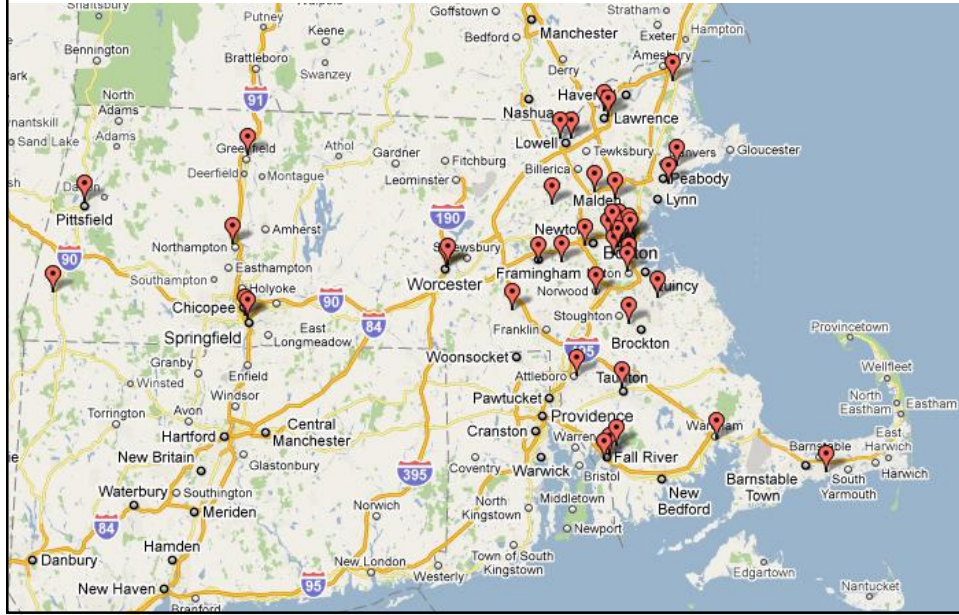
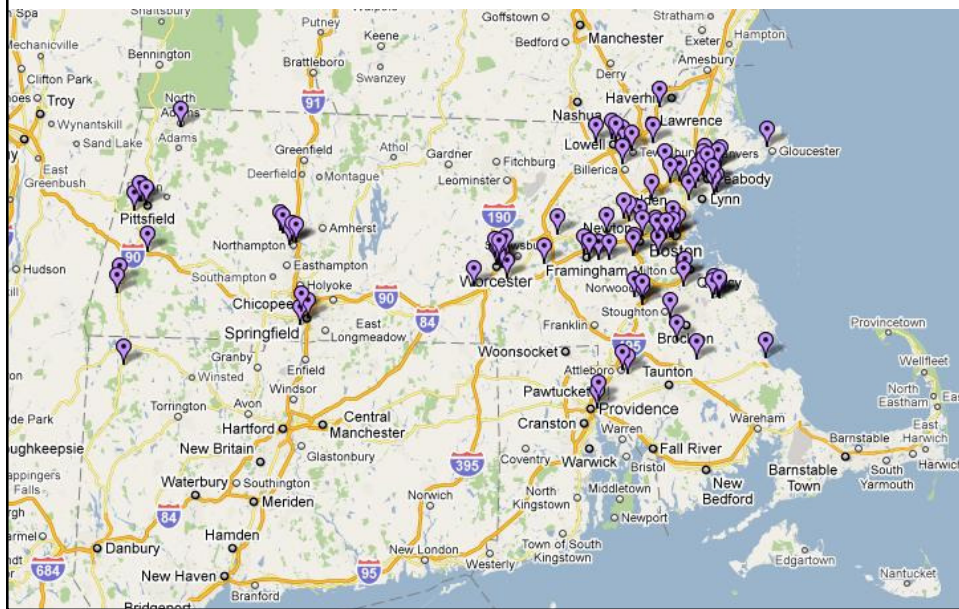


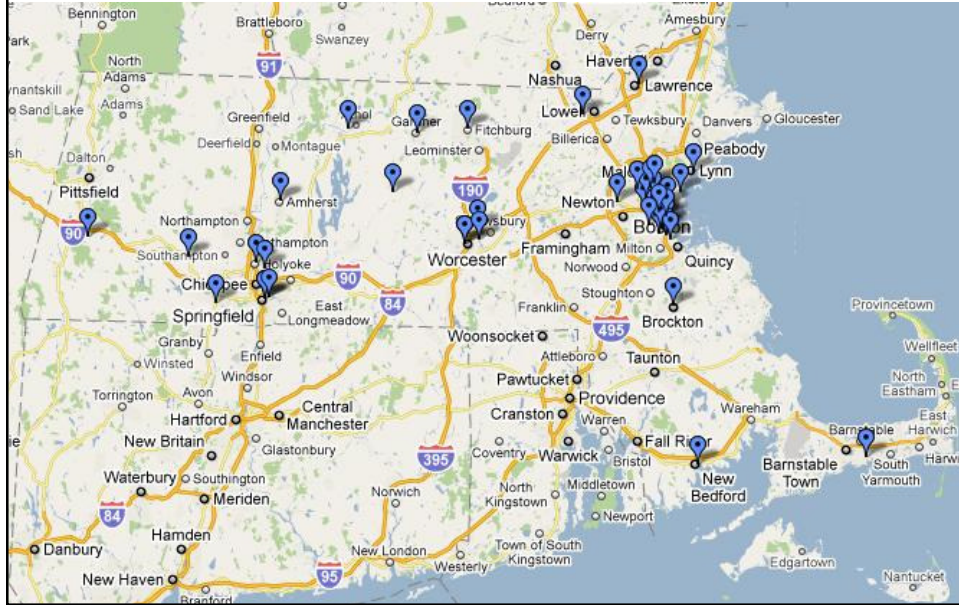
STAAR Hospitals



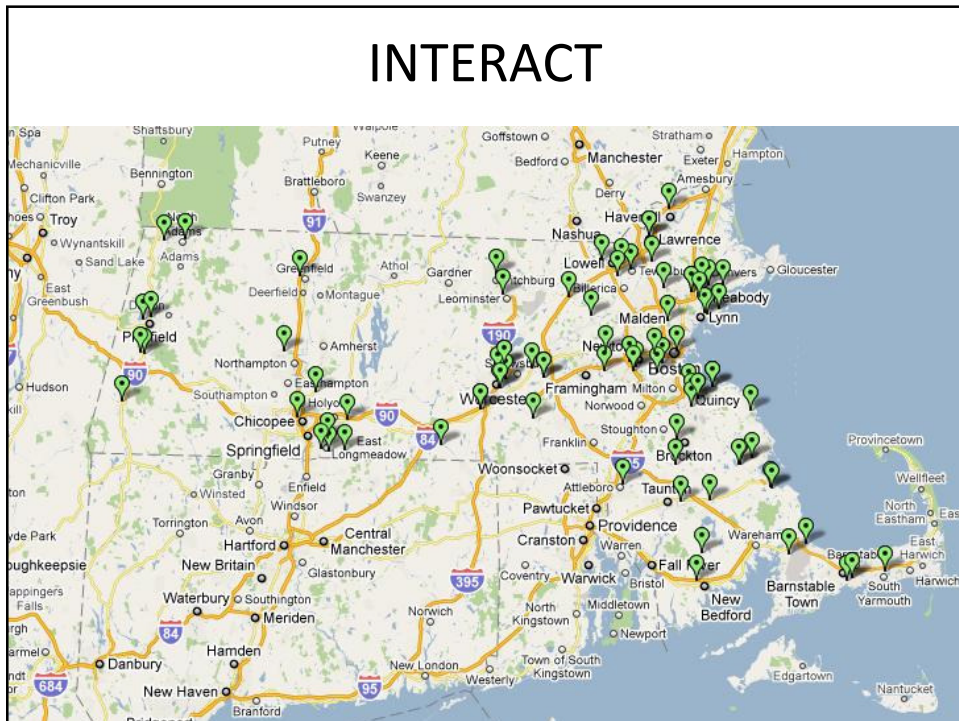
STAAR Cross Continuum Teams



Patient-Centered Medical Home Initiative



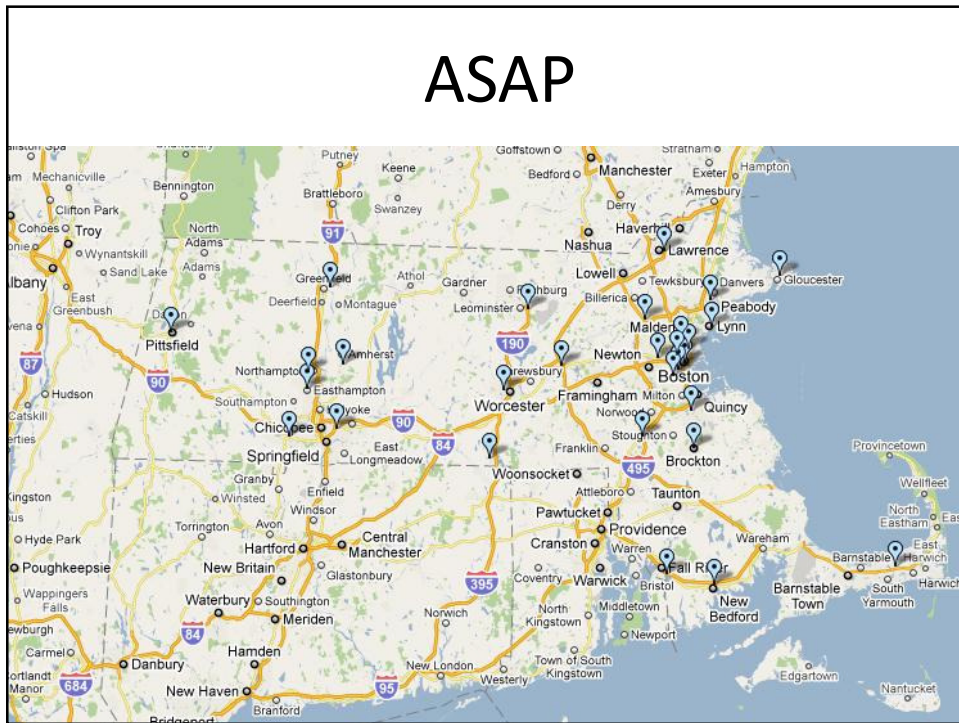
INTERACT



MOLST



ASAP



All Massachusetts Transitions Programs

<http://www.batchgeo.com/map/mastaarteamsmap>



ADRC	STAAR Cohort 1 Hospitals (22)	STAAR Cohort 2 Hospitals (24)
Berkshire County	Berkshire Medical Center Fairview Hospital	<i>none</i>
Cape and Islands	<i>none</i>	Cape Cod Hospital Falmouth Hospital
Central Mass	Saint Vincent Hospital UMass Memorial Medical Center	Harrington Hospital Heywood Hospital Milford Regional Medical Center
Greater North Shore	North Shore Medical Center Northeast Hospital Corporation	Hallmark Health Systems
Merrimack Valley	Saints Medical Center	Anna Jacques Hospital Holy Family Hospital & Medical Center Lawrence General Hospital Lowell General Hospital
MetroBoston	Beth Israel Deaconess Medical Center Brigham and Women's Hospital Cambridge Health Alliance Caritas St. Elizabeth's Medical Center Faulkner Hospital Massachusetts General Hospital South Shore Hospital Tufts Medical Center VA Boston Healthcare System	Milton Hospital Mt. Auburn Hospital
Metrowest	Lahey Clinic Medical Center Metrowest Medical Center Newton-Wellesley Hospital	Braintree Rehab Emerson Hospital Norwood Hospital Winchester Hospital
Pioneer Valley	Baystate Medical Center Cooley Dickinson Hospital	Baystate Franklin Medical Center Mercy Medical Center
Southeastern MA	Sturdy Memorial Hospital	Southcoast Hospitals Group St. Anne's Hospital
Southern MA	<i>none</i>	Good Samaritan Medical Center Jordan Hospital Morton Hospital
Suffolk County	<i>none</i>	Carney Hospital

Section 3026 of the Affordable Care Act created a \$500 Million CMS based “Community Based Care Transitions Program.” The Program is designed to improve care transitions between settings with the aim of reducing avoidable 30-day rehospitalizations. The details of the program have not yet been released, but will be forthcoming in the Federal Register. The major components of the program as far as are publically known, include:

- Applications from community-based organizations in partnership with hospitals
- Preference given to applications which include grantees of the US Agency on Aging
- Preference given to applications which focus on underserved and/or rural communities
- Clinical focus on “high-risk” Medicare beneficiaries, which are essentially defined as medically and/or socially complex
- Focus on hospitals with high readmission rates

Additionally, there are three entities which are known to be eligible to submit applications:

- **Hospitals** that demonstrate a relationship with their local ASAPs,
- **Office practices** that demonstrate a relationship with their local ASAPs, or
- **Aging Services Access Points (ASAPs)** that demonstrate a relationship with their medical provider communities.

Model for Regional 3026 Applications in Massachusetts

<u>Unit</u>	<u>Request</u>	<u>Amount</u>
STAAR Hospital(s)	Investment in hospital-based cross-continuum team to improve processes of transitions	\$A
ASAPs/ADRC	Investment in providing care transitions coaching	\$B
Cross-Continuum Network	Investment in coordinating among cross-continuum partners	\$C
State	Additional support for statewide learning system, infrastructure, and communication (distributed evenly among all application units)	\$D
Total Regional Support		\$E
Total State Application		Σ\$E1+ \$E2, etc