

RFA 34305-22420 CMP Reinvestment  
Program Application Checklist

Applicants Name: \_\_\_\_\_

Page(s) #:	Required Element:	PASS	FAIL
_____	Cover letter is included and addressed to: Vincent Davis, State Survey Agency Director 665 Mainstream Drive, 2nd Floor Nashville, TN 37243	_____	_____
_____	Cover letter is signed by facility administrator if nursing home or signed by project administrator if other.	_____	_____
_____	CMS Fillable Application ( <b>Attachment 1</b> ) is included and is signed by an individual who can legally sign a contract with the State of Tennessee. <b>Please sign anywhere on the application.</b>	_____	_____
_____	All applicable blanks are completed in CMS application including Tax Identification number, and if applicable, Medicare/Medicaid numbers.	_____	_____
_____	Submitted the completed Excel budget spreadsheet and budget details page ( <b>Attachment 3</b> ) for the project, along with a narrative explanation of the costs.	_____	_____
_____	Job descriptions for key personnel are included (one page limit).	_____	_____
_____	Biographical sketches/Curriculum Vitae for currently employed key personnel are included (one page limit).	_____	_____
_____	Project organizational chart is included and significant collaborators are identified.	_____	_____
_____	Project Title information is included per CMS application.	_____	_____
_____	Required Abstract information is included per CMS application.	_____	_____
_____	Statement of Need information is included per CMS application, and addresses possible problems and contingency plan.	_____	_____
_____	Project Description information is included per CMS application and includes <b>projected outcomes, the timeline, deliverables, benchmarks, and dates.</b>	_____	_____
_____	Results Measurements information is included per CMS application and identifies what data will be measured, how and when it will be measured, and who will measure it.	_____	_____
_____	Description of how the nursing home community and governing body will assist and provide support for the project which is included per CMS application.	_____	_____
_____	Identification and list of all organizations and subcontractors that will receive funds from this grant are included per CMS application (specific nursing homes, hospitals, local community agencies, etc.). If no other organizations or subcontractors receive funds, please include a note.	_____	_____

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\_\_\_\_\_  
\_\_\_\_\_  
Letters of commitment/agreement from all organizations and subcontractors that will receive funds from this grant or are serving as partners are included per Request for Application.

\_\_\_\_\_  
\_\_\_\_\_  
General Assurances form is included and signed per Request for Application.

Primary Evaluator Signature and Date:

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

November 6, 2020

State of Tennessee, Department of Health  
Attn: Mr. Vincent Davis, State Survey Agency Director  
665 Mainstream Drive, 2<sup>nd</sup> Floor  
Nashville, TN 37243

**Reference: RFA # 34305-22420 - Civil Monetary Penalty (CMP) Reinvestment Program**

Dear Mr. Davis:

Altarum Institute (Altarum) is pleased to provide the enclosed proposal in response to RFA 34305-22420 entitled, “Civil Monetary Penalty (CMP) Reinvestment Program.”

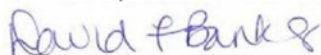
Altarum is nonprofit organization with over 70 years of successful support to clients and the core of our work is advancing health through research and advisory services. Altarum integrates independent research and client-centered consulting to create comprehensive, systems-based solutions that advance health among vulnerable and publicly insured population.

Our proposed project “Accelerating Quality Improvement for Long-Stay Residents in Tennessee Nursing Homes Using Culture Change During COVID-19” proposes to implement and assess the impact of evidence-informed, COVID-19 adapted interventions designed to benefit residents in Tennessee nursing homes. Altarum Institute and The Eden Alternative partnered to create an approach to training and support that is rigorous and effective in a set of nursing homes in Michigan and propose to replicate our work promoting culture change and improving care for residents in Tennessee.

The requested amount of \$1,480,889.96 is strategically spread over training, technical assistance, and evaluation to ensure the education and support required to implement culture change will promote deep, sustained changes among participating homes and provide a data-driven foundation for future culture change endeavors.

Thank you for considering our application. If you have any questions or require additional information, please contact Mr. David Banks, who is authorized to bind Altarum as negotiator and signatory, via telephone at 202-776-5111 or email at [David.Banks@altarum.org](mailto:David.Banks@altarum.org).

Sincerely,



David Banks  
Director of Contracts and Legal Operations

# REQUEST

Date of Application:      /      /       
MM DD YYYY

## PART I: Background Information

Name of the Organization: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

CMS Certification Number, if applicable:   -

Medicaid Provider Number, if applicable:   -

Name of the Project Leader: \_\_\_\_\_

Address: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Internet E-mail Address: \_\_\_\_\_

Telephone Number:    -    -

Mobile Number:    -    -

Have other funding sources been applied for and/or granted for this proposal?  Yes  No

If yes, please explain/identify sources and amount.

\_\_\_\_\_  
\_\_\_\_\_

**PART II: Applicable to  
Certified Nursing Home Applicants**

Name of the Facility: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone Number:    -    -

CMS Certification Number:   -

Medicaid Provider Number:   -

Date of Last Recertification Survey:  $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$

Highest Scope and Severity Determination: (A - L) \_\_\_\_\_

Date of Last Complaint Survey:  $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$

Highest Scope and Severity Determination: (A - L) \_\_\_\_\_

Currently Enrolled in the Special Focus Facility (SFF) Initiative?    
Yes No

Previously Designated as a Special Focus Facility?    
Yes No

Participating in a Systems Improvement Agreement?    
Yes No

Administrator's Name: \_\_\_\_\_

Owner of the Nursing Home: \_\_\_\_\_

CEO Telephone Number:    -    -

CEO Email Address: \_\_\_\_\_



Name of the Management Company: \_\_\_\_\_

Chain Affiliation (please specify) Name and Address of Parent Organization: \_\_\_\_\_

Outstanding Civil Money Penalty?  Yes  No

Nursing Home Compare Star Rating: \_\_\_\_\_ (can be 1, 2, 3, 4 or 5 stars)

Date of Nursing Home Compare Rating: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Is the Nursing Home in Bankruptcy or Receivership?  Yes  No

If an organization is represented by various partners and stakeholders, please attach a list of the stakeholders in the appendix.

**NOTE:** The entity or nursing home which requests CMP funding is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are granted or during the course of the project completion, the project leader shall notify CMS and the State Agency within five calendar days. The new ownership shall be disclosed as well as information regarding how the project shall be completed. A written letter regarding the change in ownership and its impact on the CMP Grant application award shall be sent to CMS and the State Agency.

**Part III:  
Project Category**

Please place an "X" by the project category for which you are seeking CMP funding.

- Direct Improvement to Quality of Care
- Resident or Family Councils
- Culture Change/Quality of Life
- Consumer Information
- Transition Preparation



**ATTACHMENT 3**  
**GRANT BUDGET**  
(BUDGET PAGE 1)

**ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY**

**APPLICABLE PERIOD:** The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning **4/1/2021**, and ending **3/31/2024**.

03 Object Line- item Referen	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup> - Altarum charges salaries and wages at actual hourly rates for individuals who performed the work adjusted for uncompensated professional staff overtime, and include a 3% escalation effective April 1st each year. We have blended our salary rate to account for the annual escalation.	\$322,792.29	\$0.00	\$322,792.29
2	Benefits & Taxes* - Include allowances for vacation, sick leave, holidays, and other fringe benefits in accordance with Altarum Institute's established policy. We have blended our proposed fringe rate to account for fluctuations in our FY2020-2023 forecasted fringe related costs applied to staff's salaries. Base Labor \$322,792.29 x 48.55685% Blended Fringe = \$156,737.77	\$156,737.77	\$0.00	\$156,737.77
4, 15	Professional Fee/ Grant & Award <sup>2</sup> - The Eden Alternative® - Consultation costs were determined based on a proposal submitted by The Eden Alternative in response to the State of Tennessee solicitation requirements and Altarum's proposed solution. Additional detail is provided on the budget detail page.	\$563,432.00	\$0.00	\$563,432.00
8	Occupancy / Altarum Facility Direct Cost* - The allocation for the rate is a per-labor-dollar amount without fringe benefits - \$322,800 Base Labor x 14.1965% = \$45,825.21	\$45,825.21	\$0.00	\$45,825.21
9	Equipment Rental & Maintenance* - Altarum Network Direct Costs - Our office operation costs include renting and maintaining a Network Center. The Network Center accumulates costs associated with operating all Altarum computers and networks. The allocation for this rate is per project labor hour. 2215 hours per year x 3 years = 6,645 total hours. Network cost = 6,645 total hours x \$9.9427 per hour = \$66,069.04	\$66,069.04	\$0.00	\$66,069.04
11, 12	Travel / Conferences & Meetings <sup>2</sup> - Travel expenses are estimated for Nashville, TN and include state, room, and city taxes were applicable. Expenses are based upon historical data, current quotes, and Government Travel Regulations. We use a per diem reimbursement based on the rates prescribed under paragraph 1-7.2 of the Federal Travel Regulations.	\$95,382.00	\$0.00	\$95,382.00
22	Indirect Overhead Cost* = Blended 46.20% rate x Direct Labor Total (Salaries+Benefits&Taxes). On February 25, 2020 Altarum received our FY20 Provisional Rate approval from Defense Contract Audit Agency (DCAA). A copy is available upon request. Our proposal has been developed utilizing these provisional rates and forecasted FY2021 - FY2023 rates. Under Altarum's provisional rate agreement with the Defense Contract Audit Agency (DCAA), our provisional indirect overhead expense rate must apply to all direct labor and applicable fringe benefits employed on the proposed program.	\$221,564.16	\$0.00	\$221,564.16
22	Subcontractor Handling Cost* = Blended 1.4275% rate x Subcontractor Costs Total	\$9,087.49	\$0.00	\$9,087.49
25	<b>GRAND TOTAL</b>	<b>\$1,480,889.96</b>	<b>\$0.00</b>	<b>\$1,480,889.96</b>

**Note:** The prices we have quoted are based on a Time & Materials contract along with the information provided in the solicitation and in th Questions and Answers (Q&A).



**ATTACHMENT 3 (continued)**

**GRANT BUDGET LINE-ITEM DETAIL**

(BUDGET PAGE 2)

SALARIES	Est Hours per Year	Est Cost per Hour	# of years				AMOUNT
Anne Montgomery	176 x	73.74 x	3				\$38,934.72
Sarah Slocum	375 x	63.77 x	3				\$71,741.25
Christine Stanik	208 x	52.06 x	3				\$32,485.44
Morgan Perry	624 x	32.95 x	3				\$61,682.40
Andy Petrovich	416 x	43.3 x	3				\$54,038.40
Danielle Vibbert	416 x	51.21 x	3				\$63,910.08
<b>ROUNDED TOTAL</b>							<b>\$322,792.29</b>
PROFESSIONAL FEE/ GRANT & AWARD							AMOUNT
Consultant - The Eden Alternative - The Path to Mastery - Each home will be working with a Path to Mastery Guide to implement Milestones 1 and 2. Each Milestone will require 5 Guide visits to each home along with specific training (\$4,000, per visit, per home); <i>Guide Service is expert consulting at \$150/hour for 25 – 35 hours per visit. This includes prep (12 – 16 hours) and follow-up (4 – 6 hours). Training is billed separately.</i>							\$320,000.00
<i>Yr 1 - Certified Eden Associate Training = \$515 x 10 class/hm x 8 homes = \$41,200; LeaderSHIFTS: Transform Your Mindset Online Training = \$199 x 5 class/hm x 8 homes = \$7,960; Facilitative Leadership Online Training = \$375 x 5 class/hm x 8 homes = \$15,000</i>							\$64,160.00
<i>Yr 2 - Certified Eden Associate Training = \$515 x 15 class/hm x 8 homes = \$61,800; Open Hearts Open Minds Online Tutorial + Kits = \$499 x 1 class/hm x 8 homes = \$3,992; GROWTH: Six Steps for Framing Change Online Training = \$199 x 5 class/hm x 8 homes = \$7,960; Leadership: Using the Science to Elevate the Art = \$450 x 5 class/hm x 8 homes = \$18,000</i>							\$91,752.00
<i>Yr 3 - Train the Educator Intensive = \$1,995 x 2 class/hm x 8 homes = \$31,920; "The Well-Being Approach: Creating a Life Worth Living With Dementia" = \$199 x 10 class/hm x 8 homes = \$15,920; "Decoding Distress: Proactive Strategies for Living Well with Dementia" = \$199 x 10 class/hm x 8 homes = \$15,920; 3 mini courses at \$99 each = \$297 x 10 class/hm x 8 homes = \$23,760</i>							\$87,520.00
<b>ROUNDED TOTAL</b>							<b>\$563,432.00</b>
TRAVEL/ CONFERENCES & MEETINGS							AMOUNT
<i>Altarum Travel for Focus Groups and Interviewing (6 trips MI to TN, 3 trips DC to TN = 9 Trips Total) – MI – TN - Airfare/luggage \$800 x 6 = \$4,800; Hotel - 36 nights @ \$240.35 = \$8,652.60; Meals – Work days x 24 days @ \$61/Travel days x 24 @ \$45.75 = \$2,562; Auto Rental @ 6 days x \$182.40 = \$1,094.40; Airport Pkng @ \$22 x 48 = \$1,056</i>							\$22,212.00
<i>DC – TN - Airfare/luggage \$325 x 3 = \$975; Hotel - 9 nights @ \$240.35 = \$2,163.15; Meals – Work days x 6 days @ \$61/Travel days x 6 @ \$45.75 = \$640.50; Airport Pkng @ \$22 x 12 = \$264</i>							
<i>The Eden Alternative Consultant Guide Visit Travel for Path to Mastery Guides (12 trips yr1, 16 trips yr2, 12 trips yr3 = 40 Trips Total) - Airfare/luggage \$550 x 40 = \$22,000; Hotel - 120 nights @ \$253.35 = 30,402; Meals – Work Days x 100 days @ \$61 = \$6,100; Auto Rental @ 40 days x 350 = \$14,000; Gas @ \$30 x 40 = \$1,200; Mileage R/T @.575 = \$800 (approx. actual mileage TBD)</i>							\$73,170.00
<b>ROUNDED TOTAL</b>							<b>\$95,382.00</b>

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## Key Personnel Job Descriptions

### **Sarah Slocum, MA, Project Director**

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The primary project staff person based in Michigan, Ms. Slocum will provide leadership for the project, oversee implementation of the measurement of progress toward nursing home goals, and the analysis of data and reporting.

### **Anne Montgomery, MS, Subject Matter Expert**

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The second primary project staff person based in Washington, DC, Ms. Montgomery will provide national leadership for the project as a subject matter expert and in evaluation development. She will also provide senior corporate and subject matter oversight for the project, ensuring it has personnel and infrastructure support necessary for success.

### **Andy Petrovich, MHSA, MPH, CHPS, Project Manager**

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Mr. Petrovich will recruit Tennessee nursing homes and assure collection and analysis of baseline and ongoing data. He will report data and complete project management activities in a timely way.

### **Christine Stanik, PhD, Performance Improvement Lead**

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Dr. Stanik will have a lead role in data collection and analysis for the intervention evaluation. This includes conducting focus groups and interviews, transcribing audio recordings, and coordinating the collection of the Systems Change Tracking Tool data.

### **Danielle Vibbert, MPH, Quality Improvement Analyst**

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Ms. Vibbert will help collect and analyze the Systems Change Tracking Tool and qualitative data from the eight homes and prepare data analyses, presentations, and reports.

### **Morgan Perry, MPH, Quality Improvement Analyst**

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Ms. Perry will help collect and analyze quantitative data from the eight homes and prepare data analyses, presentations, and reports. She will guide homes through using Process Control Charts as a quality improvement tool.

### **Meredith Martin, BS, Certified Eden Educator, Murfreesboro, TN**

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Ms. Martin will be an educator for some trainings. Ms. Martin is local to Tennessee, has professional connections to local organizations, and will help with recruitment for the project. She will act as a local liaison for this project.

### **Kris Angevine, Certified Eden Educator and Path to Mastery Guide**

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Ms. Angevine will lead the Eden Path to Mastery Guide process and will serve as a Path to Mastery Guide for participating homes and as an educator for some training in this project.

### **Denise Hyde, PharmD, RP, Eden Path to Mastery Guide, Certified Eden Educator**

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Dr. Hyde will lead the Eden Path to Mastery Guide process and will serve as a Path to Mastery Guide for participating homes and as an educator for some training in this project.

## Biographical Sketches for Key Personnel

**Sarah Slocum, MS, Project Director.** Ms. Slocum is Co-Director of Altarum’s Program to Improve Eldercare. Ms. Slocum has over 30 years direct experience in the Michigan Aging Network, including 13 years as Michigan’s State Long Term Care Ombudsman, where she gained a strong understanding of nursing home regulations and residents’ needs and preferences. She is co-lead for the CMP funded Altarum/Eden project currently underway in Michigan.

**Anne Montgomery, MS, Subject Matter Expert.** Ms. Montgomery is Co-Director of Altarum’s Program to Improve Eldercare. She served as Senior Policy Advisor to the U.S. Senate Special Committee on Aging from 2007-2013, where she acquired a deep understanding of the need for QI in nursing homes and the efficacy of culture change in benefitting residents. She is co-lead for the Michigan CMP funded Altarum/Eden project and has strong project design skills.

**Andy Petrovich, MHSA, MPH, CHPS, Project Manager.** Mr. Petrovich is a Project Manager in Altarum’s Center for Appropriate Care and an experienced healthcare administrator. He has managed projects providing health IT technical assistance to long-term care providers and other clinical settings in Michigan. He has experience managing operations at skilled nursing facilities in Michigan, Ohio, and Indiana. His focus is on process improvement, setting/achieving goals, and teambuilding.

**Christine Stanik, PhD, Performance Improvement Lead.** Dr. Stanik is a Senior Research Analyst at Altarum and is trained as a social psychologist. She is adept with both quantitative (survey) and qualitative methods (key-informant interviews and focus groups) and specializes in projects utilizing mixed modes. She has experience working on improvements to services for elders in several Altarum projects. As a key investigator in the Michigan Altarum/Eden CMP project, she has developed methods and tools that we will use in Tennessee.

**Danielle Vibbert, MPH, Quality Improvement Analyst.** Ms. Vibbert is a Project Manager and Senior Research Analyst at Altarum. She is currently manages a multi-million-dollar QPP-SURS contract with CMS. She has conducted mixed methods and qualitative research activities on multiple projects including a CMS Practice Transformation Network, an AHRQ-funded evaluation of Stage 3 Meaningful Use Criteria, and evaluations of health IT applications from public/private and domestic/international perspectives.

**Morgan Perry, MPH, Quality Improvement Analyst.** Ms. Perry is a Public Health Analyst at Altarum. She is currently contributing to evaluations for the CMP-funded Altarum/Eden project in Michigan, a Ralph C. Wilson Jr. Foundation project, and the National Community Care Corps. She has worked extensively with data collection, management, and reporting.

**Meredith Martin, BS, Education Coordinator, Certified Eden Educator.** Ms. Martin has been the Education Coordinator for The Eden Alternative for nine years. She worked at an Eden Registry Member community for 10 years as the Director of Quality of Life. She serves on the board for the culture change coalition in Tennessee, is an active member of the Tennessee Advancing Excellence Coalition, and she collaborates with partners across the state to improve QOL and QOC for elders.

**Kris Angevine, Community Builder, Certified Eden Educator and Path to Mastery Guide.** As Eden Registry Liaison, Ms. Angevine works closely with Denise Hyde to guide and support Eden Registry Members. A former staffer at St. John’s Home and Jewish Senior Life in Rochester, NY, she brings over 15 years of in-depth knowledge of creating homes within organizations, empowering work teams, and implementing person-directed care. Her roots in the food and dining industry enable her to transform the dining experience in a new home culture. She is action-oriented, turning words and ideas into actions and reality.

**Denise Hyde, PharmD, RP, Community Builder, Certified Eden Educator and Path to Mastery Guide.** Dr. Hyde has been the Community Builder with Eden for 10 years, supporting Eden Registry Members across the United States and Canada. For the previous 12 years, she worked as a pharmacist in a nursing home that was implementing the Eden Alternative Philosophy. She is a board member for Emmanuel Health Systems in Omaha, Nebraska, and is on the leadership team for the Nebraska Culture Change Coalition.

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## GENERAL ASSURANCES

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*Assurance is hereby provided that:*

1. This program will be administered in accordance with all applicable statutes, regulations, program plans and applications:
  - a. The laws of the State of Tennessee;
  - b. Title VI of the federal Civil Rights Act of 1964;
  - c. The Equal Employment Opportunity Act and the regulations issued there under by the federal government;
  - d. The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;
  - e. The condition that the submitted application was independently arrived at, without collusion, under penalty of perjury; and,
  - f. The condition that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Agency in connection with any grant resulting from this application.
2. Each agency receiving funds under any grant resulting from this application shall use these funds only to supplement, and not to supplant federal, state and local funds that, in the absence of such funds would otherwise be spent for activities under this section.
3. The grantee will file financial reports and claims for reimbursement in accordance with procedures prescribed by the State of Tennessee Department of Health.
4. Grantees awarded grants resulting from this application process will evaluate its program periodically to assess its progress toward achieving its goals and objectives and use its evaluation results to refine, improve and strengthen its program and to refine its goals and objectives as appropriate.
5. If applicable, the program will take place in a safe and easily accessible facility.

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### CERTIFICATION/SIGNATURE

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I, THE UNDERSIGNED, CERTIFY that the information contained in the application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state/federal statutes, rules and regulations will be met; and, that the indicated agency designated in this application is authorized to administer this grant.

I FURTHER CERTIFY that the assurances listed above have been satisfied and that all facts, figures and representation in this application are correct to the best of my knowledge.

**David Banks**

Digitally signed by: David Banks  
DN: CN = David Banks email = David.Banks@altarum.org OU = Washington,  
Contracts  
Date: 2020.11.05 14:36:47 -05'00'

**11/05/2020**

Signature of Applicant Agency Administrator

Date Signed (Month/Day/Year)

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## EXPECTED OUTCOMES

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### *Project Abstract*

Our project, “Accelerating Quality Improvement for Long-Stay Residents in Tennessee Nursing Homes Using Culture Change During COVID-19” proposes to implement and assess the impact of evidence-informed, COVID-19 adapted interventions designed to benefit nursing home residents. We use *culture change* to refer to protocols and actions nursing homes and educators developed to improve resident quality of life (QOL) and promote adoption of elder-centered care. The Centers for Medicare and Medicaid Services (CMS) has also worked to advance culture change, and some states, including Tennessee, proactively built culture change into value-based reimbursement. Culture change and QOL are key elements of Tennessee’s Quality Improvement in Long Term Services and Supports initiative (QuILTSS) framework. In an era in which COVID-19 is deeply impacting nursing homes, and where infection control is of central importance, the complementary need to mitigate social isolation and address resident QOL via culture change practices is even more essential for residents’ well-being. Altarum’s recent [survey](#) of nursing home residents, including 28 residents in Tennessee, demonstrates that isolation and loneliness imposed by COVID-19 restrictions can exacerbate weight loss and withdrawal.

Now more than ever, nursing homes need strategic quality improvement (QI) support to develop, implement, and sustain a culture of care focused on creating safe, vibrant, and engaging living environments. This proposed project will meet these needs by providing expert, focused consultation and targeted training for 8 nursing homes over a 3 year period, using The Eden Alternative Path to Mastery™ guide services and protocol. Altarum will provide ongoing support and feedback to participating homes through “teach-back” webinars, in the process helping staff learn how to better analyze their own data. The end goal is to transform the institutional, task-oriented model of service delivery into a person-centered approach to providing care in ways that maximize QOL and prioritize individual resident needs and preferences.

We are modeling this QI project plan on a successful CMP-funded initiative we are currently operating in 6 nursing homes in Michigan. Building on this experience, and our ongoing partnership with The Eden Alternative®, we propose to implement a similar system of comprehensive culture change in 8 participating Tennessee homes. We will analyze staff-led changes in culture change practices and protocols collected across the 6 domains of the Holistic Approach to Transformational Change (HATCh) model using Altarum’s System Change Tracking Tool (SCTT). Importantly, we will also measure the impact on resident experience in a parallel tool, the Resident System Change Tracking Tool (R-SCTT), and through focus group interviews with residents and family members. We will compare baseline and intervention data to assess if there is any impact of culture change on selected quality metrics and costs. The Altarum Team is led by Sarah Slocum (Project Director) and Anne Montgomery (Subject Matter Expert), who will oversee reporting and assessment. As part of our team, The Eden Alternative will provide one-on-one consultation and education. Together, we will provide technical assistance to participating nursing homes during this QI project.

Altarum is a nonprofit organization that works with federal and state programs, providers, and foundations to improve the health of vulnerable and publicly insured populations. We combine public health and health care delivery expertise with applied analytics, technology, education, advisory services, and program implementation. The Eden Alternative is a non-profit organization dedicated to creating QOL for elders and their care partners, wherever they may live. Through education, consultation, and outreach, they offer person-directed principles and practices that put the person first.

### *Statement of Need*

**Culture Change.** The prevalent model of care in nursing homes is an institutional top-down model with rigid schedules and an emphasis on staff task completion. This model has proved problematic in areas of resident satisfaction and QOL, often manifesting in residents experiencing what The Eden Alternative calls the “three plagues” – loneliness, helplessness, and boredom. At the same time, many nursing homes consistently express a desire to make improvements in four key areas: resident satisfaction, functional improvement, hospital admissions, and utilization of antipsychotics. In Tennessee, nursing homes are assessed through the QuILTSS

value-based purchasing framework for their ability to achieve success on measures that are important to culture change and resident QOL as well as staffing, and clinical quality (including antipsychotics). Our culture change training and implementation efforts are designed to enhance these efforts and to promote sustainable QI.

With short-term training, nursing home providers often find it difficult to track and sustain changes over time to improve resident QOL. Our project is designed to provide three years of intensive, supported culture change training and mentoring, and ongoing tracking, feedback, and assessment, to thoroughly embed new practices into existing operations, and assist nursing homes in achieving lasting gains that benefit both residents and staff. Though formal evaluations of comprehensive culture change have been limited, [one study](#) of The Eden Alternative approach found that homes receiving training to complete Milestones 1 and 2 subsequently experienced higher occupancy rates due to higher satisfaction and lower staff turnover.. Other [evaluations](#) of culture change interventions in nursing homes have reported improvement in some resident outcomes. Overall, however, there is a need for further work to define, measure, track, and sustain comprehensive culture change as part of ongoing QI initiatives. In alignment with the Tennessee Department of Health's (TDH) priority of promoting resident rights and improving well-being for those with Alzheimer's/dementia, and the QuILTSS initiative, this project will use culture change training and implementation to improve resident QOL and enhance the ability of homes to maintain high performance.

**Potential Problems & Contingency Plan.** In bringing this project to Tennessee, we are ready to adapt to the current challenges presented by COVID-19. Through our Michigan project, we have learned how to build positive and productive working relationships with homes, enabling us to cooperatively adjust project methods to respond to COVID-19 challenges by effectively shifting communications, support, and assistance to virtual platforms. *For example, if interviews and focus groups cannot be conducted in person, Altarum will conduct one-on-one interviews via teleconferencing platforms. Focus groups will transition to interviews in response to restrictions on bringing groups of residents together.* Additionally, the local Eden Alternative leadership of Meredith Martin, a Certified Eden Educator, and her close connections to long-term care providers in Tennessee, is a solid asset.

When the coronavirus pandemic began to unfold, participating Michigan nursing homes required different supports to ensure they could focus on the health and safety of residents and continue to enhance the environment in which residents live. Altarum halted all in-person interviews and focus groups and offered videoconferencing, and, as needed, flexibility in qualitative data reporting. To prevent staff overextension and ensure that resident safety remained a top priority as culture change work proceeded, data collection timelines were discussed individually with each home. The Eden Alternative worked to reschedule trainings and offered telephone and videoconferencing options to homes to keep them on track and provided information about how to continue person-centered care adaptations that work during a period of greater physical restrictions. *They also broke up lengthier in person visits into shorter, 2-hour teleconferencing sessions in response to travel and staff time restrictions.* Overall, our experience is that homes are motivated to continue to participate in culture change QI efforts, despite the extra stresses posed by COVID-19. For residents, both safety and QOL remain paramount, and homes indicate that they continue to benefit greatly from the training and technical assistance (at no cost to them), which positions them to serve as a residence of choice and an employer of choice. In Tennessee, we interviewed each home that expressed interest in participating in this project in order to identify those that are most committed and in a good position to take on the challenge of a three-year culture change journey. Four homes provided letters of support, which are accessible here: <https://bit.ly/3n0rLar>.

### *Program Description*

**Overview.** We will implement and assess a comprehensive culture change process that centers on improving resident QOL by training staff to rethink current practices and engage new protocols that enhance their responsiveness to residents' needs and preferences. Specifically, we will implement The Eden Alternative Path to Mastery™ protocol, a longstanding model that promotes person-centered care, in 8 Tennessee nursing homes in two phases (Milestone 1 and Milestone 2). Comprehensive culture change training and implementation will empower participating homes to shift from an institutional model of care to person-centered care and practices

focusing on individuals' choice, dignity, respect, self-determination, and purposeful living.

Each participating nursing home will benefit from three main components: training, technical assistance/consultation, and impact assessment. The Eden Alternative will implement a replicable and standardized training and mentoring protocol aimed at inspiring enthusiasm among staff, as well as enhancing their skills and insights about how to provide person-centered care. This protocol is a comprehensive approach to culture change that is implemented at the individual staff level, and across the organization. Rather than "one and done" education focusing on single topics, all facets of this culture change model are designed to work together and to promote QI at all levels. The Altarum Team will work with participating homes to identify goals, such as building more meaningful connections with residents, promoting resident choice, and creating warmer, more engaging environments.

Altarum will also provide feedback to homes using their own data, including process-control charts to highlight trends in selected Quality of Care (QOC) metrics, and analyses of areas within the 6 domains that form the SCTT, which can also be leveraged for Quality Assurance and Performance Improvement (QAPI) projects. The Altarum Team will also report annually to the State, disseminating information about methods and results to the participating nursing homes on their progress and challenges in achieving change in certain QI areas using a mixed-method, collaborative approach. Altarum will provide the nursing homes technical assistance with their data collection, as needed. *We will guide nursing homes through the data submission process and how to use any unfamiliar data submission tools. We will host "teach-back" webinars on economic data trends, SCTT and R-SCTT results and trends, and CQM data trends. We will help homes understand how to design Quality Assurance and Performance Improvement (QAPI) projects using SCTT data, and encourage them to form learning collaboratives.* Differing baselines and any substantial external factors that may be relevant to progress and results, e.g. COVID-19, will be factored into understanding both the relative and total levels of improvement during the project. Each home will go through a supported transformation with assessment of quality, clinical indicators, person-centered care, resident and staff experience, and economic impact before, during, and after training is complete.

**Implementation Plan & Timeline.** This project involves providing expert consultation and targeted training for 8 nursing homes over 3 years. Altarum will oversee all project operations, provide technical assistance and support to homes to implement and assess iterative quality and process improvements based on their Eden training and assist them with collecting data to measure the impact of their changes. The Eden Alternative will provide education and consultation through site visits and training on their comprehensive culture change model. Participating homes are responsible for ensuring staff participation in Eden trainings and providing ongoing data. All consultation content and training curricula has been developed over time using evidence-based practices and real-world application. Altarum will collect baseline data, conduct assessment and provide iterative performance feedback to homes throughout the project period. We will also provide technical assistance, as needed, to assist nursing homes with data collection.

*Nursing Home Recruitment.* The Altarum Team recruited and has letters of support from 4 homes in Tennessee. Once awarded, we will contact more homes starting with a cohort of 53 nursing homes that participated in a previous CMP-funded project, *Reframing Dementia Through Person-Directed Practices (Eden Alternative, 2015-2017)*. The Altarum Team will select homes that: (1) have demonstrated interest and commitment to a person-centered culture; (2) serve a larger number of residents (approximately 80 to 200) to increase the likelihood of having sufficient staff to dedicate to training and data collection; and (3) are not experiencing serious regulatory or financial challenges. Direct outreach to individual homes outside of the prior project cohort may also be conducted if necessary to meet recruitment goals. The Altarum Team will recruit a variety of nursing homes, including those with 1, 2, or 3-star ratings, as long as they are registered with the Quality Improvement Organization (QIO).

*Eden Path to Mastery Training and Education.* Certified Eden Educators and Eden Path to Mastery Guides are experts in how to best move nursing homes toward the goal of implementing person-directed care. Guides provide customized support as homes navigate Milestones 1 and 2, requiring participation of a dedicated

leadership team of formal and informal leaders, generally 10-15 team members. A Guide is carefully matched with each home based on its unique characteristics, including leaders' personalities and needs. The Guide provides ongoing consulting, education, and technical assistance to a home throughout Milestone 1 and Milestone 2. The Path to Mastery is a proven framework for growing a person-centered culture of care (read more about the framework [here](#)).

Project activities are organized around the two 18-month Milestones. Given the impact of COVID-19, consultation and training has been adapted for online delivery (both group engagement and self-study, as appropriate). Should the current safety protocols continue, a short-term plan is in place to pivot to online delivery of training and consultation planned for the Milestone I phase. Details of the Milestones are as follows:

**Milestone I** (April 1, 2021–October 31, 2022) During Milestone I, Guides use adaptable curriculum and personalized technical assistance to ensure that formal leaders:

- ▲ design a plan to align the mission/vision with person-centered care concepts;
- ▲ design a plan to integrate person-centered practices into all systems and processes;
- ▲ deepen their own leadership skillset and personal transformation (thinking and skills);
- ▲ collect and analyze data for ongoing transformation of the new culture; and
- ▲ are empowered with skills/knowledge central to person-centered practices.

Consultation and Training in Milestone I include:

- ▲ **Five 1-day, in-person site visits** with a dedicated Eden Path to Mastery Guide who equips leadership to drive cultural transformation, including targeted training to develop and build skills and attitudes to implement and sustain culture change, a structured agenda for each visit defined by specific goals and expectations, and focused guidance to keep action plans unfolding successfully.
- ▲ **Certified Eden Associate Training** for up to 25 employees: an in-depth introduction to The Eden Alternative approach to culture change.
- ▲ **LeaderSHIFTS: Transform Your Mindset to Transform the Organization** (self-study online course): Mindset matters. Through engaging, real-life examples based on over 20 years of experience, participants will learn how to reset how they think about, envision, and drive impactful and sustainable change.
- ▲ **Facilitative Leadership** (self-study online course + online coaching): To be an agile organization, you need high engagement of all care partners (employees, elders, family members, volunteers, etc.). Facilitative techniques taught in this course help to create needed responsiveness.
- ▲ **GROWTH: Six Steps for Framing Lasting Change** (self-study online course): Six-step process for thinking through performance improvement efforts. Puts everyone on the same page, and prepares staff to learn to resolve quality issues, push change forward, and hardwire it into place.
- ▲ **Open Hearts, Open Minds** (DIY education kit): Provides foundation for understanding the Path to Mastery.
- ▲ **Ongoing support between in-person visits** that includes focused coaching and guidance: these generally include 5 to 15 team members.
- ▲ For further information, see <https://www.edenalt.org/events-and-offerings/consultation-services/>.

**Milestone II** (November 1, 2022–March 31, 2024) equips leadership to spread person-centered practices throughout the organization. In Milestone 2, Guides use a standardized curriculum and personalized technical assistance to ensure that formal leaders:

- ▲ promote personal transformation of all employee care partners (thinking/skills);
- ▲ adopt an empowering servant leadership style;
- ▲ understand how to promote strong relationship-building skills across care partner teams;
- ▲ can drive high engagement of elders, employees, and family members in change processes;
- ▲ learn how to embed the right tools/practices into strategic planning/improvement efforts;
- ▲ empower staff focused on dementia care with specific person-centered practices;
- ▲ design a communication/conflict resolution platform for daily use in the organization; and
- ▲ devise an education plan for all care partners (elders/employees/family members).



Consultation and training in Milestone II include:

- ▲ **Five 1-day in-person site visits** with a Guide who equips leadership to drive cultural transformation.
- ▲ **Leadership: Using the Science to Elevate the Art** (2-day in-person course/easily adapted to online format as needed) Explore human behavior from a brain science perspective, redefine accountability, engage keystone habits, and develop high-performing teams.
- ▲ **The Well Being Approach: Creating a Life Worth Living with Dementia** (self-study online course): A focused application of The Eden Alternative Domains of Well-Being® for reinventing dementia care. *This is advanced learning about caring for people living with dementia and reducing antipsychotic use that builds on foundational dementia training offered through a previous Tennessee CMP grant and avoids duplication of efforts.*
- ▲ **Decoding Distress: Proactive Strategies for Living Well with Dementia** (self-study online course): Specific approaches to determining the root cause of distress and how to respond to it responsibly.
- ▲ **3 Mini-Courses** (self-study online courses): *Reaching Beyond Antipsychotics; Reframing Hallucinations and Delusions; and Breaking Free from BPS.*
- ▲ **Certified Eden Educator Training** (5-day in-person course, will be adjusted to remote method, if needed): For individuals at each home to serve as internal Eden Educators (a train-the-trainer model).
- ▲ **Ongoing support between in-person visits** that includes focused coaching and guidance.

By participating in this program, homes will receive free access to Eden Path to Mastery Training, something that can be quite costly for a home to pursue on their own.

**Deliverables and Timeline.** Altarum will submit all required reports and monitor each home’s performance on key benchmarks throughout the project (see Table below).

Benchmarks	Deliverables	Dates	Responsible Person
8 nursing homes recruited to participate in project	8 homes provide letter of support (4 of these already collected)	4/1/2021	Meredith Martin and Andy Petrovich
Collaboration agreements signed by 8 nursing homes and by Altarum	Signed agreements for each home	4/30/2021	Andy Petrovich
Baseline data provided by 8 homes	Quarterly Report includes summary of baseline data	6/30/2021	Andy Petrovich
Each home provides quarterly data updates to Altarum	Quarterly Report includes summary of data	10/15/2021; quarterly thereafter	Andy Petrovich
Each home understands and uses System Change Tracking Tool (SCTT)	Altarum instructs each home on SCTT use and prior submission reflection; each home institutes quarterly data entry	7/31/2021; quarterly thereafter	Christine Stanik
Baseline focus groups with residents, families, and staff completed	Quarterly Report includes summary of focus group input	6/30/2021	Christine Stanik
Certified Eden Associate training for 10 staff from each of the 8 homes (80 staff total) in Year 1 and 15 per home (120 total) in Year 2	Certified Eden Associate Training completed and certificates issued to 80 staff in Year 1 and 120 in Year 2	4/30/2021 and 4/30/2022	Denise Hyde
Eden Path to Mastery Guides assigned to each home	Guides establish contact and make first Guide visit to each home	10/31/2021	Denise Hyde
Eden Path to Mastery Guides continue scheduled and periodic consultation with each home	Guides’ progress updates included in Quarterly Reports	1/31/2022; quarterly thereafter	Denise Hyde

Quarterly progress report provided to State of Tennessee	Altarum produces detailed report on data analysis, QOL, and QOC outcomes; progress of each home	7/15/2021; quarterly thereafter	Sarah Slocum and Anne Montgomery
Annual report (including a final report) provided to State of Tennessee and CMS	Altarum produces detailed report on data analysis, QOL, and QOC outcomes; progress of each home	4/15/2022, 4/15/2023; 4/15/2024	Sarah Slocum and Anne Montgomery

## RESULTS MEASUREMENT

### *Performance Measurement and Program Evaluation*

Evaluation criteria involve measures of both process and outcome. We aim to maximize the effectiveness of this intervention while simultaneously working toward a replicable process of measurement that can be implemented in nursing homes seeking QI through culture change nationwide. Altarum will conduct qualitative and quantitative data collection throughout the project to document, assess, and inform iterative QI along with non-clinical metrics of well-being, and report to CMS. Evaluation components are outlined in the table below.

Metric	Source	Data Collection Tool	Frequency	Purpose
Implementation of culture change practices	Nursing home staff	Systems Change Tracking Tool (SCTT)	Quarterly	Capture data on staff perspective on culture change implementation, prioritize goals, and track progress
Implementation of culture change practices	Nursing home residents	Resident Systems Change Tracking Tool (R-SCTT)	Twice Annually	Capture data on resident perspective on culture change implementation
Staff experience	Nursing home staff	Interview and focus group protocols	Annually	Capture data on staff perspectives on changes in culture and care, and impact on residents
Resident experience	Nursing home residents	Interview and focus group protocols	Annually	Measure resident perspectives on changes in culture, daily life, and care
Family experience	Family members of nursing home residents	Interview and focus group protocols	Annually	Measure family perspectives on changes in culture, daily life, care, and impact on their loved ones
CMS clinical quality measures	Nursing Home Compare (directly from homes)	Hospital use; activities of daily living; depression; anti-psychotics	Quarterly	Measure potential changes in resident clinical outcomes
Business considerations	Nursing Home Compare	Payroll Based Journal	Annually	Track staffing levels, cost of turnover
Investments in culture change	Nursing Home Compare (directly from homes)	Economic Impact Survey	Annually	Estimate economic investment attributed to culture change

Specific Outcomes to be measured include: Each home reports progress on at least 50% of the items in the SCTT; and residents of each home report progress on at least 40% of the items in the R-SCTT.

**Implementation of Culture Change Practices.** The [SCTT](#) and the [R-SCTT](#) use the HATCH model describing the dimensions of culture change as its basis. The SCTT includes 6 domains with the resident at the center to promote person-centered care. A diverse group of staff meet once each quarter to come to a consensus on each item. Staff add open-ended comments to provide further explanation of their ratings. The following are sample

items from the 58-item SCTT (full tool available upon request), which features a four-point scale of “have not developed a plan for implementation” through to “fully implemented”: *Residents are engaged in determining menu selections for communal meals; To build knowledge and relationships with residents, there is consistent assignment of Certified Nursing Assistants to residents (i.e., 85% of their work time); and The community’s environment supports residents’ privacy and need for personal space.*

R-SCTT is designed to mirror the SCTT but is shorter and gauges the *resident* perspective of culture change implementation in key areas of choice, respect and meaningful activities. The R-SCTT contains 48 questions and asks a group of residents to come to a consensus on how often that item is experienced within their home, on a four-point scale of “Never” to “Always.” Some sample items are: *We get to choose foods for the regular menu; We usually receive care from the same staff every day; and Staff are respectful of our privacy, such as knocking before entering our rooms.*

The multi-informant approach is essential for observing gaps between administrative efforts and intentions, and the daily work and life experience of staff and residents. The R-SCTT was developed in coordination with the SCTT and will be piloted in this project. Danielle Vibbert will administer the R-SCTT on-site at each home. *If COVID-19 does not allow for convening groups of residents, we will have 4-6 residents per home complete the R-SCTT individually and choose the modal response to represent the home. Results from the R-SCTT are used as part of our iterative QI process on an annual basis to assist homes in making changes in practices and protocols that advance culture change progress, and take into account what residents report experiencing.*

**Resident, Family, and Staff Experiences.** *Annually*, Dr. Christine Stanik and Danielle Vibbert will travel to each home to administer, record, and analyze the focus group and interview sessions using [interview guides](#) developed in our Michigan culture change work and refined, when relevant, to support the goals of the Tennessee project. *Each nursing home recruits participants for the groups based on inclusion and exclusion criteria provided by Altarum.* This rich source of information provides a dimension of candor and insight. Information collected prior to the start of training will help us assess the starting point of each home. Subsequent data collection will provide opportunities to assess the uptake of culture change, *serve as a validator and provide situational context for the SCTT and R-SCTT*, identify remaining barriers, and illuminate pivot points for trainers to engage, increasing the likelihood that homes embrace and fully participate in the culture change journey. *Data collected are disseminated annually in aggregate form to protect participants.*

**CMS Clinical Quality Measures (CQMs) and Hospitalization Measures.** The evaluation will include the longitudinal examination of three CQMs and CMS hospitalization reports. The CQMs include: percentage of long-stay residents who got an antipsychotic medication (also a Value Based Purchasing QuILTSS measure), whose need for help with daily activities has increased, and who have symptoms of depression. Hospitalization measures include number of hospitalizations and number of outpatient emergency department visits per 1,000 long-stay resident days. Morgan Perry will gather this from each home quarterly. This direct data collection will allow Altarum to analyze progress on an ongoing basis, rather than waiting for the data to be published on the Nursing Home Compare website. We expect to see no significant changes in CQMs, therefore, we adopt a non-inferiority hypothesis with the expectation that changes made as a result of adoption of The Eden Alternative Curriculum will not worsen our three a priori clinical measures. As the project progresses, Morgan Perry will teach nursing homes to track and analyze their own trends using process control charts relative to baseline performance (on average and over time). Results that show larger-than-expected variations will stimulate root cause analyses and iterative QI, including in the context of required QuILTSS and QAPI projects.

**Business Considerations and Investments in Culture Change.** Though reduction in cost is not a major driver of the proposed project, we will report relevant economic factors within the scope of our evaluation using longitudinal data comparison. This includes whether staff turnover is reduced, whether hospital admissions are reduced, and whether the homes experience improvement in staff recruitment (i.e., become an “employer of choice” in the area), and whether the nursing homes experience a rise in resident census (or waiting lists and inquiries). We will also examine the staffing data reported on CMS’ Nursing Home Compare website and available data on staffing levels, tenure, and turnover in the agency’s Payroll Based Journal data. Altarum will

collect data from each participating home on costs of physical plant changes as well as food services and activities department spending to promote and enhance culture change using the Economic Impact Survey.

### **BENEFITS TO NURSING HOME RESIDENTS**

**Improving quality of life and care.** For over 25 years, The Eden Alternative has focused on the elimination of loneliness, helplessness, and boredom for elders and those who support them as care partners. In the era of COVID-19, and the culture of social distancing, the impact of these “three plagues” is more profound than ever. As highlighted in the proposal abstract, research consistently reveals a significant correlation between social isolation and serious health effects. Likewise, the lack of human connection has negative impacts on one’s sense of purpose due to the inability to share one’s gifts, talents, or strengths with others freely on a daily basis. The Eden Alternative teaches care teams to leverage principle-based, practical strategies that act as antidotes to these plagues under a variety of circumstances. Principle-based approaches provide both direction and flexibility to adapt and customize solutions to the needs of the moment. For example, a series of recent online discussion forums focusing on pandemic challenges revealed that organizations implementing The Eden Alternative consistently shared creative solutions to easing the impacts of isolation, even under the most challenging conditions and restrictions. Altarum guides homes through data collection and monitoring, equipping them with information to understand culture change implementation and its impact on residents. As COVID-19 continues to reshape the nursing home landscape, care teams need person-centered tools to identify practices that highlight how infection control and QOL work synergistically to support resident well-being.

### **CONSUMER/STAKEHOLDER INVOLVEMENT**

**Resident & Family/Loved Ones’ Involvement.** A central component of culture change is becoming a resident-centered home. Resident and family input on the QI and culture change process is crucial to culture change. As homes progress through the Milestones, residents will become more central to improvements and decisions about the home. Residents will be engaged in an ongoing feedback process with the goal of finding creative improvement opportunities and establishing priorities among QI foci. Resident input on process and QIs will be solicited, valued, and used to inform ongoing improvement efforts. We will welcome resident feedback on the R-SCTT protocol and questions and will use this feedback to refine the tool.

**Leadership & Staff Involvement.** Eden Path to Mastery Guides will challenge leaders and staff to explore and absorb the new ideas offered through The Eden Alternative training and mentoring, and to translate this into concrete changes in their homes’ practices and protocols, as documented in the SCTT (see Performance Monitoring and Evaluation section for details). Leaders will then work to spread culture change throughout the organization, actively involving everyone in change initiatives. Employees across the organization will learn to recognize their role in improvement processes and become more actively engaged as change agents. In turn, this will further their ability to create measurable, sustainable improvements in QOL and resident satisfaction, and lay the groundwork for making progress in key areas of emphasis, e.g., Activities of Daily Living (ADL) assistance, hospitalizations, utilization of antipsychotics, and financial outcomes.

Overall, we will meet the participating Tennessee nursing homes “where they are” and work within the constraints of widely varying traditional physical plant structures. This project will demonstrate the benefits of person-centered training and practices for residents and staff in homes where leadership embraces, develops, and implements a solid culture change plan. Each participating nursing home will become a learning organization with guidance and skills training from our team.

Trenton Health & Rehabilitation Center, Weakley County Nursing Home, Celina Health and Rehabilitation Center, and NHC Healthcare Milan support this proposed project and provided letters of support. **Letters of support from recruited Tennessee nursing homes can be accessed here:** <https://bit.ly/3n0rLar>.

### **FUNDING**

**Financial Feasibility and Sustainability.** This project is designed for sustainability by not only training team members but equipping organizational leadership with the skills, tools, and resources to successfully drive and sustain change. Participating nursing homes, Altarum, and Eden Path to Mastery Guides will work

collaboratively to support homes as they meet to train together and share learnings. A hallmark of these trainings is the train-the-trainer model. Those who attend trainings are equipped with the knowledge and skills necessary to promote change and QI throughout their organization and are encouraged to share materials and learnings with others. The Certified Eden Educator Training furthers this model by training nursing home staff as Eden educators who can train as many individuals in the organization as the home would like.

The potential benefits of implementing culture change offer possible large gains in QOL for residents, who are often in the last years of their lives. Other possible benefits include improvement in staff morale and reduction in turnover, improved market share, and creating a more vibrant community. Homes will learn new iterative QI methods, develop mastery of the SCTT as a QI tool, and assemble a core group of staff who are highly educated about The Eden Alternative practices, and be well prepared to continue their culture change journey. Altarum will assess the results of the current project and provide guidance for future replications in other homes.

**Budget Information.** All requested budget information is included in the budget section of this submission.

### Involved Organizations

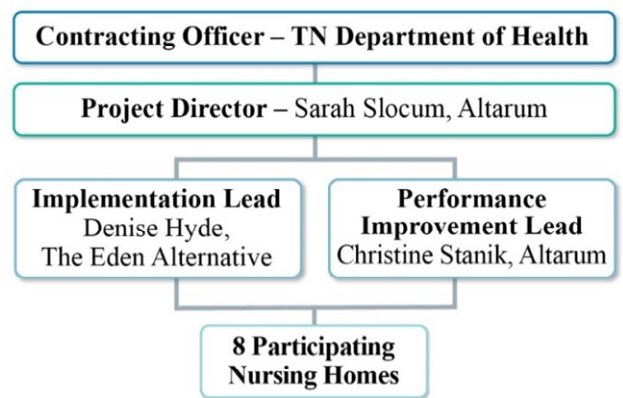
Altarum’s contact is David Banks, Director of Contracts and Legal Operations. His contact information is: 3520 Green Court, Suite 300, Ann Arbor, MI 48105; (202) 776-5111. [David.Banks@altarum.org](mailto:David.Banks@altarum.org); (202) 776-5111.

The Eden Alternative’s contact is Jill Vitale-Aussem, President, CEO. Her contact information is: P.O. Box 18369, Rochester, NY 14618; [jvitale@edenalt.org](mailto:jvitale@edenalt.org); (720) 838-6113.

A project organizational chart identifying team members in charge of work performed is included to the right.

### INNOVATION AND REPLICABILITY

**Sharing Best Practices.** Innovation in this project focuses on coupling a comprehensive culture change model with data-driven monitoring/assessment protocols to enable scaling culture change training to more homes. Eden-trained leaders will be trained to be trainers, creating ease of replicability and a high likelihood of continued growth. The proposed project is also modeled on the Altarum-led Michigan CMP-funded project. Early findings from the SCTT in Michigan show that each home made progress on some items, but no home addressed all items, which we anticipated. Some homes’ staff marked flexible mealtimes and other items as “fully implemented” before the start of training. Upon learning more deeply about creating a home for residents, the staff indicated “have a plan for implementation” on the second quarter of SCTT data, acknowledging they were not fully accommodating resident choice in mealtime. The SCTT tool asks staff to comment after each question to see what is behind their self-assessment of progress on each item.



One-on-one baseline interviews with 28 staff and 6 focus groups with residents revealed that all homes involved in the project were lacking in person-centered approaches to care, with reasons for this deficit varying from home to home. An institutional approach still guided some care practices in all participating homes regardless of size, location, and demographic characteristics of residents and the surrounding community population. Many residents expressed preferences for certain staffers and knew the difference between those who were personable versus those who were just “there for the paycheck.” Most of all, residents voiced their desire to have a life worth living, including engaging in pursuits that do more than simply pass the time. Staff reported that inadequate staffing and rigidity of their schedules limited their ability to engage in resident-centered care.

Throughout the proposed Tennessee project, Altarum will produce data presentations, including webinars that can be used during meetings, conferences and trainings. Altarum will also share results and findings through various academic and research publications and will provide detailed analysis in each annual report sent to TDH and CMS. Data from the experiences of Tennessee nursing homes will further enhance the body of knowledge about challenges and gains that homes achieve using culture change techniques.



10/28/2020

David Banks  
Altarum Institute  
3520 Green Court, Suite 300  
Ann Arbor, MI 48105

RE: Commitment Letter for the Tennessee Department of Health – Tennessee Civil Money Penalty (CMP) Reinvestment Program Funding Opportunity

Dear Mr. Banks:

This letter confirms The Eden Alternative's support for Altarum's proposal response to the Tennessee Civil Money Penalty (CMP) Reinvestment Program Funding Opportunity released by the Tennessee Department of Health. We will serve as a subcontractor to Altarum on this effort.

Our primary point of contact for this project is listed below, along with other pertinent organizational information:

1. Point of Contact: Kathy Hagen, [khagen@edenalt.org](mailto:khagen@edenalt.org), 585-461-3951 ext. 3057
2. DUNS: 194271362
3. Business Size: \$1,000,000
4. NAICS Code: 61143

Further, this letter confirms that The Eden Alternative's SAM registration, as well as our Representation and Certifications, are completed and up to date.

The Eden Alternative agrees to all terms and conditions included in the Request for Proposal and Sample Grant Contract. Our proposal is valid for 90 days from the date of Altarum's proposal submission.

We look forward to working with Altarum and the Tennessee Department of Health on this important initiative.

Sincerely,

Jill Vitale-Aussem  
President & CEO