Resource Centers; 6) updated Website; 7) focus groups with caregivers caring for Native Hawaiian elders; 8) focus groups with members of the Association of Hawaii Civic Clubs (representing Native Hawaiian elders); and 9) expand to Native Hawaiian elders in California. The Center's outcome measures include increases in knowledge, skills, and/or capacity among members of their Advisory Council, Title VI service providers, and other providers working with Native Hawaiian elders within the state of Hawaii and the California aging network.

**Program: National Resource Centers on Older Indians, Alaska Natives and Native Hawaiians**

**Grant Number:** 90SL0003
**Project Title:** University of North Dakota National Resource Center on Native American Aging
**Project Period:** 07/01/2009 – 06/30/2012

**Grantee:**
University of North Dakota
Center for Rural Health
School of Medicine
501 North Columbia Road
Grand Forks, ND 58202-9037

**Contact:**
Twyla Baker-Demaray
Tel. 800-896-7628
Email: Twyla.baker@med.und.edu

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $336,020 |
| FY2009 | $461,118 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $797,138 |

AoA Project Officer: Cecilia Aldridge

**Project Abstract:**

The goal of the National Resource Center on Native American Aging (Center) is to provide culturally sensitive community training and technical assistance to Native elder providers and information and resources for elders and Native elder-focused organizations. The major objectives are to: 1) pilot test the WELL-Balanced senior exercise curriculum developed in 2008-2009; 2) advance Native elder caregiving resources; 3) provide research training; 4) research elder abuse codes; 5) offer training seminars based on the national data file; and 6) continue current dissemination efforts. The anticipated measurable outcomes for the project include: 1) improved means of communication and resources for Native American elders; 2) provision of a culturally sensitive program to help older Native people stay active and healthy; 3) identification of health and social status for future long-term planning; 4) increased knowledge of resources for Native American elders; 5) increased awareness of elder abuse, codes, and resources; 6) provision of training and updates on Center programs and needs assessment data; and 7) improvement and dissemination of Center resources, including presentations, journal articles, fact sheets, curriculums, and toolkits.

**Program: National Resource Centers on Older Indians, Alaska Natives and Native Hawaiians**

**Grant Number:** 90AM3080
**Project Title:** University of North Dakota National Resource Center on Native American Aging
**Project Period:** 09/01/2006 – 06/30/2011

**Grantee:**
University of North Dakota
School of Medicine
501 North Columbia Road
Grand Forks, ND 58202

**Contact:**
Twyla Baker-Demaray
Tel. 800-896-7628
Email: Twyla.baker@med.und.edu

AoA Project Officer: Cecilia Aldridge

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $71,170 |
| FY2009 | $ |
| FY2008 | $336,020 |
| FY2007 | $383,998 |
| FY2006 | $341,995 |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $1,133,183 |

**Project Abstract:**

The National Resource Center on Native American Aging, located at the Center for Rural Health, University of North Dakota School of Medicine and Health Sciences has been of service to American Indian, Alaska Native, and Native Hawaiians since 1994. The Center's efforts have concentrated on the goal of "raising the quality of life for Native elders to the highest possible level" through technical assistance, training, conducting needs assessments, and research. To reach that goal, the Center is pursuing three continuing objectives: 1) to continue to assist an increasing number of the 561 federally recognized tribes and tribal organizations with determining the needs of their elders; 2) to continue to provide feedback for those who have conducted the Identifying Our Needs: A Survey of Elders and to improve that feedback by providing information regarding best practices, exemplary projects and promising innovations; and 3) to continue to conduct training for service providers working with elders on a regular basis at national and regional conferences and monthly seminars hosted by, but not limited to, the Administration on Aging Regional Offices, Kauffman and Associates and the National Indian Council on Aging.

## Health Disparities among Minority Elderly - Technical Assistance Centers

The Administration on Aging has long supported national organizations representing minority elderly populations to assist the network of State and area agencies on aging in targeting social services to their constituencies. In recent years the focus of support has been to address health disparities unique to minority groups. During FY2010 continuation awards were made to three organizations first funded in FY2009 and a new award in FY2010 targeting older Indians.

The FY2010 funding opportunity was open to National Indian Tribal Organizations to support a center to develop culturally appropriate evidence based training materials addressing behavioral issues that family caregivers of American Indian/Alaska Native (AI/AN) elders with dementia can use themselves or in conjunction with service providers. The long term goal sought is to reduce or eliminate health disparities by increasing access to culturally competent and linguistically appropriate front line strategies that specifically target the Native American population. It is anticipated that increasing access to practical, nontraditional, community-based interventions for overcoming barriers to due to language and low literacy as well as other barriers directly related to cultural diversity will assist older individuals and their family caregivers to better manage care.

Additional information about the National Minority Aging Organization Technical Assistance Centers may be found on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/Minority_Aging/index.aspx

**Program: Health Disparities among Minority Elders-Technical Assistance Centers**

**Grant Number:** **90HD0001**
**Project Title:** **Bienestar (Well Being)**
**Project Period:** **08/01/2009 – 07/31/2012**

**Grantee:**
Asociacion Nacional Pro Personas Mayores
234 E. Colorado Blvd, Suite 300
Pasadena, CA 91197

**Contact:**
Carmela G. Lacayo
Tel. (626) 564-1988
Email: anppm@aol.com

AoA Project Officer: Diane A. Freeman

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $221,088 |
| FY2009 | $217,226 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $438,314 |

**Project Abstract:**

The Asociacion Nacional Pro Personas Mayores (ANPPM) is implementing existing and new approaches to chronic disease self management programs that will enable Hispanic elder persons to develop the confidence and motivation they need to manage the challenges of living with a chronic disease and to enhance the ability of the Hispanic community and the Aging Network to provide health promotion and disease prevention approaches that are culturally competent for managing major diseases confronting this population by establishing a national network of peer volunteers trained to introduce Hispanic elders to the practical skills and knowledge they need to understand their chronic disease and enhance their own well being. Major objectives include: 1) preventing chronic disease through integrated health education models focused on major diseases and their risk factors; 2) replicating, through the ANPPM's national network, the use of Chronic Disease Self Management Programs (CDMSP) designed by Stanford University's Patient Education Center for use with Spanish speaking older Hispanics; and 3) improving the health status of older Hispanics and all racial and ethnic minority older persons through more effective outreach methods designed to eliminate health disparities among older minority populations. The project is targeting older adults of Hispanic descent, including hard-to-reach, vulnerable and limited English-speaking. Anticipated Outcomes are: 1) older Hispanics will have increased access to practical skills and knowledge they need to under stand how to manage their chronic diseases for their own well being; 2) a national network of bilingual, community based peer counselors trained to serve older Hispanics through CDSMP programs; and 3) a cadre of selected SCSEP participants trained and mobilized in support of the network of CDSMP older adults. Products include CDSMP modules designed, pilot tested and targeted to low literacy older Hispanics and a web based CDSMP information site in Spanish.

**Program: Health Disparities among Minority Elders-Technical Assistance Centers**

**Grant Number:** **90HD0003**
**Project Title:** **National Minority Aging Organizations Technical Assistance Centers**
**Project Period:** **08/01/2009 – 07/312012**

**Grantee:**
National Caucus and Center on Black Aging
1220 L. Street, NW Suite 800
Washington, DC 20005

**Contact:**
Karyne D. Jones
Tel. (202) 637-8400
Email: Kjones@ncba-aged.org

AoA Project Officer: Diane Freeman

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $221,088 |
| FY2009 | $217,226 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $438,314 |

**Project Abstract:**

The Administration on Aging entered into a cooperative agreement with the National Caucus and Center on the Black Aged, Inc. (NCBA) to operate Project SURGE, (Seniors Unite with Resources to Get Empowered: A Community Health Action and Advocacy Training Program). NCBA's goal is to advance knowledge and increase the effectiveness of future efforts to eliminate health disparities among African American elders. NCBA enlists its affiliates to reach its target population. Volunteers help older African Americans adopt healthier lifestyles using a trusted, decentralized, community-based approach through a network which includes senior housing communities, churches and senior centers. Staff participated in Chronic Disease Self Management (CDSM) training at Stanford University during early fall 2009. Volunteers will be trained as master trainers to promote the use of CDSM skills among older people. Initially, the project will be conducted in Baltimore, MD; Buffalo, NY; Oklahoma City, OK and with the Medical University at South Carolina in Charleston, SC.

**Program: Health Disparities among Minority Elders-Technical Assistance Centers**

**Grant Number:** **90HD0002**
**Project Title:** **Technical Assistance Center for Asian Pacific Islander Seniors**
**Project Period:** **08/01/2009 – 07/312012**

**Grantee:**
National Asian Pacific Center on Aging
1511 Third Avenue, Suite 914
Seattle, WA 98101

**Contact:**
Alula Jimenez
Tel. (206) 838-8166
Email: Alula@napca.org.

AoA Project Officer: Diane Freeman

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $352,359 |
| FY2009 | $352,273 |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $704,632 |

**Project Abstract:**

The National Asian Pacific Center on Aging (NAPCA) Technical Assistance Center has as its goal improvement of health care outcomes and quality of life and the reduction of health care costs for API seniors. NAPCA reaches the 26 API subgroups across the Nation through its health, employment and advocacy programs. NAPCA's Title V SCSEP has sites in nine cities, including Boston, Chicago, Houston, Los Angeles, Orange County (CA), New York, Philadelphia, San Francisco and Seattle. With this network as a foundation upon which to build, NAPCA is in a unique position to reach API seniors through the interagency, collaborative effort on expanding the availability of diabetes self-management training programs. Training in Chronic Disease Self Management (CDSM) skills will be taken by staff in order to promote the use of these skills in a culturally competent way among older Asian American and Pacific Islanders. Additionally, NAPCA maintains a toll free multilingual hotline.

**Program: Health Disparities among Minority Elders-Technical Assistance Centers**

**Grant Number:** 90HD0004
**Project Title:** National Minority Aging Organization Technical Assistance Center Development of Dementia Care Resources for American Indians
**Project Period:** 08/01/2010 - 07/31/2012

**Grantee:**
National Indian Council on Aging
10501 Montgomery Blvd NE, Suite 210
Albuquerque, NM 87111

**Contact:**
Randella Bluehouse J. Bluehouse
Tel. (505) 292-2001
Email: rbluehouse@nicoa.org

AoA Project Officer: Cecilia Aldridge

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $127,323 |
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| Total | $127,323 |

**Project Abstract:**

The National Indian Council on Aging, in collaboration with the University of Oklahoma Health Sciences Center, will conduct under this Center activities to increase the quality of life for American Indian/Alaska Native caregivers caring for elders afflicted with dementia. Project objectives are to: 1) partner with caregiving intervention experts; 2) identify an evidence-based program to assist with caregiver coping skills; 3) modify the program to be culturally appropriate for American Indian/Alaska Native caregivers; 4) test the modified program at two American Indian/Alaska Native sites; 5) conduct measurable evaluations; and 6) utilize the outcomes to develop a user-friendly new product for American Indian/Alaska Native caregivers to help improve their quality of life through better understanding and knowledge of coping skills to address dementia behaviors. The expected outcomes are: 1) caregivers who have learned to think about their situation more objectively; 2) caregivers who have gained the knowledge, skills, and attitudes to better manage dementia behaviors and their own stress levels; and 3) carry out the caregiving role more effectively. Products from this project will include: a modified evidence-based program that retains its original fidelity but is effective with American Indian/Alaska Native caregivers; training tools; and a caregiver manual.

## National Education and Resource Center on Women and Retirement Planning

Among the priorities of the Assistant Secretary for Aging (ASA) is helping to empower older people and their families to make informed decisions about, and be able to easily access existing health and long-term care options. On March 11, 2009, President Barack Obama issued an Executive Order establishing White House Council on Women and Girls and charged the Council to "Ensure that each (Federal) agency is working directly to improve the economic status of women and girls." Accordingly, the Administration on Aging (AoA) conducted a grant competition in FY2010 through which it awarded a cooperative agreement to continue support for a National Education and Resource Center on Women and Retirement Planning.

The Center was first established in 1998, partners with the AoA to assist the National Network on Aging to facilitate access to the principles of basic financial and retirement planning for low income women, women of color and other hard to reach women, including those with limited English speaking proficiency. It was created because studies show that 75% of Baby Boomers are not prepared for retirement. Many will retire or be forced to retire unexpectedly. In fact, 4 in 10 people retire due to poor health, caregiving responsibilities or job loss. The impact of these factors is more pronounced among women. Over the next two decades 40 million women will reach retirement age.[2] Median Social Security income for women is 70% of that for men. While women retirees are likely to earn only half the average pension benefits a man earns, only about 45% of women versus 54% of men even participate in pension plans

Information about the National Education and Resource Center on Women and Retirement Planning can be found on the AoA website:

http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/Women_in_Retirement/index.aspx

[2] *What Every Woman Needs to Know about Retirement*, Hounsell, Cindy and Lewis, Jeffrey, WISER publication, p.1

**Program: National Educationa and Resource Center on Women and Retirement Planning**

**Grant Number:** 90PN0001
**Project Title:** National Education and Resource Center on Women and Retirement Planning
**Project Period:** 08/01/2010 - 07/31/2013

**Grantee:**
Women's Institute for a Secure Retirement
1146 19th Street, NW - Suite 700
Washington , DC 20036-0734

**Contact:**
Cindy Hounsell
Tel. (202) 393-5452
Email: wiserwomen@aol.com

AoA Project Officer: Dianne Freeman

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $245,763 |
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| Total | $245,763 |

**Project Abstract:**

The Women's Institute for a Secure Retirement (WISER) was awarded a three year cooperative agreement to operate the National Education and Resource Center on Women and Retirement Planning (The Center). The Center serves as a national clearinghouse for tools and information on retirement planning and related financial education materials. WISER's mission is to inform women about the issues that affect their long-term financial security and to stress the importance of women taking an active role in planning for their retirement. WISER is partnering with AoA to assist in responding to the President's charge to the White House Council on Women and Girls (the Council) to "ensure that each (Federal) agency is working directly to improve the economic status of women and girls;" and affirming the priorities of the Assistant Secretary for Aging (ASA) to empower older people and their families to make informed decisions about, and be able to easily access existing health and long-term care options. The Center objectives include supporting the integration of the concepts of basic financial and retirement planning into the structure of Older Americans Act (OAA) Programs and to improve women's access to basic financial and retirement planning and other educational tools that promote financial literacy by coordinating with national professional, membership, regional, statewide and local organizations. This collaborative effort promotes the piloting and adapting of "user-friendly" financial and retirement planning information models. The Center is also developing strategies to better educate employers, especially small business employers, about ways to design or adapt retirement programs to the women in their workforces. Center activities incorporate the latest technology to generate and disseminate knowledge in appropriately packaged forms that can assist women, especially low-income women, women of color, and women with limited English-speaking proficiency, to build their capacity to plan for and to exercise the most prudent options for their economic security in later life.

## Eldercare Locator

AoA has been funding the Eldercare Locator (the Locator) since 1991. The Locator assists older adults, their families and caregivers find their way through the maze of services for seniors by identifying trustworthy local support resources. The goal is to provide users with the information and resources they need that will help older persons live independently and safely in their homes and communities for as long as possible. Since its inception, over 2 million older adults, caregivers, professionals and others have used the nationally recognized toll-free number, 1-800-677- to find resources for older adults in any U.S. community.

In FY2010 AoA held a competition for a new cooperative agreement to operate the Locator. The Locator was initially designed as a directory assistance service with live agents helping older adults and their families and caregivers find their way through the maze of services for seniors by linking to a trustworthy network of national, State, Tribal and community organizations and services through a nationally recognized toll-free number. In 2008, the Locator transitioned to a call-routing system to expand the capacity of the service and to connect callers directly to the resource at the local level. The new program announcement sought to advance the Locator by both returning to a call center and adding a number of enhancements that would support older adults and caregivers getting the information they need.

The website for the Eldercare Locator is here:

http://www.eldercare.gov/Eldercare.NET/Public/Resources/Main.aspx

**Grant Number:** **90AM3206**
**Project Title:** **Elercare Locator National Call Center to Assist Older Adults and Caregivers**
**Project Period:** **06/01/2010 - 05/31/2013**

**Grantee:**
National Association of Area Agencies on Aging
1730 Rhode Island Avenue, NW, Suite 1200
Washington, DC 20036

**Contact:**
Helen Eltzeroth
Tel. (202) 872-0888
Email: heltzeroth@n4a.org

AoA Project Officer: Sherri Clark

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $1,449,854 |
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| Total | $1,449,854 |

**Project Abstract:**

The goal of the National Association of Area Agencies on Aging's project is to advance the development and evolution of the Eldercare Locator to be the key aging portal so that older persons and their caregivers can get the information, guidance and assistance they need to help them remain independent in their homes and communities for as long as possible. This goal will be achieved through the following objectives: 1) Successfully implement a person-centered state-of-the-art Call Center; 2) Expand the Call Center reach and resources through collaborations and content expertise that meet the needs of older adults and caregivers; and 3) Expand outreach, education and marketing efforts to include new technologies and approaches that recognize and respond to the needs and interests of the diverse population of adults and caregivers.

## National Aging Information and Referral Support Center

The U.S. Administration on Aging (AoA) has been funding the National Aging Information and Referral Support Center (the Support Center) since 1991. The Support Center was established to assist the Aging Network enhance the quality and professionalism of their information and assistance systems. The Support Center provides training, technical assistance, product development and consultation to State Units on Aging and Area Agencies on Aging, Information and Referral and Assistance (I&R/A) programs, and Aging and Disability Resource Centers. Since inception the Support Center has played an important role in the evolution and advancement of aging I&R/A.

More information about the activities of the Support Center may be found on this website:

http://www.nasua.org/issues/tech_assist_resources/national_aging_ir_support_ctr/index.html

**Grant Number:** 90IR0001
**Project Title:** National Aging Information and Referral Support Center
**Project Period:** 08/01/2010 - 07/31/2013

**Grantee:**
National Association of State United for Aging and Disabilities
1201 15th Street, NW Suite 350
Washington, DC 20005

**Contact:**
John Thompson
Tel. (202) 898-2578 128
Email: jthompson@nasua.org

AoA Project Officer: Sherri Clark

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $300,000 |
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| Total | $300,000 |

**Project Abstract:**

The National Association of States United for Aging and Disabilities will direct the National Aging Information and Referral (I&R/A) Support Center in collaboration with several partners. The project's goal is to operate a premier national resource center for aging I&R/A issues, training and certification exam preparation, technical assistance, and to represent the interests of I&R/A to national organizations and federal agencies serving seniors and persons with disabilities. The objectives are: 1) to provide training to the aging and disability network; 2) to provide technical assistance and consultation services to the aging and disability network; 3) to coordinate I&R/A activities related to diversity, taxonomy, certification, management information system and information technology, and training at a national level; and 4) to establish an evaluation and quality assurance program to assess the Support Center and I&R/A professionals' performances routinely. The expected outcomes are: 1) increased number of Certified Information and Referral Specialist in Aging trained professionals prepared to take the exam; 2) higher utilization rate and satisfaction of aging I&R/A professionals receiving online, telephonic, and onsite technical assistance and consultation services; and 3) improved awareness of national organizations and federal agencies representing aging and individuals with disabilities about the vital role of I&R/A in Aging and Disability Resource Center (ADRC) operations, nursing home diversions and transition planning, and helping consumers secure long-term services and supports.

## National Alzheimer's Call Center

AoA held a competition In FY2010 to award a three year grant under a cooperative agreement for continued support of the National Alzheimer's Call Center (the Center). The Center is a national information and counseling service for persons with Alzheimer's disease, their family members, and informal caregivers. The National Alzheimer's Call Center is available to people in all States, 24 hours a day, 7 days a week, 365 days a year to provide expert advice, care consultation, and information and referrals at the national and local levels regarding Alzheimer's disease. Trained professional customer service staff and masters degree social workers are available at all times. The Call Center is accessible by telephone, website or e-mail at no cost to the caller. In the 12-month period ending July 31, 2009, the National Alzheimer's Call Center handled over 250,000 calls through its national and local partners, and its on-line message board community recorded over 4.8 million page views, with nearly 75,000 individual postings.

Services focus on consumers, not professionals. Information provided may include basic information on caregiving; handling legal issues; resources for long-distance caregiving; and tips for working with the medical community. Local community-based organizations are directly involved to ensure local, on-the-ground capacity to respond to emergencies and on-going needs of Alzheimer's patients, their families, and informal caregivers. The Call Center has multilingual capacity and responds to inquiries in at least 140 languages through its own bilingual staff and with the use of a language interpretation service.

**Grant Number:** 90AC0001
**Project Title:** Alzheimer's Association Call Center
**Project Period:** 08/01/2010 - 07/31/2013

**Grantee:**
Alzheimer's Disease and Related Disorders Association
225 N. Michigan Ave Suite 1700
Chicago, IL 60601-7633

**Contact:**
Beth A. Kallmyer, Senior Director Constitutent Services
Tel. (312) 335-5708
Email: beth.kallmyer@alz.org

AoA Project Officer: Amelia Wiatr

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $987,000 |
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| Total | $987,000 |

**Project Abstract:**
The Alzheimer's Disease and Related Disorders Association under a cooperative agreement with the Administration on Aging operates an Alzheimer's National Call Center (Contact Center) for individuals with Alzheimer's disease and their caregivers. The goal of the project is to improve the quality of life for people impacted by Alzheimer's through an integrated network of Information Service Specialists and Care Consultants who provide personalized information, support, care consultation and crisis intervention via a single toll free number, email and website, 24 hours a day, 365 days a year. The project approach is to provide access for callers to services through the toll free number in a partnership between the Contact Center and our chapter network. The objectives are: 1) provide personalized responses to every consumer; 2) collaborate with the aging network to increase awareness of the Contact Center; 3) promote increased utilization of the Contact Center by minority, underserved and limited English speaking populations as well as by the general public; 4) maintain and expand online resources; and 5) evaluate the call center through quantitative and qualitative methods. The expected outcomes for the project include: 1) users of the Contact Center will have an increased understanding of Alzheimer's disease as well as an improved ability to manage the effects of the disease; 2) the Contact Center will exceed industry performance standards; 3) callers will report being satisfied with the quality of services provided; 4) awareness and usage of the Contact Center by the general public and particularly by minority and limited English speaking populations will increase; and 5) awareness of the Association's services among the aging network will increase.

## National Aging Civic Engagement Technical Center

The Administration on Aging (AoA) held a grant competition in FY2010 to fund, through a cooperative agreement, a National Aging Civic Engagement Technical Center (Center). The award of a three year grant continues AoA implementation of provisions in the 2002 Older Americans Act (OAA) Amendments addressing volunteer and civic engagement activity.

Volunteers have been essential to OAA programs throughout their history. The recent convergence of a number of forces, including growing budget constraints on program spending and research, point to civic engagement as important to healthy aging, support tapping into the social capital potential of volunteers.

The Center will support the volunteer needs of the Older Americans Act Aging Network, including its 56 State and 629 Area Agencies on Aging, 244 Tribal and Native and 20,000 community organizations. The Center will use and build upon knowledge of current and past volunteer and civic engagement activities to develop and test new strategies for effective, replicable and sustainable volunteer activities to increase the capacity of the National Aging Network and to address community needs.

Information about AoA's Civic Engagement involvement can be found on its website:

http://www.aoa.gov/AoARoot/AoA_Programs/Special_Projects/Civic_Engagement/index.aspx

**Grant Number:** 90CC0081
**Project Title:** National Aging Civic Engagement Technical Center
**Project Period:** 09/01/2010 – 09/01/2011

**Grantee:**
National Association of Area Agencies on Aging
1730 Rhode Island Ave., NW Suite 1200
Washington, DC 20036-3109

**Contact:**
Helen Elzeroth
Tel. No. (202) 872-0888
Email: heltzeroth@n4a.org

AoA Project Officer: Marla I. Bush

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $969,210 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $969,210 |

**Project Abstract:**

The National Association of Area Agencies on Aging will create a National Aging Civic Engagement Technical Assistance Center (the Center). The Center will help AoA and the Aging Network use volunteers more effectively, especially Boomers; develop AoAs' and the Aging Network's leadership in civic engagement; and expand the Aging Network's use of volunteers. The Center, working together with the AARP Foundation, the National Association of State Units on Aging and Disabilities and Senior Service America Incorporated, will 1) conduct a systematic inquiry on civic engagement; 2) recommend an Action Plan in civic engagement for AoA and the Aging Network; 3) develop a national communication and outreach strategy; 4) provide training and technical assistance; 5) identify effective practices, develop and promote models; and 6) create a continuous quality improvement strategy. The measurable outcomes is change in the Network's ability to meet needs and preferences of volunteers. Products include anAction Plan; volunteer management toolkits; model practice fact sheets; conferences; website widgets and a final report.

# Office of the Deputy Assistant Secretary for Aging

The Office of the Deputy Assistant Secretary for Aging supports the Assistant Secretary on Aging in providing executive direction, leadership and guidance for programs and operations. It also coordinates the operations of the Regional Support Centers and through it responds to the needs of older individuals following a Presidential disaster declaration, oversees disaster assistance and reimbursement activities described in Section 310, Title III of the Older Americans Act. In FY2010 three grants were awarded for disaster assistance under this authority.

## Disaster Assistance for State Units on Aging and Tribal Organizations

Grants awarded under this program are to provide disaster reimbursement and assistance funds to those State Units on Aging (SUAs) and tribal organizations who are currently receiving a grant under Title VI of the Older Americans Act (OAA), as amended. These funds only become available when the President declares a National Disaster and may only be used in those areas designated in the Disaster Declaration issued by the President of the United States. The statutory authority for AoA grants under this program announcement is contained in Title III of the Older Americans Act (OAA).

Funds typically requested are for the following Title III types of gap-filling services: outreach, information and assistance, counseling, case management, advocacy on behalf of older persons unable or reluctant to speak for themselves, and staff overtime. Funds may be used for additional food, supplies, extra home delivered meals, home clean up and safety, emergency medications, transportation and other such immediate needs. Disaster Assistance are limited to 2% of funds appropriated each year for Title IV discretionary awards. In FY2010 Title IV funding was slightly above $19 million. Funds are held in reserve until the last month of the fiscal year to meet the needs of States when faced with national disasters that cannot be anticipated and if not needed are used to fund other priorities under Title IV.

Information about Disaster Assistance grants may be found on the AoA website section for Emergency Preparedness and Response:

http://www.aoa.gov/AoARoot/Preparedness/index.aspx

**Grant Number:** 90DA2857
**Project Title:** Case Management/Contract Services for Access to Elders Affected by the 2010 Flood of RI. Services to include: assistance
**Project Period:** 05/01/2010 - 04/30/2011

**Grantee:**
Rhode Island Department of Elderly Affairs
74 West Rd.
Cranston, RI 02920

**Contact:**
Corinne C. Russo
Tel. (401) 462-0565
Email: crusso@dea.ri.gov

AoA Project Officer: Irma Tetzloff

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $30,000 |
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| Total | $30,000 |

**Project Abstract:**

Following a Presidential declared disaster on March 29, 2010, the Rhode Island Department of Elderly Affairs received a disaster assistance award of $30,000 to assist the elderly during and after extensive flooding caused by eight inches of rain in a 36 hour period. This storm affected 20,000 of the State's residents and was particularly difficult for the elderly population. Many had to evacuate to shelters and others who were cut off from all services and assistance for several days after the flooding. Many lost all of their food, clothes, bedding with extensive furniture damage. There were considerable home damages with ruined appliances and furnaces, debris cleanup and mold/mildew issues, and other residential and care management problems. These funds were needed to help defray the cost of extensive "gap-filling" services crucial for keeping seniors safe and healthy. The State staff and services providers provided immediate case management, nutritional, transportation and other emergency supportive services. The case management efforts to help seniors apply for FEMA assistance, SBA loans, file insurance claims and resolved post-flood issues continued over a period of several weeks with case managers working long hours, seven days a week.

**Grant Number:** **9090DA2859**
**Project Title:** **Comanche Disaster Assistance Grant**
**Project Period:** **09/30/2010 – /9/31/2011**

**Grantee:**
Comanche Indian Tribe of Oklahoma
Post Office Box 908
Lawton, OK 73502

**Contact:**
Micael Burgess
Tel. (580) 492-3386
Email: michaelb@comanchenation.com

AoA Project Officer: Irma Tetzloff

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $15,366 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $15,366 |

**Project Abstract:**

A Disaster Assistance grant was awarded to the Comanche Nation for much needed financial assistance in coping with last winter's severe storms that occurred January-March 2010. A late January storm affected all 63,000 square miles of the Reservation. Many Tribal members had to "crawl" out of there homes only to find massive tree damage, extensive power outages and inaccessible roads. All services, including Title VI funded home-delivered meals and in-home services, were completely closed down for an extended period. The height of storm occurred during the January 28 through February 7, 2010. The long-term power outages, no heat, and difficulty in obtaining water and food, made this a trying winter for the Comanche Tribe. Many had to be evacuated and heat was provided by generators for an extended period of time. The requested AoA funds are being used to reimburse the Comanche Nation for expenses incurred in assisting the 322 Tribal elderly during this prolonged and severe winter storm period.

**Grant Number:** **90DA2858**
**Project Title:** **2010 Tennessee Flood Disaster Assistance Program**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
Tennessee Commission on Aging and Disability,
500 Deaderick Street, 8th Floor, Suite 825
Nashville, TN 37243

**Contact:**
Cynthia G. Minnick
Tel. (615) 741-2056
Email: cynthia.minnick@tn.gov

AoA Project Officer: Irma Tetzloff

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $39,130 |
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| Total | $39,130 |

**Project Abstract:**

The Tennessee Commission on Aging and Disability was awarded $39,130 for disaster assistance following a severe storm which extended from April 30 through May 2, 2010. The western counties of Tennessee received unprecedented rainfall accompanied by tornados, severe wind storms and high winds resulting in extensive flooding throughout 52 of the State's 95 counties. On May 4, 2010, the President issued a declaration which was amended to include a total of 42 counties home to over 400,000 of the State's elderly. The heavy flooding in the Nashville area caused severe and extensive damages to homes accompanied by the loss of household possessions. It took several days to reach some of the isolated rural low-income elderly because of road damage and power outages. Part of the funds reimbursed the SUA for "gap-filling" services incurred as the flooding escalated. These services included case management, nutrition, transportation and other emergency supportive services needs. After the disaster declaration, 896 individuals over age 60 registered for assistance from FEMA with two-thirds of those cases still in process. The Commission worked closely with the State's Emergency Management Agency and the National Organizations Active in Disaster (VOADs). Area Agencies received many requests for assistance from seniors who have not used OAA services previously. These funds were given to five Area Agencies (AAAs) responsible for managing programs in the designated counties and cover a portion of the costs for case management, food replacement, clean-up efforts and other supportive care.

## Congressional Identified Projects

While the Administration on Aging (AoA) awards the majority of its project grants through proposal competitions focusing on specific topics authorized in the Older Americans Act (OAA) it also supported projects, commonly known as “earmarks,” whose purpose and organizational recipient historically were identified in Congressional appropriation committee reports accompanying AoA annual appropriations. Beginning in FY2008 Congress changed the method of identifying member sponsored projects by naming them directly in appropriation language. AoA for its part before FY2008 allowed Congressional Identified projects to designate project periods longer than 12 months if the specified funding amount permitted. Since FY2008 Congressional Directed Projects, are limited at the time of award to 12 months but are permitted a limited no-cost extension permitted when requested near the end of the grant. To the extent possible, AoA staff monitoring of these grants are assigned to AoA staff working in the Central and Regional Support Offices most closely corresponding to their programmatic purpose and expertise.

In FY2010 twenty-two (22) Congressional Directed Project projects were funded. Approximately half of these projects support programs assisting older adults to continue living independently in their communities.

**Grant Number:** 90MA0048
**Project Title:** Promoting a National Resource Center on Family Caregiving
**Project Period:** 07/01/2010 - 06/30/2011

**Grantee:**
Family Caregiver Alliance
National Center on Caregiving
180 Montgomery Street Suite 1100
San Francisco, CA 94104-4240

**Contact:**
Kathleen Kelly
Tel. (415) 434-3388
Email: kkelly@caregiver.org

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $500,000 |
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| Total | $500,000 |

**Project Abstract:**

The Family Caregiver Alliance (FCA) supports this one year project to promote a national resource center on family caregiving. The goal of the project is to increase the visibility and capacity of FCA's National Center on Caregiving as a nationally-recognized and trusted resource on policies and programs related to family caregiving, serving families, public agencies and private organizations. The objectives are to: 1) advance research and policy analysis to refine the state-of-the-art in caregiving; 2) establish a reliable information center for family caregivers nationwide, providing telephone assistance and an online database of state-by-state information; and 3) provide a clearinghouse of information, support, and training to program administrators, policymakers, service providers, and others who work with and on behalf of family caregivers. The expected outcomes are: 1) increased awareness, knowledge and advocacy on the part of policymakers, program administrators and other advocates about proven or promising policies for supporting family caregivers; 2) caregiver access to resources and support services in state and local communities; and enhanced knowledge and skills of professionals working in caregiver support programs, and 3) other stakeholders, through easy access to information about policies and competencies related to caregiver support. Products include papers on policies to support economic security for family caregivers, up-to-date state profiles with background characteristics and information about caregiving policies, fact sheets on key policy indicators, an updated online database of state resources for family caregivers, and an online clearinghouse of legislation, policy reports, campaigns and initiatives focused on family caregiving.

**Grant Number:** **90MA0045**
**Project Title:** **Pathways to Positive Aging**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
City of Fremont
Human Services
3300 Capitol Avenue
Fremont, CA 94537-5006

**Contact:**
Suzanne Shenfil
Tel. (510) 574-2051
Email: sshenfil@fremont.gov

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $150,000 |
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| Total | $150,000 |

**Project Abstract:**
The City of Freemont's Human Services Department in collaboration with the Tri-City Elder Coalition of government and community organizations will build upon best practice model programs to continue development of Pathways to Positive Aging which finds creative solutions to find resources to support older adults as they successfully age in place. The goal of this program is to build a community where seniors can understand, choose, and access culturally enriched, affordable services and opportunities that enhance their quality of life. The objectives of this project are to: 1) sustain and refine community engagement and training opportunities that build community capacity involving volunteers; 2) continue implementation of a strategic plan that effectively links elders to services and opportunities, improves public perception of the aging process, and supports the coordination of community organizations and services. Among expected outcomes of Pathways to Positive Aging are: 1) more frail seniors aging in place in their community; 2) grater integration of services between community and providers; 3) more efficient use of resources and reduction of duplication of effort; and 4) increases in social networks reducing isolation of seniors. Products will include replicable volunteer training models, evaluation results, articles and data for publications on community organizing methods for presentations at state and national conferences.

**Grant Number:** **90MA0041**
**Project Title:** **Regional Senior Services Collaboration**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
City of Long Beach
Health and Human Services
2525 Grand Avenue
Long Beach, CA 90815-1765

**Contact:**
Theresa J. Marino
Tel. (562) 570-4011
Email: theresa.marino@longbeach.gov

AoA Project Officer: Elizabeth Leef

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

The City of Long Beach Department of Health and Human Services will develop a one-year project that will encompass three months of planning strategies and activities to recruit stakeholders from each of the five cities in the 37th Congressional District and nine months for implementing the Regional Senior Services Collaboration (RSSC). The goal of the RSSC is to develop and engage an alliance of senior services and stakeholder organizations from the local aging networks, public, private, community and faith-based sectors in the region that will plan, assess, advocate and work together to develop strategies and identify resources for meeting the growing needs of the burgeoning senior population in the 37th District. Objectives include: 1) establishing a Planning Task Force of 12 -15 voluntary members from the region to assist in the 3-month planning activities, including establishing meeting procedures to facilitate productive meetings; 2) assessing and collecting data to address regional senior needs; 3) conducting monthly meetings with a committed membership of 20-25 agencies; 4) conducting provider and community education regarding senior issues; 5) evaluating the effectiveness of the collaboration. The expected outcomes of the collaboration will be to provide capacity to build, connect and strengthen interagency and inter-jurisdictional relationships among 20 or more agencies for addressing challenging issues, needs and gaps in senior services in the region. The RSSC will provide awareness and educational opportunities through guest speakers and develop products, such as articles, informational pieces and a regional senior resources directory. Evaluation of the project will assess the benefits, outcomes, lessons learned and best practices.

**Grant Number:** **90MA0042**
**Project Title:** **Rapid Response Expert Team**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
County of Ventura
Human Services Agency
855 Partridge Drive
Ventura, CA 93003

**Contact:**
Jeff Landis
Tel. (805) 477-5444
Email: jeff.landis@ventura.org

AoA Project Officer: Stephanie Whittier Eliason

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $654,000 |
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| Total | $654,000 |

**Project Abstract:**

The Ventura County human Services Agency will integrate medical and mental health experts into the existing Rapid Response multi-disciplinary team to reduce or eliminate protective issues of dependent adults and elders 65 and over who have difficult to resolve complex medical and mental health risk indicators and are served by Ventura County Adult Protective Services. The Rapid Response multidisciplinary teams is a collaboration and partnership with the District Attorney, the Area Agency on Aging, Tri-Counties Regional Center, the Long Term Care Ombudsman program, the Public Administrator Public Guardian, the Superior Court and the Departments of Behavioral Health and Public Health within the Health Care Agency. Project objectives are to: 1) utilize the Ventura County Risk Curve; 2) conduct in-home assessments by the medical and mental health experts; 3) increase the medical/mental health resources to the Rapid Response Team; and 4) disseminate the project's design, findings and results. Expected outcomes are: 1) establish a standardized approach to risk assessment, intervention and outcomes; 2) reduce or eliminate the protective issue with improvement in the client's health and safety; and 3) demonstrate the positive results of increased resources to a multi-disciplinary team through a series of pre-mid and post survey testing. Produces will include a final report on the design, development and efficacy of the Risk Curve and the promising practices of integrating medical and mental health experts into a social service oriented multi-disciplinary team.

**Grant Number:** **90MA0039**
**Project Title:** **"Safe at Home" Fall Prevention and Home Safety Interventions for Older Adults**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
Rebuilding Together, Inc.
Safe at Home
1899 L Street, NW Suite 1000
Washington, DC 20036

**Contact:**
Gregory C. Secord
Tel. (202) 384-6781
Email: gsecord@RebuildingTogether.org

AoA Project Officer: Irma Tetzloff

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $349,275 |
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| Total | $349,275 |

**Project Abstract:**

Rebuilding Together, Inc. (RT), under the “Safe-at-Home” project is continuing to build upon its collaborative partnerships to enable more low-income elderly to live in a safe and accessible home environment by strengthening its partnerships with the Aging Network and the American Occupational Therapy Association (AOTA). The AOTA and the National Association of Area Agencies (N4A) have joined forces to complete 24 demonstration projects followed by an independent evaluation of the outcomes and effectiveness of the projects. This evaluation will establish a foundation for establishing “evidenced-based” results for continuous improvements in the program. In addition, Rebuilding Together will continue to improve a web-based home safety assessment tool and increase widespread distribution. Four regional training workshops will be conducted as well. RT is a nationwide non-profit organization with 200 plus affiliate chapters calls upon community resources and volunteers, including professional builders, to assist with home modifications and critical repairs for low-income, elderly individuals. Volunteers work along side Certified-Aging-in-Place Specialist (CAPS) so that participation in these home modification projects provides valuable hands-on learning for individuals who want to live throughout their lives in their own homes and communities.

**Grant Number:** **90MA0036**
**Project Title:** **Congressional Mandates**
**Project Period** **07/01/2010 - 06/30/2011**

**Grantee:**
Stetson University
1041 61st Street South
Gulfport, FL 33707-3246

**Contact:**
Rebecca C. Morgan
Tel. (727) 562-7872
Email: morgan@law.stetson.edu

AoA Project Officer: Doris Summey

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

Stetson University's College of Law, by and through the Center for Excellence in Elder Law, branded under the banner, "ACCESS and Justice for all," will continue its Financial Scam & Fraud Elder Awareness Project" for a second year (2010-2011). The goal is to develop a project designed to inform and educate elder individuals about financial scams and frauds. The objectives are: 1) to decrease the occurrence of and minimize the potential for financial scam and fraud victimization among elder individuals and (2) to produce a sustainable and replicable project that can be duplicated and implemented throughout the State of Florida, as well as in other individual states nationwide. The expected outcomes are: 1) an increase in awareness among elder individuals about financial scams and frauds; 2) creation of education and informational written, digital and resource materials and services providing and promoting financial scam and fraud awareness; and 3) production of a replication handbook providing a "how-to-model" for project implementation and duplication. Products will include speeches and presentations, brochures and handouts, webpage platforms and interfaces, non-legal technical assistance advice, reference databases and resource guides, a replication handbook to assist with project duplication and implementation.

**Grant Number:** 90MA0031
**Project Title:** Georgia Naturally Occurring Retirement Communities (NORC) Initiative
**Project Period:** 07/01/2010 - 06/30/2011

**Grantee:**
Jewish Federation of Greater Atlanta
1440 Spring Street, NW
Atlanta, GA 30309

**Contact:**
Deborah A. Kahan
Tel. (404) 870-1624
Email: dkahan@jfga.org

AoA Project Officer: Greg Case

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

The Jewish Federation of Greater Atlanta (JFGA) was the "umbrella" organization of the NORC Initiative in Georgia until 2009 and continues to be a prominent coalition partner while transitioning responsibility for project management to Jewish Family and Career Services. JFGA continues to provide technical assistance and support to the NORC, including overall marketing, fund raising and reporting. The Georgia NORC Initiative's primary goal has been to help older residents stay at home safely, maximizing their capacity for independence, activity and integration with their community for as long as possible by preventing premature institutionalization and avoidable hospitalization. The approach is to work with seniors to identify the unmet needs in their communities and to develop innovative programs and services to meet these needs. The Georgia NORC Initiative's objectives include: 1) reducing risk factors associated with premature institutional care; 2) building the community's capacity to support seniors in the aging in place process; 3) greater coordination of services between agencies; 4) enlisting additional partner agencies, particularly non-traditional partners; 5) disseminating information about the Georgia NORC Initiative; and 6) building the sustainability of the Georgia NORC Initiative. The expected outcomes of this Initiative are: 1) reducing social isolation; 2) increasing home safety; 3) increasing knowledge of and access to community resources; and 4) improving seniors¿ ability to manage chronic disease and/or health challenges. The products from this Initiative are: a final report, including evaluation results; enhanced program services in the NORC sites; and articles for publication.

**Grant Number:** **90MA0044**
**Project Title:** **Congressional Mandates**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
Catholic Charities of Hawaii
1822 Keeaumoku Street
Honolulu, HI 96822

**Contact:**
Diane M. Terada
Tel. (808) 527-4702
Email: diane.terada@catholiccharitieshawaii.org

AoA Project Officer: Greg Case

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $400,000 |
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| Total | $400,000 |

**Project Abstract:**

Catholic Charities Hawai`i (CCH) will implement Project HOPE (Helping Others Promoting Employment) to assist elders who are aging in place. The goal of this one year demonstration project is to help frail elders maintain independent living by providing a network of quality and affordable community-based services, including a component of employment opportunities for individuals with developmental disabilities and/or mental retardation (DD/MR). The project will increase affordable service options for elders and help CCH develop infrastructure and processes to continue the project beyond the funded period through a sustainable fee structure. The objectives are to: 1) conduct market research and create a business plan to focus on the consumer demands of low to moderate income frail elders and their family caregivers; 2) provide case management, transportation and chore services for frail elders at affordable and sustainable rates; 3) establish system infrastructure to maintain private and Medicaid billing; 4) train individuals with DD/MR to provide chore services for frail elders through supported employment; and 5) evaluate the economic sustainability of the model. The expected outcomes are: 1) at risk frail elderly clients will maintain independent living for six months; 2) family caregivers will experience reduced stress and increased positive attitude toward caregiving; and 3) individuals with DD/MR will be employed for at least three months upon completion of initial training and job placement. The products include a final report, including evaluation results and training modules for individuals with DD/MR to provide chore and elders/caregivers who employ DD/MR chore workers.

**Grant Number:** **90MA0037**
**Project Title:** **Research on the Needs Facing Gay, Lesbian, Bi-sexual and Trangender Elders Living with HIV**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
SAGE Center on Halsted
3656 N Halsted St
Chicago, IL 60613-5974

**Contact:**
Serena B. Worthington
Tel. (773) 472-6469
Email: sworthington@centeronhalsted.org

AoA Project Officer: Kevin Foley

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $475,000 |
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| Total | $475,000 |

**Project Abstract:**

SAGE (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders) Center on Halsted (COH) supports this one-year research, training and advocacy project in collaboration with AIDS Community Research Initiative of America (ACRIA), Founding SAGE (FS) and related senior service and HIV/AIDS groups. The goal of this project is to improve programs and services for lesbian, gay, bisexual and transgender (LGBT) older adults. The approach is to partner with established agencies to conduct research and training and to enhance service provision. The objectives of this project are to: 1) survey 200 individuals regarding HIV risk behavior and health; 2) improve the quality of HIV prevention education by creating a prevention film with LGBT older adults; 3) train and deploy SAGE patrons as constituent advocates and educators; 4) train providers in culturally competent care; 5) increase gender and racial/ethnic diversity of program participants 6) improve data collection and program evaluation; 7) increase computer use by individuals with low vision and; 8) disseminate results. The expected outcomes are: 1) LGBT older adults, HIV/AIDS service providers, senior service providers, COH staff and the larger community will have a better understanding of LGBT aging and older adults; 2) HIV; the HIV prevention film will be used as an outreach and education tool, constituent advocates will provide training and conduct advocacy on LGBT aging issues; and 3) pre and post test training of senior services providers will reflect positive results from training. The products are a final report; an HIV prevention film; data on HIV positive and at- risk older adults; enhanced computer resources, a member database; and conference abstracts and presentations.

**Grant Number:** **90MA0038**
**Project Title:** **Congressional Mandates**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
MOSAIC
2708 N. 11th St
Garden City, KS 67846-2714

**Contact:**
Debbie A. Reynolds
Tel. (620) 275-9180
Email: debbie.reynolds@mosaicinfo.org

AoA Project Officer: Amelia Wiatr

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $350,000 |
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| Total | $350,000 |

**Project Abstract:**

Mosaic in Garden City, will implement *Legacy Senior Services*, in collaboration with the Southwest Kansas Area Agency on Aging, the Alzheimer's Association of Central and Western Kansas, the Senior Center of Finney County, and the Garden City Area Alzheimer's Support Group for Caregivers. The goal of the project is to provide quality, meaningful services in an integrated setting for seniors with intellectual and developmental disabilities (I/DD) and seniors with Alzheimer's. The objectives are: 1) to develop an Americans with Disabilities Act (ADA)-accessible facility in which to operate the *Legacy Senior Services* program; 2) to extend the amount of time seniors are able to remain in the community and delay entry into full-time professional nursing care facilities; and 3) to maintain or improve seniors' independent functioning levels through meaningful activities. The expected outcomes of the *Legacy Senior Services* program are: 1) a fully-functional and accessible facility for program activities that meets all required licensing and ADA standards; 2) decreased need for costly nursing home placements; 3) new data about efficacy of a new model of service delivery for seniors with I/DD and Alzheimer's; 4) maintained or improved independent functional levels of seniors in the *Legacy Senior Services* program; increased satisfaction of seniors with I/DD and Alzheimer's; and 5) increased satisfaction of caregivers of seniors with I/DD and Alzheimer's. The products from this project are a final report with evaluation of the program; data on any changes in independent functioning levels and health status of program participants; data on I/DD and Alzheimer's training; quarterly newsletters; and articles for publication.

**Grant Number** **90MA0034**
**Project Title:** **Family Caregiver Access Network**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
Jewish Family Service of Metropolitan Detroit
6555 W. Maple Rd.
West Bloomfield, MI 48322

**Contact:**
Perry Ohren
Tel. (248) 592-2302
Email: pohren@jfsdetroit.org

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

The Family Caregiver Access Network (FCAN) is a non-sectarian project of Jewish Family Services of Metropolitan Detroit (JFS). JFS, the lead agency, will partner with the Brown Jewish Community Adult Day Care Program (operated jointly by Jewish Senior Life and JVS), and other organizations, to support family caregivers of adults. The goal of the project is to reduce caregiver burden, and improve the lives of caregivers and those for whom they are caring and reduce premature institutionalization. The objectives are to 1) address barriers that lead to underutilization of existing caregiver support services; 2) increase caregiver self-identification; 3) connect caregivers with needed resources and services; 4) implement a more seamless and coordinated service delivery system of local agencies and supports; 5) improve the lives of care recipients as their caregivers experience reduced stress; 6) diminish early institutionalization of care recipients and develop a replicable model to be shared with other agencies. Outcomes include caregivers will: 1) experience reduced burden and stress; 2) be healthier; 3) feel more support in their caregiving role; and 4) have more confidence in their role as a caregiver. Pre and post tests will measure caregiver burden and statistics will be kept on institutionalization rates. Project implementation was modified based on lessons learned in fiscal year 2009. Project deliverables include a final report; evaluation results, dissemination plan; and updated website.

**Grant Number:** **90MA0040**
**Project Title:** **JFCS CHOOSE INDEPENDENCE - Caregiver Support**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
Jewish Family and Children's Service of Minneapolis
13100 Wayzata Bldv., Suite 400
Minneapolis, MN 55305

**Contact:**
Mari Forbush
Tel. (952) 542-4812
Email: mforbush@jfcspmls.org

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $250,000 |
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| Total | $250,000 |

**Project Abstract:**

Jewish Family and Children's Service (JFCS) of Minneapolis CHOOSE INDEPENDENCE Caregiver Support (CICS) project will provide outreach, education, needs assessment, and ongoing support to the growing number of Hennepin County, Minnesota caregivers. CICS leverages the existing partnerships to offer an effective, integrated and holistic community support system. The goal of CICS is to create an effective, replicable model that reaches 500 of the estimated 4,400 area caregivers. All seniors and caregivers in the cities of St. Louis Park, Hopkins, and surrounding communities will have access to services. The CICS objectives are: 1) provide education and outreach to help people identify as caregivers, raise awareness of the impact of care giving, and gain an understanding of the resources available to support both seniors' and caregivers' independence and quality of life; 2) increase quality caregiver assessments; and 3) increase service coordination for seniors and their caregivers. The project will realize one main outcome that caregivers in West Hennepin County will have a greater ability to sustain their caregiving. Products will include articles in local newspapers and agency newsletter; website; and an annual report.

**Program: Congressional Identified Projects**

**Grant Number:** 90MA0027
**Project Title:** RSVP Home Companion Respite Care Program
**Project Period:** 07/01/2010 - 06/30/2011

**Grantee:**
Nevada Rural Counties RSVP Program
2621 Northgate Lane, Suite 6
Carson City, NV 89706

**Contact:**
anice Ayres
Tel. Tel. (775) 687-4680 ex. 2
Email: branded@rsvp.carson-city.nv.us

AoA Project Officer: Dennis Dudley

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $195,000 |
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| Total | $195,000 |

**Project Abstract:**

The Nevada Rural Counties Retired and Senior Volunteer Program (RSVP), is a self-sponsored non-profit 501 (c) (3) Corporation serving Nevada's seniors for over 36 years. The RSVP Home Companion Respite Care Program provides respite to caregivers of both family members and professionals who provide 24/7 care to hundreds of senior Nevadans. The program assists caregivers with family members suffering from Attention-Deficit Disorder, Post Stroke, Dementia, Parkinson's, Multiple Sclerosis, Alzheimer's, cancer, heart problems, head injuries and seizure disorders. This assistance is key in lowering the stress levels of caregivers, by giving them a break to allow a healthier existence and longer life expectancy, and preventing the institutionalization of their loved ones. It is a low cost/free respite care service and no one is turned away because of inability to pay. RSVP volunteer members provide the caregiver with essential breaks for up to four hours a day to engage in enjoyable activities and attend to their own needs, helping reduce the stress and fatigue as a result of their tireless and unselfish efforts. It also provides the one being cared for with "experienced" companionship. Volunteer members are well prepared with extensive pre -service and in-service training. The program serves 15 of the 17 counties in Nevada: Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey and White Pine.

**Grant Number:** 90MA0029
**Project Title:** United Jewish Communities of MetroWest New Jersey - Lifelong Involvement for Vital Elders Independent Aging Initiative
**Project Period:** 07/01/2010 - 06/30/2011

**Grantee:**
United Jewish Communities of MetroWest New Jersey
Planning and Allocations
901 Route 10 East
Whippany, NJ 07981-1105

**Contact:**
Karen Alexander
Tel. (973) 929-3193
Email: kalexander@ujcnj.org

AoA Project Officer: Greg Case

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $100,000 |
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| Total | $100,000 |

**Project Abstract:**

United Jewish Communities (UJC) of MetroWest New Jersey, in partnership with civic groups, and other providers, will implement a one-year Aging in Place demonstration project focused on community organization, service coordination and provision to older adults. Using techniques piloted in Parsippany and refined in Caldwell, UJC will replicate the Lifelong Involvement for Vital Elders (LIVE) program in Verona, NJ, which has a population of 13,533 and approximately 5,000 residents age 60+. Forty-six percent (46%) of the households include an older person. The project will support a range of social, physical, spiritual, recreational, health, wellness, and housing needs for older adults by increasing access to information, resources, supportive services, and civic engagement opportunities. Key objectives include: 1) establishing local site coordinators, incorporating LIVE into the service delivery system; 2) assessing community assets and needs; 3) engaging a diverse range of partners; and 4) facilitating delivery of collaborative services to older adults. An "elder-friendly" community will be created to meet the needs of its aging members by harnessing the skills and expertise of diverse organizations and involving older adults. Effective techniques and strategies will be shared with service providers, funding organizations and colleagues within the broader aging network. Project outcomes include: 1) a reduction in isolation for older adults through expanded social, recreational and educational opportunities; 2) greater ability of older adults to maintain independence through increased access to information, resources, and supportive services; and 3) facilitation of new community collaborations that engage older residents and thereby enhance support for older adults.

**Grant Number:** **90MA0030**
**Project Title:** **Aging in Place in Northern New Jersey**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
UJA Federation of Northern New Jersey
75 Johnson Ave.
Teaneck, NJ 07652-1429

**Contact:**
Alan P. Sweifach
Tel. (201) 820-3931
Email: alans@ujannj.org

AoA Project Officer: Greg Case

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

UJA Federation of Northern New Jersey (UJA) will continue to conduct a demonstration project utilizing methods developed for programs and services in Naturally Occurring Retirement Communities (NORCs) in collaboration with multiple agency partners including: two family service agencies, two residential facilities for Older Adults, and a community center. The goal of this program is to meet the needs of older adults who wish to remain independent in their own homes by providing a range of locally-based (in or near-home) health and supportive services that improve and maintain their physical well being, provide opportunities for socialization, and enhance their general quality of life. The objectives are: 1) to provide comprehensive in-home and/or community-based care management and nursing assessments as well as expanded care management and community nursing services; 2) to provide community-based cultural, educational, social and recreational programs in order to ease social isolation and enrich the lives of older adults; 3) to form a NORCs Council involving Older Adults in the planning and implementation of services and programs; 4) to develop collaborations with community and governmental agencies; 5) to evaluate the effectiveness of the program; and 6) to share findings with the broader Community. The expected outcomes are: 1) Increased access to social and medical services, and 2) reduced social isolation. The products from this project are a final report including evaluation results, participation in a national evaluative study, and articles in the print and electronic media.

**Grant Number:** **90MA0032**
**Project Title:** **Critical Innovations in Aging in Place**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
Jewish Family Service Agency of Central New Jersey, Inc
655 Westfield Ave.
Elizabeth, NJ 07208

**Contact:**
Tom Beck
Tel. (908) 352-8375
Email: TBeck@jfscentralnj.com

AoA Project Officer: Greg Case

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $300,000 |
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| Total | $300,000 |

**Project Abstract:**

Jewish Family Service Agency of Central New Jersey (JFS) will build on its NORC LINKS program to include resident involvement and partnerships with local groups, business, and private agencies. The overall goal of this Naturally Occurring Retirement Community (NORC) program is to develop a model of supportive services to maintain and/or improve the quality of life of older adults and allow them to age safely with dignity and quality of life in their communities while creating efficiencies and cost savings in service delivery. Activities are supported to include all residents in order to build community and community based services that will maintain the residency and contributions of older adults. Work will emphasize the strengths and capacities of individuals and their communities while acknowledging individual needs to be addressed. The objectives for this program include: 1) to increase access to services; 2) to increase knowledge of healthy lifestyles; 3) to improve socialization and community building; and 4) to expand the model through program replication. Products from this project will include a final report that includes evaluation results and data on effectiveness of all aspects of the program.

**Grant Number:** **90MA0033**
**Project Title:** **Home Sweet Home Aging in Place Project**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
Jewish Family Service of Somerset Hunterdon and Warren County Senior Services
150 A West High Street
Somerville, NJ 08876-1854

**Contact:**
Jerry Starr
Tel. (908) 725-7799
Email: Admin@JewishFamilySvc.Org

AoA Project Officer: Greg Case

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $225,000 |
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| Total | $225,000 |

**Project Abstract:**

The grantee, Jewish Family Service of Somerset, Hunterdon and Warren Counties (JFS) is conducting a one year aging in place project called Home Sweet Home (HSH) with the collaboration of the Somerset County Office on Aging, the Shimon and Sara Birnbaum Jewish Community Center, Somerset County Community Visiting Nurse Association and Brookside Gardens Apartment Complex. The project goal is to help seniors age in place in their own homes by providing a coordinated array of social services including comprehensive care management, counseling, community linkage, socialization activities and community organizing activities and community education and use of community volunteers. Individual services offered by this project will be coordinated with other service providers in the area so that seniors in need of assistance can maximize their use of the entire social service network. The objectives are to: 1) conduct outreach to the community to find the seniors currently underserved and in need of assistance; 2) provide comprehensive bio-psychosocial assessments and care plans as needed to address individual needs and problems; 3) refer residents to established services/programs whenever possible to minimize duplication of effort; 4) develop socialization programs that enhance quality of life and reduce isolation and loneliness; 5) assess periodically functional status and quality of life factors, 6) evaluate effectiveness of the project; and 7) disseminate information to the larger community. Expected outcomes are that 80% of those enrolled in this project will report: 1) improved social support; 2) improved well being and self sufficiency; 3) reduction of depression; and 4) better understanding of community resources and improved access. The products from this project are a final report, results of a self care and wellness survey, articles for publication and posting on the agency website and presentations at conferences and meetings.

**Grant Number:** **90MA0043**
**Project Title:** **2010 New York State Elder Abuse Summit Prevalence of Elder Abuse in New York: Next Steps**
**Project Period:** **07/01/2010 – 06/30/2011**

**Grantee:**
Lifespan of Greater Rochester
1900 South Clinton Avenue
Rochester, NY 14618-5698

**Contact:**
Denise M. Shukoff
Tel. No. (585) 244-8400
Email: dshukoff@lifespan-roch.org

AoA Project Officer: Stephanie Whittier Eliason

| Fiscal Year | Funding Amounts |
|---|---|
| FY2010 | $100,000 |
| FY2009 | $ |
| FY2008 | $ |
| FY2007 | $ |
| FY2006 | $ |
| FY2005 | $ |
| FY2004 | $ |
| FY2003 | $ |
| Total | $100,000 |

**Project Abstract:**

Lifespan of Greater Rochester will plan and convene in Albany, New York, a second statewide Elder Abuse Summit in 2010. Highlights of the Summit will include: 1) release of the statewide Elder Abuse Prevalence Study – comparing results from the random phone survey and reported cases survey; and geographic/regional comparisons; 2) review of progress made on the 2004 priority recommendations and updating of the recommendations; 3) regional breakout groups for the structured work group sessions. The conference will be conducted with experienced facilitators to lead and guide the Summit work groups and inspired by nationally recognized speakers during meals. This is nota conference – all participants are expected to fully participate in developing a new list of statewide priority recommendations to take action against elder mistreatment and neglect, and to develop implementation plans for each recommendation. It is an invitation only event with support given to enable full participation by those identified experts in the field. The first statewide Elder Abuse Summit was held in 2004 and modeled after the 2001 National Summit. The first Summit launched the creation of the New York State Coalition on Elder Abuse, a multidisciplinary collaborative venture, involving individuals, private organizations and public agencies representing a geographic and professional cross section of our state. A final report of the conference will be distributed to all members of the coalition and elder abuse organizations in other States.

**Grant Number:** **90MA0046**
**Project Title:** **Self Sufficiency for Senior Citizens in New York City**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
NORC Supportive Services Center, Inc
NYC-HOPS
321 8th Avenue
New York, NY 10001

**Contact:**
Nat Yalowitz
Tel. (917) 825-8395
Email: nynorc-psss@rcn.com

AoA Project Officer: Greg Case

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $500,000 |
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| Total | $500,000 |

**Project Abstract:**

This project supports development of the New York - Home Organized Personal Services program (NY-HOPS) which builds upon a successful project of 15 years duration at the Naturally Occurring Retirement Community (NORC) program at Penn South Co-op in New York City. NY-HOPS will use the Penn South HOPS program as a model and create at least ten new HOPS programs at other Naturally Occurring Retirement Communities (NORCs) in New York City. The project will offer needed health and social services to senior citizens from qualified providers under existing agreements with the NORC Supportive Services Center, including help with obtaining eyeglasses, hearing aids, home health aides and other needed services not covered for most seniors by other sources. Out of pocket expenses for these products can and do amount to hundreds and thousands of dollars annually. NY-HOPS sites will be selected based on a Request for Proposals that will be circulated to over 100 programs serving seniors. Program directors at new NY-HOPS selected sites will be trained and given technical assistance in developing their programs.

**Grant Number:** **90MA0028**
**Project Title:** **Needs Assessment of the Irish Aging in Queens,New York**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
Gallagher Outreach Program, Inc.
225 East 79 Street suite 13a/b
New York, NY 10075-0823

**Contact:**
Elaine M. Walsh
Tel. (917) 327-5614
Email: ew340@columbia.edu

AoA Project Officer: Barry Klitsberg

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $200,000 |
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| Total | $200,000 |

**Project Abstract:**

This project is conducting a needs assessment to identify the service needs of the Irish aging community in Queens, New York, especially those living alone, to inform service providers and community organizations about those needs and gaps in service provision and to establish a knowledge base that will promote culturally sensitive interventions for the targeted population. Project objectives are: 1) to obtain data on the characteristics and health, service needs, utilization and gaps, and availability and sufficiency of informal supports; and 2) to inform formal and informal service providers of needs and of service gaps. As a result of this project there will be: 1) increased knowledge about the service needs and resources of older Irish Americans living in Queens; 2) development of culturally sensitive services by local agencies in the field of aging; and 3) the development of informal networks of residents who will become first responders to elderly Irish who are at risk. Products include a final report, a major conference for stakeholders reporting the results of the needs assessment and recommendations for intervention, widely distributed executive summaries, palm cards with hints for community residents and abstracts for national conferences.

**Grant Number:** **90MA0047**
**Project Title:** **Dementia Leadership Initiatives Program**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
Westminster Village
803 N. Wahneta St.
Allentown, PA 18109-2491

**Contact:**
Rachel B. Osborn
Tel. (610) 691-4524
Email: rosborn@presbyterianseniorliving.org

AoA Project Officer: Amelia Wiatr

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $225,000 |
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| Total | $225,000 |

**Project Abstract:**

Westminster Village, a Presbyterian Senior Living (PSL) community in the Lehigh Valley of Pennsylvania, will implement the Dementia Leadership Initiatives Program (The Program) to enhance medical diagnosis, treatment and care for those with Alzheimer's disease and related Dementia (ADRD). It will offer individuals and families vital information, enable its long-term care facilities to provide for optimal outcomes of care, and enhance community outcomes by providing the "best of the best" in dementia education, diagnosis, treatment and care. The Program is designed to impact three principal audiences: 1) staff of PSL communities - to develop appropriate assessment tools, become trained practitioners of the most advanced methods of dementia care, and expand networks to support individuals and families living with this disease, especially the seniors served in four Lehigh Valley facilities; 2) Residents and participants at PSL facilities - to enhance cognitive fitness and their knowledge base about dementia, enabling them to pursue activities and choices that will positively impact their overall health; and 3) Lehigh Valley general public - for free education in maintaining brain health, mitigating the impact of dementia on one's self or loved ones, and accessing a full range of community resources. Some anticipated outcomes are: 1) up to 50 of PSL staff members will be trained to sustain the Montessori method of dementia care; 2) facilities will provide appropriate screening and assessment; new admission and discharge criteria for secure units; behavioral and medical management; and stronger support for families and staff; 3) residents and participants with dementia will experience decreased use of psychotropic medications, have enhanced physical well-being and demonstrate greater social engagement with family members, staff and others; and 4) facilities will provide models of person-centered care vs. the medical model of care for those living with dementia, anticipating changing national accreditation standards.

**Grant Number:** **90MA0035**
**Project Title:** **Caregiver Connection Program**
**Project Period:** **07/01/2010 - 06/30/2011**

**Grantee:**
Jewish Family Service of Salt Lake City
1111 Brickyard Rd., Suite 109
Salt Lake City, UT 84106

**Contact:**
Noami D. Lee
Tel. (801) 350-1069
Email: naomidlee@gmail.com

AoA Project Officer: Gregory Link

| Fiscal Year | Funding Amount |
|---|---|
| FY2010 | $300,000 |
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| Total | $300,000 |

**Project Abstract:**

The Jewish Family Service of Salt Lake City, UT supports the Caregiver Connection Program of Project EncourAge, a one-year elderly care and caregiver support project. The goal of the project is to positively affect the wellbeing of family caregivers and increase their ability to sustain their caregiving in positive way. The approach is to expand current services and to integrate psycho-social aspects of care. The objectives are: 1) expand the service delivery system; 2) encourage caregiver self-identification and awareness of supportive programming; 3) increase caregiver acceptance of support options; 4) increase service utilization; 5) evaluate program impact and disseminate results; and 6) sustain the project. Four outcomes are expected, including 1) increased awareness among participants of support and respite services; 2) increased service utilization; 3) increased satisfaction; and 4) services are more effectively and efficiently coordinated. Products from this project will include an interim and final report, including evaluation results; a webpage dedicated to the program; and articles for publication.

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|---|---|
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