



Stephanie Davis
CQISCO, LTC Enforcement Branch
Centers for Medicare & Medicaid Services
Sam Nunn Atlanta Federal Center
61 Forsyth Street, S.W., Suite 4T20
Atlanta, Georgia 30303

Dear Ms. Davis:

On behalf of the Tennessee Edenizing Foundation, D/B/A the Tennessee Eden Alternative Coalition, (TEAC), we appreciate the opportunity to re-submit this request for \$392,543 to utilize Federal Medicaid Nursing Home Trust Fund monies. If approved, funds will enrich the lives of those who live with dementia through a comprehensive education strategy involving in-person group education, self-directed application of skills, replication resources and the opportunity to engage with other Tennessee nursing homes in pursuit of best practices. TEAC is a volunteer 501(C)3 organization, whose mission is to champion and grow person-directed care across the healthcare continuum through collaboration, education and empowerment.

The proposed project builds on this mission, as well as the efforts of the Centers for Medicare and Medicaid Services (CMS), to provide meaningful outcomes for people who live with dementia. Through person-directed concepts and practical tools, direct care staff will be empowered to engage other stakeholders in the reduction of antipsychotic use, while improving quality of life and quality of care for those they support. To help meet federal requirements, this project promotes an approach to care that moves beyond the symptom (challenging behaviors) to identify the unmet needs that cause distress and subsequent medication use for those living with dementia.

The keystone of this educational plan is the provision of the *Reframing Dementia* Training Kit, an educational offering from The Eden Alternative®, to project teams. *Reframing Dementia* challenges participants to rethink their perspectives about dementia and the people who live with it. Doing so improves interpersonal dynamics, communication and the potential for direct care staff to work collaboratively and compassionately with the individual living with dementia.

Ms. Stephanie Davis
August 31, 2015
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Participants deepen their successful application of the training kit by also:

- Attending a 1-day skill-building event entitled *Reframing Dementia: Train the Change Agent*, which will cover highlights of the training kit content, offer tips on how to facilitate the training and how to engage teams in applying the content in their homes;
- Receiving a supplemental crosswalk tool aligning the content with modules from CMS' *Hand in Hand* training which will combine and build on the strengths of both curricula;
- Utilizing an implementation protocol detailing additional application strategies;
- Benefitting from one of two virtual gatherings with renowned geriatrician and author, Dr. Al Power, who will answer questions about person-directed dementia care; and
- Participating in a comprehensive project evaluation process that will yield site-specific data that their organization can share with others.

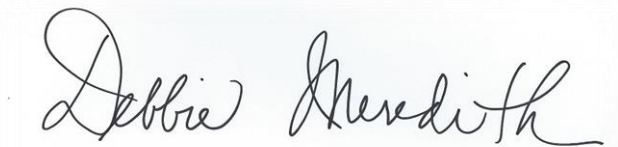
Lastly, we envision three phases to this proposed project. Each phase aligns with a 12-month period for a total of 3 years for project implementation. Year One will engage 80 to 100 Tennessee nursing homes, with a special focus on those homes that have the greatest opportunity for improvement in the state. Years Two and Three will also feature the participation of 80 to 100 homes respectively.

Project kick-off will also feature special events designed to inform and engage both medical directors and key players from the 20 largest nursing home operators in the state. The goal of these events is to build awareness, create commitment and ongoing support for the project from these influential stakeholders.

Tennessee nursing home residents are expected to benefit from this proposed project through care strategies that help reduce the use of antipsychotic medications, improve overall well-being, and offer direct staff the satisfaction of knowing that they can make a difference.

On behalf of the Tennessee Eden Alternative Coalition, thank you in advance for your review and consideration, resulting in final approval of this request.

Sincerely,

A handwritten signature in black ink that reads "Debbie Meredith". The signature is written in a cursive style and is centered on the page.

Debbie Meredith, Chair
Tennessee Edenizing Foundation, EIN: 81-0561396

PART VII: Expected Outcomes

PROJECT ABSTRACT: The National Partnership to Improve Dementia Care in Nursing Homes, an initiative of the Centers for Medicare and Medicaid Services (CMS), has advocated for reducing the prescribing of antipsychotic medications, limiting use to only those cases that involve “a valid, clinical indication and a systematic process to evaluate each individual’s need.” In August 2015, statistics from CMS (2015Q1) revealed that Tennessee is currently ranked 45th in the country regarding the reduction of antipsychotic medications. Antipsychotic usage in the state is currently 21.57%, in comparison to the national average of 18.7%. As the designated state culture change coalition, the Tennessee Edenizing Foundation/D/B/A Tennessee Eden Alternative Coalition (TEAC) is a part of a vast network of change agents. TEAC determined that the ongoing provision of specialized education and support is needed in order to maintain and build on the state’s successful reduction in antipsychotic use. To help meet federal requirements, such training must empower nursing home employees to move beyond merely reacting to “behaviors” and, instead, learn to identify and respond to the unmet needs that are likely their underlying cause. Gone unchecked, unmet needs lead to distress and subsequent medication use for those who live with dementia. Specialized education for direct care staff provides a solid foundation for sustained and successful reduction of antipsychotic medication use over time.

Thus, Tennessee Federal Medicaid Nursing Home Trust Fund monies will be utilized for “*Reframing Dementia Through Person-Directed Practices*,” a comprehensive education project combining in-person group education, self-directed learning and application, replication resources, and the opportunity to engage with other Tennessee nursing homes on the subject of best practices. **The project goal is** to support the continued reduction of antipsychotic use in Tennessee nursing homes to lower than the national average of 18.7% (2015Q1) and to help sustain that reduction. **Thus, project objectives are to:**

- 1) Distribute the *Reframing Dementia* Training Kit to all project teams, which will provide tools and training for employees and family members to shift perceptions of dementia care (F-241) and strengthen well-being (F-309).
- 2) Engage participating nursing home employees (in Change Agent Teams of 3-4 per home) in the *Train the Change Agent* training, who then deliver the *Reframing Dementia* workshops in their respective organizations, and apply the tools taught in daily operations. Nursing home employees, both Change Agent Team members and those in a designated implementation sample group, will experience an overall 5% shift toward person-directed perceptions and approaches to dementia care that ultimately support the reduction of antipsychotic use.
- 3) Empower participating organizations to apply new approaches and work toward specific benchmarks of progress within the designated sample group. At least half of the participating organizations will meet 50% of the suggested implementation benchmarks.

The success of the project will be assessed by a comprehensive evaluation process detailed in full under Part VIII, Results Measurement in this application. The following individuals/organizations hold responsibility for the project evaluation: National Research Corporation/My Innerview (Rich Kortum) rkortum@nationalresearch.com, and the Tennessee Eden Alternative Coalition (Debbie Meredith) Debbiemer48@bellsouth.net.

STATEMENT OF NEED: As described in the *Project Abstract* above, CMS has identified the need to reduce antipsychotic medication use in long-term care environments across the nation. Unnecessary medications, as indicated by F-329, are often prescribed in lieu of identifying underlying unmet needs first. For example, The Eden Alternative has identified loneliness, helplessness, and boredom as plagues of the human spirit that can result in agitation, aggression, and despair. Negative attitudes, fears, and outdated perceptions of dementia limit caregivers' ability to tune into what's truly being communicated (F-319, Mental and psycho-social treatment; F-241, Dignity). By emphasizing the development of the unique observation, communication, and interpersonal skills needed to build relationships with those who live with dementia, *Reframing Dementia* equips nursing home employees to respond to unmet needs for connection, purpose, and meaningful engagement (F-242, Self-determination and participation; F-246, Accommodation of resident needs; F-309, Attain highest possible well-being). This project also meets the intent of F-240 by emphasizing how improvement of organizational culture and systems significantly enhances overall quality of life for nursing home residents.

Potential problems may include:

Issue: Employees having difficulty getting away from work and traveling to the 1-day *Train the Change Agent* event. **Solution:** For each project phase (one per year), two separate dates and locations for the in-person 1-day event will be available for registration.

Issue: Failure to secure the commitment of at least 80 nursing homes for each project phase (one per year) **Solution:** Push for a smaller, but still statistically significant number of homes, and adjust evaluation plan and budget line item for the evaluation to reflect this difference.

Issue: Once participants register, they may fail to show up for the in-person training event. This means that while registration may reflect numbers that support our expected outcomes for the project, the actual attendance may end up falling short. **Solution:** We would like to propose that registrants pay a fully refundable project deposit when they register. Then, they would receive a full refund of this fee once they fulfill all of the grant project activities in full. Participants often need some "skin in the game" in order to fully appreciate the commitment that they have made. Also, Phase One and Two participants that need to back out can enroll the following year.

PROGRAM DESCRIPTION: This proposed educational strategy aligns with CMS goals to reduce antipsychotic use through consistent application of person-directed approaches and techniques. Choice, dignity, self-determination, and purposeful living are core person-directed values highlighted in regulatory actions, such as the MDS 3.0, the QIS survey process, as well as the CMS initiative to reduce the use of antipsychotic medications. Person-directed care is structured around the unique needs, preferences, and desires of the individual. Through this approach, decisions and actions around care honor the voices and choices of those accepting care and the people closest to them. The proposed 3-year project will be composed of three phases:

- Phase One (First Year): Engage 80-100 TN nursing homes (focus on those with the most opportunity to improve)
- Phase Two (Second Year): Engage another 80-100 nursing homes
- Phase Three (Three Year): Engage another 80-100 nursing homes

Thus, each year (phase) of the project involves a new set of participating homes. So, participants engage in and commit to the project for one year only.

Each phase (year) of the project will feature the following project scope:

- Each enrolled nursing home (80-100) will create a “Change Agent Team” of 3-4 people for full participation in the project. This team will ideally include people in the following roles: 1) Director of Nursing; 2) Staff Development; 3) Administrator; and/or 4) Social Services. Designated team members should possess skills in teaching, coaching, and leadership and be willing to return to their organizations prepared to share what they’ve learned through education and daily infusion of the concepts into operations.
- Each Change Agent Team will receive one *Reframing Dementia* Training Kit and specific skills and resources for how to put these materials to work back in their organizations. By focusing on observation, communication, and interpersonal skills needed to identify the unmet needs of people living with dementia, *Reframing Dementia* prepares employees, family members, and volunteers to effectively respond to challenging interactions and “behaviors” with awareness, presence, and compassion.
- For successful application of the training kit, the project includes the following supports:
 - Two in-person/interactive educational events (2 different locations/dates) per project phase called *Reframing Dementia: Train the Change Agent*. This 1-day event will cover highlights of the training content, offer tips on how to facilitate the training, and how to engage others in applying the content back in the homes they represent. Participating Change Agent Teams will be encouraged to open their in-house *Reframing Dementia* training(s) to family members, local ombudsmen, and state surveyors to extend learning and create systems of support.
 - At the *Train the Change Agent* training event, Change Agent Teams will receive the following hard copy materials: 1) a comprehensive training kit; 2) a crosswalk tool aligning *Reframing Dementia* content with complementary modules from CMS’ *Hand in Hand* training, thus combining the strengths of both curricula and creating a comprehensive resource that meets different learning needs; and 3) an implementation protocol that details how to use the training to engage teams and apply what they’ve learned to daily operations and interactions.
 - Change Agent Teams implement what they’ve learned back in their organizations by focusing implementation efforts initially on a sample group of up to 25 residents living with dementia and up to 25 employees that work most closely with them daily. This sample group will be the focus of their training efforts and active application of new approaches for the duration of the project phase. They will attend at least one of two virtual gatherings (webinars) with renowned geriatrician and author, Dr. Al Power and/or other experts on the subject of dementia, who will answer questions and concerns about person-directed dementia care; and

- Participants will also complete a comprehensive project evaluation process that includes pre/post testing, as well as interim data collection.
- To bolster project recruitment and overall success, each project phase will feature these two special events:
 - An informational webinar with Dr. Al Power for state medical directors that highlights the foundational goals and motivation for the project.
 - A 3-hour presentation for the key players from the 20 largest nursing home owners/operators in the state that also features the value of the project in light of current regulatory expectations and industry leanings toward improving quality of life.

Proposed Project Timeline and Quarterly Deliverables for Each Project Phase:

First Quarter (Month 1 through 3)

- Lock down project recruitment partners and venues for in-person events
- Design registration process and recruitment information
- Develop promotion plan and actively promote the grant opportunity
- Offer a free informational webinar focused on details of the project for recruitment purposes
- Secure commitment and registration of participating teams from 80-100 nursing homes
- Participating homes designate sample group for the evaluation process
 - *Up to 25 Elders living with dementia and*
 - *Up to 25 employee care partners working most closely with the sample group of Elders*
- Collect Nursing Home Compare quality measure data on the percent of long and short stay residents who received an antipsychotic medication
- Complete adaptation of and print content and material for *Train the Change Agent*

First Quarter Deliverables:

- Archived copies of all electronic promotional materials.
- Archived recording of free informational webinar designed to engage participants.
- List of organizational teams registered for *Train the Change Agent*.
- Samples of evaluation tools (as applicable)
- Completion of a first quarter progress assessment by project partners for CMS and TN Dept. of Health, Office of Health Care Facilities

Second Quarter (Month 4-6)

MONTH 4 Deliver 2 rounds of 1-day, in-person training event, *Train the Change Agent*. Pre-testing of Change Agent Team for perceptions and attitudes occurs on-site at these training events.

MONTH 5-6 Organizational teams are encouraged to facilitate *Reframing Dementia* at least once by end of the second quarter. Implementation protocols are being applied and teams are engaging in content. Pre-testing of Sample Group Employees for perceptions and attitudes occurs immediately prior to the *Reframing Dementia* class in each participating nursing home.

Second Quarter Deliverables:

- Copies of training attendance rosters for *Train the Change Agent* (training evaluations available upon request).
- Completion of a second quarter progress assessment by project partners to CMS and TN Dept. of Health, Office of Health Care Facilities.

Third Quarter (Month 7-9)

MONTH 7 Delivery of first 1.5 hour virtual gathering.

MONTH 7 First post-test of Change Agent Team takes place.

MONTH 7 Change Agent Teams submit first of 2 electronic implementation assessments.

MONTH 7-9 Organizational teams are encouraged to facilitate *Reframing Dementia* at least once by end of the third quarter. Implementation protocols are being applied and teams are engaging in content. Pre-testing of Sample Group Employees for perceptions and attitudes occurs immediately prior to the *Reframing Dementia* class in each participating nursing home.

Third Quarter Deliverables:

- Completion of a third quarter progress assessment by project partners to CMS and TN Dept. of Health, Office of Health Care Facilities..
- Archived recording of first 1.5 hour virtual gathering.

Fourth Quarter (Month 10-12)

MONTH 10 Delivery of second 1.5 hour virtual gathering. Organizational teams continue to implement and compile data.

MONTH 11 First post-test for sample group employees; second test for Change Agent Team.

MONTH 11 Second implementation assessment by Change Agent Team from each home.

MONTH 12 Project data consolidated and fully analyzed.

Fourth Quarter Deliverables:

- Recording link for the second virtual gathering.

MONTH 13 Final report for the phase is submitted by end of month to CMS and TN Dept. of Health, Office of Health Care Facilities.
(Recruitment for the next project phase also begins during this month).

PART VIII: Results Measurement

Outcome #1: For each phase of the project, a total of 200-400 people will each participate in 1 of 2 in-person events for *Train the Change Agent*.

Plan for Sustainability: Project participants will be able to teach other employees skills to reframe attitudes about dementia, build meaningful relationships with individuals who live with dementia, interpret other unmet needs, and identify processes that need adapting. Cross-training of the new skills across different roles ensures sustainability of the project goals over time.

Outcome #2: By the end of each project phase, project activities will help effect a 5% overall shift toward person-directed perceptions of, and approaches to, dementia care (for Change Agent Team and Sample Group Employees). **Plan for Sustainability:** 1) Development of a shared language across stakeholder groups supports integration of change efforts over time; 2) The implementation protocol, crosswalk tool, and the application of new person-directed, dementia care skills can be disseminated throughout the organization and consistently applied.

Outcome #3: During each phase of the project, participating organizations will complete 2 interim implementation assessments that will highlight specific benchmarks of progress reached within their designated sample group. At least half of the participating organizations will meet 50% of the suggested implementation benchmarks in the sample group by the end of the project phase. **Plan for Sustainability:** Person-directed practices in each organization's project sample group can then be applied to the rest of the organization and maintained over time through customized application of the skills gained through the project

Outcome #4: By the end of the 3-year grant project (Phase One –Three), the project has a goal of helping to effect at least an overall 5% reduction for Tennessee in the use of antipsychotic medications. **Plan for Sustainability:** 1) Ongoing support helps confirm that tools and information are put fully into practice, ensuring that implementation is aligned with long-term application of project goals; and 2) Successful application of skills within each organization's project sample group can then be applied to the rest of the organization and maintained over time.

Replication Implications: Replication potential for this project involves the following: 1) The *Reframing Dementia* Training Kit is in the hands of every participating organization and available for ongoing use and application over time. 2) Tools and strategies developed during the project can be internally replicated in each organization repeatedly on several levels; 3) Lessons learned from participating organizations will be captured in the final report through implementation assessment findings. Aggregate data for this reporting process can be made available to Tennessee nursing homes to support the application of best practices.

Evaluation Methodology for Each Phase of the Project:

Each year (phase) of the project involves a new set of participating homes. So, participants engage in and commit to the project evaluation process for one year only.

WHAT and WHO MEASURED: 1) Changes in perceptions of people living with dementia and dementia care (*Change Agent Teams and employees from the sample group in each participating home*); 2) Application of skills developed from the educational process (*Change Agent Teams and employees from the sample group in each participating home*); 3) Changes in quarterly behavioral incident reports (*for the sample group in each participating home*); and 4) Changes in Nursing Home Compare data over the 3 year period (*at both the state level and for individual home data*).

HOW: 1) Pre-testing for the Change Agent Teams takes place immediately prior to participation in *Train the Change Agent*. Pre-testing for sample group employees takes place prior to experiencing *Reframing Dementia* training. Post-testing for the Change Agent Teams

will be administered **during Month 7 and again at Month 11** in each project phase. Post-testing for employees in the sample group takes place during **Month 11** of the project phase. 2) Data collection also includes the completion of 2 implementation assessments (the first in **Month 9** and the second in **Month 12** of each project phase) by each participating organization highlighting specific benchmarks of progress, based on the hard-copy implementation protocol. 3) Collect behavioral incident report data at the beginning of each phase of the project and quarterly for the duration of the three-year project, adding additional teams as the project progresses. 4) Collect Nursing Home Compare data, specifically percent of short-stay and long-stay residents who received antipsychotic medications, at beginning of Phase One and quarterly throughout the duration of the grant project.

Part IX: Benefits to Nursing Home Residents

Tennessee nursing home residents are expected to benefit from this proposed project through care strategies that help reduce the use of antipsychotic medications and improve overall well-being and quality of life. By doing so, direct care staff is better prepared to move beyond the symptom (challenging behaviors) and identify and address the unmet needs that may be triggering them. The training improves interpersonal dynamics, communication and the potential for direct care staff to work collaboratively and compassionately with the individual living with dementia. For additional examples of benefits, see Statement of Need under Part VII.

Part X: Consumer/Stakeholder Involvement

Those impacted are expected to take what they've learned back to engage others in the overall reduction of antipsychotic use, while impacting quality of life and quality of care for those who live and work there. Participants will be encouraged to open their training(s) to family members, local ombudsmen, and state surveyors to extend the learning and create shared systems of support. Participants will be encouraged to create discussion groups with nursing home stakeholders not a part of the designated sample group about the goals of the project, so that they can also support improved well-being through the reduction of antipsychotic use. Lastly, the project also involves special events designed to inform and engage both medical directors and key leaders from the 20 largest nursing home owner/operators in the state. The goal of these events is to build awareness, create commitment and ongoing support for the project from these important stakeholders.

Part XI: Funding

See Appendix B for a complete budget and budget narrative.

Part XII: Involved Organizations

Chris Perna, The Eden Alternative , PO Box 18369, Rochester, NY 14618, (585) 461-3951, opm@edenalt.org

G. Allen Power, M.D., 190 Rich's Dougway Rd., Rochester, NY 14625, (585)760-2639, DrAlPower@gmail.com

My Innerview, National Research Corporation, 1245 Q Street, Lincoln, NE 68508

Phone: 800-601-3884; info@myinnerview.com

Amy E. Elliot, PhD, Amy Elliot Consulting LLC, 7908 Prairieview Drive, Columbus, OH 43235, 614-378-5367, amyelliot20@gmail.com

State Request for Approval of Use of
Civil Money Penalty Funds
for Certified Nursing Homes



- Alabama
- Florida
- Georgia
- Kentucky
- Mississippi
- North Carolina
- South Carolina
- Tennessee

REQUEST

Date of Application: _ 08 / _ 31 / _2015_ _
 MM DD YYYY

PART I: Background Information

Name of the Organization: TN Edenizing Foundation d/b/a Tennessee Eden Alternative Coalition

Address Line 1: 1045 Stanley Drive

Address Line 2: _____

City, County, State, Zip Code: Mt. Juliet, TN 37122

Tax Identification Number: 81-0561396

CMS Certification Number, if applicable: -

Medicaid Provider Number, if applicable: -

Name of the Project Leader: Debbie Meredith

Address: 1045 Stanley Drive

City, County, State, Zip Code: Mt. Juliet, TN 37122

Internet E-mail Address: debbiemer48@bellsouth.net

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: \$ 392,543

- | | |
|---|---|
| <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: $\frac{10}{MM} / \frac{01}{DD} / \underline{2015}$ e.g. 06/01/2010) **To:** $\frac{\quad}{MM} - \frac{30}{DD} \quad 2018$ (e.g. 12/01/2010)

**Part VI:
Purpose and Summary**

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.

QUESTIONS TO ANSWER BEFORE SUBMISSION OF THIS REQUEST:

NOTE: Candidates should be able to confidently answer “yes” to each question below.

- | Yes | No | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does my project have a central focus and coherent direction, with good synergy and integration among components? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does my project clearly state the benefits to residents? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do I have sufficient preliminary data to support my project? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is my project plan well developed? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the project have sufficient details, and focused approaches? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Did I address problems that may be encountered, propose alternative approaches, and describe contingency plans? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Did the project planning committee consider the potential difficulties and limitations of the proposed approaches? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have I explained the significance of the overall program goals? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have I listed all of the sites where my work will take place and listed which facilities are completing which parts of the project? Have I fully coordinated among them? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have I made provisions for data management and coordination? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have I labeled all materials clearly so reviewers can easily find information? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Did I put all items in the correct section? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do I have biosketches for all personnel in the application? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does each biosketch include all required sections such as positions and honors, selected peer reviewed publications or manuscripts in press, and research support? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have I explained how my corporation can give me the support that I need to do the project? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is there sufficient expertise for the work proposed? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are benchmarks and deliverables clearly stated? |

REVIEW

LEVEL 1—INTERNAL REVIEW PROCESS.

NOTE: This section of the application is completed by the State Survey Agency

THE CONTENT OF THIS REQUEST HAS BEEN REVIEWED BY:

Date Request Received: $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$

Date State Agency Reviewed: $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$

Date Request Forwarded to the CMS Mail Box: $\frac{\quad}{MM} / \frac{\quad}{DD} / \frac{\quad}{YYYY}$

State Agency Reviewer #1: _____

State Agency Reviewer #1 E-mail address: _____

State Agency Reviewer #1 Telephone Number: - -

State Agency Reviewer #2: _____

State Agency Reviewer #2 E-mail address: _____

State Agency Reviewer #2 Telephone Number: - -

NOTE: The State Agency will be responsible for providing timely notification to the applicant that the request has been received, and acted upon.

As the first line reviewer, the State Survey Agency recommends:

Meets criteria Does not meet criteria

Comments: Include the rationale for your recommendation.

LEVEL II—EXTERNAL REVIEW & RECOMMENDATION PROCESS

NOTE: This section of the application is completed by the CMS-Atlanta Regional Office

THE CONTENT OF THIS REQUEST HAS BEEN REVIEWED BY:

CMS Regional Office Reviewer #1 _____

CMS Regional Office Reviewer #2 _____

CMP Tracking Number:

Y	Y	Y	Y

 - 04 -

state	

 -

M	M	D	D

CMS recommends:

- Approval

- Denial

- Request for more information; see comments below

Date of E-mail to State Agency and Applicant :

	/		/	
MM		DD		YYYY

Application Comments: _____

FINAL DISPOSITION

Review by the LTC Certification & Enforcement Branch Manager:

Date: / /
MM DD YYYY

- Approval
- Denial
- More information, see comments below

Comments: _____

Signature: _____

Review by the ARA:

Date: / /
MM DD YYYY

- Approval
- Denial
- More information, see comments below



Comments: _____

Signature: _____

**ATTACHMENT B
TOTAL PROJECT SUMMARY
(BUDGET PAGE 1)**

ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY									
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning 10/1/2015, and ending 9/30/2018.									
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE- ITEM CATEGORY ¹ <small>(detail schedule(s) attached as applicable)</small>	GRANT CONTRACT Phase I	GRANTEE PARTICIPATI ON Phase I	GRANT CONTRACT Phase II	GRANTEE PARTICIPATI ON Phase II	GRANT CONTRACT Phase III	GRANTEE PARTICIPATI ON Phase III	TOTAL REQUEST	TOTAL PROJECT
1	Salaries ²								
2	Benefits & Taxes								
4, 15	Professional Fee/ Grant & Award ²	\$ 39,361.00		\$ 38,261.00		\$ 38,261.00		\$115,883.00	\$ 115,883.00
5	Supplies	\$ 4,145.00		\$ 1,160.00		\$ 1,160.00		\$ 6,465.00	\$ 6,465.00
6	Telephone								
7	Postage & Shipping	\$ 1,115.00		\$ 1,040.00		\$ 1,040.00		\$ 3,195.00	\$ 3,195.00
8	Occupancy								
9	Equipment Rental & Maintenance								
10	Printing & Publications								
11, 12	Travel/ Conferences & Meetings ²	\$ 45,300.00		\$ 39,600.00		\$ 39,600.00		\$124,500.00	\$ 124,500.00
13	Interest ²								
14	Insurance								
16	Specific Assistance To Individuals ²								
17	Depreciation ²								
18	Other Non-Personnel ²	\$ 47,500.00		\$ 47,500.00		\$ 47,500.00		\$142,500.00	\$ 142,500.00
20	Capital Purchase ²								
22	Indirect Cost (% and method)								
24	In-Kind Expense		\$122,400.00		\$122,400.00		\$122,400.00		\$ 367,200.00
25	GRAND TOTAL	\$137,421.00	\$122,400.00	\$127,561.00	\$122,400.00	\$ 127,561.00	\$122,400.00	\$392,543.00	\$ 759,743.00
TOTAL IN-KIND								\$367,200.00	TOTAL PROJECT

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation

² Applicable detail follows this page if line-item is funded.

ATTACHMENT B
PHASE I SUMMARY
(BUDGET PAGE 2)

ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning 10/1/2015, and ending 9/30/2016.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT Phase I	GRANTEE PARTICIPATION Phase I	TOTAL PHASE I
1	Salaries ²			
2	Benefits & Taxes			
4, 15	Professional Fee/ Grant & Award ²	\$ 39,361.00		\$ 39,361.00
5	Supplies	\$ 4,145.00		\$ 4,145.00
6	Telephone			
7	Postage & Shipping	\$ 1,115.00		\$ 1,115.00
8	Occupancy			
9	Equipment Rental & Maintenance			
10	Printing & Publications			
11, 12	Travel/ Conferences & Meetings ²	\$ 45,300.00		\$ 45,300.00
13	Interest ²			
14	Insurance			
16	Specific Assistance To Individuals ²			
17	Depreciation ²			
18	Other Non-Personnel ²	\$ 47,500.00		\$ 47,500.00
20	Capital Purchase ²			
22	Indirect Cost (% and method)			
24	In-Kind Expense		\$ 122,400.00	\$ 122,400.00
25	GRAND TOTAL	\$ 137,421.00	\$ 122,400.00	\$ 259,821.00
		GRANT CONTRACT Phase I	GRANTEE PARTICIPATION Phase I	TOTAL PROJECT

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

ATTACHMENT B (continued)
PHASE I DETAIL
(BUDGET PAGE 3)

10/1/2015 - 9/30/2016

2 events

Shaded items are for 1/2 day event in Phase I only

PROFESSIONAL FEE/ GRANT & AWARD

2 Lead Trainers for in-person training: 8 hours@150/hour/pp x 2 Trainers x 2 events	\$ 4,800.00
6 Facilitators for In-Person Training: 8 hours@\$75/hour/pp x 6 Facilitators x 2 events	\$ 7,200.00
Virtual Gatherings- Dr. Al Power- \$500/hr x 1.5 hours x 2 events	\$ 1,500.00
Medical Directors Webinar- Presentation	\$ 1,250.00
Facilitator Fee for 1/2 day event (largest operators)	\$ 600.00
2 support staff for on-site event management for 1 day event	\$ 1,000.00
1 support staff for on-site event management for 1/2 day event (largest operators)	\$ 500.00
Data Entry Contracted for Survey input	\$ 330.00
Project Administration	\$ 6,000.00
Telemarketing for Recruitment	\$ 1,000.00
Partner Support for Recruitment	\$ 5,000.00
Project Evaluation Process (NRC)	\$ 8,514.00
Project Evaluation Process (Amy Elliot)	\$ 1,667.00
ROUNDED TOTAL	\$ 39,361.00

TRAVEL/ CONFERENCES & MEETINGS

Food/Beverage for in-person training- \$40/person x 200 attendees x 2 events	\$ 16,000.00
Snack/Coffee for 1/2 day event- \$20/person x 60 (largest operators)	\$ 1,200.00
Venue- one day event: \$1,500/event x 2 events	\$ 3,000.00
Venue- 1/2 Day event (largest operators)	\$ 1,500.00
AV- one day event: \$1500 x 2 events	\$ 3,000.00
AV- 1/2 Day Event (largest operators)	\$ 1,000.00
Travel for 2 lead trainers- \$1,000 per person- 2 events	\$ 4,000.00
Travel for 6 facilitators- \$1,000 per person- 2 Events	\$ 9,600.00
Travel for two support staff for in person training	\$ 4,000.00
Travel for Facilitator and 1 support staff for 1/2 Day Event (largest operators)	\$ 2,000.00
ROUNDED TOTAL	\$ 45,300.00

SUPPLIES

In-Person Training/ Registration supplies	\$ 1,160.00
Training Material- Handouts/info for 1/2 day event 60 x \$46 each (largest operators)	\$ 2,760.00
1/2 day event- registration/training supplies (largest operators)	\$ 225.00
ROUNDED TOTAL	\$ 4,145.00

POSTAGE & SHIPPING

Fulfillment- Assembly, packing, shipping of training kits and onsite training materials (\$6/kit shipping to training site)	\$ 1,040.00
Fulfillment- Materials, printing, packing, shipment of training materials for 1/2 day event	\$ 75.00
ROUNDED TOTAL	\$ 1,115.00

OTHER NON-PERSONNEL

Training Material- Training Kits, \$475/kit x 100 Homes	\$ 47,500.00
ROUNDED TOTAL	\$ 47,500.00

TOTAL REQUEST \$ 137,421.00

IN-KIND

In-person training: \$275/pp x 200 attendees x 2 events/year	\$ 110,000.00
Kit discount 599-cost of kit (delta of regular cost minus discounted cost)	\$ 12,400.00
TOTAL IN-KIND EXPENSE	\$ 122,400.00

TOTAL PHASE I \$ 259,821.00

ATTACHMENT B
PHASE II SUMMARY
(BUDGET PAGE 4)

ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning 10/1/2016, and ending 9/30/2017.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT Phase I	GRANTEE PARTICIPATION Phase I	TOTAL PROJECT
1	Salaries ²			
2	Benefits & Taxes			
4, 15	Professional Fee/ Grant & Award ²	\$ 38,261.00		\$ 38,261.00
5	Supplies	\$ 1,160.00		\$ 1,160.00
6	Telephone			
7	Postage & Shipping	\$ 1,040.00		\$ 1,040.00
8	Occupancy			
9	Equipment Rental & Maintenance			
10	Printing & Publications			
11, 12	Travel/ Conferences & Meetings ²	\$ 39,600.00		\$ 39,600.00
13	Interest ²			
14	Insurance			
16	Specific Assistance To Individuals ²			
17	Depreciation ²			
18	Other Non-Personnel ²	\$ 47,500.00		\$ 47,500.00
20	Capital Purchase ²			
22	Indirect Cost (% and method)			
24	In-Kind Expense		\$ 122,400.00	\$ 122,400.00
25	GRAND TOTAL	\$ 127,561.00	\$ 122,400.00	\$ 249,961.00
		GRANT CONTRACT Phase II	GRANTEE PARTICIPATION Phase II	TOTAL PHASE II

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

ATTACHMENT B (continued)

PHASE II DETAIL

(BUDGET PAGE 5)

10/1/2016 - 9/30/2017

PHASE II DETAIL

2 events

PROFESSIONAL FEE/ GRANT & AWARD

2 Lead Trainers for in-person training: 8 hours@150/hour/pp x 2 Trainers x 2 events	\$ 4,800.00
6 Facilitators for In-Person Training: 8 hours@\$75/hour/pp x 6 Facilitators x 2 events	\$ 7,200.00
Virtual Gatherings- Dr. Al Power- \$500/hr x 1.5 hours x 2 events	\$ 1,500.00
Medical Directors Webinar- Presentation	\$ 1,250.00
2 support staff for on-site event management for 1 day event	\$ 1,000.00
Data Entry Contracted for Survey input	\$ 330.00
Project Administration	\$ 6,000.00
Telemarketing for Recruitment	\$ 1,000.00
Partner Support for Recruitment	\$ 5,000.00
Project Evaluation Process (NRC)	\$ 8,514.00
Project Evaluation Process (Amy Elliot)	\$ 1,667.00
ROUNDED TOTAL	\$ 38,261.00

TRAVEL/ CONFERENCES & MEETINGS

Food/Beverage for in-person training- \$40/person x 200 attendees x 2 events	\$ 16,000.00
Venue- one day event: \$1,500/event x 2 events	\$ 3,000.00
AV- one day event: \$1500 x 2 events	\$ 3,000.00
Travel for 2 lead trainers- \$1,000 per person- 2 events	\$ 4,000.00
Travel for 6 facilitators- \$1,000 per person- 2 Events	\$ 9,600.00
Travel for two support staff for in person training	\$ 4,000.00
ROUNDED TOTAL	\$ 39,600.00

SUPPLIES

In-Person Training/ Registration supplies	\$ 1,160.00
ROUNDED TOTAL	\$ 1,160.00

POSTAGE & SHIPPING

Fulfillment- Assembly, packing, shipping of training kits and onsite training materials (\$6/kit shipping to training site)	\$ 1,040.00
ROUNDED TOTAL	\$ 1,040.00

OTHER NON-PERSONNEL

Training Material- Training Kits, \$475/kit x 100 Homes	\$ 47,500.00
ROUNDED TOTAL	\$ 47,500.00

TOTAL REQUEST \$ 127,561.00

IN-KIND

In-person training: \$275/pp x 200 attendees x 2 events/year	\$ 110,000.00
cost	\$ 12,400.00
TOTAL IN-KIND EXPENSE	\$ 122,400.00

TOTAL PHASE II \$ 249,961.00

ATTACHMENT B
PHASE III SUMMARY
(BUDGET PAGE 6)

ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning 10/1/2017, and ending 9/30/2018.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT Phase I	GRANTEE PARTICIPATION Phase I	TOTAL PROJECT
1	Salaries ²			
2	Benefits & Taxes			
4, 15	Professional Fee/ Grant & Award ²	\$ 38,261.00		\$ 38,261.00
5	Supplies	\$ 1,160.00		\$ 1,160.00
6	Telephone			
7	Postage & Shipping	\$ 1,040.00		\$ 1,040.00
8	Occupancy			
9	Equipment Rental & Maintenance			
10	Printing & Publications			
11, 12	Travel/ Conferences & Meetings ²	\$ 39,600.00		\$ 39,600.00
13	Interest ²			
14	Insurance			
16	Specific Assistance To Individuals ²			
17	Depreciation ²			
18	Other Non-Personnel ²	\$ 47,500.00		\$ 47,500.00
20	Capital Purchase ²			
22	Indirect Cost (% and method)			
24	In-Kind Expense		\$ 122,400.00	\$ 122,400.00
25	GRAND TOTAL	\$ 127,561.00	\$ 122,400.00	\$ 249,961.00
		GRANT CONTRACT Phase II	GRANTEE PARTICIPATION Phase II	TOTAL PHASE II

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <http://www.tn.gov/finance/act/documents/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

**ATTACHMENT B (continued)
PHASE III DETAIL
(BUDGET PAGE 7)**

10/1/2017 - 9/30/2018

2 events

PROFESSIONAL FEE/ GRANT & AWARD

2 Lead Trainers for in-person training: 8 hours@150/hour/pp x 2 Trainers x 2 events	\$ 4,800.00
6 Facilitators for In-Person Training: 8 hours@\$75/hour/pp x 6 Facilitators x 2 events	\$ 7,200.00
Virtual Gatherings- Dr. Al Power- \$500/hr x 1.5 hours x 2 events	\$ 1,500.00
Medical Directors Webinar- Presentation	\$ 1,250.00
2 support staff for on-site event management for 1 day event	\$ 1,000.00
Data Entry Contracted for Survey input	\$ 330.00
Project Administration	\$ 6,000.00
Telemarketing for Recruitment	\$ 1,000.00
Partner Support for Recruitment	\$ 5,000.00
Project Evaluation Process (NRC)	\$ 8,514.00
Project Evaluation Process (Amy Elliot)	\$ 1,667.00
ROUNDED TOTAL	\$ 38,261.00

TRAVEL/ CONFERENCES & MEETINGS

Food/Beverage for in-person training- \$40/person x 200 attendees x 2 events	\$ 16,000.00
Venue- one day event: \$1,500/event x 2 events	\$ 3,000.00
AV- one day event: \$1500 x 2 events	\$ 3,000.00
Travel for 2 lead trainers- \$1,000 per person- 2 events	\$ 4,000.00
Travel for 6 facilitators- \$1,000 per person- 2 Events	\$ 9,600.00
Travel for two support staff for in person training	\$ 4,000.00
ROUNDED TOTAL	\$ 39,600.00

SUPPLIES

In-Person Training/ Registration supplies	\$ 1,160.00
ROUNDED TOTAL	\$ 1,160.00

POSTAGE & SHIPPING

Fulfillment- Assembly, packing, shipping of training kits and onsite training materials (\$6/kit shipping to training site)	\$ 1,040.00
ROUNDED TOTAL	\$ 1,040.00

OTHER NON-PERSONNEL

Training Material- Training Kits, \$475/kit x 100 Homes	\$ 47,500.00
ROUNDED TOTAL	\$ 47,500.00

TOTAL REQUEST \$ 127,561.00

IN-KIND

In-person training: \$275/pp x 200 attendees x 2 events/year	\$ 110,000.00
Kit discount 599-cost of kit (delta of regular cost minus discounted cost)	\$ 12,400.00
TOTAL IN-KIND EXPENSE	\$ 122,400.00

TOTAL PHASE III \$ 249,961.00

Estimated Costs for “Reframing Dementia through Person-Directed Practices” Tennessee Eden Alternative Coalition

The amount needed to conduct the activities for this 3-year/3-phase project is **\$759,743.00**, of which we are requesting **\$392,543.00** to utilize Federal Medicaid Nursing Home Trust Fund monies. The categories of cost for which we are seeking support include the following:

Other Non-Personnel: The foundation of the project is the distribution of the *Reframing Dementia* training kit to every project team at the in-person training events. All other project activities build off of this feature. Kit distribution also represents the “broad reach” aspect of the project plan by placing these tools in the hands of project teams who will learn the skills to replicate the training within their nursing homes. At \$475 per kit, distributed in-person, at *Reframing Dementia: Train the Change Agent* events, for to up to 100 nursing homes per year over 3 years, comes to **\$142,500**.

Total Costs for Other Non-Personnel are \$142,500.

Travel/Conferences & Meetings: This category captures the costs associated with the in-person events. *Reframing Dementia: Train the Change Agent training:* For each project phase, we are projecting costs for two events per phase, involving up to 400 participants; each event involves 2 master trainers and the support of up to six facilitators, who will help maintain the interactive nature of the training, in spite of the size. These events include venue and audio/visual costs, lunch, snack, and beverages for the participants, and travel expenses for the master trainers, facilitators, and 2 on-site event management staff. *The Travel/Conferences cost for these 2 events per phase for 3 phases is \$118,800. Half-day Presentation for the 20 Largest Operators/Owners in the State:* Allocations for this include venue and AV costs, coffee and snack for participants, as well as travel for a facilitator and one support staff for the event. This event will take place once at the beginning of the project and will not be repeated in phase 2 or 3. *The Travel/Conferences cost for this event is \$5,700.*

Total Costs for Travel/Conferences & Meetings are \$124,500.

Professional Fees: This category reflects the cost of fees associated with our project partners. The following is covered on the details page of the budget:

- Fees for the aforementioned master trainers and facilitators, plus 2 support staff for two events per year for 3 years are \$39,000.
- Fees for a facilitator plus 1 support staff for the ½ day in-person presentation event for the 20 largest operators are \$1,100.
- Dr. Al Power will facilitate the 2 virtual gatherings per phase of the project. Each gathering is 1.5 hours in length. Fees for these gatherings over 3 years are \$4,500.
- Dr. Al Power will facilitate one webinar presentation per phase for the medical directors of participating organizations. Each webinar presentation will be 2.5 hours in length. Fees for these presentations over 3 years are \$3,750.
- Telemarketing for recruitment of participants for these events over 3 years is \$3,000.

- Project Administration for all 3 years is \$18,000.
- Fees for recruitment support are \$5,000 per year totaling \$15,000.
- Data entry of hand-written surveys from onsite events for 3 years totals \$990.
- The project evaluation is one of the highlights of the project. It is estimated that data analysis will include 909 reports of 5 types. Overall data analysis will be handled by the prestigious National Research Corporation (known for My Innerview). Costs for survey and data analysis are \$25,540.
- Nursing Home Compare and behavioral report data interpretation for the project will be assessed by the equally reputable Amy Elliot, PhD. The costs for data interpretation are \$5,000.

Total costs for Professional Fees are \$115,883.

Supplies: Costs for registration supplies including registration system fees and onsite registration materials, and additional supplies required for participants for the 1-day training events over 3 years are \$3,480.

Supplies for the ½ day presentation event for 3 key staff from the 20 largest operators, including handouts and book, *Dementia Beyond Disease*, by Dr. G. Allen Power are \$2,985.

Total costs for Supplies are \$6,465.

Postage and Shipping: Fulfillment costs cover the packing and shipping of the training kits, training materials, and additional supplies for the 2 events per year, over 3 years, plus the ½ day event are \$3,195.

Total costs for Postage and Shipping are \$3,195.

In-Kind Expenses: In-kind contributions are offered by The Eden Alternative, our project partner, at a total of **\$367,200**. A breakdown of these in-kind expenses is:

- The training kit typically costs \$599.00; therefore, an amount of \$37,200 has been accounted for under “In-Kind Expenses” to cover the delta between the usual kit cost and the reduced cost captured here for up to 300 homes.
- Registration for in-person, onsite training has been waived at a rate of \$275/person @400 projected attendees per phase. This comes to a total of \$330,000.

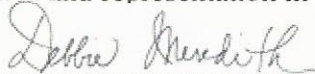
Assurance is hereby provided that:

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.

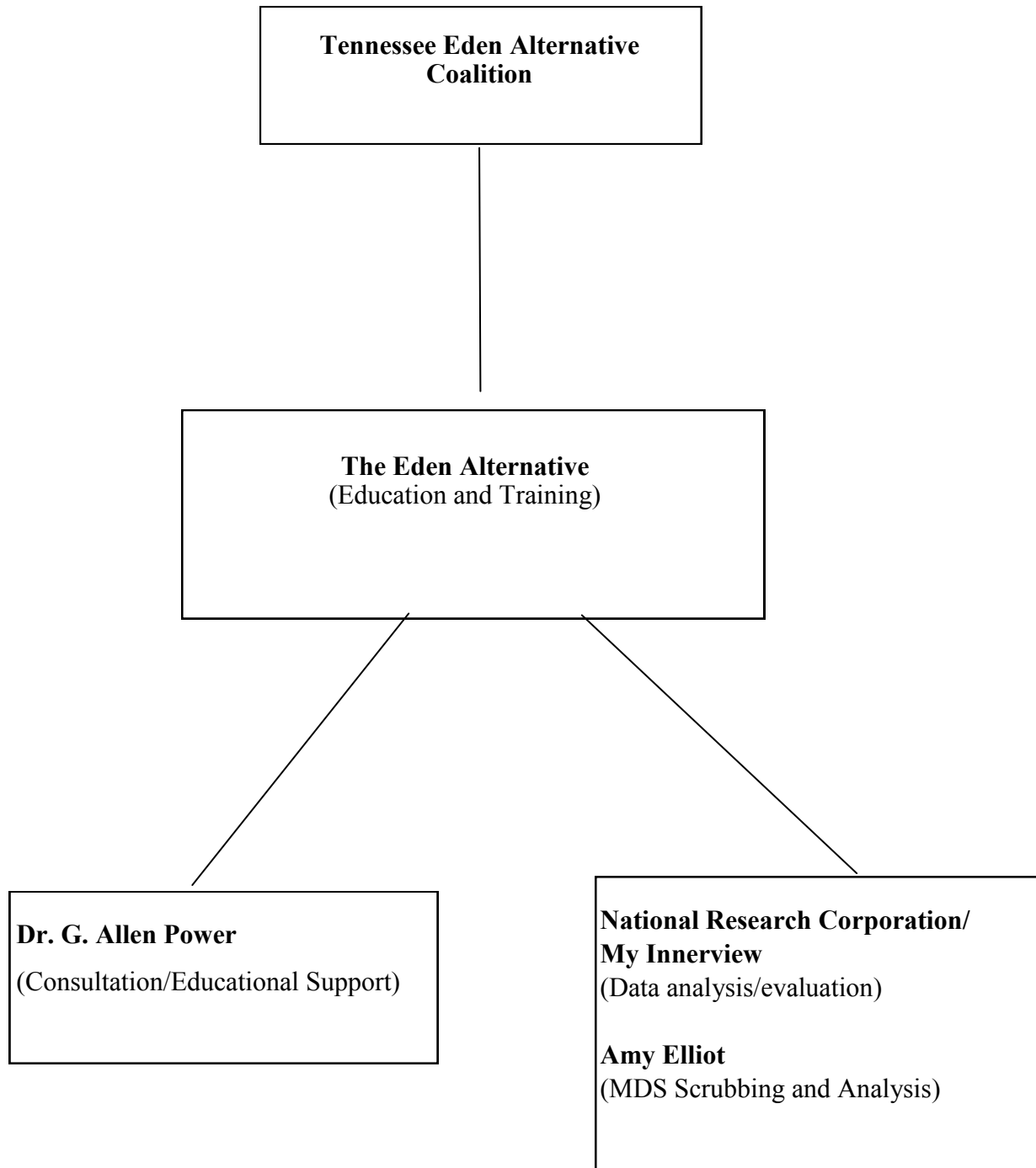


06/20/2014

Signature of Applicant Agency Administrator

Date Signed (Month/Day/Year)

**Reframing Dementia
Through Person-
Directed Practices**



Debbie Meredith
CHAIR, Tennessee Eden Alternative Coalition

Current Job Description

- Ensures the effective action of the board in governing and supporting the organization, and oversees board affairs.
- Acts as the representative of the board as a whole.
- Speaks to the media and the community on behalf of the organization.
- Develops agendas for meetings in concert with the Vice Chair.
- Presides at board meetings.
- Ensures that board matters are handled properly, including preparation of pre-meeting materials, committee functioning, and recruitment and orientation of new board members.

Bio

Following 10 years in academic faculty positions in Public Relations, Marketing and Communications, Debbie Meredith spent the next 30 years in healthcare Marketing/Communications in both proprietary and governmental entities. She is a graduate of Disney University's Customer Service/Management/HR Communications programs and implemented customer service programs for HCA's owned and managed facilities, as well as the Metropolitan Government of Nashville's Department of Hospitals. During her 20 years with Metro, she was introduced to culture change and became deeply involved in the transformation of both Bordeaux Long-Term Care and Knowles Home Assisted Living, the senior living components owned by the city. Her involvement included Eden Associate training, seven years on the Tennessee Edenizing Foundation Board and, most recently, becoming an Eden Mentor. She retired in 2011, but continues her volunteer efforts with TEF/TEAC.



The Eden Alternative Home Office Team

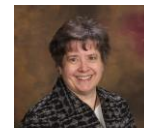
Chris Perna, CEO, will be responsible for overall project oversight, as it pertains to services provided by The Eden Alternative.



Kathy Hagen, Project Administrator, will coordinate and monitor project management details, including onsite event management.



Denise Hyde, Community Builder, will manage adaptation of educational materials, provide education as needed, monitor progress of evaluation activities, and support reporting activities and final report development as needed.



Laura Beck, Learning and Development Guide, will manage adaptation of educational materials, provide education as needed, support monitoring of evaluation and reporting activities as needed, support final report compilation, and development of promotional content.



Meredith Martin, Education Coordinator, will design structure of all registration systems, educator and facilitator selection and prep, development of promotional content, and event details coordination.



Suzette Molina, Eden Registry and Community Liaison, will support project details as needed, including onsite event management, and project recruitment.



Erynne Blackburn, Administrative Support, will support design of registration systems, handles participant outreach and registration support, including validation of qualified participants.



Sue Gerould, Operations Manager, will manage accounting and financial aspects of the project.

Amy E. Elliot
HEALTH POLICY and EVALUATION CONSULTANT, Amy Elliot Consulting, LLC

Background and Credentials

Amy E. Elliot, Ph.D., is a health and long-term care policy consultant with a strong background in health economics, gerontology, long-term care, public policy and financial analysis. Prior to earning her doctorate in public policy from the John Glenn School of Public Affairs at The Ohio State University, Amy served as a global financial analyst for a leading consulting firm where she conducted financial analyses and evaluations to support initiatives of a one-billion dollar sales plan. Most recently, Amy served as the Director of Research and Evaluation at Pioneer Network. In this role, Amy was responsible for the demonstration of a sound business case to illustrate positive cost and quality outcomes resulting from person-centered care at the organization, state and federal policy levels. She was the primary or co-investigator in research and evaluation activities totaling over one-million dollars in grant funded support. Amy has extensive experience in policy research, cost-savings/impact analysis, and program evaluation. She has authored research publications, case studies, educational modules, and book chapters. Her primary focus is the analysis of innovative models to support long-term care policy and practice.

Dr. Al Power, MD
GERIATRICIAN and AWARD-WINNING AUTHOR

G. Allen Power is an internist, geriatrician, and clinical associate professor of medicine at the University of Rochester. He is also a Certified Eden Educator, a member of the Eden Alternative board of directors and an international educator on transformational models of care for older adults, particularly those living with changing cognitive abilities.



Dr. Power's book, *Dementia Beyond Drugs: Changing the Culture of Care* was named a 2010 *Book of the Year* by the *American Journal of Nursing*. He served on the technical advisory panel for the U. S. Center for Medicare and Medicaid Services for their national antipsychotic reduction initiative. He was interviewed for the film *Alive Inside*, winner of the Audience Award for Best U.S. Documentary at the 2014 *Sundance Film Festival*.

Dr. Power received a 2012 Bellagio Fellowship from the Rockefeller Foundation for his work with Dr. Emi Kiyota on innovative responses to global aging, and was named one of "Five Leaders of Tomorrow" by *Long-Term Living Magazine* in May 2013. He serves in an advisory capacity for the *Dementia Action Alliance*, *Dementia Care Australia*, *The South Africa Care Forum*, *Ibasho*, and the *Music and Memory* project.

Dr. Power is also a trained musician and songwriter who has published three recordings, with songs performed by several artists in the US and elsewhere. Peter, Paul and Mary performed his song, "If You Don't Mind", and Walter Cronkite used his song, "I'll Love You Forever" in a 1995 *Cronkite Reports* documentary on the *Discovery Channel*.

Dr. Power's new book, *Dementia Beyond Disease: Enhancing Well-Being* is scheduled for release by Health Professions Press in summer 2014.
Contact: DrAlPower@gmail.com, www.alpower.net.



ABOUT NATIONAL RESEARCH CORPORATION

For more than 30 years, National Research Corporation (NASDAQ: NRCIA and NRCIB) has been at the forefront of patient-centered care. Today, the company's focus on empowering customer-centric healthcare across the continuum extends patient-centered care to incorporate families, communities, employees, senior housing residents, and other stakeholders.

Recognized by *Modern Healthcare* as one of the largest patient satisfaction firms in the U.S., National Research is dedicated to representing the true voice of patients and other healthcare stakeholders.

My InnerView by National Research helps improve quality, resident and family experiences, and employee engagement for skilled nursing homes, assisted living communities, continuing care retirement communities, and independent living communities.

Recognized by *Modern Healthcare* as the largest patient satisfaction firm in the U.S., National Research is dedicated to representing the true voice of patients and other healthcare stakeholders. National Research is headquartered in Lincoln, Nebraska. For more information, call 800-388-4264, write to info@nationalresearch.com, or visit www.nationalresearch.com.



June 19, 2014

PO Box 18369
Rochester, NY 14618

Re: Grant Application for “Reframing Dementia through Person-Directed Practices”

To Whom It May Concern:

The Eden Alternative is honored to partner with the Tennessee Eden Alternative Coalition in submission of this grant application for “Reframing Dementia through Person-Directed Practices.” We are a 501(C)3 non-profit organization dedicated to creating quality of life for Elders and their care partners, wherever they may live. Through education, consultation, and outreach, we offer person-directed principles and practices that support the unique needs of different living environments, ranging from the nursing home to the neighborhood street.

For 20 years now, we have played a key role in promoting care that puts the person first. Our role in this proposed project gives us the opportunity to continue building on this mission. Should funds be approved, we will provide educational content in the form of a training kit for our 1-day training, entitled *Reframing Dementia*. This training kit will also provide a crosswalk tool that aligns the content with aspects of CMS’ *Hand in Hand* training. In addition, we will design and deliver a supportive offering, *Reframing Dementia: Train the Change Agent*, which is intended to provide tips, skills, and direction regarding application of the training kit. We will also provide an implementation protocol for participants of *Train the Change Agent*, focusing on how to infuse the skills gained into daily operations. Lastly, we will co-facilitate 2 virtual gatherings with Dr. Al Power, designed to support a self-selecting group of 80 nursing homes.

We look forward to and appreciate the possibility of collaborating with the Tennessee Eden Alternative Coalition on this potential project.

Sincerely,

Christopher Perna, CEO
ceo@edenalt.org
585-461-3951
www.edenalt.org



June 19, 2014

Re: Grant Application for “Reframing Dementia through Person-Directed Practices”

To Whom It May Concern:

National Research Corporation is delighted to partner with the Tennessee Eden Alternative Coalition to submit this grant application for “Reframing Dementia through Person-Directed Practices.” National Research is one of the largest elder, family, and employee satisfaction firms in the U.S. and is unique to cover the entire healthcare continuum.

For this project, National Research will provide the Coalition with data extraction, analysis and reporting. National Research has been providing these types of services for more than 30 years has an expert team focused exclusively on healthcare analytics.

Please feel free to contact me if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Troy Pladson', written over a horizontal line.

Troy Pladson
Senior Director, Post-Acute Partner Development
tpladson@nationalresearch.com
(206) 674-4808

Amy E. Elliot, PhD
7908 Prairieview Drive
Columbus, OH 43235

Re: Grant Application for “Reframing Dementia through Person-Directed Practices”

To Whom It May Concern:

I am writing this letter in support of the Tennessee Eden Alternative Coalition and their proposed project, “*Reframing Dementia through Person-Directed Practices.*” Should funds be approved, my project role will involve collection and analysis of Centers for Medicare & Medicaid Services Nursing Home Compare data for the purposes of the project evaluation component. I will manage activities, such as searching for/coding all nursing homes in TN Nursing Home Compare, pulling pre/post data pulls, making statistical comparisons of relevant data measures, and interpreting findings.

As a health and long-term care policy consultant with a background in health economics, gerontology, long-term care, and public policy, I look forward to the opportunity to support this project.

Please feel free to contact me, should you have any questions.

Sincerely,

Amy Elliot, PhD
Health Policy and Evaluation Consultant
Amy Elliot Consulting LLC
614-378-5367
amyelliot20@gmail.com

[Dr. Elliot was unable scan a signed copy of this letter. Please feel free to contact her at the number or email above to confirm her support of this project and her completion of this letter.]