

RFA 34305-22417
CMPQJ CHECKLIST

Tennessee Health Management, Inc.

Applicants Name:

Page(s) #:	Required Element:	PASS	FAIL
1	Cover letter is included and addressed to: Vincent Davis, State Survey Agency Director 665 Mainstream Drive, 2nd Floor Nashville, TN 37243		
1	Cover letter is signed by facility administrator if nursing home or signed by project administrator if other.		
2-4	CMS Fillable Application (Attachment 1) is included and is signed by an individual who can legally sign a contract with the State of Tennessee. (Expand up to maximum of 20 pages including all attachments.)		
2-4,16	All applicable blanks are completed in CMS application including Tax Identification number, and if applicable, Medicare/Medicaid numbers.		
14-15,18	Submitted the completed Excel budget spreadsheet and budget details page (Attachment 2) for the project, along with a narrative expalnation of the costs.		
12	Job descriptions for key personnel are included (one page limit).		
12-13	Biographical sketches/Curriculum Vitae for currently employed key personnel are included (one page limit).		
13	Project organizational chart is included and significant collaborators are identified.		
1	Project Title information is included per CMS application.		
5	Required Abstract information is included per CMS application.		
5-6	Statement of Need information is included per CMS application, and addresses possible problems and contingency plan.		
6-10	Project Description information is included per CMS application and includes projected outcomes, the timeline, deliverables, benchmarks, and dates.		
11	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.		
10	Description of how the nursing home community and governing body will assist and provide support for the project which is included per CMS application.		
15	Identification and list of all organizations and subcontractors that will receive funds from this grant are included per CMS application (i.e., specific nursing homes, hospitals, local community agencies, etc.).		

RFA 34305-22417
CMPQJ CHECKLIST

	Letters of commitment/agreement from all organizations and subcontractors that will receive funds from this grant are included per Request for Application.		
19	General Assurances form is included and signed per Request for Application.		
20			

Primary Evaluator Signature and Date:



P.O. Box 10
Parsons, TN 38363

Phone (731) 847-6343
Fax # (731) 847-4200

2/24/17

Vincent L. Davis, MPH, State Survey Agency Director
Tennessee Department of Health
Division of Health Licensure and Regulation
Office of Health Care Facilities
665 Mainstream Drive, Second Floor
Nashville, TN 37243
Vincent.Davis@tn.gov
Telephone#: (615) 741-7221
Fax #: (615) 741-7051

RE: *Activities, Restorative, and Therapy in Sync (ARTS) Project Grant Proposal*

Dear Mr. Davis,

Tennessee Health Management, Inc. (THM) – Memphis Region is pleased to present this grant proposal for your review. THM – Memphis Region serves 770 nursing home patients, 1007 licensed nursing facility beds, in ten locations throughout West Tennessee including the counties of Henry, Carroll, Weakley, Obion, Gibson, Dyer, Tipton, and Shelby. The objective of the *Activities, Restorative, and Therapy in Sync (ARTS)* program is to provide the residents in our care an improved quality of life through the implementation of It's Never 2 Late (iN2L) - fusing therapy, restorative care, and activities into a truly individualized approach.

For years, therapy, restorative, and activities have been seen as three separate, distinct departments in a nursing facility. Although all three have a tremendous impact on each patient's quality of life, they do not communicate effectively to ensure all patients receive individualized care and do not have the technology needed to enhance the number and types of programs they are able to offer. We are requesting \$493,550.87 to implement iN2L in the ten THM – Memphis Region nursing facilities.

By aligning the patients' personal interests and functional limitations with activities, restorative programs, and therapy treatment in a computer based format, THM – Memphis Region will improve or maintain the patients' activities of daily living, increase the number of residents in activities, and increase the number of residents in the restorative program. This movement to synchronize the different programs will have a direct impact on the culture in our communities and improve the quality of life for those we serve. Should you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Heather Lansaw".

Heather Lansaw, Regional Director of Operations – Memphis
Tennessee Health Management, Inc.
1971 Tennessee Avenue North, P.O. Box 10
Parsons, TN 38363
hlansaw@thmgt.com
Telephone#: (731) 695-8981
Fax #: (731) 885-5042

ENCLOSURE

REQUEST

Date of Application: 02 / 23 / 2017
MM DD YYYY

PART I: Background Information

Name of the Organization: Tennessee Health Management, Inc.

Address Line 1: 1971 Tennessee Avenue North

Address Line 2: P.O. Box 10

City, County, State, Zip Code: Parsons, Decatur County, TN 38363

Tax Identification Number: 621541543

CMS Certification Number, if applicable: -

Medicaid Provider Number, if applicable: -

Name of the Project Leader: Heather Lansaw

Address: 2675 Bradford Pear Lane

City, County, State, Zip Code: Union City, Obion County, Union City, TN 38261

Internet E-mail Address: hlansaw@thmgt.com

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.

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

PROJECT ABSTRACT

Tennessee Health Management, Inc., (THM)–Memphis Region (see appendix A for the names, addresses of the communities in this Region, as well as the number of residents per community – additional information per each facility available upon request) is seeking to enrich the lives of our residents through the *Activities, Restorative, and Therapy in Sync (ARTS)* project. The goals of the project are to 1) to improve or maintain ADL function, and 2) increase their participation in person-centered recreational and rehab activities. We expect to achieve these goals by 1) implementing a cohesive multidisciplinary system that that will ensure we are identifying and addressing the needs of each resident, and 2) implementing person-based, engagement technology, which delivers person-centered therapy, restorative, recreational and leisure activities (RLAs). This combined approached will enhance our resident/staff interactions that will result in an improved quality of care (QOC).

By implementing the It's Never 2 Late (iN2L) engagement technology system, THM–Memphis Region will offer individualized therapy, group and one-on-one recreational activities, and restorative care. The integration of iN2L into our programing will allow our staff to learn new skills, and our residents to stay engaged and connected through thousands of computer-based experiences and life-enriching activities while improving or maintaining their level of function. By creating activity content pages and life stories and through the use of communications applications, the ARTS project will foster better interactions with staff and family. This distinctive initiative, which focuses on improving our resident's ADLs, will be led by frontline and administrative staff, with assistance of families.

Tennessee Health Management, Inc. is an organization that provides each patient with high-quality care and rehabilitation, alongside a compassionate patient experience, that is focused on patients achieving their goals. The cornerstone of the patient-centered care we offer is our focus on enhancing the quality of life of our patients while allowing them to receive treatment close to home. We believe in the power of technology in therapy, activities, and restorative programs to help our patients as they transition from acute care or remain in the center as their long term home. The nursing centers that are applying for this grant are licensed for a total of 1007 patients with an actual occupancy of 770 patients. This group of nursing facilities are under the umbrella of the parent company, American Health Companies, Inc. ("AHC"), and they are managed by Tennessee Health Management, Inc. AHC is the Plan Sponsor of the AHC Employee Stock Ownership Plan ("ESOP") that operates through a Trust, and accepts contributions from the company in order to accumulate company stock which is then allocated to accounts within the Trust for individuals. The CEO is Mike Bailey, [mbailey@thmgt.com](mailto:m Bailey@thmgt.com), phone number 731-847-6343. The company is not in bankruptcy or receivership, nor do they have any outstanding civil money penalties.

The ARTS project, which will establish an integrated activities, restorative and functional outcome rehab management program will result in 1) ADL decline for long term residents will be reduced by five percent (5%); 2) residents will increase their participation in group and/or one-on-one activities by twenty percent (20%); and 3) the restorative program will increase the number of residents in the restorative program by five percent (5%). These objectives will be achieved over a 12-month period and we will continue to maintain or improve this percentage throughout the additional two years of the program; Heather Lansaw, Regional Director of Operations, along with the centers' Administrators will oversee the program's evaluation process and reporting.

STATEMENT OF NEED

Many elderly individuals consider the ability to carry out activities of daily living more important than

the prevention of disease.¹ Additionally, nursing home residents that are receiving therapy will complete more repetitions when a purpose is added to the exercise.² People who participate in technology-delivered, person-centered therapeutic activities are significantly more active and energetic, and are at higher functioning ADL levels; demonstrate greater levels of activity and social engagement behaviors; function at higher cognitive levels; express more positive emotions and are less depressed; and demonstrate greater self-efficacy.³

While the benefits are there, the integration of therapy, restorative, and activity programs to increase the amount of activity, either physical or mental, that a resident receives has not been utilized because of the difficulty in planning and implementing these services between departments. The time involved and personal preferences made it difficult to plan and execute for the diverse population in a nursing center. Until recently, there was an unmet need for innovative ways to provide stimulating programs that include person centered therapy, restorative, and therapy combined for therapeutic activities that do not place an additional financial burden on the healthcare system or time burden on staff. Some of the limitations of conventional programs in long-term care are: 1) lack of interest to participate due to the “one size fits all” model—the inability to address individual preferences, 2) the lack of opportunities for interactivity between the therapy, restorative, and activities departments, and 3) the absence of difficulty level options to optimize opportunities for success for individuals who may be experiencing cognitive decline.

Tennessee Health Management Memphis Region is committed to providing the highest quality of life possible for our 770 residents. We are requesting to acquire and implement iN2L technology to improve the collaborative approach to our therapy, restorative, and activity programs. With one to two restorative aides and one activity director per nursing center, along with the time constraints of the therapy department, it is challenging to engage each resident on a level that is individualized to their needs. The iN2L technology would integrate all three disciplines into a system that would capture individual interests and activities that are centered to that particular resident. This would expand the hours and types of activities we could offer each patient.

At the beginning of the project, it will be challenging to motivate those residents who are not comfortable with technology; however, since the iN2L system is user friendly, we will be able to take them to the rooms of those who are at first reluctant to participate in therapy, restorative, or activities and engage the patient. Over time, we expect that those residents will feel more comfortable with the technology. In addition, since many of the families and volunteers are not familiar with the iN2L technology, we anticipate some initial reluctance from some who might question the benefits of the program. We expect that announcing the program, informing them about our objectives, and inviting them to the initial training and subsequent trainings throughout the year will result in their participation and assistance in encouraging participation by the resident.

PROGRAM DESCRIPTION

By utilizing the iN2L person-based, adaptive computer systems, our residents will be able to stay engaged and connected through thousands of computer-based experiences, and life enrichment

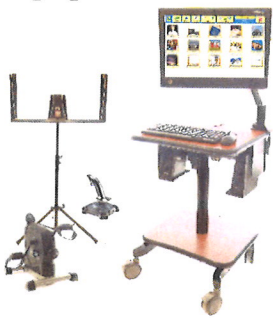
¹ Paterson D, Govindasamy D, Vidmar M, Cunningham D, Koval J: Longitudinal study of determinants of dependence in an elderly population. *J Am Geriatr Soc.* 2004, 52: 1632-1638. 10.1111/j.1532-5415.2004.52454.x.

² Yoder, R., Nelson, D., & Smith, D. (1989). Added purpose versus rote exercise in female nursing home residents. *American Journal of Occupational Therapy*, 43(9),581-586.

³ Hollinger-Smith, L. (2010). Mather LifeWays Institute on Aging. *The Final Program Evaluation for It's Never 2 Late and The Green House® Project.*

activities. To deliver a person-centered experience, and to meet the specific needs of each of the residents that make their home in one of the ten communities that are part of Tennessee Health Management—Memphis Region, as well as staff and the residents’ families. The iN2L engagement technology includes, *Health & Wellness content*, such as exercise videos, cognitive and therapy content, fall prevention and strengthening program videos, and scientifically designed brain training games; *Therapy applications*, created and organized to address the needs of Physical, Occupational and Speech Therapy professionals to help residents sustain treatment for longer periods of time while keeping them engaged; *Stay Connected applications*, including easy access to the Internet and Skype™ video chat application to keep residents connected to family and friends and the community at large; *Engagement content*, including games, puzzles, and virtual travel applications, as well as spiritual, history, and reminiscence content; *myiN2L.com* – this web-based tool helps family members partner in the care of their loved ones by giving them the ability to select specific applications within the system, upload pictures and videos, and create a digital biography; *Staff Training*, tools for staff engagement and empowerment, including Paraprofessional Healthcare Institute (PHI) curriculums Best Friends™, and Positive Approach to Brain Change™ by Teepa Snow; and *CMS content* – direct access to www.medicare.gov and www.cms.hhs.gov, identity theft and Web tips information, an introduction to the *Hand in Hand Toolkit* and links to Tennessee.gov webpages.

Equipment



The Mobile FLEX - provides complete mobility with touch screen computer on an articulating arm attached to a height adjustable electric stand. Included peripherals: an Engagement Package—Music Maker, bike simulator, joystick—a TV adaptor, adaptive keyboard, video camera, and software. The systems combine full television functionality.

The Mobile FLEX Lite – same as the Mobile FLEX without the Engagement Package.

Implementation

While we will engage all of our seven hundred and seventy (770) residents through technology-delivered RLAs, prior to the installation of the iN2L systems, forty percent (40%) of the long term residents who tend to isolate or not participate much in activities and forty percent (40%) of the long term residents who are more social and active will be identified to participate in the project’s evaluation. We opted not to include some residents because we would not have enough data for short stay rehabilitation residents to evaluate the program effectively. To track their improvement and involvement, a baseline will be obtained in three areas: 1) the number of long term residents that are documented with a decrease in ADL function on the Minimum Data Set (MDS) 2) the number of long term residents attending activities on the Activities Tracking Log 3) the number of long term residents on the Restorative Participation Log. This baseline data will be tabulated to monitor activity participation, and QOL and communication improvements throughout the duration of program; make program adjustments should these be needed; and demonstrate the achievement of the project’s goals at the conclusion of the program.

THM – Memphis Region will achieve “buy-in” from our residents, staff, family members and administrators by making facility and community-wide announcements—through the monthly newsletter, flyers posted around the community, word of mouth, and resident council meetings — sharing the news of the implementation of the iN2L technology, and outlining how the use of this technology can improve the quality of life of our residents. iN2L will provide a Media Kit with images and samples of documents, such as an Intro Letter, Media Release and Intro flyer that we will be able to customize for our announcements. We will also host a meeting to unveil the systems to which family

members, volunteers, program supporters, physicians, Board of Directors, and local churches will be invited.

THM – Memphis Region leadership staff will establish best practices from the project’s onset by participating in the initial training. We will also establish an “iN2L Training Schedule” for staff (current and new hires), volunteers and families to be informed of and participate in monthly training webinars. We will also invite families and volunteers to take part in the initial onsite training and rollout, as well as ongoing activities using iN2L. Activity, restorative and therapy staff will participate in bi-monthly Content Update Webinars, which take place on the 1st and 2nd weeks in January, March, May, July, September and November, and will incorporate one new applications into the program every other month. We will also post an “iN2L New Content” flyer to inform all the stakeholders of updated content that may be of interest to an individual resident. New long term residents will be identified throughout the duration of the project and will be enrolled in the program. This will be an ongoing process that will be handled by accessing the long term resident’s records upon arrival in our community.

Should we encounter any issues with the systems or interface, IN2L technical support is available 7 days a week. 7am – 5pm Mountain Time (except during major public holidays). These days/times will be posted by all machines in use so operators will know who they can call.

Timeline

Project Tasks / Process Objectives	Timeline Month/Year	Responsible Party
Grant Awarded—sign contract, workout logistics	7/2017	Regional Director of Operations
Purchase iN2L equipment, schedule initial Onsite Activity-Specific and Therapy-Specific Trainings, System Installations and Program Rollouts for all 10 Memphis Region facilities	7/2017	Regional Director of Operations; THM-Memphis Region Administrators
Collect and record MDS, Restorative Care Log, and Activity Log baseline data	7/2017	THM-Memphis Region Administrators
Inform stakeholders of the project and explain the benefits through the newsletter, flyers, and meetings	8/2017	THM-Memphis Region Administrators
Participate in Activities and Therapy-specific On-Site Trainings, System Installations and Program Rollouts	9/2017	Regional Director of Operations; THM-Memphis Region Administrators
Host meeting to unveil the systems to families, volunteers, program supporters	9/2017	THM-Memphis Region Administrators; Regional Marketing Director
Begin creating <i>My Page</i> buttons. <i>My Page</i> buttons will be created for new residents throughout the duration of the program	9/2017 through 6/2020	THM-Memphis Region Administrators; Activity Directors; Rehab Directors
Begin creating <i>My Story</i> digital biographies. <i>My Story</i> digital biographies will be created for new residents throughout the duration of the program	9/2017 through 6/2020	THM-Memphis Region Administrators; Activity Directors

Begin highlighting iN2L activities on the Activities Calendars—this will be done monthly going forward	9/2017	THM-Memphis Region Administrators
Announce Monthly Training Webinars—new and interested staff, volunteers, families participate	9/2017 through 6/2020	THM-Memphis Region Administrators; Activity Directors
Assemble MDS, Restorative Care Log, and Activity Log baseline data logs, monitor program impact, prepare and submit first Quarterly Evaluation Report	10/2017	Regional Director of Operations; THM-Memphis Region Administrators
Collect MDS, Restorative Care Log, and Activity Log data logs, monitor program impact, prepare and submit Quarterly Evaluation Report	1/2018 through 7/2010	Regional Director of Operations; THM-Memphis Region Administrators
Activities staff participate in bi-monthly Content Update webinar, create and post “New Content” flyer, add updated applications to the Activities Calendar	11/2017 through 5/2020	THM-Memphis Region Administrators; Activity Directors
Participate in Best Practices Group Call	11/2017 through 5/2020	THM-Memphis Region Administrator
Identify the 5 facilities that will host the 4-hour Onsite Refresher Trainings and Schedule trainings with iN2L	8/2018	Regional Director of Operations; THM-Memphis Region Administrators
Conduct 4-hour Onsite Refresher trainings for activity and therapy staff	10/2018	Regional Director of Operations; THM-Memphis Region Administrators
Collect MDS, Restorative Care Log, and Activity Log data logs, monitor program impact, prepare and submit Final Evaluation Report	6/2020	Regional Director of Operations; THM-Memphis Region Administrators

Training

At each of the 10 THM-Memphis Region facilities, the Installation and Rollout of the iN2L systems will be followed by 4-hour Activity-Specific and Therapy-Specific On-Site Trainings conducted by iN2L Trainers and credentialed Therapy professionals, respectively. During the last hour of the Onsite Trainings, both the Activity and Therapy staff will come together to focus on the use of the technology for Restorative Care. At each of the facilities, the Trainings will be attended by the:

- Administrator, Director of Nursing, Social Services Director, and at least one LPN, CNA, and Housekeeper.
- The Activity-Specific trainings will also be attended by the facility’s Activity Director.
- The Therapy-Specific trainings will also be attended by the Director of Therapy and the Physical, Occupational and Speech Therapists on staff.

To ensure program sustainability and buy-in from family and the community at large, the Regional Director of Operations and Marketing Director for the THM-Memphis will also attend one of the trainings.

These Onsite Trainings will provide eligible staff with Continuing Education Units (CEUs) and will allow us to establish a “train the trainer” program within each facility that will recognize staff who take a leadership role in implementing and creating best practice uses for the iN2L systems.

Both the Activity-Specific and Therapy-Specific Training Agendas include:

- Grant-specific information – including Activity, Therapy and Restorative Care-Specific goals
- What’s included in the iN2L system, Technical information
- Content – including an overview of the programs on system and specific programs/applications to meet community/grant goals
- Personalization – including the Family iN2L program –*to meet the Restorative Care goals of this program*, Content updates, Best practices for introducing iN2L to the resident

In addition, to address staff turnover, continue our commitment to technology training, and ensure program sustainability, five (5) On-site Refresher Trainings, conducted by iN2L trainers under the guidance of iN2L’s Director of Therapy will be scheduled. These trainings will bring together two neighboring facilities and will be conducted between the 18th and 22nd months of the project. These trainings will also provide CEUs to eligible staff.

System maintenance and security

Since the iN2L systems at each of the 10 facilities of THM-Memphis Region will be handled by numerous residents, staff and family members, we will take infection control measures to ensure that the systems remain free of contagious agents. Under the supervision of Nursing and Activities staff, Housekeeping personnel will be assigned to clean and disinfect the systems on a daily basis. We will use Medline Micro-Kill Disinfecting, Deodorizing, Cleaning Wipes and the Vileda Antibacterial Professional Nanotech Micro cloths supplied by iN2L. Should any of the iN2L equipment be taken from our community, we will contact iN2L to facilitate its tracking and return. The iN2L System ID Number, which appears on the system, shipping packing slip, iN2L Playbook (Manual), and all iN2L invoices will aid in the tracking of a misappropriated system.

Project Support/sustainability

To make the program sustainable, Tennessee Health Management leadership will support fundraising activities/strategies that will pay for the iN2L subscription fee once the grant term comes to an end. We will also consider including the iN2L subscription as a line item in the Activities program and Marketing budgets beginning the fourth year of the program.

Our sustainability plan also includes ongoing training opportunities which will be made available to new staff, volunteers, and family members, as well as staff wishing to learn more about how to maximize use of the iN2L technology. These training opportunities include:

- 1) iN2L refresher webinars—which are usually held as follows: Level 1: Introduction to iN2L (1st or 2nd week of the month); Level 2: Application Overview (2nd or 3rd week of the month); and Level 3: Personalization (3rd or 4th week of the month).
- 2) Overview Training Videos that reside on the iN2L systems demonstrating how the system can enhance music, reminiscence, physical fitness, and sensory activities.
- 3) Activities staff will participate in bi-monthly iN2L Content Update webinars.
- 4) Staff will also participate in quarterly Best-Practices Group Calls facilitated by iN2L customer success managers. These forums will allow us to find solutions to challenges that we may encounter, continuously identify and motivate project champions should there be staff-turnover, and share our successes.

To reinforce the benefits of the project to ensure its sustainability five (5) On-site Refresher Trainings will be conducted by iN2L trainers at approximately the mid-way point of the project.

Results Measurement

The goals of the ARTS program are to improve the quality of life of the residents by improving or maintaining ADL function and enriching activities and social connections for our seven hundred and seventy (770) residents. Over a 12-month period: 1) ADL decline for long term residents will be reduced by five percent (5%) and we will continue to maintain or improve this percentage throughout the additional two years of the program; 2) residents will increase their participation in group and/or one-on-one activities by twenty percent (20%) and we will continue to maintain or improve this percentage throughout the additional two years of the program; 3) the restorative program will increase the number of residents in the restorative program by five percent (5%) and we will continue to maintain or improve this percentage throughout the additional two years of the program.

Forty percent (40%) of the long term residents who tend to isolate or not participate much in activities and forty percent (40%) of the long term residents who are more social and active will be identified to participate in the project's evaluation. We opted not to include some residents because we would not have enough data for short stay rehabilitation residents to evaluate the program effectively. To track their improvement and involvement, a baseline will be obtained in three areas:

- 1) The number of long term residents that are documented with a decrease in ADL function on the Minimum Data Set (MDS)
- 2) The number of long term residents attending activities on the Activities Tracking Log
- 3) The number of long term residents on the Restorative Participation Log.

This baseline data will be tabulated to monitor activity participation, and QOL and communication improvements throughout the duration of program; make program adjustments should these be needed; and demonstrate the achievement of the project's goals at the conclusion of the program.

We will measure the success of the project by tracking:

- 1) the number of long term residents that are documented with a decrease in ADL function on the Minimum Data Set (MDS)
- 2) the improvement in quality of life and increased participation in person-centered activities via the use of the Activities Tracking Log.
- 3) increase in the number of patients on the restorative participation log.

The iN2L system also tabulates the number of hours the system is used and generates Monthly Usage Reports showing: 1) usage hours per day, 2) the 10 most used applications, and 3) the top 10 websites visited by the users. iN2L will provide Usage Reports by the 10th of the month.

Heather Lansaw, Regional Director of Operations, along with the centers' Administrators will oversee the program's evaluation process and reporting.

As part of our Quarterly Evaluation Reports, we will submit copies of the:

1. The number of long term residents in the evaluation group that are documented with a decrease in ADL function on the Minimum Data Set (MDS)
2. The Activity Participation Log - Number of residents in the evaluation group
3. The Restorative Participation Log – Number of residents participating monthly.
4. iN2L Monthly Usage Reports (3 months)

Benefits to Nursing Home (NH) Residents

The *Activity, Restorative, and Therapy in Sync (ARTS)* project will give our staff the opportunity to make a difference in the lives of the people we care for. By using the iN2L system as a tool to engage residents, THM – Memphis Region will provide the residents with individualized programs that engage their minds and bodies. We will use the interaction between activities, restorative, and therapy to engage a higher number of residents in meaningful exercise and stimulating mental games to improve or maintain each resident's activities of daily living. Access to person-centered RLAs and to communication applications that will connect residents with their families, friends and the community at large will also improve their emotional wellbeing. iN2L's content reaches a range of function levels and

interests to help engage long-term care community residents resulting in a better quality of life and better general health.

By focusing on the therapy, restorative games, activities, images and music an individual prefers, the staff is better able to facilitate interactions between themselves and residents, as well as residents and family members. Personalized, purpose-driven RLAs have been shown to help residents relax, be entertained, reminisce, laugh and participate in enjoyable, easy to follow exercise programs. Mather Lifeways Institute on Aging partnered with The Green House Project to evaluate the iN2L computer system in four Green House homes. Results proved participants to be more energetic, demonstrated higher activity and social engagement levels, and expressed more positive emotions—we expect the same results at our communities.

iN2L will assist THM – Memphis Region in achieving another objective also – reaching more residents that is currently possible with the number of therapy, restorative and activities staff we currently employ. By training our CNAS, LPNs, RNs and Housekeepers in addition to our Activities staff, our communities will take a more inclusive approach to improving the quality of life for our residents. With the technology and staff training, we will be able to provide these services at any time of the day or night for any patient.

Consumer/Stakeholder Involvement

Job Descriptions

THM – Memphis Region Director of Operations - Directing, planning, coordinating and overseeing the delivery of health care for 10-15 facilities; developing and implementing policies and procedures for improving SNF efficiency and quality of care; and developing in-service educational materials and conducts instructional programs for health care professionals, analyzes patient data for reimbursement, facility planning, and quality of patient care, risk management and utilization management.

Administrator – Leading and directing the overall operation of the nursing facility in accordance with resident needs, federal and state government regulations and company policies/procedures so as to maintain quality care for the residents while achieving the facility's business objectives.

Director of Nursing - Under the supervision of the Administrator, the Director of Nursing has the authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff, including restorative care.

Therapy Team Lead (Therapists) - Directs the rehabilitation department of physical, occupational, and speech therapy to ensure the highest quality of rehab services in accordance with all applicable laws, regulations, and THM standards.

Activity Director - Responsible for developing, implementing, and evaluating a comprehensive activities program for the facility.

Biographical sketches/Curriculum Vitae

The THM – Memphis Region staff that will administer and support the *Activity, Restorative, and Therapy in Sync (ARTS)* project include (detailed biosketches are available upon request):

THM – Memphis Region Corporate Leader

Heather Lansaw, MSP, NHA Regional Director of Operations, has been with Tennessee Health Management, Inc. since 1990. Since 2002, she has been at her current position. She began her career at THM as C.N.A. while attending college and knew that her love for the elderly population would be her life's work. During her tenure at THM, she has held positions as an Activities Director, Social Worker, Medical Records, Assistant Administrator, and Administrator. She holds an MSP in Aging Services Leadership from Lipscomb University and BSc in Psychology from University of Tennessee.

Facility Staff Leading the ARTS Program Include:

Applingwood Healthcare Center, Inc.

Administrator - Stacey Wallace holds a degree in Mass Communication and has received a graduate certificate from Lipscomb University's Transform Aging graduate program in 2012.

Director of Nursing - Ruby Mosby, RN; **Rehab Team Leader** - Emily Black, PTA

Activity Director - Clara "Lisa" Roman

Bright Glade Health and Rehabilitation Center, Inc.

Administrator - Hannah Mosby, LNHA, MHA,; **Director of Nursing** - Lashonda Murphy-Walker, RN

Rehab Team Leader - Angie Tull, SLP Angie is certified in Vital Stim therapy for the dysphagia treatment and management; **Activity Director** - Debra Sims

Covington Care Nursing and Rehabilitation Center, Inc. -

Administrator- Debra Johnson, BSN, NHA; **Director of Nursing**- Tracy Myers, RN

Activity Director- Joyce Collie; **Rehab Team Leader** - Cliff Roberts, OTR/I certified in Myofascial Release, Electric/Thermal Modalities and been certified with Neuro IFRAH.

Dyersburg Nursing and Rehabilitation, Inc.

Administrator - Heather Giles, RN, NHA ; **Director of Nursing** - Lisa Eison, RN

Rehab Team Leader - Selina Purvis, PTA; **Activity Director** - Lorie Cook

Harbor View Nursing and Rehabilitation Center, Inc.

Administrator - Chris Childress, NHA, BS in Social Work. Administrator at Harbor View since 2012.

DON - Beatrice Collins, RN; **Rehab Team Leader** - Kyle Binkley, DPT

Activity Director - Amanda Buffin, MBA

Humboldt Healthcare and Rehab Center, Inc.

Administrator - Clayton Craig, NHA, BS in Health and Human Perform; **DON** - Kim Taylor RN, BSN

Rehab Team Leader - Donna Edwards, PTA; **Activity Director** - Lee'Anne Polasek

McKenzie Healthcare and Rehabilitation Center, Inc.

Administrator - Julie Roberts, RN, BSN, NHA; **Director of Nursing** - Kim Davis RN

Therapy Team Leader - Amber Lipford , OTR/L; **Activity Director** - Linda Harris

Paris Health Care Nursing and Rehabilitation Center, Inc.

Administrator - Shawn Wall, NHA, BS in Biology; **Director of Nursing** - Josefina Batton, RN, MSN

Rehab Team Leader - Leslie Brewer, MS, CCC-SLP; **Activity Director** - Michelle Jackson

Union City Nursing and Rehabilitation Center, Inc

Administrator - George Munchow, NHA has been in Nursing Home Administration for 42 years.

Director of Nursing - Katie Stover, RN Board member for the Four Rivers Regional Practical Nursing program and Dyersburg State Community College Nursing Program Advisory Board.

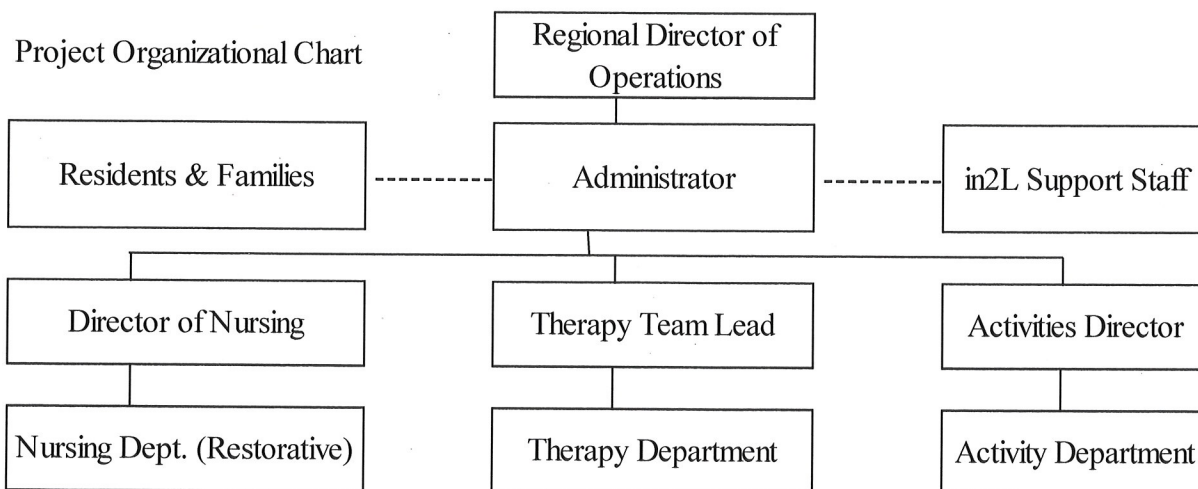
Therapy Team Leader - Cassie Wilson, PTA; **Activities Director** - Donna Taylor

VanAyer Healthcare and Rehab. Center, Inc.

Administrator - Steven Totty, MBA, RN, NHA; **Director of Nursing** - Angela Todd RN, DON

Therapy Team Leader - Nancy Herrera, PT; **Activity Director** - Robbie Petty

Project Organizational Chart



Budget Narrative

Tennessee Health Management, Inc. – Memphis Region is requesting **\$493,550.87** for *the Activities, Restorative and Therapy in Sync (ARTS)* project. This funding will provide the following:

Mobile FLEX**\$ 62,990.00**

Complete mobility with touch screen computer on an articulating arm attached to a height adjustable electric stand. It includes a bike simulator, TV adaptor, adaptive keyboard, video camera, joystick, and software. It will be used for small group activities and will be transported to the rooms of residents who tend to isolate.

(10) Mobile FLEX System @ \$6,999 (less discount \$700) = \$6,299

iN2L Rehab: Premium Clinical**\$ 62,990.00**

Mobility with a 23.8" touch screen computer on an electric, height adjustable stand which features an articulating arm for flexible screen positioning – perfect for over the bedside or for use with those with limited mobility. Includes bike simulator, flight simulator joystick, and music maker which also work with large screen systems.

(10) iN2L Rehab: Premium Clinical @ \$6,999 (less discount \$700) = \$6,299

Mobile FLEX Lite**\$ 44,990.00**

Complete mobility with touch screen computer on an articulating arm attached to a height adjustable electric stand. It will be used for small group activities and will be transported to the rooms of residents who tend to isolate.

(10) Mobile FLEX Lite System @ \$4,999 (less discount \$500) = \$4,499

Subscription**\$218,700.00**

The iN2L content is designed to allow residents to stay engaged and connected through thousands of computer based experiences and activities. This content is primarily updated on a bi-monthly basis, with some applications updated daily and others weekly. The licensing also includes, 1) the ability to create and unlimited number of user buttons by which Tennessee Health Management will be able to provide residents a person-centered experience via the use of communication applications, such as email, internet, website favorites, photos and calendar; 2) unlimited technical support; and 3) evaluation data—12 Monthly Usage Reports & 4 Quarterly Outcome Surveys Reports per year.

(30) 36 Month-Personalized Subscription @ \$2,430/year = \$7,290

Training, Installation and Rollout**\$ 26,925.00**

iN2L will provide three (3) customized on-site trainings—the first at the onset of the project and the two (2) refresher trainings between the 12th and 15th and again during the 32nd and 36th months of the project to ensure program sustainability. Staff, volunteers, and family members will have a hands-on opportunity to explore all hardware and software components of the iN2L adaptive computer systems; they will also learn about iN2L applications throughout all disciplines including activities, marketing, and social services; as well as learn how to develop and implement person-centered experiences for the community's residents. This fee also includes unlimited access to monthly training webinars conducted by iN2L Trainers and Quarterly Best Practices Group Calls conducted by iN2L Account Managers for the duration of the project.

(10) On-Site Training, Installation and Rollout @ \$1,995 = \$19,950

(5) On-Site Refresher Training @ \$1,395 = \$6,975

Therapy-Specific Training, Installation and Rollout**\$ 25,000.00**

iN2L certified trainers will provide a customized on-site therapy-specific trainings. Therapists, rehab professional and residents will have a hands-on opportunity to explore all hardware and software components of the iN2L adaptive computer systems; they will also learn about iN2L applications throughout all three rehab disciplines occupational, physical and speech therapy; and they will learn how

to develop and implement person-centered rehab experiences for the community’s residents. This fee also includes unlimited access to monthly training webinars conducted by iN2L Trainers.

(10) On-Site Therapy Training, Installation and Rollout @ \$2,500

Shipping & Handling **\$ 12,000.00**

(10) Mobile FLEX @ \$450 = \$4,500

(10) iN2L Rehab: Premium Clinical @ \$450 = \$4,500

(10) Mobile FLEX Lite @ \$300 = 3,000

Sales Tax **\$ 39,955.87**

Budget Table

As required, an Excel budget spreadsheet is attached as Appendix C.

Involved Organizations

Contact information for It’s Never 2 Late – system installation, trainings, as well as technical, program and evaluation support.

It’s Never 2 Late
 7330 S Alton Way,
 Suite O
 Centennial, CO 80112
 303.806.0797

Laura Mock, CTRS
 Customer Success Manager
lmock@iN2L.com

Scott Smith, BS Edu
 Training Manager
ssmith@iN2L.com

Innovation and Replicability

The ARTS program is innovative due to the inclusion of the therapy and restorative departments collaborating with the activity department for a person-centered approach in using the technology of the iN2L system. People who participate in technology-delivered, person-centered therapeutic activities are significantly more active and energetic, and are at higher functioning ADL levels; demonstrate greater levels of activity and social engagement behaviors; function at higher cognitive levels; express more positive emotions and are less depressed; and demonstrate greater self-efficacy.⁴ THM – Memphis Region will use MDS data concerning ADL functional decline and will present this information to the Tennessee Health Care Association for distribution in their newsletter to other nursing facilities along with state and federal agencies.

Conflict of Interest Prohibition Statement

No known conflict of interest exists with staff members at Tennessee Health Management, Inc. – Memphis region nursing facilities or its contractors.

Attestation Statement

Tennessee Health Management, Inc. – Memphis Region nursing facilities attests that the funds provided through this grant will be used to enhance the quality of care and life for residents in our facility. No known conflicts exist with our facility, including family members.

Heather Lansaw 2/24/17

⁴ Hollinger-Smith, L. (2010). Mather LifeWays Institute on Aging. *The Final Program Evaluation for It’s Never 2 Late and The Green House® Project.*

Appendix A - Tennessee Health Management, Inc. Memphis Region Data 5-Star 1/2017

TAM Managed Companies in Memphis Region	Tax ID	NPI	Medicare	Medicaid
Applingwood Healthcare Center, Inc. 1536 Appling Care Lane ** Cordova, TN 38016	62-1272672	1043270986	44-5411	744-0591
(901) 385-1803 Admin: Stacey Wallace	Licenced Beds: 78 Occupancy: 65 Total Employees: 63			
Bright Glade Health and Rehabilitation Center, Inc. 5070 Sanderlin Avenue *****	62-1527380	1366406068	44-5426	744-0600
Memphis, TN 38117-4397	Licenced Beds: 77 Occupancy: 71 Total Employees: 83			
(901) 682-5677 Admin: Hannah Mosby	62-1449425	1861456469	44-5330	744-0564
Covington Care Nursing and Rehabilitation Center, Inc. 765 Bert Johnston Avenue ***** P.O. Box 544 Covington, TN 38019	62-1156195	1467417238	44-5446	744-0425
(901) 475-0027 Admin: Debra Johnson	Licenced Beds: 98 Occupancy: 69 Total Employees: 90			
Dyersburg Nursing and Rehabilitation, Inc. 1900 Parr Avenue ****	62-1156195	1467417238	44-5446	744-0425
Dyersburg, TN 38024-2066	Licenced Beds: 130 Occupancy: 103 Total Employees: 137			
(731) 286-1221 Admin: Heather Giles	62-1209514	1053375634	44-5428	744-0423
Harbor View Nursing and Rehabilitation Center, Inc. 1513 North Second Street *****	62-1209514	1053375634	44-5428	744-0423
Memphis, TN 38107	Licenced Beds: 103 Occupancy: 88 Total Employees: 103			
(901) 272-2494 Admin: Chris Childress	62-1527374	1043275639	44-5454	744-0531
Humboldt Healthcare and Rehab Center, Inc. 2031 Avondale Rd ***** P. O. Box 446 Humboldt, TN 38343-0446	62-1527374	1043275639	44-5454	744-0531
(731) 784-3655 Admin: Clayton Craig	Licenced Beds: 89 Occupancy: 45 Total Employees: 59			
McKenzie Healthcare and Rehabilitation Center, Inc. 175 Hospital Drive ****	62-1566062	1457316887	44-5429	744-0574
McKenzie, TN 38201	Licenced Beds: 99 Occupancy: 88 Total Employees: 128			
(731) 352-3908 Admin: Julie Roberts	62-1089518	1457317216	44-5462	744-0326
Paris Health Care Nursing and Rehabilitation Center, Ir 800 Volunteer Drive *****	62-1089518	1457317216	44-5462	744-0326
Paris, TN 38242-1408	Licenced Beds: 127 Occupancy: 103 Total Employees: 132			
(731) 642-2535 Admin: Shawn Wall	62-1073814	1023074606	44-5381	744-0359
Union City Nursing and Rehabilitation Center, Inc. 1630 E. Reelfoot Avenue ***	62-1073814	1023074606	44-5381	744-0359
Union City, TN 38261-0509	Licenced Beds: 115 Occupancy: 78 Total Employees: 85			
(731) 885-8095 Admin: George Munchow	62-0967878	1801852397	44-5423	744-0270
VanAyer Healthcare and Rehab Center, Inc. 460 Hannings Lane *****	62-0967878	1801852397	44-5423	744-0270
Martin, TN 38237	Licenced Beds: 91 Occupancy: 60 Total Employees: 76			
(731) 587-3193 Admin: Steven Totty	62-0967878	1801852397	44-5423	744-0270

Appendix B –iN2L Quote



It's Never 2 Late
 7330 S. Alton Way, Suite O
 Centennial, CO 80112
 www.iN2L.com
 303-806-0797

Quote

Valid Until: 08/31/2017
 Quote Number: 4545
 Quote Provided By: Evan McClure
 emcclure@in2l.com

BILL TO:

P.O. Box 10

Parsons
 TN
 USA
 38363

SHIP TO:

1971 Tennessee Avenue N.

Parsons
 TN
 USA
 38363

Account Name: Tennessee Health Management, Inc.
 Contact Name: Heather Lansaw

Quote Stage: Delivered

Product Name	Product Code	Qty	List Price	Discount	Total
Mobile FLEX		10	\$6,999.00	\$7,000.00	\$62,990.00
Shipping & Handling - Mobile FLEX		10	\$450.00	\$0.00	\$4,500.00
iN2L Rehab: Premium Clinical		10	\$6,999.00	\$7,000.00	\$62,990.00
Shipping & Handling - iN2L Rehab: Premium Clinical		10	\$450.00	\$0.00	\$4,500.00
Mobile FLEX Lite		10	\$4,999.00	\$5,000.00	\$44,990.00
Shipping & Handling - Mobile FLEX Lite		10	\$300.00	\$0.00	\$3,000.00
Onsite Training-1 Day	TR-101	10	\$1,995.00	\$0.00	\$19,950.00
CMP-Onsite Refresher Training	CMP TR-102	5	\$1,395.00	\$0.00	\$6,975.00
iN2L Rehab: Onsite Training-1 Day	Rehab TR-101	10	\$2,500.00	\$0.00	\$25,000.00
36 Month - Personalized Subscription		30	\$8,100.00	\$24,300.00	\$218,700.00
Custom Layout - CMS		1	\$0.00	\$0.00	\$0.00
				Sub Total	\$453,595.00
				Tax	\$0.00
				Adjustment	\$39,955.87
				Grand Total	\$493,550.87

Applicable taxes will be added to your invoice.

Terms and Conditions

The estimated sales tax of \$39,955.87 is included on this Quote under "Adjustment". The actual sales tax will be included on the final Sales Invoice that is sent by our accounting department.

Appendix C-Budget Table

Tennessee Health Management, Inc.

CATEGORY	QTY	DESCRIPTION	ITEM	TOTAL
EQUIPMENT	10	Mobile FLEX	\$6,299.00	\$62,990.00
	10	iN2L Rehab: Premium Clinical (iN2L/PSC)	\$6,299.00	\$62,990.00
	10	Mobile FLEX Lite	\$4,499.00	\$44,990.00
TRAINING	10	On-Site Training--includes Installation, Rollout, and 4 hours customized training for staff members and volunteers with evaluation protocol review, conducted during the first month of the program	\$1,995.00	\$19,950.00
	10	On-Site Therapy-Specific Training--conducted by a certified trainer--includes Installation, Rollout, 2 hours of customized applied training focusing on incorporating the iN2L into the measurable goal(s) of the program, and 2 hours of hands-on treatment assistance, conducted during the first month of the program	\$2,500.00	\$25,000.00
	5	On-Site Refresher training - 4 hours of customized on-site training for staff members and volunteers of two communities, conducted between the 24th and 26th months of the program (<i>This price is contingent on training date flexibility</i>)	\$1,395.00	\$6,975.00
	36	Unlimited access to monthly training webinars conducted by iN2L trainers	\$0.00	\$0.00
	11	Best Practices Group Call conducted by iN2L Account Managers	\$0.00	\$0.00
SUBSCRIPTION	30	Per system - 1 years (bi-monthly, weekly and daily content updates; unlimited technical support; and evaluation data (12 Monthly Usage Reports & 4 Quarterly Outcome Surveys Reports)	\$7,290.00	\$218,700.00
SHIPPING	10	Mobile FLEX	\$450.00	\$4,500.00
	10	iN2L Rehab: Premium Clinical (iN2L/PSC)	\$450.00	\$4,500.00
	10	Mobile FLEX Lite	\$300.00	\$3,000.00
SALES TAX				\$39,955.87
TOTAL DIRECT COSTS				\$493,550.87

February 24, 2017

Heather Lansaw
Regional Director of Operations – Memphis
Tennessee Health Management, Inc.
1971 Tennessee Avenue North
P.O. Box 10
Parsons, TN 38363

Dear Ms. Lansaw,

We are delighted to assist you with your “Activities, Restorative, and Therapy in Sync (ARTS)” project proposal being submitted by Tennessee Health Management, Inc. to the State of Tennessee, Department of Health.

Your project to improve the quality of care of your residents by enriching their activity and therapy experiences intersects closely with our work at It’s Never 2 Late (iN2L). As you know, our technology has been the focus of several case studies, which have supported the role of technology-delivered, person-centered engagement experiences to deliver significant benefits to senior living community residents, as well to improve the quality of interactions and relationships between residents and staff.

On behalf of iN2L, I am pleased to work with you and Tennessee Health Management–Memphis Region communities and have our systems integrated into your programing. Extending our experience to help promote elder independence is a primary focus of our work.

Our team is looking forward to working with you and your colleagues at the Tennessee Health Management on this exciting project. This is a great opportunity to improve the health, well-being and quality of life of older adults in the community through this replicable model.

Sincerely,



Jack York
President / Co-Founder

GENERAL ASSURANCES

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.

CERTIFICATION/SIGNATURE

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.

Heather Lanson

2/24/17

Signature of Applicant Agency Administrator

Date Signed (Month/Day/Year)