

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

February 7, 2019

Mr. Vincent Davis
State Survey Agency Director
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

Dear Mr. Davis:

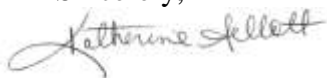
Think for a moment about your daily routine. Are you an early riser or do you prefer to sleep in? Do you like to read, listen to particular music, or spend time with one person or in a larger group? These preferences, often lifelong, provide a source of pleasure, meaning and autonomy. While these preferences do not disappear once someone moves into a nursing home, it can be difficult to convey important preferences to care team members. Federal regulations mandate a focus on person-centered care based on knowing and honoring resident preferences. Yet despite good intentions, preferences are often overlooked in the day-to-day press of nursing home life. When preferences are honored, residents report greater satisfaction with care. Staff may report better job satisfaction when they know and can honor resident preferences. However, experience shows that providers need streamlined tools to capture and act upon resident preferences more systematically to improve quality of care.

Miami University's Scripps Gerontology Center, along with Tennessee Technological University (TTU), is pleased to submit a proposal to utilize the Civil Monetary Penalty Fund for a project titled: ***Implementing a Preference-Based, Person-Centered Communication Tool in Tennessee***. Miami University's Scripps Gerontology Center is a leading source of local, state, national, and international research on the impact of aging on society as well as effective solutions to meet the challenges and promise of aging populations. Scripps Gerontology Center's mission is "to do work that makes a positive difference in the lives of aging individuals, their families and communities, and to meet the needs of aging societies."

The purpose of our grant request for \$116,396 is to collaborate with 8 to 25 Tennessee nursing homes (NHs) to implement an evidenced-based tool called the *Preferences for Activities and Leisure (PAL) Card*. PAL cards assist NHs to communicate residents' important preferences for leisure and recreation to care team members, agency staff, or volunteers who interact with them. The 5x7 laminated *PAL Cards* provide a brief bio of each resident and a synopsis of the activities that bring them a sense of purpose, joy and engagement.

We propose to offer training that will assist TN NHs to create *PAL Cards* for one neighborhood (with 15 to 20 residents) each. In the past two years, we have collaborated successfully with over 30 Ohio providers to create *PAL Cards* for 500+ nursing home residents. Providers tell us what a difference *PAL Cards* make in helping staff to develop deeper relationships with residents; volunteers to feel equipped to start conversations with residents; and residents to enjoy learning more about one another. Also, we plan to work with the TTU Computer Science Department to expand the capability of an existing mobile responsive website to automate *PAL Card* creation. The website, called *Care Preference Assessment of Satisfaction (ComPASS-16)*, is and will remain available free-of-charge to all providers. The goal is to reduce the time needed to create, update, and replace resident *PAL Cards*. We appreciate your consideration of our request.

Sincerely,



Katherine Abbott, PhD, MGS
Blayney Assistant Professor of Gerontology; Scripps Gerontology Center Research Fellow
T: 513.529.0869 E-Mail: abbottkm@miamioh.edu

EXPECTED OUTCOMES

Project Abstract

Nursing homes (NHs) are shifting away from the traditional medical model toward a focus on person-centered care (PCC), a philosophy that recognizes “knowing the person” and honoring individual preferences. The *Preferences for Everyday Living Inventory (PELI)* is a valid and reliable tool that assists providers in assessing NH residents’ most strongly held everyday preferences. Care team members can use the questionnaire to learn about an individual’s most important preferences and integrate the information to personalize care planning and improve the quality of care. However, once preferences are assessed, NHs find it challenging to share the information in easily actionable ways across care providers, departments and shifts for several reasons (e.g., staff turnover and staff not having access to electronic medical records). To address this problem, we have developed *Preference for Activity and Leisure (PAL) Cards* in partnership with Ohio nursing home providers to promote the communication of meaningful activities.

PAL cards provide an easy way to share information “at a glance” about a resident’s important preferences for daily life. *PAL Cards* briefly profile each resident and highlight their recreation and leisure interests. Organizations that use *PAL Cards* find they promote more personalized care, and they spark conversations between staff, volunteers and residents that create a greater sense of connectedness. Ohio NHs that have created *PAL Cards* tell us they have made a significant difference in their communities, yet a barrier to *PAL Card* creation is the time needed to create *PAL Cards*. Therefore, we seek to collaborate with Tennessee Technological University’s (TTU) Computer Science Department to automate *PAL Card* creation by adding a new module to an existing mobile responsive website and testing its usability in NHs.

The goals of this project, ***Implementing a Preference-Based, Person-Centered Communication Tool in Tennessee***, are to: 1) assist 8 to 25 Tennessee NHs in using a subset of recreational and leisure items from the *PELI* to create tailored Preference for Activity and Leisure (*PAL*) Cards for 15 to 20 residents per community; and 2) to develop a *PAL Card* software module based upon the Microsoft Word template version allowing providers to reduce the amount of staff time needed through automating the *PAL Card* creation process.

The project team is led by Dr. Katherine Abbott, Assistant Professor of Gerontology and a Scripps Gerontology Center Research Fellow at Miami University in Oxford, OH. Dr. Abbott is a recognized international expert on preference-based, person-centered care along with her colleague Dr. Kimberly VanHaitsma, the originator of the *Preferences for Everyday Living Inventory (PELI)*. Drs. Abbott and VanHaitsma have had experience implementing the *PELI* in nursing homes and other settings for over 20 years and have developed many related resources available for free at PreferenceBasedLiving.com. Also, Dr. Gerald Gannod, Chair of the Computer Science Department at TTU, has collaborated with Drs. Abbott and VanHaitsma for the past 5 years to develop a mobile responsive website to assess NH resident preferences via the *PELI* and measure resident satisfaction with the way preferences are met. An excel version of this tool has been evaluated and is supported by CMS through the National Nursing Home Quality Improvement Campaign (NNHQIC) to promote person-centered care. The expansion of this toolkit through the development of the *PAL Card* module is of direct benefit to residents who will be able to have their important preferences communicated to staff across departments and shifts. Dr. Gannod and his computer science graduate student will take the lead in developing the software code needed to create the module, recruit providers for feedback, and add the module to a mobile responsive version of the NNHQIC toolkit called Care Preference Assessment of Satisfaction (*ComPASS-16*) to substantially reduce NH staff time needed to create *PAL Cards*, which directly benefits staff and residents.

Drs. Abbott and VanHaitsma, along with Project Manager Alexandra Heppner, will be responsible for evaluating the *PAL Card* Quality Improvement Program. With data collection assistance from each participating NH’s project coordinator, we will assess: 1) the number of *PAL Cards* created; 2) the impact of education and training on staff confidence with interviewing and *PAL Card* creation; 3) the impact of *PAL Cards* on resident

quality of life and quality of care: 4) direct care worker and resident perceptions of *PAL Card* usefulness; and 5) the sustainability of *PAL Cards*. Funds are allocated for Dr. Gannod and his graduate student to create the *PAL Card* software module based upon the Microsoft Word Template version that has been evaluated. They will seek feedback from up to six providers, who are the end user, through a heuristic evaluation. This feedback is crucial to making sure the product is usable for nursing home staff. This module supports staff in their goals to improve the quality of care and quality of life for residents by communicating resident important preferences across departments, shifts, staff, volunteers, family, and other residents. *The outlined staffing and project costs account for expected capacity issues for the range of providers 8-25. We utilize virtual training and can accommodate the higher end of our recruitment goal with groups of 4-5 providers per month.*

Statement of Need

In recent years, there has been a push in the field of long-term services and supports to focus on person-centered care (PCC), a philosophy that recognizes “knowing the person” and honoring individual preferences. As providers shift toward delivering PCC, they need timely, efficient methods to gauge whether they are meeting consumer preferences. One approach is to assess NH residents’ preferences using the *Preferences for Everyday Living Inventory (PELI)*, a scientifically valid and reliable tool that assists providers to elicit residents’ most strongly held daily preferences. Phrased in clear, conversational language and tested with older adults, the *PELI* asks individuals about a wide range of preferences, and supports effective care planning to enrich the quality and meaning of daily life. NH staff can use the information to tailor care plans and improve the quality of care.

About the PELI

The *PELI* questionnaire consists of 72 questions focusing on five key domains of an individual’s day-to-day life: social contact, personal development, leisure, living environment and daily routine. **Providers can choose to ask the complete set of questions, or they can select fewer questions that are most relevant to the community needs.** *PELI* questions yield useful information such as what time individuals like to wake up, take a shower, and get dressed, and what kinds of recreational activities they enjoy. **Sixteen of the *PELI* questions are consistent with the Centers for Medicare and Medicaid Services (CMS) federally mandated Minimum Data Set (MDS) 3.0** (Section F – Preferences for Customary Routine and Activities) for NHs, but delve more deeply into the specific aspects of resident preferences. Using the *PELI* allows provider communities to meet regulatory requirements and demonstrate their progress in providing person-centered care.

“PELI is a great tool for becoming better acquainted with new residents. It’s especially helpful for paraprofessional staff who may not have clinical training because it provides a way for them to learn more about the residents in their care and to organize the information for care delivery.” – Sarah Humes, MS, CTRS

“PELI helps sensitize direct care staff so they can offer life-enriching experiences that are significant to each elder. For example, residents love being asked not just if they like to read, but what they like to read and how important reading is to them.” -- Susan Frazier, Green House Project, Chief Operating Officer

The *PELI* was developed under the leadership of Kimberly VanHaitsma, Ph.D., Associate Professor of Nursing and Director, Program for Person-Centered Living Systems of Care, Pennsylvania State University, and Katherine Abbott, Ph.D., Scripps Research Fellow, Miami University.

PELI Evidence-Base

The *PELI* is the first tool of its kind to pass rigorous scientific testing. In 2005, it was piloted with more than 500 home health clients enrolled in the Visiting Nurse Service of New York. The tool proved to be a reliable and valid measure of preferences and was well accepted by a wide range of older adults. Over a dozen peer-

reviewed publications have been published related to the reliability and validity of the *PELI*. Over the years, researchers have tested and refined the *PELI* with 350 nursing home residents, and the team continues to adapt the tool with diverse populations of older adults. Because of the evidence base surrounding the *PELI*, the Ohio Department of Medicaid designated use of the *PELI* as one of five factors that determine quality metrics for each NH's daily payment rate. Also, the Department has funded our project that partners with NHs to provide education and training on how to use the *PELI* to learn about and apply the information to honor resident preferences and guide daily care.

The *PELI* is recognized by leading national organizations:

- In 2015, CMS developed the Focused Dementia Care Survey Tools Memorandum, which cites the *PELI* as an appropriate assessment tool to learn about the preferences of individuals living with dementia.
- In 2010, the MDS 3.0 developers drew upon *PELI* items to help create Section F (Preferences for Customary Routine and Activities), which is used in every nursing home in the U.S.
- The [National Nursing Home Quality Improvement Campaign person-centered care quality improvement goal](#) incorporates *PELI* questions.
- Green House Project uses *PELI* in its train-the-trainers curriculum for members nationwide. The process gives educators -- including nurses, social workers, and activity directors -- firsthand experience with deep listening and linking preference assessment to care.

While assessing preferences is a first step, relaying NH residents' important preferences across care team members is challenging. An Ohio provider identified this barrier and worked with us in the co-development of a novel solution, *Preference for Activity and Leisure (PAL) Cards*. *PAL Cards* facilitate sharing of NH residents' key preferences across team members working in different departments and shifts. For this work, our provider partner recently won the Ohio LeadingAge Award for [Excellence in Innovation](#).

Program Description

What are PAL Cards?

PAL Cards provide an easy tool to exchange information about a resident's background and important preferences for daily life. *PAL Cards* briefly profile each resident and highlight their recreation and leisure interests. Organizations have found that *PAL Cards* promote more personalized care and prompt conversations between staff, volunteers and community members, contributing to greater interconnectedness.

PAL Cards are personalized 5x7 laminated cards that reflect a resident's recreation and leisure preference information gathered by using: 1) the 8 activity items from the MDS 3.0 in Section F, which providers are already mandated to assess, or 2) augmenting the 8 MDS items with up to 33 options from the *PELI* (see Figure 1). *PAL Cards* are created by staff after a *PELI* interview using a Microsoft Word template, placed on a resident's wheelchair, walker or door *with permission* as a way to communicate important preferences to staff, volunteers, and other residents throughout a provider community.

*The 27 Ohio Providers who completed the PAL Card Quality Improvement Project self-reported that it took an average of 56 minutes to administer the 8-item version and create the PAL Card with providers ranging from 10-160 minutes (standard deviation=36). The 33 item version and PAL Card creation took an average of 66 minutes to complete with providers ranging from 12-165 minutes (standard deviation =29). One provider explained that they interviewed residents during a one-to-one lunch leading to the higher end of the time range. Providers explained to us that they became faster and more efficient as they gained experience with both administering the interview and creating the cards. However, we did not collect data on time after the first 20 were completed. The creation of a PAL Card using the 33 items from the *PELI* in the Microsoft Word template took staff on average 23 minutes with a standard deviation of 10 minutes and a range of 3-50 minutes.*

Figure 1. Example front and back side of a resident *PAL Card*.



Projected outcomes

- Communicate resident preferences regarding important recreation and leisure interests
- Successfully initiate conversations between staff and residents or residents and volunteers
- Assist “fill-in,” “floating” or agency staff to learn quickly about the residents under their care
- Provide opportunities for staff and residents to develop stronger relationships
- Increase residents’ sense of well-being, knowing their voices are heard and preferences understood
- Build capacity to implement PAL Cards with all residents in the community

Preliminary Studies

PAL Cards were collaboratively developed in 2016-2017 with the Knolls of Oxford, a nonprofit continuing care community, and Miami University’s Scripps Gerontology Center. The intervention started with using the *Preferences for Everyday Living Inventory (PELI)* to assess residents’ recreation and leisure preferences. Gerontology students then created personalized 5x7 laminated cards listing important preferences along with a short biography for each resident. Residents reviewed their card to verify that the information was accurate. *PAL Cards* were affixed to residents’ doors, wheelchairs, or walkers with consent. Preliminary qualitative findings indicate that the cards successfully promoted conversations between staff and residents, volunteers and residents, and among residents. Also, residents felt that their voices were heard, which brought them joy. We subsequently worked with three additional NH providers to develop over 80 *PAL Cards*, contributing to the proof of concept in 2017.

In 2018, we offered an [Ohio Department of Aging certified Quality Improvement Project](#) and successfully coached 27 providers across the state in the creation of over 540 *PAL Cards*. While this was not a research project, we are including feedback from Ohio QIP participants showing the direct benefit of PAL Cards to staff and residents. Quotes from participants include:

"It is very useful. For me, almost everything is about relationships. And this is a tool that could be used to increase our relationship with people, people who are in dire need of a relationship."

— Activities Director

"[Physical Therapy was] able to engage with the new admissions and help motivate them. In therapy, they were able to talk about the specific things that the resident wanted to [discuss] and build that commonality, that trust between the two of them."

— Nursing Home Administrator

"I can tell you that when the dietary manager brought me their [PAL Card and] they were like "Did you know that this resident did..." I mean it was like a whole new world opened up because they got to find out things specific to that resident. They weren't just preparing a meal for them, now they know some things that they can go talk to them about and have a meaningful conversation."

— Activities Director

Through these experiences, we identified a number of barriers to implementing *PAL Cards* and we developed resources to help providers address them. These include: an [implementation tip sheet](#), a step-by-step voice-over Power Point showing how to create *PAL Cards*, [sample PAL Cards](#), an example *PAL Card* policy, a script for introducing *PAL Cards* during staff meetings, and the customizable blank *PAL Card* template. In addition, some providers raised concerns that *PAL Cards* could be a violation of HIPAA privacy laws. We contacted the Ohio Dept. of Medicaid HIPAA Privacy Officer who confirmed that preferences for recreation and leisure were not protected health information and would not be a violation of HIPAA. We train providers to place *PAL Cards* with consent of the resident or family.

NHC Healthcare in Cookeville has agreed to participate in the project. In addition, TN LeadingAge has agreed to support the project and spread the word through newsletters, social medial, and community visits. They have also suggested that we have a booth at their annual conference on July 29-30, 2019. In addition, the TN Eden Alternative is willing to work with us and we will be presenting at the Pioneer Network annual conference in Louisville, KY Aug 3-6, 2019 and can promote the program to TN attendees. We will invite State Survey Agency surveyors to participate in the training and offer a brief webinar explaining the program. In addition, we are confident in our ability to recruit NH partners through our collaboration with TTU. Finally, if we experience delays in recruiting TN NHs, we will reach out to the TN Public Guardianship for the Elderly Program and offer training to guardians with wards who live in nursing homes. We have had a great deal of success and enthusiasm from our training programs with Ohio guardians. We have allocated 100% of the Project Manager's time to recruitment efforts in the first three months of the project to ensure a strong pool of participating providers.

Use of Technology to Reduce Time Needed to Create PAL Cards

One barrier that we seek to remediate in this project is to reduce the amount of NH staff time necessary to create *PAL Cards*. To accomplish this task, we seek to continue a collaboration with the TTU Computer Science Department to automate the process. We have collaboratively developed *ComPASS-16 (Care Preference Assessment of Satisfaction)*, which is a mobile responsive website version of the CMS supported National Nursing Home Quality Improvement Campaign (NNHQIC), Person-Centered Care Goal, co-developed by Drs. Van Haitsma and Abbott. The NNHQIC tool is an excel based tool developed to support management of resident preferences through the collection of 16 preferences specified in Section F of the Minimum Data Set (MDS 3.0) as well as resident satisfaction with preference fulfillment. *ComPASS-16* replicates the tool in a mobile responsive website that can be used on tablets, phones, and laptops. The tool assists providers in asking residents about 16 of their preferences for everyday living as well as tracking resident satisfaction with the way their preferences are met over time. *ComPASS-16* assists with individual care planning and provides a quality improvement system that helps providers pinpoint opportunities for improvement in care delivery because it allows staff to capture details about important preferences to support preference fulfillment. For example, if it is important for a resident to be around animals such as pets, *ComPASS-16* can manage data related to the types of pets the resident prefers to spend time with (e.g., prefers rabbits, allergic to cats). The system provides convenient navigation for conducting preference interviews as well as reporting features that can be integrated into resident care plans.

We seek to add a *PAL Card* Module to the current *ComPASS-16* system. This new feature would populate a *PAL Card* based upon the *PELI* assessment. The TTU Computer Science Department employs the use of Agile

Project management techniques in order to provide iterative releases based upon feedback from our provider partners and will perform usability tests with up to six providers in order to make refinements to the software program. The *ComPASS-16* website walks NH providers through the process of 1) administering the MDS 3.0 preference interview (16 questions), 2) asking “*how satisfied*” residents are with the way their important preferences are met, and 3) generating visual reporting at the individual, neighborhood, and facility level. These reports (see Figures 2 and 3 below) give straightforward feedback that allows providers to see how well they are providing preference-based person-centered care.

Figure 2. Sample Individual Preference Fulfillment Report from *ComPASS-16*

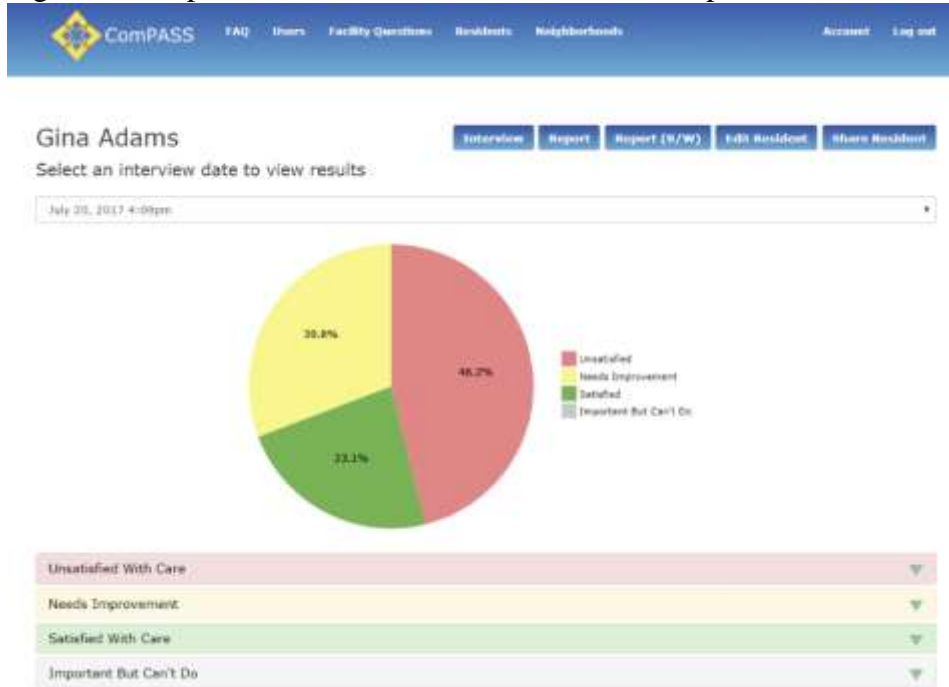


Figure 3. *ComPASS-16* Sample Neighborhood Report of Satisfaction with Important Preferences Being Met.

Question	Important	Satisfied	Somewhat Satisfied	Unsatisfied	Important, But Can't Do Or No Choice	How Are We Doing
FO500A How important is it to have reading materials available to you?	47 / 84	10.5%	19.3%	19.3%	17.3%	
FO400H How important is it for you to lock things up to keep them safe?	52 / 84	18.4%	12.9%	20.0%	16.3%	
FO500B How important is it for you to listen to the music you like?	39 / 84	8.0%	14.0%	22.0%	22.0%	
FO400D How important is it to have snacks available between meals?	46 / 84	16.7%	22.2%	18.5%	14.8%	
FO400G How important is it to be able to use the phone in private?	42 / 84	10.7%	14.3%	16.1%	25.0%	
FO400F How important is it to choose who you would like involved in discussions about your care?	39 / 84	15.6%	24.4%	22.2%	13.3%	
FO400C How important is it for you to choose between a tub bath, shower, bed bath, or sponge bath?	46 / 84	18.9%	13.2%	15.1%	13.2%	
FO400A How important is it for you to choose what clothes to wear?	44 / 84	18.0%	14.8%	19.7%	27.0%	
FO500E How important is it to do things with groups of people?	40 / 84	12.6%	19.6%	15.2%	21.6%	
FO500G How important is it to go outside to get fresh air when the weather is good?	45 / 84	18.5%	25.0%	13.0%	16.7%	
FO500F How important is it for you to do your favorite activities?	41 / 84	14.3%	16.3%	8.2%	18.3%	
FO400E How important is it to choose your own bedtime?	41 / 84	22.0%	12.0%	18.0%	18.0%	
FO400B How important is it to take care of your personal belongings?	42 / 84	18.3%	16.7%	16.7%	23.2%	
FO500D How important is it for you to keep up with the news?	40 / 84	22.0%	18.0%	18.0%	20.0%	
FO500H How important is it to participate in religious services or practices?	39 / 84	18.0%	18.9%	11.3%	26.4%	
FO500C How important is it to be around animals such as pets?	33 / 84	21.7%	23.9%	13.0%	28.3%	

Brief Description of Provider Activities

Based on our previous experience with Ohio NHs, we have streamlined our project model to assure that participating communities' responsibilities are kept to a feasible level, in recognition of the many demands on their time. Participating providers would be asked to:

- Identify an on-site coordinator or point person to lead the project initiative.
- Take part in one virtual training session and monthly *virtual* consultation calls (a total of approximately 5-8 calls during the project, depending on how long providers need to create 15 to 20 *PAL Cards*).
- Implement *PAL Cards* in one neighborhood with 15 to 20 residents. This includes allowing for staff or volunteer time to complete *PELI* interviews using 8 to 33 *PELI* recreation and leisure items. The minimum number would incorporate the 8 Activity items from the MDS 3.0 assessment in Section F.
- Add residents' important preferences for activities into the *PAL Card* template to create an individualized card for each person in the pilot neighborhood.
- Print, laminate, and place each resident's *PAL Card*, with his or her permission, on a walker, wheelchair, or in room so that it is visible.
- Explain the purpose of *PAL Cards* during staff meetings and new employee orientation.
- The site coordinator will assist with data collection as described in the results measurement section.

We support providers in building the capacity needed to implement PAL Cards with all residents in the community by encouraging them to focus their initial efforts on a smaller scale as recommended in the Plan-Do-Study-Act ([PDSA](#)) model, used by the Institute for Healthcare Improvement (IHI) to guide improvement efforts and [listed by CMS](#) as one of the resources for Quality Assurance and Performance Improvement (QAPI) initiatives. The PDSA model for improvement, developed by Associates in Process Improvement, is a scientific method for action-oriented learning that emphasizes the need to test changes on a small scale as it supports learning from the process to identify areas in need of refinement before implementing on a larger scale. This approach to implementing change allows providers to increase their efficiencies (e.g., decrease the time it takes them to create PAL Cards) and learn what resources (e.g., designated staff time or volunteers) will be required if they are to create PAL Cards for all residents in their community who consent. Our experience led us to ask for providers to complete 15-20 residents because that number seems to be the tipping point for providers to be able to evaluate the proof of concept. In addition, having 15-20 cards in the community helps generate enough interest that residents, family, and staff are able to use the PAL cards and evaluate their value to the community.

Providers will receive guidance regarding which residents to include as part of the initial virtual training required as well as from the Project Manager as needed, however, we have purposely left the determination for which residents are chosen to the provider. Some providers select residents who are able to easily communicate their preferences, while others have chosen residents with dementia who are unable to easily communicate their preferences. In the instance of a resident living with dementia, the provider can seek input from staff and family. We view this as a more challenging approach, but both approaches are a win for the residents, family and staff alike. The Project Manager will provide guidance on methods for successfully engaging individuals, whether that be residents or family members, to complete PAL Cards. If a resident is discharged or leaves the community for any reason prior to his/her PAL Card being created we would ask the provider to seek out additional residents.

We have no plans to commercially market *ComPASS-16* with the PAL Card module through charging a fee at any point in the future. Miami University will remain committed to maintaining *ComPASS-16* with the PAL Card module as a freely available resource to any participating provider.

In exchange for participation, organizations will:

- Receive virtual training via Webex on using the *PELI* for *PAL Card* implementation
- Gain insights and tips by participating in monthly conference calls that function as virtual learning circles to assist NHs with trouble-shooting barriers to implementation
- Possess skills to sensitize residents, family members, staff and volunteers to the importance of preference fulfillment, and expand *PELI* and *PAL Card* use communitywide

Timeline in Quarters

Activity	Q1	Q2	Q3	Q4	Responsible Party
<i>Recruit providers through email, telephone and face-to-face meetings with providers, the Pioneer Network Annual Conference, TN LeadingAge will promote the project through newsletters, social medial, community visits, and Annual Conference.</i>					Drs. Abbott, VanHaitsma, Gannod, & Project Manager
<i>Train providers in PAL Card implementation (involves a one hour virtual training via WebEx)</i>					Dr. Abbott & Project Manager
<i>Providers create and place PAL Cards</i>					Provider Collaborators
Create <i>PAL Card software</i> Module in <i>ComPASS-16</i>					Dr. Gannod & TTU Graduate Student
<i>Telephone Help Line available to providers</i>					Dr. Abbott and Project Manager
<i>Evaluate PAL Card implementation/outcomes</i>					Drs. Abbott, VanHaitsma & Project Manager
<i>Test usability of PAL Card Module in ComPASS-16</i>					Dr. Gannod & TTU Graduate Student
<i>Submit Quarterly Progress Reports</i>					Drs. Abbott, VanHaitsma, Gannod, & Project Manager

Part VIII: RESULTS MEASUREMENT

We propose to evaluate the **quality improvement** program's effectiveness in the last quarter of the project using the following measures:

1. The number of providers participating and the number of resident *PAL Cards* created and placed with resident consent. *Our goal is to work with up to 25 providers to create over 400 PAL Cards.*
2. The impact of the education and training on staff member confidence in conducting interviews and creating *PAL Cards*. To achieve this, we will ask staff to complete an evaluation of the training session(s) provided,

and evaluate their confidence in conducting resident interviews, assessing important preferences, and creating *PAL Cards*. *We will offer training to all staff members at each site who assist with the effort. Our past work has found that providers who share the work of creating PAL Cards have better outcomes.*

3. Each site coordinator be provided with a mechanism to record the positions of the staff members or volunteers who assist with the project, the time spent interviewing participating residents, time spent creating *PAL Cards*, and where the resident chose to place his/her *PAL Card*. *This information will assist in determining the resources needed if providers were to scale up PAL Cards across their entire community.*
4. The impact of the *PAL Cards* on outcomes of importance including:
 - a. Resident Quality of Care and Quality of Life: Interviews with the site coordinator at each community will be conducted to assess their perceptions about whether *PAL Cards* improved the quality of life or quality of care for participating residents. Also, we will ask the site coordinator for examples of how staff utilized the cards to connect with residents. *In our past work, providers gave examples of how they used PAL Card information to get to know residents and provide comfort in times of distress (such as behavioral and psychological symptoms of dementia).*
 - b. Staff Perceptions of Usefulness of PAL Cards: The site coordinator will ask direct care workers as well as housekeeping and maintenance staff (if applicable), volunteers, administrative assistants, and dining servers involved in caring for residents with *PAL Cards* to complete a short questionnaire (either paper/pencil or electronically). The questionnaire will ask: 1) if they saw any *PAL Cards* (yes/no); 2) if they read the *PAL Cards* (yes/no); 3) if they remember anyone presenting about the *PAL Cards* at a staff meeting or town hall meeting; 4) *if they read the PAL Cards*, how helpful they were in starting a conversation with a resident (from “not at all helpful” to “extremely helpful”); and 4) *if they read the PAL Cards*, how helpful they were in informing the way you care for a resident (from “not at all helpful” to “extremely helpful”).
 - c. Resident Perceptions of PAL Card Usefulness: Interviews with residents who have *PAL Cards* to assess the card’s accuracy in reflecting their important preferences. The number of residents who refuse a *PAL Card* will also be tracked. The site coordinator will ask residents if their *PAL Card* helped to stimulate meaningful conversations.
5. Assessment of sustainability by having each site coordinator check to see if resident *PAL Cards* are still in place in the last quarter of the project *and if they plan on continuing to create PAL Cards for additional residents. In our past work, providers were able to complete 15 to 20 PAL Cards within 3 to 6 months. Therefore, we anticipate PAL Cards being in place for 3 to 6 months for this evaluation.*
6. Usability of the *PAL Card* module in *ComPASS-16* will be evaluated via a heuristic evaluation of the system by up to six TN providers in the last month of the project. This system evaluation provides data on components such as the match between the system design and user needs, user control and freedom, consistency and standards, and help for users to recognize, diagnose, and recover from errors. *In the Heuristic Evaluation approach, ten (10) criteria are presented to users for assessing the usability of a user interface. These heuristics are based on a list of recognized usability principles such as visibility (can the user find the features they wish to use), affordance (do the features behave in the way that the user expects), and feedback (does the user receive proper feedback when the action is performed by the user). A heuristic evaluation has a cost-benefit cut off with approximately five to six participants (Nielsen, 1995). These evaluations will serve the basis of improving the approach ahead of a widespread release of the ComPASS-16 system. As various providers gain more experience in using the paper version of the PAL cards we hope to introduce them to PAL card support in ComPASS-16 for management of preferences and creation of PAL cards.*

As a result of engaging in this project, we anticipate achieving a better understanding of the barriers and facilitators to implementing preference-based, person-centered care. This understanding would be helpful to furthering future research efforts in this area, but our focus in this project remains squarely on using this information to help guide and refine quality improvement efforts on the part of TN providers.

We will provide four quarterly progress reports over the yearlong project. We will submit progress reports via email by September 20, 2019, December 31, 2019, March 30, 2020, and a final report on June 30, 2020.

Part IX: BENEFITS TO NURSING HOME RESIDENTS

A compelling body of literature suggests that the integration of knowledge about individuals' psychosocial preferences into care is related to improved decision making about care services, enhanced quality of care and life outcomes, and increased satisfaction with care. A person-centered, preference-based approach honors the experiences and continuity of likes and dislikes that individuals have developed over a lifetime. In addition, honoring preferences empowers residents, helping them to maximize their potential for retaining relationships, capabilities, interests and skills by acknowledging what they prefer in the context of their strengths and needs.

Part X: CONSUMER/STAKEHOLDER INVOLVEMENT

The process of collecting information about a resident's preferences is performed via a one-to-one interview with the resident. If a resident is unable to communicate, our protocol involves seeking the input of a loved one who knows the resident well. Typically, this is a family member. If there is not a loved one, we encourage seeking input from the direct care worker who knows the resident well and has closely observed the "likes" and "dislikes" of the individuals they assist.

We will also encourage care team members to present to resident and family councils about *PAL Cards* in order to answer questions about their purpose. We will give providers the template for a customizable brochure called *Why Preferences Matter* that can be incorporated in move-in packets. The pamphlet explains why care team members will be asking about preferences and how the information helps to provide better care.

Part XI: FUNDING

Financial Feasibility and Sustainability: The Scripps Gerontology Center at Miami University requests funding in the amount of \$117,496 to support the goals of this project from July 1, 2019 through June, 30, 2020. We are requesting salary support for faculty, consultants, students, and project staff. In addition, we are requesting funds to support travel and lodging for *three face-to-face trips from OH to TN for Dr. Abbott and the project manager and 12 local trips for TTU to perform demonstrations and heuristic evaluations of COMPASS-16.*

Funds are allocated for personnel time to directly support TN providers who seek to implement this communication project. This is a quality improvement program and salaries are allocated for time to work one-to-one and in small groups to provide training and problem solving support to participating TN providers. Personnel time is not allocated for research purposes. We have found that if providers are not supported in how to implement this QIP it will not happen due to the multiple competing demands on their time.

Additional personnel time from TN Tech University is requested to develop the computer software to automate the process staff use to create the PAL Card via the Microsoft Word template. This will be of direct benefit to staff, through reducing the amount of time needed to create the PAL Cards, and ultimately to residents who will have their important preferences communicated throughout the provider community.

The current process for developing a PAL Card involves using a Microsoft Word template to author the content of the card based upon the information gathered from the *PELI*. From the OH QIP project, providers self-reported that it took them, on average 23 minutes (Standard Deviation 10 minutes with a range of 3-50 minutes) to create a resident PAL Card using the 33 activity items from the *PELI*. The idea behind the PAL Card Module is to use information gathered through the use of *ComPASS-16*, with different options for the content of the PAL Card being made available via a convenient user interface. The goal of the PAL Card module in *ComPASS-16* is to streamline the authoring process, reducing the time down from an average of 23 minutes to just a few minutes while still providing full customization to the preferences of the given resident. This includes pre-population of the card with relevant resident information, branding of the card to the nursing home identity, and placement of selected preferences on the card. The PAL Cards have been evaluated using the Microsoft Word template version, the proposed software module will mimic the Word template and drastically reduce the staff time needed to create the card.

Typical software engineering salaries in Tennessee for entry-level developers are approximately \$72,000 (according to Glassdoor.com). The requested budget for the graduate student is roughly 33% of this amount, with approximately 20% allocated to student salaries. In terms of time worked, the salary (\$15K) is roughly 40% of the comparable software development salary. Furthermore, these quoted salaries are 19% below the national average for this caliber of talent.

The graduate student will complete the following tasks to automate the PAL Card Creation process;

- Design
 - Design of digital PAL card
 - Design of the PAL card authoring user experience
- Software refactoring
 - Modification of existing databases to support PAL card authoring
 - Modification of infrastructure support
- Software development
 - Principal software development
 - Principal software testing
- Deployment and User Evaluation
 - Roll out of the new features to the *ComPASS-16* server
 - Training on the *ComPASS-16* software
 - Evaluation of user experience

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning 7/1/2019, and ending 6/30/2020.

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE- ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$33,724.00	\$0.00	\$33,724.00
2	Benefits & Taxes	\$10,564.00	\$0.00	\$10,564.00

4, 15	Professional Fee/ Grant & Award ²	\$61,449.00	\$0.00	\$61,449.00
5	Supplies	\$1,100.00	\$0.00	\$100.00
7	Postage & Shipping	\$200.00	\$0.00	\$200.00
11, 12	Travel/ Conferences & Meetings ²	\$2,000.00	\$0.00	\$2,000.00
22	Indirect Cost (% and method) per Miami University's policies: calculation of indirect costs includes all salaries and wages, fringe benefits, materials, supplies, services, travel, and subcontracts up to the first \$25,000 of each subcontract (detailed calculation shown below). Total Direct Costs: \$108,037 - Tenn Tech sub \$49,449 + 1st \$25,000 of Tenn Tech sub = \$83,588 * 10% = \$8,359.00			\$8,359.00
25	GRAND TOTAL	\$116,396.00	\$0.00	\$116,396.00

GRANT BUDGET LINE-ITEM DETAIL (BUDGET PAGE 2)

SALARIES	12 mo. Base salar	% effort	Fringe @ 36.63% FT / 16.44% Summer	AMOUNT
Katherine Abbott, PhD - Project Administrator/Principal Investigator	98063	x 0.1717	x 1 + 4377	\$21,208.00
Alexandra Heppner - Project Manager	42230	x 0.04	x 1 + 6188	\$23,080.00
ROUNDED TOTAL				\$44,288.00

PROFESSIONAL FEE/GRANT & AWARD	AMOUNT
Consultant, Dr. Kimberly VanHaitsma (<i>hourly rate \$250/per hour</i>) will provide approximately one hour of consultation per week throughout the grant period.	\$12,000.00
Subcontract with Tennessee Technological University and Dr. Gerald Gannod <i>Dr. Gannod 1 Month Salary (\$15,886) plus 18.2% benefits (\$2,891); Graduate student stipend \$1200/month 9 months Fall and Spring (\$10,800); Graduate Student Hourly 20 hours/week, Summers 16 weeks, \$13.86/hour (\$4,435); plus 7.65% benefits \$339; Graduate Student Maintenance Fees 9 credits Fall; 6 credits Spring (\$10,103); 12 trips to travel to local provider communities (\$500). Sub Total of \$44,954 plus 10% indirect as allowed \$4,495 = \$49,449.</i>	\$49,449.00
ROUNDED TOTAL	\$61,449.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Travel for Dr. Abbott and Alex Heppner to meet with Dr. Gannod and Participating TN Providers. We anticipate 3 - two to three day trips from OH to TN during the first quarter to recruit providers. We will utilize the standard GSA rates for TN as appropriate (e.g., Hotel \$94.00, Per Diem \$55.00/day, \$41.25 first/last day of travel; Mileage @.58/mile).	\$2,000.00
ROUNDED TOTAL	\$2,000.00

SUPPLIES	AMOUNT
Sign-Up Genius for 10 months: <i>To facilitate scheduling monthly coaching calls</i>	\$100.00

POSTAGE	AMOUNT
For mailing materials to participating providers, including laminated PAL Cards if necessary: <i>Mailing costs include the postage needed to mail laminated PAL Cards to providers if they do not have access to a laminator. In addition, we will mail a certificate of completion to providers.</i>	\$200.00
ROUNDED TOTAL	\$200.00

Part XII: INVOLVED ORGANIZATIONS

Dr. Katherine Abbott, Assistant Professor of Gerontology, Miami University, Fellow, Scripps Gerontology Center, abbotkm@miamioh.edu, 513-529-0869.
 Dr. Gerald (Jerry) Gannod, PhD, Tennessee Tech University, Chair, Department of Computer Science, jgannod@tntech.edu, 931-372-6855.
 Dr. Kimberly VanHaitsma, PhD, PELI Originator, kvs110@psu.edu, 814-865-7988.

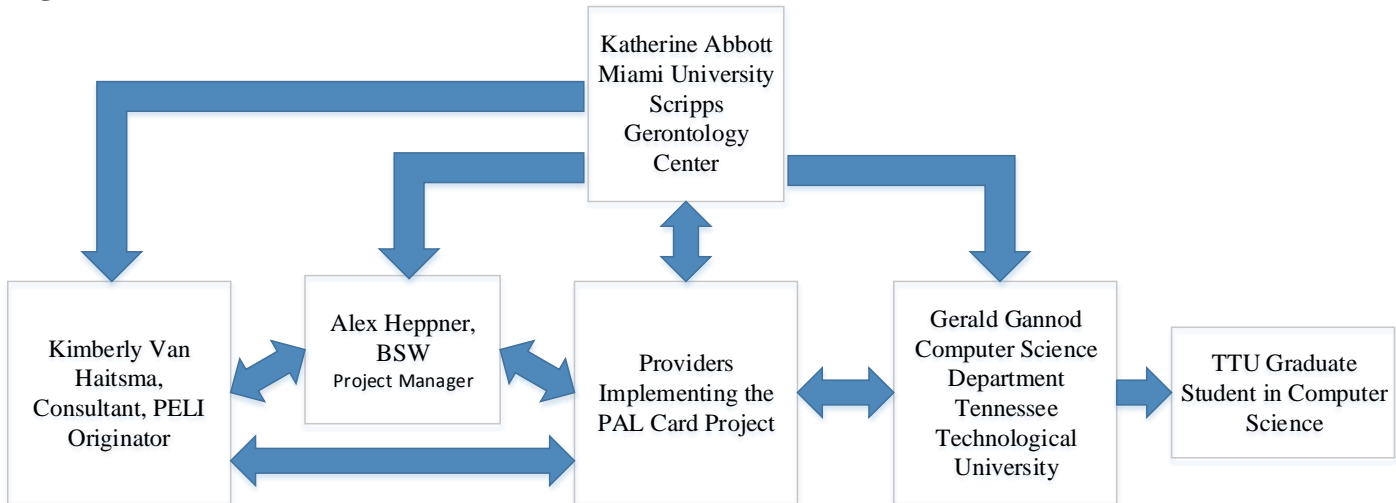
Biographical Sketches and Curriculum Vitae for Key Personnel

Katy Abbott CV http://bit.ly/Abbott_CV
 Jerry Gannod CV http://bit.ly/Gannod_CV
 Kimberly VanHaitsma CV http://bit.ly/VanHaitsma_CV
 Alexandra Heppner (Project Manager) Resume http://bit.ly/Heppner_Resume

Conflict of Interest Prohibition/Attestation Statement

The funding requested in this proposal will not supplant any existing funding for assessing preferences. SNFs are required to assess the 16 preferences found in Section F. of the MDS 3.0. This proposal will provide education and training resources to help providers use the information they already collect in order to improve resident care. None of the individuals involved in this project have conflicts of interest and no family relationships are involved in the project.

Organizational Chart



INNOVATION AND REPLICABILITY

The foundation of this project is in the assessment of important preferences via the *PELI*. The *PELI* has a proven evidence base in systematically and reliably seeking the input of nursing home residents on their preferences. Over a dozen peer-reviewed publications speak to the use of the *PELI*'s reliability in assessing nursing home resident preferences and the stability of those stated preferences over time. Our research concludes that providers can design and utilize care plans based on the *PELI* assessment with confidence. We will share and disseminate results of this project through a virtual seminar (webinar) and submit proposals to present this project at statewide (e.g., LeadingAge) conferences and national (e.g., Pioneer Network) conferences.

Job Descriptions for Key Personnel:

Katherine Abbott, PhD, Principal Investigator, will oversee the entire project and the project manager. Dr. Abbott will assist with recruitment of providers, oversee provider training, and coordinate with Dr. Gannod on the *PAL Card* module in *ComPASS-16*. Finally, Dr. Abbott will oversee the evaluation of the project and submission of quarterly reports.

Dr. Kimberly VanHaitsma, PhD, Consultant/Co-Investigator – will assist with recruitment of providers, provide ideas for remediating barriers that providers may encounter when implementing *PAL Cards*, and assist with the data analysis for the project evaluation. In addition, Dr. VanHaitsma will provide feedback on the development of the *PAL Card* module in *ComPASS-16*.

Dr. Gerald Gannod, PhD, Co-Investigator – and his graduate student will assist with recruiting providers and work closely with Dr. Abbott and the Project Manager in developing a *PAL Card* software module for *ComPASS-16*. Finally, Dr. Gannod will be responsible for performing usability tests with up to six providers in order to make refinements to the software.

Alex Heppner, Project Manager – will assist with recruiting providers, answering the help line, scheduling provider training and coaching sessions, scheduling TAP meetings, and overseeing data collection for the evaluation. Ms. Heppner will also assist Dr. Gannod with the usability testing of *ComPASS-16*.

FOCUS AREA

This proposal specifically targets two of the five TN CMP focus areas. First, this proposal targets residents' rights through the assessment and communication of their important preferences for everyday living. This issue is especially critical for residents living with dementia who may have difficulty expressing their preferences. In addition, this proposal has the ability to improve provider community overall star rating and health inspection ratings. We found preliminary support for this outcome among Ohio nursing home providers who were high *PELI* users (integrating important preferences into care planning). Using data from CMS Nursing Home Compare in 2017 to look for preliminary associations between *PELI* use and quality measures, we **found that overall star and health inspection ratings were statistically significantly higher for high *PELI* Users compared to non-users** when we controlled for nine key characteristics. These characteristics are: provider ownership, provider location, size, chain affiliation, presence of special care unit, occupancy rate, Medicaid proportion, change in leadership (NHA/DON) since 2013, and total health deficiencies in 2015.



Computer Science

TENNESSEE TECH

Department of Computer Science
College of Engineering
Tennessee Technological University

February 1, 2019

Dear Dr. Abbott,

I am pleased to provide this letter of support for your research project, *Implementing a Preference-Based, Person-Centered Communication Tool in Tennessee*. The primary activities that will occur at Tennessee Technological University will focus on two areas:

1. As the Chair of the Computer Science Department, I will continue my partnership with you in the development of PAL card support in the existing Care Preference Assessment of Satisfaction (ComPASS) system to automate the identification, creation, and management of preferences. The software we develop here at Tennessee Tech will support the overall project and provide nursing home providers a way to reduce effort while addressing resident preferences.
2. Your proposed project to support the assessment and communication of important resident preferences for everyday life is a crucial step to helping to improve the quality of life and quality of care of TN nursing home residents. I wholeheartedly support your project, which will offer training and coaching to between 8-25 nursing homes to implement PAL Cards. I will actively assist you with the recruitment of TN nursing homes.

I am eager to partner with you to expand our exciting evidenced-based work into Tennessee. I look forward to working with you on this exciting project.

Sincerely,

Dr. Jerry Gannod
Chair, Department of Computer Science
Tennessee Technological University

February 7, 2019

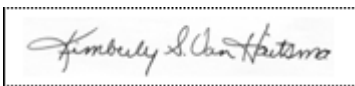
Dear Dr. Abbott,

I am writing to express my enthusiastic support for your research project, *Implementing a Preference-Based, Person-Centered Communication Tool in Tennessee*. I am an associate professor in the College of Nursing at Pennsylvania State University, and the Director for the Program for Person Centered Living Systems of Care. As both a clinician and a researcher, the focus of my work has been dedicated to working in partnership with long-term care communities to develop evidence-based approaches, measures, and processes to enhance the well-being of both older adults with dementia and those involved in their care. Over the course of my career I have been involved (either as a PI or co-PI) on 28 grants and a consultant on an additional 9 grants awarded from federal, state and foundation sources. Of these grants, virtually all addressed some issue related to improving an aspect of the care experience for older adults living with and without cognitive limitations in a long-term service and supports; 5 were large intervention or implementation RCTs embedded in the nursing home setting.

As an applied researcher, I have developed a portfolio of evidence-based tools and interventions focused around the goal of finding innovative methods to have care delivery to older adults be configured around their preferences for care and thus person centered. To accomplish this, I initially developed and tested the Preferences for Everyday Living Inventory (PELI) in both home health settings, as well as nursing homes in the US. The PELI has been utilized in part or in whole by numerous health care communities throughout the US. In addition, the PELI is currently being translated and incorporated into long term care communities in Germany. For many years, I have had the pleasure of working with Drs. Abbott and Gannod, as well as in partnership with many provider communities, in translating research outcomes into educational materials and resources to enhance preference-based living (www.preferencebasedliving.com). Access to preference-based, person-centered care is integral to residents' psychosocial outcomes, staff well-being, and organizational quality of care.

As a consultant, I will collaborate with you on this yearlong project to provide assistance with the recruitment of TN nursing homes, education and training of using the *PELI* to create PAL Cards, the evaluation of the project, and quarterly progress reports. Building off our highly successful partnership with the Ohio CMP Funded project titled: *Incorporating the Preferences for Everyday Living into Ohio's Nursing Homes to Improve Resident Care*, I am eager to expand our collaboration with partners in Tennessee.

Sincerely,



Kimberly VanHaitisma PhD
Associate Professor
Director, Program for Person Centered Living Systems of Care
College of Nursing
The Pennsylvania State University
201 Nursing Sciences Building
University Park, PA 16802
ksv110@psu.edu
Check out our 2018 Impact report!
www.nursing.psu.edu/personcentered

Senior Research Scientist: Polisher Research Institute
Madlyn & Leonard Abramson Center for Jewish Life
1425 Horsham Road :North Wales, PA 19454

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.



Digitally signed by Anne Schauer
DN: cn=Anne Schauer, o=Miami University, ou,
email=schauerap@MiamiOH.edu, c=US
Date: 2019.02.05 12:22:47 -05'00'

02/05/2019

Signature of Applicant Agency Administrator

Date Signed (Month/Day/Year)

* As a state institution in Ohio, we are prohibited by state law from accepting the laws of any other state.

RFA 34305-22119 CMP Reinvestment
Program Application Checklist

Applicants Name:	Miami University: Katherine Abbott	
Page(s) #:	Required Element:	
5	Cover letter is included and addressed to: Vincent Davis, State Survey Agency Director Mainstream Drive, 2nd Floor TN 37243	665 Nashville,
5	Cover letter is signed by facility administrator if nursing home or signed by project administrator if other.	
1-4	CMS Fillable Application (Attachment 1) is included and is signed by an individual who can legally sign a contract with the State of Tennessee.	
1-4	All applicable blanks are completed in CMS application including Tax Identification number, and if applicable, Medicare/Medicaid numbers.	
14-15	Submitted the completed Excel budget spreadsheet and budget details page (Attachment 2) for the project, along with a narrative explanation of the costs.	
17	Job descriptions for key personnel are included (one page limit).	
16	Biographical sketches/Curriculum Vitae for currently employed key personnel are included (one page limit).	
16	Project organizational chart is included and significant collaborators are identified.	
5 & 6	Project Title information is included per CMS application.	
6	Required Abstract information is included per CMS application.	
7-8	Statement of Need information is included per CMS application, and addresses possible problems and contingency plan.	
8-12	Project Description information is included per CMS application and includes projected outcomes, the timeline, deliverables, benchmarks, and dates.	
12-13	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.	
13-14	Description of how the nursing home community and governing body will assist and provide support for the project which is included per CMS application.	
14-16	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.).	

PASS

FAIL

RFA 34305-22119 CMP Reinvestment
Program Application Checklist

	Letters of commitment/agreement from all organizations and subcontractors that will receive funds from this grant are included per Request for Application.		
18-19	General Assurances form is included and signed per Request for Application.		
20			

Primary Evaluator Signature and Date:

Katherine Elliott 2/7/19