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: Maine Office of Elder Services, Department of Health & Human Services

Name of ADRC and Healthcare Partners:

Southern Maine Area Agency on Aging ADRC, SpectrumGenerations AAA/ADRC, Maine Medical Center, Maine Medical Center's Physician-Hospital Organization, MaineHealth's Partnership for Healthy Aging, Miles Memorial Hospital, and Southern Maine Medical Center.

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

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Evidence Based Care Transitions Model: Care Transitions Intervention[™]

Project Summary:

Maine's Office of Elder Services is capitalizing on ADRC resources and expanding the Care Transitions Intervention[™] by partnering with the Southern Maine AAA/ADRC, the Physician-Hospital Organization of the Maine Medical Center, and MaineHealth's Partnership for Healthy Aging. These organizations are collaborating to provide direct access to community resources for patients affiliated with Maine Medical Center's Physician-Hospital Organization (PHO) by means of the *Community Links* program. The *Community Links* program is initiated by a direct link from the Physician-Hospital Organization (PHO) to Southern Maine AAA/ADRC. Southern Maine AAA/ADRC then calls each patient referred in order to engage its ADRC resources to connect the patient with needed community resources in order to stay safe and healthy within the home or community. Southern Maine AAA/ADRC proposes to add an ADRC Resource Specialist to the CTI Team, in order to expand the current offerings, including Chronic Disease Self-Management Program through the Practice Based Model, Community Links, and Savvy Caregiver. SpectrumGenerations/ADRC will phase in CTI services during the first year at Miles Memorial Hospital, which is located in their ADRC service area.

Goals/Objectives:

Goals

- 1. Strengthen the role of the ADRC in the CTI model
- 2. Enhance transitions-of-care for the patient between inpatient, primary care, and community settings
- 3. Increase access to ADRC services
- 4. Disseminate the CTI model to, and share experience in southern Maine with, other ADRCs in Maine

Objectives

Add an ADRC Resource Specialist to the CTI Team at Southern Maine AAA/ADRC Integrate fully with the PHO Care Management Department, Reduce hospital readmissions and Emergency Department visits, and assist with resolution of medication reconciliation issues Connect patients and families with benefits and community resources and provide access to benefit programs and assistance, particularly Medicare prescription drug coverage and lowincome subsidy programs.