

RFA 34305-22419 CMP Reinvestment
Program Application Checklist

Applicants Name: American Health Communities, Inc

Page(s) #:	Required Element:	PASS	FAIL
1	<p>Required Element: Cover letter is included and addressed to: Vincent Davis, State Survey Agency Director 665 Mainstream Drive, 2nd Floor Nashville, TN 37243</p>		
1	Cover letter is signed by facility administrator if nursing home or signed by project administrator if other.		
2-4	CMS Fillable Application (Attachment 1) is included and is signed by an individual who can legally sign a contract with the State of Tennessee. Please sign anywhere on the application.		
2-4,17	All applicable blanks are completed in CMS application including Tax Identification number, and if applicable, Medicare/Medicaid numbers.		
14-15	Submitted the completed Excel budget spreadsheet and budget details page (Attachment 2) for the project, along with a narrative explanation of the costs.		
12-13	Job descriptions for key personnel are included (one page limit).		
12-13	Biographical sketches/Curriculum Vitae for currently employed key personnel are included (one page limit).		
13	Project organizational chart is included and significant collaborators are identified.		
1	Project Title Information is included per CMS application.		
5	Required Abstract information is included per CMS application.		
5-6	Statement of Need information is included per CMS application, and addresses possible problems and contingency plan.		
6-7	Project Description information is included per CMS application and includes projected outcomes, the timeline, deliverables, benchmarks, and dates.		
11	Results Measurements information is included per CMS application and identifies what data will be measured, how and when it will be measured, and who will measure it.		
12	Description of how the nursing home community and governing body will assist and provide support for the project which is included per CMS application.		
15	Identification and list of all organizations and subcontractors that will receive funds from this grant are included per CMS application (specific nursing homes, hospitals, local community agencies, etc.). If no other organizations or subcontractors receive funds, please include a note.		

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

Primary Evaluator Signature and Date:

201 Jordan Road, Suite 200
Franklin, TN 37067

Phone 615.902.5200
Fax # 615.614.8425

7/24/19

Vincent L. Davis
State Survey Agency Director
665 Mainstream Drive, 2nd 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., d.b.a. American Health Communities, Inc. (AHC), – Nashville Region is pleased to present this grant proposal for your review. AHC – Nashville Region currently serves 602 nursing home patients, 804 licensed nursing facility beds, in eight locations throughout Middle Tennessee including the counties of Montgomery, Davidson, Giles, Wilson, Rutherford, Sumner, Humphrey, and Putnam County. 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 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 \$457,839.26 to implement iN2L in the eight AHC – Nashville Region nursing facilities.

By aligning the patients' personal interests and functional limitations with activities, restorative programs, and therapy treatment in a computer-based format, AHC – Nashville 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,



Heather Lansaw
VP of Senior Care Services
201 Jordan Road, Suite 200
Franklin, TN 37067
hlansaw@ahcseiorcare.com
Telephone#: (731) 695-8981
Fax #: (731) 885-5042

REQUEST

Date of Application: $\frac{07}{MM} / \frac{24}{DD} / \frac{2019}{YYYY}$

PART I: Background Information

Name of the Organization: Tennessee Health Management, Inc. dba American Health Communities, Inc.

Address Line 1: 201 Jordan Road

Address Line 2: Suite 200

City, County, State, Zip Code: Franklin, Williamson Co, TN, 37067

Tax Identification Number: 621541543

CMS Certification Number, if applicable: -

Medicaid Provider Number, if applicable: -

Name of the Project Leader: Heather Lansaw

Address: 2675 Bradford Pear Lane

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

Internet E-mail Address: hlansaw@AHCseniorcare.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: \$ 457,839.26

- | | |
|---|---|
| <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**

Completed by: Heather Laxsaw 7/24/19

From: 01 / 01 / 2020 (e.g. 06/01/2010) **To:** 12 / 31 / 2022 (e.g. 12/01/2010)
MM DD YYYY

**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.

PART VII: EXPECTED OUTCOMES

PROJECT ABSTRACT

Tennessee Health Management, Inc., d.b.a. American Health Communities, Inc., (AHC) – Nashville Region (see Appendix A for facility details) is seeking to enrich the lives of our residents through the *Activities, Restorative, and Therapy in Sync (ARTS)* project. American Health Communities, 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 home 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 804 patients with an actual occupancy of 602 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., d.b.a. American Health Communities, Inc. AHC is the Plan Sponsor of the AHC Employee Stock Ownership Plan (“ESOP”) that operates through a Trust; and accepts contributions from the company in order to accumulate company stock which is then allocated to accounts within the Trust for individuals. The CEO is Mike Bailey, [mbailey@amhealthpartners.com](mailto:m Bailey@amhealthpartners.com), phone number: 615.905.5421. The company is not in bankruptcy or receivership, nor do they have any outstanding civil money penalties.

The goals of the ARTS project are to 1) to improve or maintain ADL function, and 2) increase participation in person-centered recreational and rehabilitation 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 and resident therapeutic activities that will result in an improved quality of care (QOC).

By implementing the It’s Never 2 Late (iN2L) engagement technology system, AHC–Nashville 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.

The ARTS project will establish an integrated activity, restorative and functional outcome rehab management program. To measure the success of the program, we will measure and evaluate success by: 1) ADL decline for long term residents will be reduced by five percent (5%); 2) residents will increase their participation in group and/or one-on-one activities by twenty percent (20%); and 3) the restorative program will increase the number of residents in the restorative program by five percent (5%). These objectives will be achieved over a 12-month period and we will continue to maintain or improve this percentage throughout the additional two years of the program; Heather Lansaw, VP of Senior Care Services, 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 Nashville Region is committed to providing the highest quality of life possible for our 602 current residents. We are requesting to acquire and implement iN2L technology to improve the collaborative approach to our therapy, restorative, and activity programs. With one to two restorative aides and one activity director per nursing center, along with the time constraints of the therapy department, it is challenging to engage each resident on a level that is individualized to their needs. The iN2L technology would integrate all three disciplines into a system that would capture individual interests and activities that are centered to that particular resident. This would expand the hours and types of activities we could offer each patient.

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

PROGRAM DESCRIPTION

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

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

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

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

activities. To deliver a person-centered experience, and to meet the specific needs of each of the residents that make their home in one of the nine communities that are part of Tennessee Health Management—Nashville 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 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: Engagement Package—Music Maker, driving, bike, flying simulators, joystick—a TV adaptor, adaptive keyboard, video camera, and software. The systems combine full television functionality.

Implementation

While we will engage all of our 602 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.

AHC – Nashville 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.

AHC – Nashville 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 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 application 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	Task Month	Responsible Party
CMP Grant is Awarded by CMS Region 4	Month 1	AHC Project Administrator
Tennessee Health Management (AHC) signs and returns the state contract, sends a copy to iN2L	Month 1	AHC Project Administrator
AHC signs iN2L’s Master Purchasing Licensing Agreement (MPLA) and Order Summary	Month 1	AHC Project Administrator, iN2L Project Partnership Team (PPT)
iN2L sends First Year’s Invoice for payment and AHC submits payment to iN2L	Month 1	AHC Project Administrator and iN2L Accounts Receivables
iN2L sends paid invoice to AHC	Month 1	iN2L Accounting Department
AHC submits PAID invoice to STATE for reimbursement	Month 1	AHC Project Administrator
Project Review Call, iN2L Project Overview Demo set-up	Month 1	AHC Project Administrator and Project Leaders, iN2L PPT and Customer Success Manager (CSM)
iN2L Project Overview Demo	Month 1	AHC Project Administrator and Project Leaders, iN2L PPT & CSM
AHC is introduced to the iN2L Project Implementation/Training Team	Month 1	iN2L CSM
Schedule Project Launch	Month 1	AHC Project Administrator and Project Leaders, iN2L Implementation Staff (IS) and CSM

Pre-Implementation call to review training parameters and project goals	Month 1	AHC Project Administrator and Project Leaders, iN2L CSM
iN2L Outcome QOL Survey and Evaluation Template is sent to AHC	Month 1	iN2L CSM
Collect and record baseline data - MDS, Restorative Care Log, and Activity Log	Month 1	AHC Project Administrator and Project Leaders
Inform stakeholders of the project through the newsletter, flyers, and meetings	Month 1	AHC Project Administrator, Project Leaders
Participate in Project Launch—System Installation, Rollout, MULTIDISCIPLINARY and THERAPY Trainings	Month 2	AHC Project Administrator and Project Leaders
Host meeting to unveil the systems to families, volunteers, Project supporters	Month 3	AHC Project Administrator and Project Leaders, Marketing Director
Begin creating <i>My Page</i> buttons for residents	Month 3	Project Leaders
Begin creating digital biographies for residents	Month 3	Project Leaders
Begin highlighting iN2L activities on the Activities Calendars—this will be done monthly going forward	Month 3	Project Leaders
Begin announcing Monthly Training Webinars—new and interested staff, volunteers, families participate	Month 4	Project Leaders
Submit Baseline Quarterly Evaluation Report—Assemble MDS, Restorative Care Log, and Activity Log data logs; monitor Project impact; prepare and submit report prior to deadline	Month 5	AHC Project Administrator
Staff begin participating in bi-monthly Content Update webinars; add updated applications to the Activities Calendar throughout the duration of the Project	Month 6	Project Leaders
Staff begins participating in Quarterly Best Practices Group Calls	Month 6	Project Leaders
Submit Quarterly Evaluation Reports—collect MDS, Restorative Care Log, and Activity Log data logs and create corresponding reports; gather Usage Reports; prepare data comparison spreadsheets; monitor Project impact; prepare and submit prior to deadline	Month 7 through Month 34	AHC Project Administrator
Schedule first 4-hour MULTIDISCIPLINARY Refresher Training	Month 10	Project Leaders
iN2L Sends Year-2 Invoice for payment	Month 11	iN2L Accounting Department
Pay and submit Year-2 Invoice for Reimbursement	Month 12	AHC Project Administrator
Conduct first 4-hour MULTIDISCIPLINARY Refresher Training	Month 13	Project Leaders
iN2L Sends Year-3 Invoice for payment	Month 23	iN2L Accounting Department

Pay and submit Year-3 Invoice for Reimbursement	Month 24	AHC Project Administrator
Schedule second 4-hour MULTIDISCIPLINARY Refresher Training	Month 32	Project Leaders
Conduct second 4-hour MULTIDISCIPLINARY Refresher Training	Month 35	Project Leaders
Submit Final Evaluation Report—collect MDS, Restorative Care Log, and Activity Log data logs and create reports; conduct <i>Project Evaluation Survey</i> and request reports; gather Usage Reports; prepare data comparison spreadsheets; monitor Project impact; prepare and submit prior to deadline; prepare and submit prior to deadline	Month 36	AHC Project Administrator

Training

At each of the 8 AHC-Nashville 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 AHC-Nashville 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 13th and 35th months of the project.

PART VIII: 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 602 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 the usage hours per day. iN2L will provide Usage Reports by the 10th of the month. Heather Lansaw, VP of Senior Care Services, 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)

PART IX: 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, AHC – Nashville 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 AHC – Nashville 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.

PART X; CONSUMER/STAKEHOLDER INVOLVEMENT

For the ARTS project, key stakeholders in our nursing home communities (each facility) will be directly involved in the development and implementation of the program. First, the Regional Director of Operations and Facility Administrators will assist with the development and implementation of the plan. Secondly, the Facility Administrators and Directors of Nursing at each facility will be responsible for implementing the project. Residents and families will give direct feedback through customer surveys and resident councils meetings. The governing body of AHC has been keenly aware of the development of the project, and supports it fully, from application through implementation.

Additionally, the entire Management Staff of AHC (Operations Departments, Facility Administrators, etc.) will be updated regularly regarding the project, its implementation, its success and/or challenges, and its results.

Job Descriptions

AHC- Nashville 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 AHC standards.

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

Biographical sketches/Curriculum Vitae

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

Heather Lansaw, MSP, NHA, VP of Senior Care Services, has been with Tennessee Health Management, Inc. since 1990. Since February of 2019, she has been at her current position. Ms. Lansaw served as a Regional Director of Operations for 10-15 facilities from 2002 – February of 2019. She began her career at THM as C.N.A. while attending college and knew that her love for the elderly population would be her life's work. During her tenure at THM, she has held positions as an Activities Director, Social Worker, Medical Records, Assistant Administrator, and Administrator. She holds an MSP in Aging Services Leadership from Lipscomb University and BSc in Psychology from University of Tennessee.

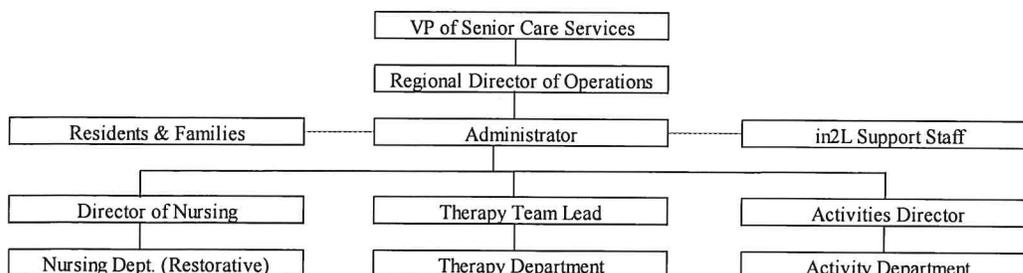
AHC – Nashville Region Corporate Leader

Lisa Hogan, MSN, RN, LNHA, Regional Director of Operations. Post Master’s Certificate: Psychiatric Mental Health Nurse Practitioner: Expected July 2019. Employed with American Health Communities, Inc since 1997 in the capacity of Regional Director of Operations, Administrator, and Charge Nurse. ACLS and BLS Certified, Moderate Sedation – CBL Updated 11/25/18, American Association of Nurse Practitioners September 2017, Tennessee Health Care Association Quality & Regulatory Affairs Committee 2016-Present, Tennessee Health Care Association Board of Directors Member 2013 – 2015, Tennessee Health Care Association Jackson District President 2013 – 2015, Tennessee Health Care Association Government Affairs Committee Member 2013, Tennessee Health Care Association Membership Services Committee 2012, Tennessee Health Care Association Future Leaders Graduate 2011, Leadership Hardin County Graduate 2009.

Facility Staff Leading the ARTS Program Include:

Facility	Administrator	Degrees/Certifications	DON	Degrees/ Certifications	Rehab Team Leader	Degrees/ Certifications	Activity Director
AHC Bethesda	Mark Hill	B.Hlth.Sci, LNHA	Tamara Brown	AND, RN	Sonya Briggs	BS, PT	Missy Brown
AHC Clarksville	Julie Bellar	BSW, MSHRD, LNHA	Faith Clatterbuck	RN	Michell Russel	PTM, CKTP	Lynn Dixon
Cumberland	Savannah Choate	LNHA	Fran McBride	RN	Nicole Beard	OTR/L	Kelly Harris
AHC Meadowbrook	Nikki Raymer	BSW, LNHA	Maudessa Faulkner	BSN, RN, BLS, CPR	Brittany Mitchell	PTA	Peggy Staggs
AHC Mt. Juliet	Rachel Asermily	BS, MHA, LNHA	Chere Hughlett	RN	April Stone	ST	Cynthia Clark
AHC Northside	Erica Cable	BA, LNHA	Jessica Nance	BSN, RN	Tenisha Gordan	COTA	Tiffany Lovering
AHC Vanco	Cyndi Burton	LNHA	Sandra Emberton	RN	April Stone	ST	Faye Tidwell
AHC Waverly	Beverly Montgomery	LNHA	Krista Moss	RN	Leslie Brewer	ST	Laura Davis

Project Organizational Chart



PART XI: FUNDING

BUDGET NARRATIVE

Tennessee Health Management is requesting **\$457,839.26** for the third phase (Nashville Region) of the Activities, Restorative, and Therapy in Sync (ARTS) project from 1/1/2020 – 12/31/2022. This funding will provide the following:

Equipment

\$167,976.00

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—driving, bike and flying simulators. It will be used for small group activities, will be transported to the rooms of residents who tend to isolate and provide more inclusive rehab interventions.

(24) Mobile FLEX Systems @ \$6,999 = \$167,976

Personalized Subscription

\$177,120.00

36-Month ENGAGE Personalized Subscription - includes access to: 1) iN2L’s content—4,000+ engagement and therapeutic applications and activities—updated on a bi-monthly basis, with some applications updated daily and others weekly. Includes; 2) the ability to create an unlimited number of individual user buttons by which residents are provided a person-centered experience via the use of communication applications, website favorites, photos and calendar; 3) unlimited technical support; and 4) evaluation data—36 Monthly Usage Reports & 4 Quarterly Outcome Surveys Reports per year.

(24) ENGAGE 36-Month Personalized Subscription @ \$7,380 = \$177,120
 (\$205/system/month = \$2,460/system/year)

Project Implementation and Refresher Trainings

\$ 70,400.00

MULTIDISCIPLINARY/THERAPY Project Launch and Refresher Trainings - At the onset of the project the iN2L Implementation Team installs the systems and provides a customized project rollout and training. All stakeholders have a hands-on opportunity to explore the components of the iN2L technology and content throughout all disciplines including nursing, activities, social services and restorative and to learn to develop and implement person-centered experiences for the community’s residents. Participants learn to develop and implement person-centered experiences for the community’s residents. Two (2) customized refresher trainings are provided the 13th and 35th months of the project to ensure project sustainability. In addition, an iN2L certified rehab specialist will provide customized therapy trainings during the project launch. Rehab professionals and residents explore and learn to utilize iN2L applications throughout all three therapy disciplines (occupational, physical and speech), and develop group and individual rehab experiences. All staff have access to monthly training webinars and Quarterly Best Practices Group Calls throughout the duration of the project.

(8) MULTIDISCIPLINARY Project Launch - Installation, Project Rollout and Training @ \$2,500 = \$20,000

(8) THERAPY Training during Project Launch @ \$2,500 = \$20,000

(16) MULTIDISCIPLINARY Refresher Training @ \$1,900 = \$30,400

Shipping & Handling

\$ 10,800.00

(24) Mobile FLEX @ \$450 = \$10,800

Sales Tax

\$ 31,543.26

BUDGET TABLE

CATEGORY	QTY	DESCRIPTION	UNIT PRICE			TOTAL
EQUIPMENT	24	ENGAGE Mobile FLEX	\$6,999			\$167,976.00
Equipment Subtotal					\$167,976.00	
			Month	Year	Term	-
SUBSCRIPTION	24	36-Month ENGAGE Personalized Subscription	\$205	\$2,460	\$7,380	\$177,120.00
Subscription Subtotal					\$177,120.00	
PROJECT LAUNCH/ IMPLEMENTATION & TRAININGS	8	MULTIDISCIPLINARY Project Implementation/ Launch	\$2,500			\$20,000.00
	8	THERAPY Training	\$2,500			\$20,000.00
	16	MULTIDISCIPLINARY Refresher Training	\$1,900			\$30,400.00
Project Launch and Training Subtotal					\$70,400.00	
SHIPPING	24	ENGAGE Mobile FLEX	\$450			\$10,800.00
Shipping Subtotal					\$10,800.00	
SUBTOTAL					\$426,296.00	
SALES TAX					\$31,543.26	
TOTAL DIRECT COSTS					\$457,839.26	

PART XIII: 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

Melanie Tindall, CTRS
 Customer Success Manager
lmock@iN2L.com

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

Conflict of Interest Prohibition Statement

No known conflict of interest exists with staff members at American Health Communities, Inc. – Nashville Region nursing facilities or its contractors.

Attestation Statement

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

Heather Hanson 7/24/19
 15

July 24, 2019

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

Dear Ms. Lansaw,

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

Your project to improve the quality of life of your residents and expand communications and interactions between them and their families, friends and the community at large intersects fittingly with our work at It's Never 2 Late (iN2L). We strive to ensure that our person-based technology delivers person-centered, engaging experiences that increase a sense of empowerment and positive affect. As you know, our technology has been the focus of several case studies, which have supported the benefits of technology-delivered, person-centered engagement experiences, including an improved quality of life for older adults living in long-term care communities.

On behalf of iN2L, I am pleased to work with Tennessee Health Management–Nashville Region communities and have our systems integrated into your programming. Extending our experience to help improve the quality of life of older adults is a primary focus of our work.

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

Sincerely,



Jack York
President / Co-Founder

APPENDIX A - LIST OF FACILITIES AND DATA																			
Name Facility (d/b/a) Address	Phone Number	Tax Identification Number (TIN)	NPI #	CMS Certification Number (CCN)	Mbitaid#	Licensed Beds	Occupancy	# Employees	Date of Last Recertification Survey	Highest Scope and Severity Determination	Date of Last Complaint Survey	Highest Scope and Severity Determination	Currently Enrolled in the Special Focus Facility Initiative?	Previously Designated as Special Focus Facility	Participating in a Systems Improvement Agreement?	Outstanding Civil Money Penalty?	Overall Star Rating	Date of Nursing Home Compare Rating	Is the Nursing Home in Bankruptcy or Receivership?
Carberland Health Care and Rehabilitation Center, Inc. 4343 Ashland City Highway Nashville, TN 37218	(615) 726-0492	62-1355415	15283678	445262	7440516	124	88	103	5/21/2019	D	3/14/2019	D	Nb	Nb	Nb	Nb	1	7/24/2019	Nb
Meadowbrook Health and Rehabilitation Center, Inc. 1245 East College Street Plaski, TN 38478	(931) 363-7548	62-1046397	1407811631	445443	7440296	83	56	67	9/6/2018	Zero Def	None in last 3 years	Zero Def	Nb	Nb	Nb	Nb	4	7/24/2019	Nb
M. Juliet Nursing and Rehabilitation Inc. 2650 N.M. Juliet Road, M. Juliet 37122	(615) 758-4100	62-1515775	1508821752	445439	7740563	106	61	80	3/13/2019	D	2/7/2019	D	Nb	Nb	Nb	Nb	2	7/24/2019	Nb
Northside Health Care Nursing and Rehabilitation Center, Inc. 202 East MICS Road Murfreesboro, TN 37129	(615) 849-8748	62-1594900	1194781955	445373	445373	68	48	68	12/19/2018	D	11/30/2017	D	Nb	Nb	Nb	Nb	2	7/24/2019	Nb
Vanco Health Care and Rehabilitation, Inc. 813 Dickerson Road Goodlettsville, TN 37072	(615) 859-6600	62-1527484	1093771594	445446	445460	90	76	100	10/17/2018	Zero Def	5/9/2018	D	Nb	Nb	Nb	Nb	4	7/24/2019	Nb
Waverly Health Care and Rehabilitation Center, Inc. 895 E. Powers Blvd. Waverly, TN 37185	(931) 296-7552	71-0945667	1730145822	445251	7440565	100	54	83	10/17/2018	D	None in last 3 years	D	Nb	Nb	Nb	Nb	2	7/24/2019	Nb
Bethesda Health Care Center, Inc. 444 One Eleven Place Cookeville, TN 38506	(931) 525-6655	62-1577093	1720041411	445427	7440342	120	97	120	6/27/2018	G	4/2/2019	G	Nb	Nb	Nb	Nb	2	7/24/2019	Nb

Nashville Region ARTS Program				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning 1/1/2020, and ending 12/31/2022.				
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes	\$0.00	\$0.00	\$0.00
4, 15	Professional Fee/ Grant & Award ²	\$457,839.26	\$0.00	\$457,839.26
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$0.00	\$0.00	\$0.00
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$0.00	\$0.00	\$0.00
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$457,839.26	\$0.00	\$457,839.26

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/topic/fa-policyinfo>).

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

ATTACHMENT 3 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 2)

SALARIES						AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)		x	x	+	(Longevity, if applicable)	\$0.00
ROUNDED TOTAL						\$0.00

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
<p>Equipment \$ 167,976.00</p> <p>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—driving, bike and flying simulators. It will be used for small group activities, will be transported to the rooms of residents who tend to isolate and provide more inclusive rehab interventions.</p> <p>(24) Mobile FLEX Systems @ \$6,999 = \$167,976</p> <p>Personalized Subscription \$177,120.00</p> <p>36-Month ENGAGE Personalized Subscription - includes access to: 1) iN2L's content—4,000+ engagement and therapeutic applications and activities—updated on a bi-monthly basis, with some applications updated daily and others weekly. Includes; 2) the ability to create an unlimited number of individual user buttons by which residents are provided a person-centered experience via the use of communication applications, website favorites, photos and calendar; 3) unlimited technical support; and 4) evaluation data—36 Monthly Usage Reports & 4 Quarterly Outcome Surveys Reports per year.</p> <p>(24) ENGAGE 36-Month Personalized Subscription @ \$7,380 = \$177,120 (\$205/system/month = \$2,460/system/year)</p> <p>Project Implementation and Refresher Trainings \$ 70,400.00</p> <p>MULTIDISCIPLINARY/THERAPY Project Launch and Refresher Trainings - At the onset of the project the iN2L Implementation Team installs the systems and provides a customized project rollout and training. All stakeholders have a hands-on opportunity to explore the components of the iN2L technology and content throughout all disciplines including nursing, activities, social services and restorative and to learn to develop and implement person-centered experiences for the community's residents. Participants learn to develop and implement person-centered experiences for the community's residents. Two (2) customized refresher trainings are provided between the 13th and 15th and 32nd and 36th months of the project to ensure Project sustainability. In addition, an iN2L certified rehab specialist will provide customized therapy trainings during the project launch. Rehab professionals and residents explore and learn to utilize iN2L applications throughout all three therapy disciplines (occupational, physical and speech), and develop group and individual rehab experiences. All staff have access to monthly training webinars and Quarterly Best Practices Group Calls throughout the duration of the project.</p> <p>(8) MULTIDISCIPLINARY Project Launch - Installation, Project Rollout and Training @ \$2,500 = \$20,000 (8) THERAPY Training during Project Launch @ \$2,500 = \$20,000 (16) MULTIDISCIPLINARY Refresher Training @ \$1,900 = \$30,400</p> <p>Shipping & Handling \$ 10,800.00 (24) Mobile FLEX @ \$450 = \$10,800</p> <p>Sales Tax \$ 31,543.26</p>	<p>\$457,839.26</p>
ROUNDED TOTAL	\$457,839.26

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

INTEREST	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

CAPITAL PURCHASE	AMOUNT
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
ROUNDED TOTAL	\$0.00

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.

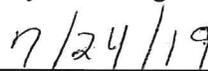
CERTIFICATION/SIGNATURE

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)