

**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:** New York State Office for the Aging

**Name of ADRC and Healthcare Partners:**

Albany County NY Connects (ADRC), the Eddy Visiting Nurses Association, Albany Memorial and Samaritan Hospitals and Community Caregivers.

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

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**Evidence Based Care Transitions Model:** Care Transitions Intervention<sup>SM</sup>

**Project Summary:**

The New York State Office for the Aging (NYSOFA) and Albany County NY Connects (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 NY 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/Objectives:**

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 payors to identify ongoing reimbursement; and 5) Conduct an evaluation involving consumers and caregivers and to support sustainability and replication.

**Anticipated Outcomes/Results:**

The CTI-Plus program will serve 200 at-risk Albany County residents each year and at least one funder will continue to support the program at the close of the grant period. Products: An evaluation report and a final report with recommendations.