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2/14/18

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

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

Dear Mr. Davis,

Tennessee Health Management, Inc. (THM) – Jackson Region is pleased to present this grant proposal for your review. THM – Jackson Region serves 876 nursing home patients, 1115 licensed nursing facility beds, in nine locations throughout Middle and West Tennessee including the counties of Decatur, Hardin, Haywood, Henderson, Lewis, Madison, and McNairy. The objective of the *Activities, Restorative, and Therapy in Sync (ARTS)* program is to provide the residents in our care an improved quality of life through the implementation of It's Never 2 Late (iN2L) - fusing therapy, restorative care, and activities into a truly individualized approach.

For years, therapy, restorative, and activities have been seen as three separate, distinct departments in a nursing facility. Although all three have a tremendous impact on each patient's quality of life, they do not communicate effectively to ensure all patients receive individualized care and do not have the technology needed to enhance the number and types of programs they are able to offer. We are requesting \$471,215.29 to implement iN2L in the nine THM – Jackson Region nursing facilities.

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

Sincerely,

A handwritten signature in blue ink that reads "Chris Childress".

Chris Childress, Tennessee Health Management Consultant
Tennessee Health Management, Inc.
1971 Tennessee Avenue North, P.O. Box 10
Parsons, TN 38363
cchildress@thmgt.com
Telephone#: (731) 695-8981
Fax #: (731) 885-5042

ENCLOSURE

REQUEST

Date of Application: 02 / 14 / 2018
MM DD YYYY

PART I: Background Information

Name of the Organization: Tennessee Health Management, Inc

Address Line 1: 1971 Tennessee Avenue North

Address Line 2: P.O. Box 10

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

Tax Identification Number: 621541543

CMS Certification Number, if applicable: -

Medicaid Provider Number, if applicable: -

Name of the Project Leader: Chris Childress

Address: 286 N Ericson Road

City, County, State, Zip Code: Cordova, Shelby County, Co-ova, TN 38018

Internet E-mail Address: cchildress@thmgt.com

Telephone Number: - -

Mobile Number: - -

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

If yes, please explain/identify sources and amount.

Name of the Management Company: _____

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

Outstanding Civil Money Penalty?
Yes No

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

Date of Nursing Home Compare Rating: ____/____/____
MM DD YYYY

Is the Nursing Home in Bankruptcy or Receivership?
Yes No

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

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

**Part III:
Project Category**

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

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

- Training
- Resident Transition due to Facility Closure or Downsizing
- Other: Please specify _____

**Part IV:
Funding Category**

Please specify the amount and place an "X" by the funding category.

Amount Requested: \$ 471,215.29

- | | |
|---|---|
| <input type="checkbox"/> \$2,500 or less | <input type="checkbox"/> \$10,001 – \$25,000 |
| <input type="checkbox"/> \$2,501 – \$5,000 | <input type="checkbox"/> \$25,001 – \$50,000 |
| <input type="checkbox"/> \$5,001 – \$10,000 | <input checked="" type="checkbox"/> Over \$50,000 |

**Part V:
Proposed Period of Support**

From: $\frac{07}{MM} / \frac{01}{DD} / \frac{2018}{YYYY}$ (e.g. 06/01/2010) **To:** $\frac{08}{MM} / \frac{01}{DD} / \frac{2021}{YYYY}$ (e.g. 12/01/2010)

**Part VI:
Purpose and Summary**

Completed by Chris Chilless

PROJECT TITLE

Include a cover letter to the State Agency Director with the application. The cover letter should introduce your organization, explain the purpose of the project and contain a summary of your proposal. The letter should include the amount of funding that you are requesting, the population it will serve, and the need it will help solve. Make a concerted effort to bring your project to life in the cover letter and actively engage the reader.

PROJECT ABSTRACT

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

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

Tennessee Health Management, Inc. is an organization that provides each patient with high-quality care and rehabilitation, alongside a compassionate patient experience, that is focused on patients achieving their goals. The cornerstone of the patient-centered care we offer is our focus on enhancing the quality of life of our patients while allowing them to receive treatment close to home. We believe in the power of technology in therapy, activities, and restorative programs to help our patients as they transition from acute care or remain in the center as their long-term home. The nursing centers that are applying for this grant are licensed for a total of 1115 patients with an actual occupancy of 876 patients. This group of nursing facilities are under the umbrella of the parent company, American Health Companies, Inc. ("AHC"), and they are managed by Tennessee Health Management, Inc. AHC is the Plan Sponsor of the AHC Employee Stock Ownership Plan ("ESOP") that operates through a Trust, and accepts contributions from the company in order to accumulate company stock which is then allocated to accounts within the Trust for individuals. The CEO is Mike Bailey, m Bailey@thmgt.com, phone number 731-847-6343. The company is not in bankruptcy or receivership, nor do they have any outstanding civil money penalties.

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

STATEMENT OF NEED

Many elderly individuals consider the ability to carry out activities of daily living more important than the prevention of disease.¹ Additionally, nursing home residents that are receiving therapy will complete

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

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

Tennessee Health Management Jackson Region is committed to providing the highest quality of life possible for our 876 residents. We are requesting to acquire and implement iN2L technology to improve the Oppppcollaborative approach to our therapy, restorative, and activity programs. With one to two restorative aides and one activity director per nursing center, along with the time constraints of the therapy department, it is challenging to engage each resident on a level that is individualized to their needs. The iN2L technology would integrate all three disciplines into a system that would capture individual interests and activities that are centered to that particular resident. This would expand the hours and types of activities we could offer each patient.

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

PROGRAM DESCRIPTION

By utilizing the iN2L person-based, adaptive computer systems, our residents will be able to stay engaged and connected through thousands of computer-based experiences, and life enrichment activities. To deliver a person-centered experience, and to meet the specific needs of each of the

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

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

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

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

Equipment



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

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

Implementation

While we will engage all of our eight hundred and seventy-six (876) residents through technology-delivered RLAs, prior to the installation of the iN2L systems, forty percent (40%) of the long-term residents who tend to isolate or not participate much in activities and forty percent (40%) of the long term residents who are more social and active will be identified to participate in the project’s evaluation. We opted not to include some residents because we would not have enough data for short stay rehabilitation residents to evaluate the program effectively. To track their improvement and involvement, a baseline will be obtained in three areas: 1) the number of long term residents that are documented with a decrease in ADL function on the Minimum Data Set (MDS) 2) the number of long term residents attending activities on the Activities Tracking Log 3) the number of long term residents on the Restorative Participation Log. This baseline data will be tabulated to monitor activity participation, and QOL and communication improvements throughout the duration of program; make program adjustments should these be needed; and demonstrate the achievement of the project’s goals at the conclusion of the program.

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

customize for our announcements. We will also host a meeting to unveil the systems to which family members, volunteers, program supporters, physicians, Board of Directors, and local churches will be invited.

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

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

Timeline

Project Tasks / Process Objectives	Timeline Month/Year	Responsible Party
Grant Awarded—sign contract, workout logistics	7/2018	Program Administrator
Purchase iN2L equipment, schedule initial Onsite Activity-Specific and Therapy-Specific Trainings, System Installations and Program Rollouts for all 10 Memphis Region facilities	7/1/2018	Program Administrator; THM-Jackson Region Administrators
Collect and record MDS, Restorative Care Log, and Activity Log baseline data	7/1/2018	THM- Jackson Region Administrators
Inform stakeholders of the project and explain the benefits through the newsletter, flyers, and meetings	7/1/2018	THM-Jackson Region Administrators
Program Launch- participate in Onsite Trainings and System Installation; review Program Evaluation Protocol	8/1/2018	Program Administrator; THM-Jackson Region Administrators
Host meeting to unveil the systems to families, volunteers, program supporters	9/1/2018	THM-Jackson Region Administrators; Regional Marketing Director
Begin creating My Page buttons for residents	9/1/2018	THM-Jackson Region Administrators; Activity Directors; Rehab Directors
Begin creating My Story digital biographies for residents	9/1/2018	THM-Jackson Region Administrators; Activity Directors
Begin highlighting iN2L activities on the	9/1/2018	THM- Jackson Region

Activities Calendars—this will be done monthly going forward		Administrators
Begin announcing Monthly Training Webinars— new and interested staff, volunteers, families participate	10/1/2018	THM-Jackson Region Administrators; Activity Directors
Submit Baseline Quarterly Evaluation Report— Assemble MDS, Restorative Care Log, and Activity Log data logs; monitor program impact; prepare and submit report prior to deadline	11/1/2018	Program Administrator; THM-Jackson Region Administrators
Submit Quarterly Evaluation Reports—collect MDS, Restorative Care Log, and Activity Log data logs; monitor program impact; prepare and submit prior to deadline	2/1/2019 through 5/1/2021	Program Administrator
Activities staff begin participating in bi-monthly Content Update webinars; add updated applications to the Activities Calendar throughout the duration of the program	12/1/2018	THM-Memphis Region Administrators; Activity Director
Staff begins participating in Quarterly Best Practices Group Calls	12/1/2018	THM-Jackson Region Administrators
Schedule first 4-hour Onsite Activity-Specific Refresher Training	7/1/2019	Program Administrator; THM-Jackson Region Administrators
Conduct first 4-hour Onsite Activity-Specific Refresher Training	10/1/2019	Program Administrator; THM-Jackson Region Administrators
Schedule 4-hour Onsite Therapy-Specific Refresher Training	3/1/2020	Program Administrator; THM-Jackson Region Administrators
Conduct 4-hour Onsite Therapy-Specific Refresher Training	6/1/2020	Program Administrator; THM-Jackson Region Administrators
Schedule second 4-hour Onsite Activity-Specific Refresher Training	3/1/2021	Program Administrator; THM-Jackson Region Administrators
Conduct second 4-hour Onsite Activity-Specific Refresher Training	4/1/2021	Administrator, Activities Director, DOR
Submit Final Evaluation Report-collect MDS, Restorative Care Log, and Activity Log data logs; conduct Program Evaluation Survey and request report; prepare and submit	8/1/2021	Program Administrator

Training

At each of the 9 THM-Jackson Region facilities, the Installation and Rollout of the iN2L systems will be followed by 4-hour Activity-Specific and Therapy-Specific On-Site Trainings conducted by iN2L Trainers and credentialed Therapy professionals, respectively. During the last hour of the Onsite Trainings, both the Activity and Therapy staff will come together to focus on the use of the technology for Restorative Care. At each of the facilities, the Trainings will be attended by the:

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

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

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

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

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

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

System maintenance and security

Since the iN2L systems at each of the 9 facilities of THM-Jackson Region will be handled by numerous residents, staff and family members, we will take infection control measures to ensure that the systems remain free of contagious agents. Under the supervision of Nursing and Activities staff, Housekeeping personnel will be assigned to clean and disinfect the systems on a daily basis. We will use Medline Micro-Kill Disinfecting, Deodorizing, Cleaning Wipes and the Vileda Antibacterial Professional Nanotech Micro cloths supplied by iN2L. Should any of the iN2L equipment be taken from our community, we will contact iN2L to facilitate its tracking and return. The iN2L System ID Number, which appears on the system, shipping packing slip, iN2L Playbook (Manual), and all iN2L invoices will aid in the tracking of a misappropriated system.

Project Support/sustainability

To make the program sustainable, Tennessee Health Management leadership will support fundraising activities/strategies that will pay for the iN2L subscription fee once the grant term comes to an end. We

will also consider including the iN2L subscription as a line item in the Activities program and Marketing budgets beginning the fourth year of the program.

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

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

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

Results Measurement

The goals of the ARTS program are to improve the quality of life of the residents by improving or maintaining ADL function and enriching activities and social connections for our eight hundred and seventy-six (876) residents. Over a 12-month period: 1) ADL decline for long term residents will be reduced by five percent (5%) and we will continue to maintain or improve this percentage throughout the additional two years of the program; 2) residents will increase their participation in group and/or one-on-one activities by twenty percent (20%) and we will continue to maintain or improve this percentage throughout the additional two years of the program; 3) the restorative program will increase the number of residents in the restorative program by five percent (5%) and we will continue to maintain or improve this percentage throughout the additional two years of the program.

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

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

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

We will measure the success of the project by tracking:

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

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

Chris Childress, Tennessee Health Management Consultant, along with the centers' Administrators will oversee the program's evaluation process and reporting.

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

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

Benefits to Nursing Home (NH) Residents

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

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

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

Furthermore, based on a review of start-up activity programmatic costs for most communities, it has been determined that use of the iN2L system will replace approximately 70% of all basic activity supply costs, and 71% of all start-up electronic materials costs. Ongoing replacement costs of all of these items would also be saved. We estimate it will save similar amounts for supplies in the therapy and restorative programs.

Consumer/Stakeholder Involvement

Job Descriptions

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

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

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

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

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

Biographical sketches/Curriculum Vitae

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

THM – Jackson Region Corporate Leader

Chris Childress, NHA, BS in Social Work. Served as Administrator at Harbor View Nursing and Rehabilitation Center in Memphis for 5 years. He has been with Tennessee Health Management for 11 years. He has served in several roles during his time with Tennessee Health Management including Social Worker, Admissions Coordinator, Assistant Administrator and Administrator. He holds a BS in Social Work from Lipscomb University and a graduate certificate from Lipscomb University's Transform Aging Program in 2012.

Facility Staff Leading the ARTS Program Include:

Crestview Health Care and Rehabilitation Center, Inc.

Administrator – Allison Sills, RN, BSN. Administrator at Crestview for 15 years.

DON – Latosha Taylor, RN, BSN- DON at Crestview for 16 years.

Rehab Team Leader – Teresa Noel, PTA been at facility for 14 years

Activity Director – Donna Lovell been at facility for 37 years.

Decatur County Health Care and Rehabilitation Center, Inc

Administrator – Klye Smith, Masters of Business Administration and Bachelors of Business Administration. Administrator at Decatur County for 10 years.

DON – Nicole Montgomery, RN, Associate's Degree in Nursing been DON at Decatur for 11 years.

Rehab Team Leader – Adam Haynes, PTA, been at Decatur County for 16 years.

Activity Director – Rosalind Laster, been at Decatur County for 18 years.

Forest Cove Nursing and Rehab Center, Inc. -

Administrator- Adam Camper holds a degree in Business Administration.

Director of Nursing- Sheree Nolen, RN, Associates of Science in Nursing.

Activity Director- Edna Gilmore

Rehab Team Leader – Bryan Barnett, PTA

Lexington Health Care and Rehabilitation Center, Inc.

Administrator – Allan Maness, Bachelor of Science, Graduate Certificate in aging Services Leadership.

DON – Matthew Ujeich, RN, 2 Bachelor of Science Degrees. Most Outstanding Nursing Graduate.

Rehab Team Leader – Jessica Blankenship, has been at Lexington for 11 years.

Activity Director – Vicky Hunter, has been at Lexington for 32 years.

Lewis County Nursing and Rehabilitation Center, Inc

Administrator – Celeste Blocker, RN- AAS Nursing. Administrator at Lewis County 15 years.

DON – Melissa Tibbs, RN, AAS Nursing, been at Lewis County for one year.

Rehab Team Leader- Maranda Clark, DPT- been at Lewis County since 2004.

Activity Director – Margaret Miller, been at Lewis County since 1993.

DON – Melissa Tibbs, RN, AAS Nursing, been at Lewis County for one year.
Rehab Team Leader- Maranda Clark, DPT- been at Lewis County since 2004.
Activity Director – Margaret Miller, been at Lewis County since 1993.

McNairy County Health Care Center, Inc.

Administrator – Chris Spence, Bachelor of Science in Organizational Leadership and Health Management. Administrator at McNairy for 2 years. 2014 THCA Future Leaders Program graduate.
DON – Pollyanna Justice RN, RN Associates degree in Nursing. Worked at McNairy for 6 years.
Rehab Team Leader- Sally Lilly, ST, worked at facility for 6 years.
Activity Director – Patricia Simmons, been at facility for 22 years.

Northbrooke Healthcare and Rehab Center, Inc.

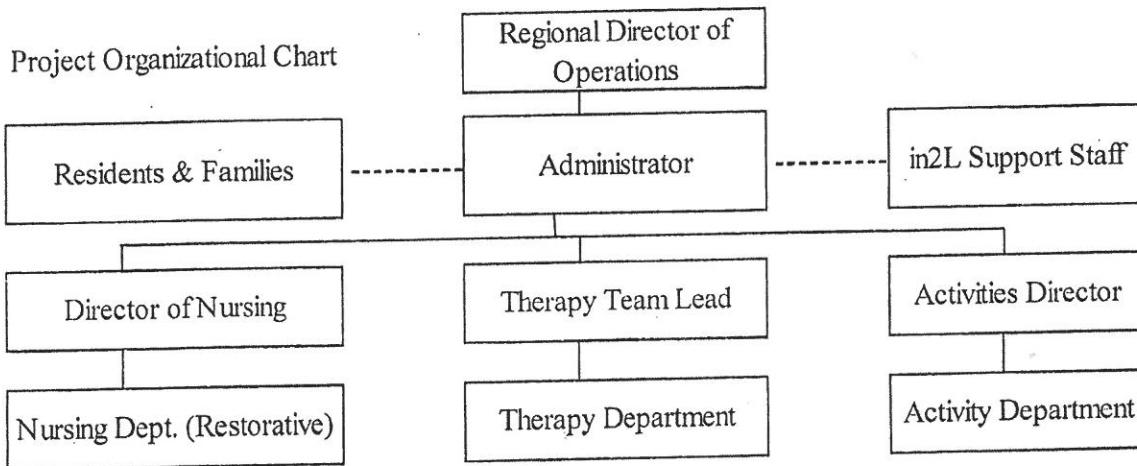
Administrator – Blake Carrington,
DON – Lisa Watkins RN,
Therapy Team Leader -
Activity Director –

Savannah Health Care and Rehabilitation, Inc

Administrator – Lisa Hogan, MSN, NHA. Administrator at Savannah for 20 years. 2003 THCA Director of Nursing Member of the Year, 2013 THCA Innovative Program Award.
Director of Nursing – Casey Pinson, RN, been at Savannah for 6 years.
Rehab Team Leader – Christy Patton, ST, been at Savannah for 20 years.
Activity Director – Donna Roper, been at Savannah for 18 years, 2013 THCA Activity Director of the Year.

Westwood Health Care and Rehabilitation Center, Inc

Administrator – Melinda Wade, MBA, Administrator at Westwood for 8 years.
DON – Amy Wyatt, RN, BSN, been at Westwood for 8 months.
Therapy Team Leader - Susan White, PTA, been at Westwood for 15 years.
Activities Director – Charistal Funderburk, been at Westwood for 5 years.



FUNDING

BUDGET NARRATIVE

Tennessee Health Management is requesting **\$471,215.21** for the second phase of the Activities, Restorative, and Therapy in Sync (ARTS) project. This funding will provide the following:

Equipment

\$153,873.00

Mobile FLEX system - Complete mobility with touch screen computer on an articulating arm attached to a height adjustable electric stand. It includes the Engagement Package—Music Maker, bike

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

(9) Mobile FLEX Lite System \$4,999 (less discount @ \$4,499 = \$44,990.00

iN2L Rehab: Premium Clinical - Mobility with a 23.8" touch screen computer on an electric, height adjustable stand which features an articulating arm for flexible screen positioning – perfect for over the bedside or for use with those with limited mobility. Includes bike simulator, flight simulator joystick, and music maker which also work with large screen systems.

(9) iN2L Rehab: Premium Clinical @ \$6,299 = \$ 56,691.00

Personalized Subscription

\$186,300.00

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

(9) 36-Month Personalized Subscription (3 systems/community)

@ \$6,900/year (x 3years) = \$20,700

Program Launch & Onsite Trainings

\$ 82,665.00

iN2L will provide three (3) customized Activity-Specific onsite trainings—the first as part of the Program Launch and the second and third refresher trainings between the 9th and 15th and 30th and 36th months of the project to ensure program sustainability. iN2L certified therapy trainers will provide a (2) customized onsite Therapy-Specific trainings—the first as part of the Program Launch and the second between the 24th and 26th months of the project. Activities, restorative care, nursing, and rehab professionals will have a hands-on opportunity to explore all hardware and software components of the iN2L technology while learning about its integration throughout all disciplines including activities, marketing, and social services and throughout all three rehab disciplines occupational, physical and speech therapy, and how to develop and implement person-centered experiences for the community’s residents. There will be an emphasis on how best to achieve the project’s goals. This fee also includes access to CEUs, unlimited access to monthly training webinars and Quarterly Best Practices Group Calls.

(9) Program Launch—Training, Installation and Rollout @ = \$1,995 = \$17,955

(9) Onsite Activity-Specific training = \$2,500 = \$22,500.00

(18) On-Site Activity-Specific Refresher Training @ \$13,95 = \$25,110

(9) Onsite Therapy-Specific Refresher Training \$1,900 = 17,100

Shipping & Handling

\$ 10,800.00

(9) Mobile FLEX @ \$450 = \$4,050

(9) iN2L Rehab: Premium Clinical @ \$450 = \$4,050

(9) Mobile FLEX Lite @ \$300 = \$2,700

Sales Tax

\$ 37,577.29

Budget Table

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

Involved Organizations

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

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

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

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

Innovation and Replicability

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

Conflict of Interest Prohibition Statement

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

Attestation Statement

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

Chris Chilless 2/14/18

Appendix A- Tennessee Health Management, Inc. Jackson Region Data

5-Star 2/2018

THM Managed Companies in Jackson Region

Tax ID NPI Medicare Medicaid

Crestiview Health Care and Rehabilitation Center, Inc
 704 Dupree Avenue North ***
 Brownsville, TN 38012-1798
 (731) 772-3356 Admin Allison Sills

Licenced Beds: 115 Occupancy: 89 Total Employees: 83			
62-1113269	1972568749	445442	7440358

Decatur County Health Care and Rehabilitation, Inc
 726 Kentucky Ave. **
 Parsons, TN 38363-9798
 (731) 847-6371 Admin: Kyle Smith

Licenced Beds: 125 Occupancy:107 Total Employees: 113			
62-1527409	1811952674	445451	7440260

Forest Cove Nursing and Rehab Center, Inc.
 45 Forest Cove ***
 Jackson, TN 38301-4396
 (731) 424-4200 Admin: Adam Camper

Licenced Beds: 170 Occupancy: 98 Total Employees: 120			
62-1209511	1891750469	445453	7440424

Lexington Health Care and Rehabilitation Center, Inc
 727 E. Church Street *****
 Lexington, TN 38351
 (731) 968-2004 Admin: Allan Maness

Licenced Beds: 118 Occupancy: 101 Total Employees: 138			
62-1035738	1730144155	445431	7440290

Lewis County Nursing and Rehabilitation Center, Inc
 119 Kittrell Street *
 Hohenwald, TN 38462-0147
 (931) 796-3233 Admin: Celeste Blocker

Licenced Beds: 131 Occupancy: 110 Total Employees: 118			
62-1527410	1538124045	445430	7440265

McNairy County Health Care Center, Inc
 835 E. Poplar Ave. *****
 Selmer, TN 38375-0349
 (731) 645-3201 Admin: Chris Spence

Licenced Beds: 126 Occupancy: 100 Total Employees: 127			
62-165178	1922063395	445452	445452

Northbrooke Healthcare and Rehab Center, Inc
 121 Physicians Drive *****
 Jackson, TN 38305
 (731) 664-5050 Admin: Blake Carrington

Licenced Beds: 120 Occupancy: 101 Total Employees: 109			
62-1706975	1811953656	445401	7440588

Savannah Health Care and Rehabilitation Center, Inc
 1645 Florence Road *****
 Savannah, TN 38372
 (731) 926-4200 Admin: Lisa Hogan

Licenced Beds: 120 Occupancy: 115 Total Employees: 132			
62-1692101	1760448435	445444	7440584

Westwood Health Care and Rehabilitation Center, Inc
 524 W. Main Street ***
 Decaturville, TN 38329
 (731) 852-3591 Admin: Melinda Wade

Licenced Beds: 90 Occupancy: 55 Total Employees: 63			
62-1472943	1740247550	445449	445449



QUOTE# 6222

Account: Tennessee Health Management, Inc.
Contact: Chris Childress

Provided By: Juliet Kerlin
Valid Until: 07/31/2018

Bill To:
 THM CAPS Dept
 P.O. Box 730
 Parsons, TN 38363
 USA

Ship To:
 1971 Tennessee Avenue N.

 Parsons, TN 38363
 USA

PRODUCT NAME	LIST PRICE	QTY	DISCOUNT	TOTAL
Mobile FLEX	\$6,999.00	9	\$6,300.00	\$56,691.00
Shipping & Handling - Mobile FLEX	\$450.00	9	\$0.00	\$4,050.00
Mobile FLEX Lite	\$4,999.00	9	\$4,500.00	\$40,491.00
Shipping & Handling - Mobile FLEX Lite	\$300.00	9	\$0.00	\$2,700.00
iN2L Rehab: Premium Clinical	\$6,999.00	9	\$6,300.00	\$56,691.00
Shipping & Handling - iN2L Rehab: Premium Clinical	\$450.00	9	\$0.00	\$4,050.00
Onsite Training-1 Day	\$1,995.00	9	\$0.00	\$17,955.00
iN2L Rehab: Onsite Training-1 Day	\$2,500.00	9	\$0.00	\$22,500.00
CMP-Onsite Refresher Training	\$1,395.00	18	\$0.00	\$25,110.00
iN2L Rehab: Onsite Refresher Training	\$1,900.00	9	\$0.00	\$17,100.00
36 Month - Monthly Personalized Subscription	\$9,000.00	27	\$56,700.00	\$186,300.00
Custom Layout - CMS	\$0.00	1	\$0.00	\$0.00

Sub Total \$433,638.00
 *Tax \$0.00
 Adjustment \$37,577.29

Grand Total \$471,215.29

* Applicable taxes will be added to your final invoice.

THIS IS NOT A BILL

TERMS AND CONDITIONS

Contract Term: 36 Months
 The estimated sales tax of \$37,577.29 is included on this Quote under "Adjustment". The actual sales tax will be included on the final Sales Invoice that is sent by our accounting department.

AUTHORIZED SIGNATURES

APPENDIX C- BUDGET TABLE

CATEGORY	QTY	DESCRIPTION	ITEM	TOTAL
EQUIPMENT	9	Mobile FLEX	\$6,299	\$56,691.00
	9	iN2L Rehab Premium	\$6,299	\$56,691.00
	9	Mobile FLEX Lite	\$4,499	\$40,491.00
TRAINING	9	Program Launch— includes Onsite Training, Installation, Project Rollout	\$1,995	\$17,955.00
	9	Onsite Rehab-Specific Training	\$2,500	\$22,500.00
	18	Onsite Activities/Nursing Refresher Training	\$1,395	\$25,110.00
	9	Onsite Rehab-Specific Refresher Training	\$1,900	\$17,100.00
	36	Unlimited access to monthly training webinars conducted by iN2L trainers	\$0.00	\$0.00
	11	Best Practices Group Call conducted by iN2L Account Managers	\$0.00	\$0.00
SUBSCRIPTION	9	Community 36-Month ENGAGE Personalized Subscription (3 systems/ community)	\$20,700	\$186,300.00
SHIPPING	9	Mobile FLEX	\$450	\$4,050.00
	9	iN2L Rehab Premium	\$450	\$4,050.00
	9	Mobile FLEX Lite	\$300	\$2,700.00
SUBTOTAL				\$433,638.00
SALES TAX				\$37,577.29
TOTAL DIRECT COSTS				\$471,215.29

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.



Signature of Applicant Agency Administrator



Date Signed (Month/Day/Year)