

Quarterly Report:

Q3 January 1, 2019 – March 31, 2019

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Program name:

Activities, Restorative, and Therapy in Sync (ARTS)

Grant ID Number:

Z19179059

Dates Covered by this Grant:

July 1, 2018 - June 30, 2021

Grant Amount:

\$410,437.82

Summary of Grant Purpose:

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 activities, restorative care, and therapy into a truly individualized approach. By aligning the patients' personal interests and functional limitations with activities, restorative programs, and therapy treatment in a computer-based format, we 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.

This report will reflect the third quarter of this project. This will include the months of January, February, and March 2019.

Project Tasks / Process Objectives	Timeline Month/Year	Responsible Party	Date Completed	Notes
Begin announcing Monthly Training Webinars- new and interested staff, volunteers, families participate.	10/1/2018	THM Jackson Region Administrators; Activity Directors	1/31/19	Monthly training webinars are offered to new employees as well as employees that need a refresher.
Submit Baseline Quarterly Evaluation Reports- collect MDS, Restorative Care Log, and Activity Log data logs; monitor program impact; prepare and submit prior to deadline.	11/1/2018	Corporate Consultant; THM- Jackson Region Administrators	3/31/19	Facilities will continue to complete this information every month. This information is kept on a daily or weekly basis and compiled at the end of the quarter to submit for the quarterly report.
Activities staff begin participating in bimonthly content update webinars; add updated applications to the Activity Calendar throughout the duration of the program.	12/1/2018	THM-Jackson Region Administrators	Ongoing	These webinars continue to be available for our activity staff and other staff members that help with the activity department.
Staff begins participating in Quarterly Best Practices Group Calls	12/1/2018	THM-Jackson Region Administrators	Ongoing	Calls provide extra support for staff members.

Information Obtained

For Baseline Study Group-

- ADL Function on the Minimum Data Set of study group.

For All Residents-

- Total number of Residents participating in the iN2L restorative program
- Total number of Residents participating in iN2L
- Total number of Residents participating in iN2L therapy program
- Total number of Residents participating in the iN2L Activity Program

Other data:

- iN2L Usage Documentation from iN2L
- Resident Questionnaires

Data Collection

Baseline Study Group- Data and Outcomes

We used the following information that is obtained from the Minimum Data Set for each patient in the baseline study group:

MDS Section G Functional Status being monitored for Self Performance					
A., B., G., H., I.					Bathing
0. Independent - no or staff oversight at any time					0. Independent - no help provided
1. Supervision - oversight, encouragement or cueing					1. Supervision - oversight help only
2. Limited assistance - resident highly involved in activity, staff provide					2. Physical help limited to transfer only
3. Extensive Assistance - resident involved in activity, staff provide weight					3. Physical help in part of bather activity
4. Total dependence -					4. Total dependence
8. Activity itself did not occur					8. Activity itself did not occur
A. Bed Mobility	B. Transfer	G. Dressing	H. Eating	I. Toilet Use	G0120 A. Bathing

The facility also identified that the mental health of each patient in the baseline study was not easily measured. The Minimum Data Set (MDS) Section D Mood is now included to adequately measure the patient mood. If the resident is interviewable, the left portion is used. If the resident is not interviewable, the direct care staff is interviewed. A score of 00 is interpreted as the patient does not have any issues with mood, therefore, a higher score indicates mood concerns. The following is included in the baseline participants evaluation and includes a description of the questions asked:

MDS Section D Mood (Frequency) - Either Resident Interview OR Staff Assessment	
Resident Interview- Measures over the last two weeks:	Staff Assessment - Measures over the last two weeks:
0=Never or 1 day; 1=2-6 days; 2=7-11 days, 3=12-14 days Little interest or pleasure in doing things; Feeling down, depressed or hopeless; Trouble falling or staying asleep; Feeling tired or having little energy; Poor appetite or overeating; Feeling bad about yourself - or that you are a failure or have let yourself or your family down; Trouble concentrating on things, such as reading the newspaper or watching television; moving or speaking so slowly that other people could have noticed. Or, the opposite- being so fidgety or restless that you have been moving around a lot more than usual; Thoughts that you would be better off dead, or of hurting yourself in some way. Total Severity Score is between 00 - 27.	0=Never or 1 day; 1=2-6 days; 2=7-11 days, 3=12-14 days Little interest or pleasure in doing things; Feeling down, depressed or hopeless; Trouble falling or staying asleep or sleeping too much; Feeling tired or having little energy; Poor appetite or overeating; Indicating that they feel bad about self, is a failure, or has let self or family down; Trouble concentrating on things, such as reading the newspaper or watching television; moving or speaking so slowly that other people could have noticed. Or, the opposite- being so fidgety or restless that you have been moving around a lot more than usual; States that life isn't worth living, wishes for death, or attempts to harm self; Being short-tempered, easily annoyed. Total Severity Score is between 00 - 30.

The information obtained per individual patient is reviewed every quarter in each area to determine if the patient improved, remained the same, or declined in that area. Please see example of Excel Spreadsheet that is maintained on the computer for each of the baseline study group participants.

Baseline Study Group Outcomes

The baseline study group consists of 190 long-term residents that have potential to decline in functional status. The goal was to improve or maintain ADL function. Of the areas monitored:

% of residents	A.Bed Mobility	B.Transfer	G.Dressing	H.Eating	I.Toilet Use	G0120 A.Bathing
Same/Improve	96.2%	91.5%	95.7%	90.3%	93.0%	92.5%

A comparison was made of the individual quarterly MDS assessments of each resident in the study from Q2 2018 (October, November, December) to Q3 2019 (January, February, March). Of the residents in the baseline study, 96.2% of the residents maintained or improved their bed mobility, 91.5% of the patients maintained or improved their current ability to transfer, 95.7% of patients maintained or improved their ability to dress, 90.3% maintained or improved in eating, 93.0% maintained or improved their toileting use, and 92.5% maintain or improved their bathing ability. These numbers dropped slightly from last quarter. However, the numbers remain strong as all the numbers remained 90% of our residents are improving or maintaining their ADL function.

MDS Section D Mood (Frequency)	
Resident Interview	Staff Assessment
91.3%	

The goal is to maintain or improve their mood from quarter to quarter. This information will come directly from the MDS Section D Mood (Frequency). Of the residents in the baseline study, 91.3% maintained or improved this quarter. This is slight increase from last quarter in which the percentage was 88.1%.

Long Term Resident that had a decrease or will have a decrease in ADL function prior to implementation of the program	Total Patients in Baseline Study	Total number of residents using MTL Activities in the quarter	MDS Section G Functional Status being monitored for Self Performance										MDS Section D Mood (Frequency) - Either Resident Interview OR Staff Assessment									
			A. Bed Mobility		B. Transfer		G. Dressing		H. Eating		I. Toilet Use		A. Bathing		B. Interview or 1 day: 1-2-6 days: 2-7-11 days: 3-12-14 days Little interest or pleasure in doing things; Feeding down, depressed or hopeless; Trouble falling or staying asleep; Feeling tired or having little energy; Poor appetite or overeating; Feeling bad about yourself - or that you are a failure or have let yourself or your family down; Trouble concentrating on things, such as reading the newspaper or watching television; moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual; Thoughts that you would be better off dead, or of hurting yourself in some way; Total Severity Score is between 00 - 27.		C. Interview or 1 day: 1-2-6 days: 2-7-11 days: 3-12-14 days Little interest or pleasure in doing things; Feeding down, depressed or hopeless; Trouble falling or staying asleep; Feeling tired or having little energy; Poor appetite or overeating; Feeling bad about yourself - or that you are a failure or have let yourself or your family down; Trouble concentrating on things, such as reading the newspaper or watching television; moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual; States that the last worth living wishes for death, or attempts to harm self; Being short-tempered, easily annoyed; Total Severity Score is between 00 - 30.					
Crestview - Total Number of Patients	20	30	Better	18	19	19	19	20	20	18	0	18	2	2	0	20	0	20	0			
Decatur - Total Number of Patients	25	92	Better	2	2	3	3	4	4	3	0	0	0	0	25	0	25	0	25			
Forest Cove - Total Number of Patients	21	51	Better	0	0	0	0	0	0	0	0	0	0	0	21	0	21	0	21			
Lewis County - Total Number of Patients	22	121	Same	20	18	18	21	17	22	21	21	21	21	21	20	20	20	20	20			
Leighton - Total Number of Patients	21	194	Better	2	1	1	0	1	1	1	1	1	1	1	13	13	13	13	13			
McAulry - Total Number of Patients	26	182	Better	1	1	1	2	2	2	6	3	3	3	3	7	7	7	7	7			
Northbrook - Total Number of Patients	18	91	Worse	17	13	12	12	13	9	16	16	16	1	1	14	14	14	14	14			
Stannah - Total Number of Patients	16	130	Better	0	0	0	0	0	0	0	0	0	0	0	16	16	16	16	16			
Westwood - Total Number of Patients	21	103	Better	20	15	20	20	14	18	21	21	21	21	21	19	19	19	19	19			
Totals	190	1022	Worse	176	165	173	160	163	14	3	3	3	3	3	12	12	12	12	12			
Overall Percentages			Better	3.60%	4.70%	4.70%	6.30%	6.30%	7.30%	1.50%	1.50%	1.50%	1.50%	1.50%	92.60%	86.80%	91.00%	84.00%	85.70%			
			Same	92.60%	86.80%	91.00%	84.00%	84.00%	85.70%	91.00%	91.00%	91.00%	91.00%	91.00%	85.00%	85.00%	85.00%	85.00%	85.00%			
			Worse	3.60%	4.70%	4.70%	9.47%	9.47%	6.80%	7.30%	7.30%	7.30%	7.30%	7.30%	8.40%	8.40%	8.40%	8.40%	8.40%			

Data Collection

All Residents

All residents in the communities were monitored for system use, iN2L participation, restorative program, and questionnaires for alert/oriented patients using the system. The following data was collected on all residents:

Total Number of In-House Residents Last day of Month	Total Number of Long Term Residents last day of the month (Including Private)	Total Number of Residents using iN2L (could be restorative, act, or therapy)	Number of Residents with My-Story Complete	Number of Residents in the Restorative Program	Number of Residents in the Restorative Program Using iN2L	Number of Residents added to the Resorative Program this Month using iN2L
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The monitoring process includes only the activities with the iN2L system. This will give us an idea of how many residents are using the iN2L system for activities and in restorative.

Total patients and long-term patients' categories were added to ensure as many as possible long-term residents were included on the "My Story" biography portion of the system. Short term resident will not be included in the "My Story" biography section as the average length of stay is only 27-30 days and continue to decrease. Restorative information indicates which patients in restorative were using the iN2L.

Weekly Data

Each community has weekly meetings that will discuss residents' that are included in the iN2L program. The weekly meetings will include the following sheet to monitor the residents progress.

Date Initiated	Goals											Participating Department				Types of Engagement on iN2L			
	Memory Care	Improve Behaviors	Improve Sequencing	Improve Psychosocial	Improve Problem Solving/Awareness	Improve Motor Skills	Improve hand/eye coordination	Improve mobility	Improve Gait	Improve safety awareness with surface trans	Improve Range of Motion	Improve Balance	Improve Strength	Other - please explain	Activities	Restorative	Occupational Therapy	Physical Therapy	Speech Therapy

This form will be completed by the communities weekly to ensure Activities, Restorative, and Therapy are in sync and discuss the plan for all residents using iN2L and ensure the plan is focused on activities that will improve their functional or mental status. It will identify each patient, goals, treating department, and types of engagement. This is a form that will change weekly as patients are added, discharged, or have changes. Therapy, Activities, and Restorative are included in this meeting.

Below is an example of a completed weekly meeting sheet:

	Month Ending	Total Number of In-House Residents Last day of Month	Total Number of Long Term Residents last day of the month (Including Private)	Total Number of Residents using iN2L (could be restorative, act, or therapy)	Number of Residents with My-Story Complete	Number of Residents in the Restorative Program	Number of Residents in the Restorative Program Using iN2L	Number of Residents added to the Restorative Program this Month using iN2L
Crestview	1/31/19	84	67	30	89	30	30	0
	2/28/19	88	71	30	89	30	30	0
	3/31/19	84	69	30	82	30	30	0
Decatur	1/31/19	96	79	33	17	30	10	4
	2/28/19	98	78	31	16	30	10	0
	3/31/19	96	78	28	15	30	11	4
Forest Cove	1/31/19	86	80	9	4	26	0	6
	2/28/19	91	81	20	4	20	2	14
	3/31/19	88	76	22	4	24	2	11
Lewis County	1/31/19	90	76	48	66	12	4	3
	2/28/19	84	76	50	67	14	4	6
	3/31/19	91	77	51	68	9	4	3
Lexington	1/31/19	104	73	87	22	21	5	6
	2/28/19	107	77	89	22	21	5	4
	3/31/19	105	75	88	21	18	5	4
McNairy	1/31/19	112	88	56	32	20	17	0
	2/28/19	113	90	62	35	21	16	2
	3/31/19	112	89	64	40	24	17	3
Northbrooke	1/31/19	89	58	30	30	5	4	1
	2/28/19	87	58	32	32	7	3	2
	3/31/19	94	58	29	29	11	4	1
Savannah	1/31/19	105	77	38	22	25	16	0
	2/28/19	108	80	43	24	30	16	5
	3/31/19	113	84	49	29	31	19	1
Westwood	1/31/19	54	34	30	5	15	12	3
	2/28/19	48	32	31	0	16	12	4
	3/31/19	47	32	29	0	17	13	5

-The number of residents in the restorative program using the iN2L system was stable from month to month during this reporting period. Our residents in our restorative program can truly benefit from using the iN2L computer systems. An iN2L conference call during this quarter emphasized more residents using the iN2L system with meaningful activities. The iN2L system provide several activities that can be meaningful and help our residents. The iN2L team suggested using the systems for more than just music and watching videos. Some of the programs such as cognitive, memory games, and group exercises.

-The number of residents that have My-Stories have increased from last quarter and we only have a few communities struggling in this area. The importance of completing these My Stories have been stressed to these communities. Forest Cove is one of the communities that have struggled with completing My Story for their residents and implementing the iN2L program in restorative. This project leader reached out to Forest Cove during the quarter to discuss these low numbers. Forest Cove recently in-serviced their restorative aides and they have received additional training, they stated they are now incorporating it into the restorative program. The restorative team will also help complete My Story for their residents. iN2L team will monitor this communities' numbers in the next quarter for improvement.

-There is an opportunity to improve the number of residents in the restorative program using the iN2L system. The number of overall residents using the iN2L program has increased over the quarters and we anticipate the numbers to continue to grow. The feedback that we are getting are the resident are getting more comfortable with the computer systems. The systems are being used more in the everyday activity, restorative, and therapy programs.

- Several communities had seen difficulty with the Restorative Staff getting "on board" with understanding the benefits of the system. As an iN2L group we continue to have additional in-services, iN2L conference calls, and the communities have weekly meetings as well. During the iN2L conference calls, communities that are having success with the systems help give the lower performing buildings ideas.

iN2L System Use

Hours of IN2L Usage per Facility Per Month

	<u>Jan</u>	<u>Feb</u>	<u>March</u>	<u>Average</u>
Crestview	362.80	389.09	343.17	365.02
Decatur	997.76	886.97	944.78	943.17
Forest Cove	336.91	303.54	428.70	356.38
Lewis County	1373.79	1386.94	1245.35	1335.36
Lexington	559.92	521.31	659.58	580.27
McNairy	682.62	466.81	531.42	560.28
Northbrooke	836.00	572.18	698.18	702.12
Savannah	861.38	595.86	591.08	682.77
Westwood	277.89	306.31	469.78	351.33
Team Average	698.78	603.22	656.89	

-This last quarter Westwood, Forest Cove, and Crestview have struggled to increase their usage hours. We have conference calls to discuss ways to increase our resident's participation with the systems and increase the usage hours. Each facility receives a detailed usage report each month. This report gives the community a breakdown of which programs are being used the most and on what day. As stated above other communities that have performed well in the past give tips on ways to improve their numbers and suggestions to get staff to get involved. The iN2L team will also give suggestions on what communities can do to improve usage hours.

Patient Questionnaires

Each community conducted a resident Quality of Life Questionnaire for their residents. The patient questionnaires focused on patients' emotional status. The questionnaire was completed via www.surveymzmo.com for accuracy and data collection purposes. The questionnaire is fifteen questions including:

1. How much of the time during the past two weeks have you felt full of pep?
2. How often have you been able to find joy in life over the past two weeks?
3. How much of the time during the past two weeks have you felt calm?
4. How much of the time during the past two weeks have you had lots of energy?
5. How much of the time during the past two weeks have you been happy?
6. How often have you felt peaceful over the past two weeks?
7. How much time have you felt rested and relaxed over the past two weeks?
8. During the past two weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?
9. How often have you had little interest or pleasure in doing things over the past two weeks?
10. How often have you had trouble falling asleep or staying asleep over the past two weeks?
11. How often have you had trouble concentrating over the past two weeks?
12. How much of the time during the past two weeks have you felt so down in the dumps that nothing could cheer you up?
13. How often have you felt fidgety or restless over the past two weeks?
14. How much of the time during the past two weeks have you felt tired?
15. How often have you felt sad over the past two weeks?

Answers to the questions include:

1. All the time.
2. Most of the time.
3. Sometimes
4. Rarely
5. Never

Answers are completed by alert and oriented residents, tabulated by iN2L and reported to facilities quarterly. The amount of surveys completed by each community equaled at least 20% of their average daily census. Each community received the results from the questionnaire and will use the iN2L systems to improve these numbers. The goal is to improve the patients' emotional status in each community by using the ARTS program.

The results for each community can be seen (Attachment #3) at the end of this report. Below you will find the results of the survey from quarter #2 and quarter #3. The first number in column represents the second quarter result and the second number in the column represents the result from the third quarter. For example- Number of surveys completed by Crestview reads (24/26). This represents that in the second quarter of our reporting period Crestview completed 24 surveys and in the third quarter Crestview completed 26 surveys. This means Crestview completed 2 more surveys in the second quarter than in the first quarter. Below you will see the outcome:

Resident Questionnaire - Average Score for Each Question Per Facility Q2																
Facility Name	Number of Surveys Completed	1. How much of the time during the past two weeks have you felt full of pep?	2. How often have you been able to find joy in life over the past two weeks?	3. How much of the time during the past two weeks have you felt calm?	4. How much of the time during the past two weeks have you had lots of energy?	5. How much of the time during the past two weeks have you been happy?	6. How often have you felt peaceful over the past two weeks?	7. How much time have you felt rested and relaxed over the past two weeks?	8. During the past two weeks, how much of the time has your physical health or emotional problems interfered with your social activities?	9. How often have you had little interest or pleasure in doing things over the past two weeks?	10. How often have you had trouble falling asleep or staying asleep over the past two weeks?	11. How often have you had trouble concentrating over the past two weeks?	12. How much of the time during the past two weeks have you felt so down in the dumps that nothing could cheer you up?	13. How often have you fidgety or restless over the past two weeks?	14. How much of the time during the past two weeks have you felt tired?	15. How often have you felt sad over the past two weeks?
		26	4	4.2	4	4	4.1	4	4.2	4.1	4.2	3.9	4.1	4.4	4.3	3.8
Crestview	26	4	4.2	4	4	4.1	4	4.2	4.1	4.2	3.9	4.1	4.4	4.3	3.8	4.3
Decatur County	20	2.5	3.1	3	2.4	3.1	3	2.9	3.1	3.4	3.3	3.1	3.5	3.4	2.9	3.4
Forest Cove	20	3.1	3.9	4.3	3.4	4.3	4.2	3.9	4.6	3.9	4.3	3.8	3.7	4.1	3.5	3.9
Lewis County	19	2.8	3.3	2.7	3.5	3.5	3.2	3.3	3.5	3.8	3.4	3.8	3.8	3.8	3.3	3.6
Lexington	18	3.6	3.8	4.5	3.5	4.2	4.2	4.3	4.6	4.1	4.1	3.9	4.4	3.6	3.6	4.1
McNairy	8	3.1	3.6	4	2.4	3.4	3.6	4	4.1	3.6	3.9	3.6	4	4.1	3.3	3.7
Northbrooke	16	2.6	3.3	3.4	2.6	3.3	3.4	3.3	3	3.1	3.6	3.4	3.8	3.4	2.8	3.2
Savannah	21	3.1	3.4	3.1	2.7	3.4	3.5	3	3	3.2	2.6	2.9	3.7	3.1	2.7	3.2
Westwood	26	3.9	4.2	4.1	4.2	4.3	4.3	4.3	4	3.8	3.8	4	4	3.9	4	4.5
Average		3.1	3.6	3.5	3.1	3.7	3.7	3.6	3.7	3.6	3.6	3.6	3.9	3.7	3.3	3.7
Total Surveys Completed	174															

Results of the survey:

- The total number of surveys completed by the communities decreased from quarter two to quarter three.
- 1.The amount of time residents felt full of pep increased from quarter two to quarter three.
- 2.Time residents have been able to find joy in life remained the same which is a positive.
- 3.Time residents have felt calm has remained the same from the second quarter to the third quarter.
- 4.The amount of time residents have had lots of energy has slightly increased.
- 5.The amount of time residents have been happy has increased this quarter.
- 6.The amount of time our residents have been peaceful has slightly increased this quarter.
- 7.The amount of time our residents have felt rested and relaxed has increased this quarter.
- 8.The amount of time residents' physical health or emotional problems interfered with their social activities has slightly increased this quarter.
- 9.The amount of time residents had little interest or pleasure in doing things has remained the same as last quarter.
- 10.Having trouble falling asleep or staying asleep has slightly decreased this quarter, which is a positive.
- 11.The amount of time having trouble concentrating over the past two weeks has decreased this quarter which is also a positive.
- 12.The amount of time the residents in this study felt down in the dumps remained the same during the quarter.
- 13.The amount of time feeling fidgety or restless has increased since last quarter.
- 14.The amount of time our residents feel tired has remained the same this quarter.
- 15.The amount of time residents stated they have been sad has remained the same this quarter.

Although we cannot quantify comments from stakeholders, the comments below give valuable insight on how the program is affecting their daily lives.

Staff Comments:

Crestview- "The iN2L system has been great when working with residents that are agitated or don't like participating in large activities.

Lexington- "Lexington Health Care- "We love it! This has increased conversations between the staff & residents."

Westwood- "Resident did not participate in a lot of activities but now is the first one in activities when we use the iN2L."

Patient comments:

Forest Cove- "I think it is wonderful and educational. I have fun learning to use it, having to explore different places. It is wonderful and a great addition to what we already have.

Forest Cove- "I'm really enjoying the computer. It is a great tool to know information. Anything you would like to know you can find. I also enjoy all the games. I enjoy exploring."

McNairy County- "It is amazing of the things you can do on it. It is educational of endless things you can do. I also like I can get on Facebook any time."

McNairy County- "Like it to play games, watch videos and get on the internet on. It has been good for me."

Results Communication:

A press release for the Jackson Region was sent the THCA. THM will report the results to the Tennessee Health Care Association. Heather Lansaw- Regional Director of Operations of the Memphis Region with THM spoke about the iN2L system at the American Health Care Association Convention in San Diego in October of 2018.

A press release was finalized and released October 2018 to promote the program to the public and stakeholders. Brochures have been completed and we will start including these in admission process when our Admissions Coordinator does paperwork with our new families.

Problems/Delays:

The number of problems or delays have decreased a lot over the past two quarters. Most communities are not experiencing any connection issues like we did at the beginning of the project. If we have any problems our IT department now has more experience and knowledge of the iN2L systems and can correct them easier. Overall the computer systems are maintaining strong connections throughout the day with no delay. We feel that for the most part these issues have been solved, but IT/ the communities will continue to monitor these issues.

Funding Information Summary below.

Tennessee Department of Health
Funding Information Summary

AGENCY NAME Tennessee Health Management, Inc.
ADDRESS 1971 Tennessee Avenue North P.O. Box 10
CITY, STATE, ZIP Parsons, TN 38363
REPORTING PERIOD: (MM/DD/YY) FROM: 1/1/2019 THRU: 3/31/2019

AGENCY FISCAL YEAR END (MM/DD) _____
COST ALLOCATION: DOES YOUR ORGANIZATION HAVE AN APPROVED COST ALLOCATION PLAN?
YES _____ NO X

If yes, Name of organization that approved the Plan: _____

IF COST ALLOCATION IS APPLIED, INDICATE THE METHOD OF ALLOCATION:
Ratio of direct program salaries to total direct salaries applied to administrative cost. _____
Ratio of direct program expenditure to total direct expenditures applied to administrative cost. _____
Cost step down. _____
Other (describe) _____

Is your organization: _____ A private not-for-profit organization?
_____ A state college or university, or part of a city government?

DIRECTOR Chris Childers PHONE # 615-293-5214
PREPARER OF REPORT Chris Childers PHONE # 615-293-5214
DATE COMPLETED 4/29/19

CONTRACTOR/GRANTEE Tennessee Health Management, Inc. FEDERAL ID # 62154154

CONTRACTING STATE AGENCY Tennessee Department of Health REPORT PERIOD 1/1/2019 - 3/31/2019

Program # _____
 Contract Number 21979659
 Grant Period 7/1/2018 - 6/30/2021
 Program Name Agency Tracking Number 34305-23119
 Service Name Activities Resources & Therapy in sync (ARTS)
Quality of Life / IN2L

Item #	EXPENSE BY OBJECT:	QUARTER TO DATE	YEAR TO DATE	QUARTER TO DATE	YEAR TO DATE
1	Salaries and Wages				
2	Employee Benefits & Payroll Taxes				
3	Total Personnel Expenses (add lines 1 and 2)				
4	Professional Fees	367,728	367,728		
5	Supplies				
6	Telephone				
7	Postage and Shipping	10,800.00	10,800.00		
8	Occupancy				
9	Equipment Rental and Maintenance				
10	Printing and Publications				
11	Travel				
12	Conferences and Meetings				
13	Interest				
14	Insurance				
15	Grants and Awards				
16	Specific Assistance to Individuals				
17	Depreciation				
18	Other Non-personnel Expenses (detail)	31,909.82	31,909.82		
a					
b					
c					
d					
19	Total Non-personnel Expenses (add lines 4 - 18)				
20	Reimbursable Capital Purchases				
21	TOTAL DIRECT PROGRAM EXPENSES				
22	Administrative Expenses				
23	TOTAL DIRECT AND ADMINISTRATIVE EXPENSES				
24	In-Kind Expenses				
25	TOTAL EXPENSES	410,437.82	410,437.82		

Schedule B, Part 1 STATE OF TENNESSEE PROGRAM EXPENSE REPORT

CONTRACTOR/GRANTEE Tennessee Health Management, Inc FEDERAL ID # 621541543

CONTRACTING STATE AGENCY Tennessee Department of Health REPORT PERIOD 1/1/2019 - 3/31/2019
 Program # _____
 Contract Number Agency Tracking # 34305 - 23119
 Grant Period 2/19/2019
 Program Name 7/1/2018 - 6/30/2021
 Service Name Activities, Restorative & Therapy in Sync (ARTS)
Quality of Life / N2L

Item #	SOURCES OF REVENUE	QUARTER TO DATE	YEAR TO DATE	QUARTER TO DATE	YEAR TO DATE
31	Reimbursable Program Funds				
32	Reimbursable Federal Program Funds				
33	Reimbursable State Program Funds				
33	Total Reimbursable Program Funds (equals line 55)				
34	Matching Revenue Funds				
35	Other Federal Funds				
36	Other State Funds				
37	Other Government Funds				
38	Cash Contributions (non-government)				
39	In-Kind Contributions (equals line 24)				
40	Program Income				
41	Other Matching Revenue				
41	Total Matching Revenue Funds (lines 34 - 40)				
42	Other Program Funds				
43	Total Revenue (lines 33, 41, & 42)				
Reconciliation Between Total and Reimbursable Expenses					
51	Total Expenses (line 25)				
52	Subtract Other Unallowable Expenses (contractual)				
53	Subtract Excess Administration Expenses (contractual)				
54	Subtract Matching Expenses (equals line 41)				
55	Reimbursable Expenses (line 51 less lines 52,53,54)				
56	Total Reimbursement To Date				
57	Difference (line 55 less line 56)				
58	Advances				
59	This reimbursement (line 57 less line 58)				

STATE OF TENNESSEE PROGRAM EXPENSE REPORT

Schedule C - Final Page

CONTRACTOR/GRANTEE Tennessee Health Management, Inc. FEDERAL ID # 62154154

CONTRACTING STATE AGENCY Tennessee Department of Health REPORT PERIOD 1/1/2019 - 3/31/2019

Schedule A Year-To-Date Information
EXPENSE BY OBJECT:

Item #	TOTAL DIRECT PROGRAM EXPENSES	TOTAL NONGRANT/ UNALLOWABLE EXPENSES	TOTAL ADMINISTRATIVE EXPENSES	GRAND TOTAL
	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE	YEAR TO DATE
1				
2				
3				
4	367,728			367,728
5				
6				
7	10,800.00			10,800.00
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18	31,909.82			31,909.82
a				
b				
c				
d				
19				
20				
21				
22				
23				
24				
25	410,437.82			410,437.82

It's Never 2 Late

dignity through technology



Attachment #1

Page 1 of 13

September 20, 2018

Heather Giles
Tennessee Health Management, Inc.
P.O. Box 730
Parsons, TN 38363

Quote #6222 included the total estimated sales tax of \$37,577.29. Taxes have since decreased since the quote was submitted and we are unable to change the sales tax to match the awarded amount of \$416,105.29.

The total amount we are able to bill for this period is \$410,437.82 leaving a difference of \$5,667.47. Please retain this letter for your records should any questions arise. Let us know if further action is needed on our part.

Sincerely,

Barbara Kandemir
Chief Operating Officer

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Attachment #1
Page 2 of 13

Invoice

DATE	INVOICE #
9/1/2018	Z9226-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - Westwood Health & Rehab 524 W. Main St. Decaturville, TN 38329

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Engage: Mobile FLEX - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Mobile FLEX	1	450.00	450.00
iN2L Engage: Mobile FLEX Lite - 23" Dell All-in-One PC; No peripherals; AFC electric cart with articulating arm	1	4,499.00	4,499.00
Shipping & Handling - Mobile FLEX Lite	1	300.00	300.00
iN2L Rehab: Premium Clinical - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Rehab Premium Clinical	1	450.00	450.00
36 Month - Subscription	3	6,900.00	20,700.00
Custom Layout - CMS	1	0.00	0.00
Tax		3,517.17	3,517.17

Thank you for your business! Please note the below changes to our mailing address and banking information effective 1/1/2018. All Payments should be made in US Dollars.

Please remit check payments to:	For remitting payment via ACH:	Total	\$42,514.17
It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	Comerica Bank ABA: 121137522 Account: 1895194742	Payments/Credits	\$0.00
		Balance Due	\$42,514.17

Phone #	E-mail
303-806-0797	Accounting@iN2L.com

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Attachment #1
Page 3 of 13

Invoice

DATE	INVOICE #
9/1/2018	Z9233-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - Savannah Health & Rehab 1645 Florence Rd. Savannah, TN 38372

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Engage: Mobile FLEX - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Mobile FLEX	1	450.00	450.00
iN2L Engage: Mobile FLEX Lite - 23" Dell All-in-One PC; No peripherals; AFC electric cart with articulating arm	1	4,499.00	4,499.00
Shipping & Handling - Mobile FLEX Lite	1	300.00	300.00
iN2L Rehab: Premium Clinical - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Rehab Premium Clinical	1	450.00	450.00
36 Month - Subscription	3	6,900.00	20,700.00
Custom Layout - CMS	1	0.00	0.00
Tax		3,583.60	3,583.60

Thank you for your business! Please note the below changes to our mailing address and banking information effective 1/1/2018. All Payments should be made in US Dollars.

Please remit check payments to:	For remitting payment via ACH:	Total	\$42,580.60
It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	Comerica Bank ABA: 121137522 Account: 1895194742	Payments/Credits	\$0.00
		Balance Due	\$42,580.60

Phone #
303-806-0797

E-mail
Accounting@iN2L.com

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Invoice

Attachment #1
Page 4 of 13

DATE	INVOICE #
9/1/2018	Z9236-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - Northbrooke Health & Rehab 121 Physicians Drive Jackson, TN 38305

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Engage: Mobile FLEX - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Mobile FLEX	1	450.00	450.00
iN2L Engage: Mobile FLEX Lite - 23" Dell All-in-One PC; No peripherals; AFC electric cart with articulating arm	1	4,499.00	4,499.00
Shipping & Handling - Mobile FLEX Lite	1	300.00	300.00
iN2L Rehab: Premium Clinical - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Rehab Premium Clinical	1	450.00	450.00
36 Month - Subscription	3	6,900.00	20,700.00
Custom Layout - CMS	1	0.00	0.00
Tax		3,583.60	3,583.60

Thank you for your business! Please note the below changes to our mailing address and banking information effective 1/1/2018. All Payments should be made in US Dollars.

Please remit check payments to:	For remitting payment via ACH:	Total	\$42,580.60
It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	Comerica Bank ABA: 121137522 Account: 1895194742	Payments/Credits	\$0.00
		Balance Due	\$42,580.60

Phone #	E-mail
303-806-0797	Accounting@iN2L.com

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Invoice

Attachment #1

Page 5 of 13

DATE	INVOICE #
9/1/2018	Z9239-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - McNairy County Healthcare Center 835 E. Poplar Ave. Selmer, TN 38375-0349

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Engage: Mobile FLEX - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Mobile FLEX	1	450.00	450.00
iN2L Engage: Mobile FLEX Lite - 23" Dell All-in-One PC; No peripherals; AFC electric cart with articulating arm	1	4,499.00	4,499.00
Shipping & Handling - Mobile FLEX Lite	1	300.00	300.00
iN2L Rehab: Premium Clinical - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Rehab Premium Clinical	1	450.00	450.00
36 Month - Subscription	3	6,900.00	20,700.00
Custom Layout - CMS	1	0.00	0.00
Tax		3,450.74	3,450.74

Thank you for your business! Please note the below changes to our mailing address and banking information effective 1/1/2018. All Payments should be made in US Dollars.

Please remit check payments to:	For remitting payment via ACH:	Total	\$42,447.74
It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	Comerica Bank ABA: 121137522 Account: 1895194742	Payments/Credits	\$0.00
		Balance Due	\$42,447.74

Phone #	E-mail
303-806-0797	Accounting@iN2L.com

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Attachment #1
Page 6 of 13

Invoice

DATE	INVOICE #
9/1/2018	Z9242-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - Lexington Health & Rehab 727 E. Church St. Lexington, TN 38351

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Engage: Mobile FLEX - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Mobile FLEX	1	450.00	450.00
iN2L Engage: Mobile FLEX Lite - 23" Dell All-in-One PC; No peripherals; AFC electric cart with articulating arm	1	4,499.00	4,499.00
Shipping & Handling - Mobile FLEX Lite	1	300.00	300.00
iN2L Rehab: Premium Clinical - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Rehab Premium Clinical	1	450.00	450.00
36 Month - Subscription	3	6,900.00	20,700.00
Custom Layout - CMS	1	0.00	0.00
Tax		3,583.60	3,583.60

Thank you for your business! Please note the below changes to our mailing address and banking information effective 1/1/2018. All Payments should be made in US Dollars.

Please remit check payments to:	For remitting payment via ACH:	Total	\$42,580.60
It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	Comerica Bank ABA: 121137522 Account: 1895194742	Payments/Credits	\$0.00
		Balance Due	\$42,580.60

Phone #	E-mail
303-806-0797	Accounting@iN2L.com

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Invoice

Attachment # 1

Page 7 of 13

DATE	INVOICE #
9/1/2018	Z9245-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - Lewis County Nursing and Rehab 119 Kittrell St. Hohenwald, TN 38462-0147

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Engage: Mobile FLEX - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Mobile FLEX	1	450.00	450.00
iN2L Engage: Mobile FLEX Lite - 23" Dell All-in-One PC; No peripherals; AFC electric cart with articulating arm	1	4,499.00	4,499.00
Shipping & Handling - Mobile FLEX Lite	1	300.00	300.00
iN2L Rehab: Premium Clinical - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Rehab Premium Clinical	1	450.00	450.00
36 Month - Subscription	3	6,900.00	20,700.00
Custom Layout - CMS	1	0.00	0.00
Tax		3,517.17	3,517.17

Thank you for your business! Please note the below changes to our mailing address and banking information effective 1/1/2018. All Payments should be made in US Dollars.

Please remit check payments to: It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	For remitting payment via ACH: Comerica Bank ABA: 121137522 Account: 1895194742	Total	\$42,514.17
		Payments/Credits	\$0.00
		Balance Due	\$42,514.17

Phone #
303-806-0797

E-mail
Accounting@iN2L.com

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Invoice

Attachment #1
Page 8 of 13

DATE	INVOICE #
9/1/2018	Z9248-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - Forest Cove Nursing and Rehab 45 Forest Cove Jackson, TN 38301-4396

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Engage: Mobile FLEX - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Mobile FLEX	1	450.00	450.00
iN2L Engage: Mobile FLEX Lite - 23" Dell All-in-One PC; No peripherals; AFC electric cart with articulating arm	1	4,499.00	4,499.00
Shipping & Handling - Mobile FLEX Lite	1	300.00	300.00
iN2L Rehab: Premium Clinical - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Rehab Premium Clinical	1	450.00	450.00
iN2L Training: On-site 1-Day - Flexible training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. Includes setup of 1 to 3 systems at the location selected for training and only for the system(s) purchased for that location.	1	1,995.00	1,995.00
iN2L Training: On-site 1-Day (Rehab) - Flexible rehab specific training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. Includes setup of 1 to 3 systems at the location selected for training and only for the system(s) purchased for that location.	1	2,500.00	2,500.00

Please remit check payments to: It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	For remitting payment via ACH: Comerica Bank ABA: 121137522 Account: 1895194742	Total
		Payments/Credits
		Balance Due

Phone #	E-mail
303-806-0797	Accounting@iN2L.com

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Invoice

Attachment #1

Page 9 of 13

DATE	INVOICE #
9/1/2018	Z9248-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - Forest Cove Nursing and Rehab 45 Forest Cove Jackson, TN 38301-4396

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Training: On-site Refresher (CMP) - Flexible training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. To be completed in Year 2 and Year 3	2	1,395.00	2,790.00
iN2L Training: On-site Refresher (Rehab) - Flexible rehab specific training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. To be completed Year 2	1	1,900.00	1,900.00
36 Month - Subscription	3	6,900.00	20,700.00
Custom Layout - CMS	1	0.00	0.00
Tax		3,583.60	3,583.60

Thank you for your business! Please note the below changes to our mailing address and banking information effective 1/1/2018. All Payments should be made in US Dollars.

Please remit check payments to: It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	For remitting payment via ACH: Comerica Bank ABA: 121137522 Account: 1895194742	Total	\$51,765.60
		Payments/Credits	\$0.00
		Balance Due	\$51,765.60

Phone #	E-mail
303-806-0797	Accounting@iN2L.com

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Attachment #1

Page 10 of 13

Invoice

DATE	INVOICE #
9/1/2018	Z9251-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - Decatur County Health & Rehab 726 Kentucky Ave. Parsons, TN 38363-9798

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Engage: Mobile FLEX - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Mobile FLEX	1	450.00	450.00
iN2L Engage: Mobile FLEX Lite - 23" Dell All-in-One PC; No peripherals; AFC electric cart with articulating arm	1	4,499.00	4,499.00
Shipping & Handling - Mobile FLEX Lite	1	300.00	300.00
iN2L Rehab: Premium Clinical - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Rehab Premium Clinical	1	450.00	450.00
iN2L Training: On-site 1-Day - Flexible training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. Includes setup of 1 to 3 systems at the location selected for training and only for the system(s) purchased for that location.	1	1,995.00	1,995.00
iN2L Training: On-site 1-Day (Rehab) - Flexible rehab specific training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. Includes setup of 1 to 3 systems at the location selected for training and only for the system(s) purchased for that location.	1	2,500.00	2,500.00

Please remit check payments to: It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	For remitting payment via ACH: Comerica Bank ABA: 121137522 Account: 1895194742	Total
		Payments/Credits
		Balance Due

Phone #
303-806-0797

E-mail
Accounting@iN2L.com

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Invoice

Attachment #1
Page 11 of 13

DATE	INVOICE #
9/1/2018	Z9251-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - Decatur County Health & Rehab 726 Kentucky Ave. Parsons, TN 38363-9798

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Training: On-site Refresher (CMP) - Flexible training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. To be completed in Year 2 and Year 3	2	1,395.00	2,790.00
iN2L Training: On-site Refresher (Rehab) - Flexible rehab specific training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. To be completed in Year 2	1	1,900.00	1,900.00
36 Month - Subscription	3	6,900.00	20,700.00
Custom Layout - CMS	1	0.00	0.00
Tax		3,517.17	3,517.17

Thank you for your business! Please note the below changes to our mailing address and banking information effective 1/1/2018. All Payments should be made in US Dollars.

Please remit check payments to: It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	For remitting payment via ACH: Comerica Bank ABA: 121137522 Account: 1895194742	Total	\$51,699.17
		Payments/Credits	\$0.00
		Balance Due	\$51,699.17

Phone #
303-806-0797

E-mail
Accounting@iN2L.com

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Invoice

Attachment #1
Page 12 of 13

DATE	INVOICE #
9/1/2018	Z9254-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - Crestview Health & Rehab 704 DuPree Avenue North Brownsville, TN 38012-1798

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Engage: Mobile FLEX - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Mobile FLEX	1	450.00	450.00
iN2L Engage: Mobile FLEX Lite - 23" Dell All-in-One PC; No peripherals; AFC electric cart with articulating arm	1	4,499.00	4,499.00
Shipping & Handling - Mobile FLEX Lite	1	300.00	300.00
iN2L Rehab: Premium Clinical - 23" Dell All-in-One PC with Engagement Package; AFC electric cart with articulating arm	1	6,299.00	6,299.00
Shipping & Handling - Rehab Premium Clinical	1	450.00	450.00
iN2L Training: On-site 1-Day - Flexible training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. Includes setup of 1 to 3 systems at the location selected for training and only for the system(s) purchased for that location.	1	1,995.00	1,995.00
iN2L Training: On-site 1-Day (Rehab) - Flexible rehab specific training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. Includes setup of 1 to 3 systems at the location selected for training and only for the system(s) purchased for that location.	1	2,500.00	2,500.00

Please remit check payments to: It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	For remitting payment via ACH: Comerica Bank ABA: 121137522 Account: 1895194742	Total
		Payments/Credits
		Balance Due

Phone #	E-mail
303-806-0797	Accounting@iN2L.com

5889 S. Greenwood Plaza Blvd, Ste 320
Englewood, CO 80111

Invoice

Attachment #1

Page 13 of 13

DATE	INVOICE #
9/1/2018	Z9254-1

BILL TO
THM CAPS Dept P.O. Box 730 Parsons, TN 38363 United States

SHIP TO
THM - Crestview Health & Rehab 704 DuPree Avenue North Brownsville, TN 38012-1798

P.O. NO.	DUE DATE	REP
2018 -04 -TN -0424	9/27/2018	JK

DESCRIPTION	QUANTITY	RATE	AMOUNT
iN2L Training: On-site Refresher (CMP) - Flexible training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. To be completed in Year 2 and Year 3	2	1,395.00	2,790.00
iN2L Training: On-site Refresher (Rehab) - Flexible rehab specific training dates coordinated by iN2L with 4 hours of customized on-site training for staff members and volunteers. To be completed in Year 2	1	1,900.00	1,900.00
36 Month - Subscription	3	6,900.00	20,700.00
Custom Layout - CMS	1	0.00	0.00
Tax		3,573.17	3,573.17

Thank you for your business! Please note the below changes to our mailing address and banking information effective 1/1/2018. All Payments should be made in US Dollars.

Please remit check payments to: It's Never 2 Late LLC PO Box 49007 San Jose, CA 95161-9007	For remitting payment via ACH: Comerica Bank ABA: 121137522 Account: 1895194742	Total	\$51,755.17
		Payments/Credits	\$0.00
		Balance Due	\$51,755.17

Phone #	E-mail
303-806-0797	Accounting@iN2L.com