Exhibit 1: DHHS Systems Framework

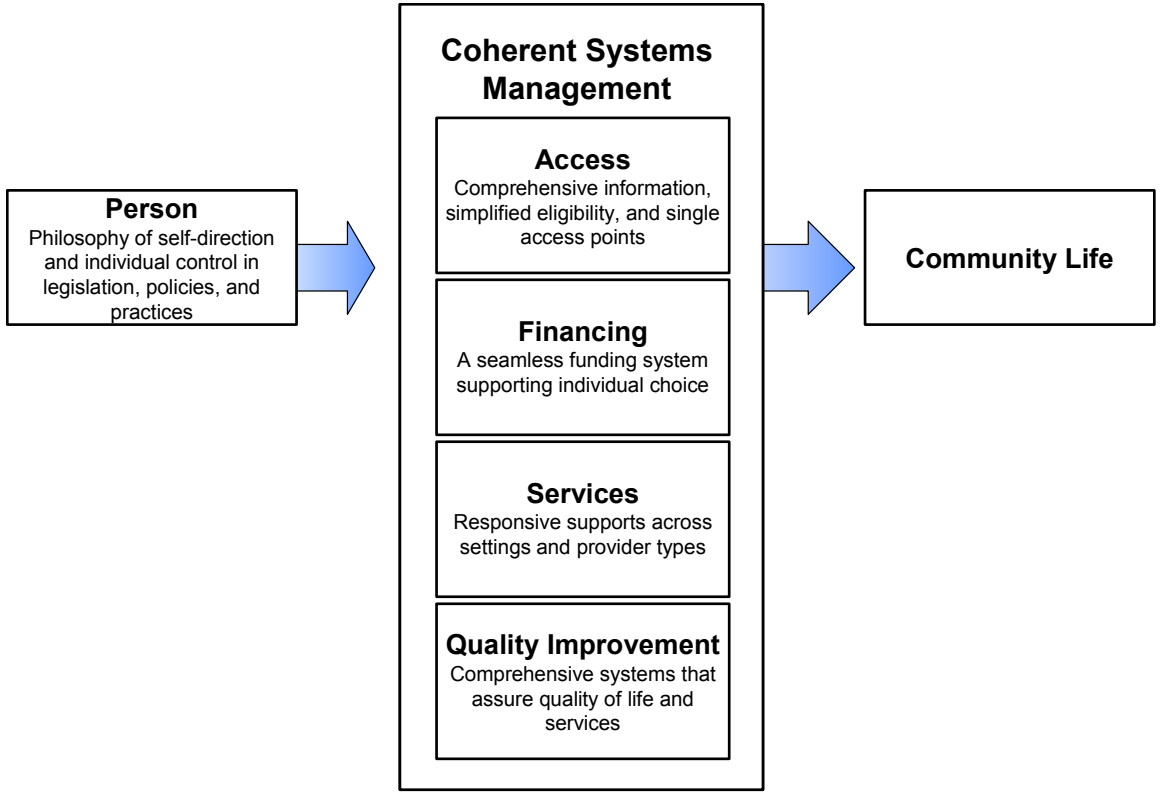

Exhibit 2: ADRC Initiative Within AoA and CMS Initiatives and Goals

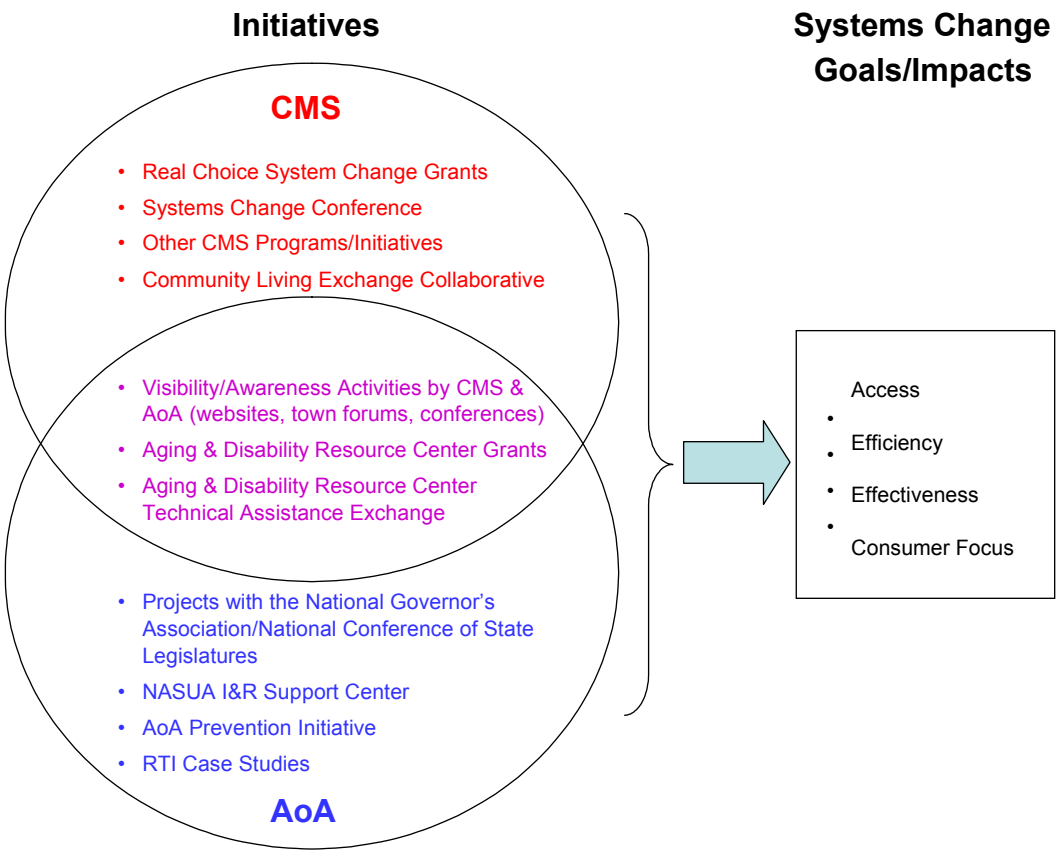

Exhibit 3: Draft Evaluation Framework for ADRCs

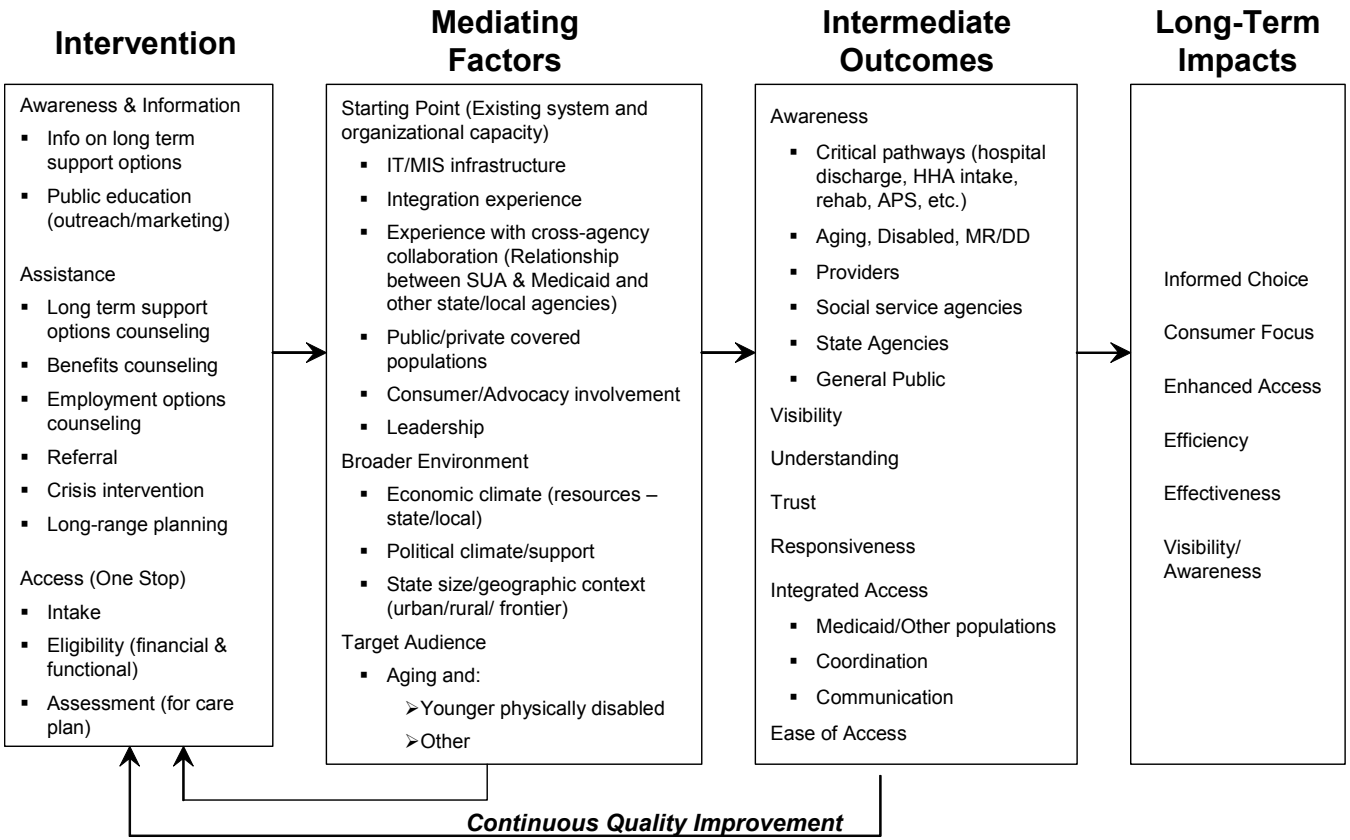

Exhibit 4 Potential Start-Up Process Measures

Operations/Business Model	ADRC site(s) selected Hire/assign project manager # of info. & awareness staff hired/assigned # of assistance staff hired/assigned Training conducted Anticipated call volume MIS strategy Gather & organize information on services services included method for gathering information Implement website Develop public awareness campaign
Coalition Building	Establish advisory committee membership Nature of working relationship with Medicaid MOU Regularly scheduled meetings Methods used to engage state partners
Policy & Regulatory Issues	Establish benefit screening process Planned changes to: Medicaid application eligibility determination service coordination
Clinical Aspects	Planned changes to: level of care determination pre-admission screening assessments service plan development
Baseline (pre-ADRC)	# of contacts (telephone, web inquiries) # and types of outreach activities avenues & steps to apply for public programs clinical eligibility determination financial eligibility determination

***Exhibit 5*: Potential Indicators by Desired Systems Change Goals**

Goals	Indicators				
	Structure	**Process**	**Output**	**Outcome**	**Impact**
Visibility/ Awareness **Informed Choice**	• establishment of RC • launch of website • develop MIS for resources • MIS accessible to other programs • gather & organize info on services • range of info included • staff for awareness & info • 24/7 access established	• develop marketing plans • conduct marketing activities • outreach to professional providers • information maintenance and update protocols • number of contacts by method (website, phone, walk-in)	• # and types of outreach activities conducted • special initiatives to reach disadvantaged populations • for outreach activities to providers & other referral sources, # of agencies & individuals attending; • # at health fairs, conferences, etc. • # of languages for materials • # of contacts by source of referral • gaps analysis -- % of calls where requested info/services were not available	• knowledge gain – consumers understand how to apply for services and that there is an array of LTC options • high user satisfaction in terms of objectivity, reliability, comprehensiveness, currency & usefulness of info • 90%+ of staff of other relevant state agencies are aware of RC role and how it related to their programs/activities • change in calls/website hits following outreach activity • demographics of those contacting & requested info/services • # of times RC featured in newspaper, radio & television • policymakers indicate service gaps analyses are timely & useful	• knowledge of location, function, website & phone # among consumers & providers
Consumer Focus	• establish advisory committee with broad stakeholder representation	• obtain feedback from consumers on whether info is in friendly, usable format • reflected in mission statement, policies, procedures, training	• analyses of/report on consumer feedback • testimonials	• high user satisfaction with assistance provided (responsive to needs, preferences & unique circumstances)	• ability to exercise informed choice • satisfaction with service plan
Access to Services	• staff for assistance • MIS for client tracking	• design & implement a presumptive eligibility process for HCBS • outreach to hospital discharge planners, rehab and nursing facilities • ADRC as only institutional LOC determination source	• # of hospitals and discharge planners contacted/informed/ oriented • # of rehab & nursing facility visited and # of residents contacted • # of institutional LOC determinations (by source of referral & disposition) • # of financial eligibility determinations • # enrolled in Medicaid or other programs	• demographics of those screened • consumers receive services (could also track with ADRC and Medicaid MIS)	• desired and agreed upon services versus services delivered • greater success at finding appropriate services • high quality services received
Efficiency	• development of a single application & a common assessment tool for LTC services • co-location of Medicaid eligibility worker/ delegated authority	• reduced # of consumer contacts to access multiple services • implemented a uniform clinical and financial eligibility process across programs	• useful & flexible MIS that streamlines application & supports CQI • average speed to answer calls • call abandonment • contacts per FTE	• provider satisfaction with appropriateness of referrals • reduced amount of time to complete process • Level of care has high inter-rater reliability (85%+) and 95%+ correct determination based on audit	• lower costs of Medicaid services provided per user and in aggregate • consumers perceive greater efficiency
Effective-ness	• establish CQI process • develop MIS for tracking contacts/ clients and critical pathways • develop complaint & grievance process • use of common taxonomy across I&R/A functions	• interagency agreements or other cooperative efforts • developed standards & procedures • shares resource database with others • training conducted • plan for statewide expansion (possibly 2-1-1)	• total number of contacts over time • contacts/1,000 target population • # of functional assessments • patterns in complaints and grievances	• high user satisfaction, in terms of info being simple & clear, simplicity of applying for services, reduced frustration & confusion • consumer follow-thru on referrals (reported by either/or consumers and providers) • referral source satisfaction • functional status of those assessed relative to pre-ADRC • statewide plan implemented	• decreased NH use • increased use and availability of HCBS

Impact and some outcomes measured pre/post or relative to comparison area or both. Trends over time will also be relevant for output and outcomes.

Potential Data Sources:

- Self-report by grantee
- Focus groups or surveys with consumers which could include general community, target populations, RC users, providers (physicians, nurses, hospital discharge planners, nursing home social service and admission staff, heads & intake staff of HCBS orgs), elder law & estate attorneys, social workers, geriatric care managers, & leadership of targeted faith-based orgs, professional women's orgs, veteran associations & civic orgs
- RC management information system (ADRC MIS)
- Medicaid management information system (MMIS)
- External audit
- Complaints and grievances