

**Aging and Disability Resource Centers
Implementing the Affordable Care Act:
Making it Easier for Individuals to Navigate Their Health and Long-Term Care through
Person-Centered Systems of Information, Counseling and Access
Evidence Based Care Transition Program**

State Agency: State of Rhode Island and Providence Plantations

Name of ADRC and Healthcare Partners:

The Point (ADRC), Quality Partners (QIO), and Rhode Island Hospital

Project Period: September 30, 2010 to September 30, 2012

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Evidence Based Care Transitions Model: Care Transitions InterventionSM

Project Summary:

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), propose a two-year project to spread Quality Partners' Care Transitions InterventionSM (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 and benefits specialists in tenets of the CTI model.

Goal/Objectives:

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 and benefits specialists 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.

Anticipated Outcomes/Results:

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.