

RFA 34305-22120 CMP Reinvestment  
Program Application Checklist

Applicants Name:	Page(s) #:	Required Element:	PASS	FAIL
<u>American Health Communities, Inc.</u>				
	<u>1</u>	Cover letter is included and addressed to: Vincent Davis, State Survey Agency Director 665 Mainstream Drive, 2nd Floor Nashville, TN 37243		
	<u>1</u>	Cover letter is signed by facility administrator if nursing home or signed by project administrator if other.		
	<u>2-5</u>	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.		
	<u>2-5</u>	All applicable blanks are completed in CMS application including Tax Identification number, and if applicable, Medicare/Medicaid numbers. Submitted the completed Excel budget spreadsheet and budget details page (Attachment 3) for the project, along with a narrative explanation of the costs. Job descriptions for key personnel are included (one page limit). Biographical sketches/Curriculum Vitae for currently employed key personnel are included (one page limit).		
	<u>17-18</u>	Project organizational chart is included and significant collaborators are identified.		
	<u>12-13</u>	Project Title information is included per CMS application.		
	<u>13</u>	Required Abstract information is included per CMS application.		
	<u>13</u>	Statement of Need information is included per CMS application, and addresses possible problems and contingency plan.		
	<u>1</u>	Project Description information is included per CMS application and includes projected outcomes, the timeline, deliverables, benchmarks, and dates.		
	<u>-8</u>	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.		
	<u>7-9</u>	Description of how the nursing home community and governing body will assist and provide support for the project which is included per CMS application.		
	<u>8-11, 16a</u>	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.		
	<u>11-12</u>			
	<u>10, 12</u>			
	<u>14, 22</u>			

RFA 34305-23419 CMP Reinvestment

Program Application Checklist

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.  
General Assurances form is included and signed per Request for Application.

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Primary Evaluator Signature and Date:

# American Health Communities, Inc.

P.O. Box 10  
Parsons, TN 38363

Phone (731) 847-6343  
Fax # (731) 847-4200

3/12/20

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

## **RE: 24/7 Telemedicine Grant Proposal**

Dear Mr. Davis,

Tennessee Health Management, Inc. d.b.a. American Health Communities, Inc. (AHC) is pleased to present this grant proposal for your review. AHC currently serves 2,238 nursing home patients in 28 locations throughout Middle and West Tennessee including 23 Tennessee counties.

The objective of the *24/7 Telemedicine* project is to provide our residents “face to face” interactions with Nurse Practitioners and Physicians 7 days a week, 365 days a year without leaving the comfort of their home. Through the implementation of a telemedicine system, the residents we serve, their families and the nursing staff will have the ability to interact with medical professionals “face-to-face” via video/audio conferencing allowing a thorough assessment with real time diagnostics resulting in a more accurate plan of care; avoiding unnecessary hospitalizations. This reduces the risk for elderly residents of exposure to hospital acquired illnesses, extensive wait times in emergency rooms, and expensive transfers out of their environment, all of which could result in a negative outcome for the resident. Starting at age 60, there’s an increased risk of death from COVID-19, “and the risk increases with age,” a top health official said in AARP’s Coronavirus Information Tele-Town Hall on Tuesday. The highest risk of severe illness is in people 80 and older who have serious chronic medical conditions. The use of telemedicine could significantly reduce the risk of exposing our fragile patients to this virus along with other viruses and nosocomial infections by treating in place instead of sending them to the hospital, sometimes hours away.

Given the reported success of telemedicine, combined with the loss of rural hospitals in Tennessee, our proposal demonstrates an innovative method to address the need for our patients to receive care. Point Right reports that American Health Communities, Inc. nursing facilities have an annual average of 18.1% hospital readmissions with 8.2% of those hospital readmissions determined to be potentially preventable hospital readmissions. We are requesting \$792,053.34 to implement telemedicine in 28 of AHC’s nursing facilities, with a goal of improving the quality of life for residents by offering rapid physician “face to face” assessment and intervention without removing a resident from the safety of their environment. Should you have any questions, please feel free to contact me.

Sincerely,

Heather Lansaw, Regional Director of Operations  
American Health Communities, Inc.  
1971 Tennessee Avenue North, P.O. Box 10  
Parsons, TN 38363  
hlansaw@ahcseiorcare.com  
Telephone#: (731) 695-8981  
Fax #: (731) 885-5042

# REQUEST

Date of Application: 03 / 13 / 2020  
MM DD YYYY

## PART I Background Information

Name of the Organization: Tennessee Health Management, Inc. d.b.a. American Health Communities, Inc.

Address Line 1: 1971 Tennessee Avenue North

Address Line 2: P.O. Box 10

City, County, State, Zip Code: Fairson, Decatur County, TN 38363

Tax Identification Number: 62-1541543

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 County, 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.

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**PART II: Applicable to  
Certified Nursing Home Applicants**

Name of the Facility: see attached for all 28 facilities.

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone Number:    -    -

CMS Certification Number:   -

Medicaid Provider Number:   -

Date of Last Recertification Survey:      /      /       
MM DD YYYY

Highest Scope and Severity Determination: (A - L) \_\_\_\_\_

Date of Last Complaint Survey:      /      /       
MM DD YYYY

Highest Scope and Severity Determination: (A - L) \_\_\_\_\_

Currently Enrolled in the Special Focus Facility (SFF) Initiative?    
Yes No

Previously Designated as a Special Focus Facility?    
Yes No

Participating in a Systems Improvement Agreement?    
Yes No

Administrator's Name: \_\_\_\_\_

Owner of the Nursing Home: \_\_\_\_\_

CEO Telephone Number:    -    -

CEO Email Address: \_\_\_\_\_



**REQUEST, cont.**

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

**REQUEST, cont.**

- 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: \$ 792,053.34

- |   |   |
|---|---|
| <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: 08 / 01 / 2020 (e.g. 06/01/2010) To: 07 / 31 / 2022 (e.g. 12/01/2010)  
MM DD YYYY MM DD YYYY

**Part VI  
Purpose and Summary**

*Debra Hanson, VP of Senior Care Services*

**PROJECT TITLE**

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

## Project Abstract

AHC with 28 skilled nursing facilities (Appendix A) is seeking to enrich the lives of our residents through the 24/7 Telemedicine project. By implementing 24/7 Telemedicine, residents of AHC's skilled nursing facilities will benefit from virtual "face to face" interactions with their Nurse Practitioner (NP) and Primary Care Physician (PCP) 7 days a week, 365 days a year. Physicians will have the ability to visually assess a patient while viewing "live" diagnostics and discussing the plan of care with the patient and/or family. With these tools, physicians will have the feedback necessary for more knowledgeable decisions regarding a plan of care for the patient that is the right care, at the right time, in the right environment.

The goal of the project is to improve the quality of life for AHC's 2,238 patients decreasing avoidable hospital admissions/readmissions. This will prevent unnecessary delays in care, decreased exposure to nosocomial infections, and reduce stressful, often lengthy, ambulance rides to the hospital.

The program will focus on achieving the triple aim of 1) Improving the health of populations 2) Enhancing the patient experience of care; and 3) Reducing the per capita cost of health care. Triple Aim is an approach developed by the Institute for Healthcare Improvement (IHI) in order to optimize health system performance.

These triple aims have been translated into the following correlated specific objectives:

- 1) Patients' overall health metrics will be improved.
- 2) Patients will experience higher satisfaction with their overall perception of care.
- 3) Patients will experience fewer avoidable hospitalizations.

AHC will partner with Let's Talk Interactive, a telemedicine company that offers a comprehensive telemedicine solution using innovative technology. Together, they will implement a telemedicine system that uses cutting-edge HIPAA compliant video conferencing software, live analytics and a telemedicine office suite with a host of equipment and peripherals. This system is designed to enhance the quality of life and well-being of the patients by promoting "treat in place" care in which patients, alongside their family members, will have more autonomy in health care decision-making. The program also reduces potentially avoidable hospitalizations, and increases timely access to their nurse practitioner, primary care physician and specialist consultations, thus improving quality and reducing cost while reducing the risk of nosocomial infections. A Director of Telemedicine with a clinical background will be appointed to oversee and monitor the program's training, implementation, evaluation process and effectiveness when the program is approved. \*

American Health Communities, Inc. 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 our patient-centered care is our focus on enhancing the quality of life of our patients while allowing them to receive as much needed treatment as possible without leaving the facility. The nursing centers that are included in this grant are licensed for a total 2,993 patients with an actual occupancy of 2,238. These 28 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, phone number 615-905-5200. The company is not in bankruptcy or receivership, nor do they have any outstanding civil money penalties. The company

*\*The Director of Telemedicine has not been chosen. Once approved, AHC will interview and hire a Director. We are not planning on the position to include other activities. A copy of the proposed job description is attached*



does not have any facilities listed as a Special Focus facility nor have they participated in a Systems Improvement Agreement. All facilities are engaged with Alliant Health Solutions.

### **Statement of Need**

Each year, approximately 25% of all long-stay and post-acute residents in nursing homes (NH) are hospitalized. As many as two-thirds of these hospitalizations of NH residents are considered potentially avoidable by the Centers for Medicare and Medicaid Services (CMS).<sup>1</sup> Potentially avoidable hospitalizations among nursing home residents are costly, expose residents to additional health risks and exact a toll on patients and families. Many occur after hours or on weekends when there is no physician or nurse practitioner readily available.<sup>2</sup> Additionally, "transfer to the emergency department (ED) is a serious adverse event," according to Grunier et al, who also note that "transitions between health care settings are increasingly recognized as a time when older adults, especially those with complex needs, are particularly vulnerable to complication or error." During nights and weekends, facility nurses report a gap in services. Prolonged waiting for a patient to be assessed and medications administered can have a negative result in patients. As seen in hospitals, older patients with a diagnosis of community-acquired pneumonia had a decreased mortality and length of stay when antibiotics were administered within four hours of arrival.<sup>3</sup> Telemedical services have great potential to increase timely access to physicians and care, which reduces inefficiencies and provides high quality, person-centered care. The system enables patients to see physicians without leaving their communities and obtain valuable medical consultations that they might not readily have access to otherwise.<sup>4</sup> There also appears to be a direct relationship between increasing age and susceptibility to infections. For the elderly the illnesses can cause reduced quality of life during the infection and are at times fatal. The environment of an elderly individual can also influence his or her exposure to infections. Nosocomial infections are infections of any type that are not present on admission to a hospital but develop after the third hospital day and they constitute an important risk for the elderly. The elderly has the highest rates of nosocomial urinary tract infections, infected surgical wounds, and nosocomial pneumonia and bacteremia. These infections cause severe morbidity and may result in death.<sup>5</sup>

The proposed 24/7 telemedicine program makes real-time medical consultation available to residents and their families via two-way video conferencing and live analytics that can be used to manage conditions responsible for potentially avoidable hospitalizations. The program will also help achieve the quadruple aim: 1) Improving the health of populations by decreasing avoidable hospitalizations, decreasing post-hospital syndrome and increasing medication safety; 2) Enhancing the patient experience of care by improving access to care, timeliness of care and quality while reducing variability, in turn, improving satisfaction; and 3) Reducing the per capita cost of health care by receiving the right care at the right time.<sup>6</sup> Additionally, Tennessee leads the country in the rate of hospital closures. Nine rural hospitals have closed since the ACA was enacted. Only Texas has had more closures (11) and it is a larger state. An analysis of financial data derived from the Tennessee Joint Annual Reports on Hospitals by the Tennessee Justice Center revealed that 28 of the remaining 61 rural Tennessee hospitals are at risk for closures or severe cuts based a three-year average of losses.<sup>7</sup> Some of our patients decline appointments with specialist due to extremely long drives to get to the physician's office. Larger patients report discomfort and pain as a barrier when being transported via ambulance for long distances. Finally, telemedical services have great potential to increase timely access to physicians, which reduces inefficiencies of a medical clinic and provide high quality care. They enable rural patients to see physicians without leaving their communities and obtain valuable medical consultations that they might

not readily have access to otherwise.<sup>7</sup> Patients and families have voiced complaints regarding the urgency they have to see a physician and the long wait times in the emergency room.

A telemedicine program that addresses the problems noted above can be an effective method for mitigating potentially avoidable hospitalizations and addressing issues of access related to serving rural populations. American Health Communities currently provides services in 23 counties in Middle and West Tennessee, including the counties of Henry, Carroll, Weakley, Obion, Gibson, Dyer, Tipton, Shelby, Decatur, Hardin, Haywood, Henderson, Lewis, Madison, McNairy, Montgomery, Davidson, Giles, Wilson, Rutherford, Sumner, Humphrey, and Putnam. Of those – 17 (61%) are considered to be “rural” counties. One of the counties is a distressed county and another 9 counties at-risk counties. Of the 28 facilities included in the proposal, 17 have an overall star rating of 3 or below. AHC is requesting \$792,053.34 to acquire and implement telemedicine technology for each of our 28 facilities, in order to. Residents and families may be resistant to conferencing with a clinician via computer monitor due to lack of understanding, especially of sophisticated technology. Initial trainings and education will improve their knowledge of the process and the positive outcomes that are anticipated. If patients/families voice concern about using the system, facility staff will assist with continued education. The facility will conduct and review patient/family satisfaction questionnaires to determine if education is successful. Primary care physicians (PCPs) may be resistant to using the telemedicine program. To reduce their concerns, AHC and Let’s Talk Interactive staff will meet with the physicians explaining the program and the added benefits. Current hospitalization data and information about the program will be distributed to physicians and discussed at least quarterly in the QAPI meetings opening the floor for physician input and/or suggestions.

### **Program Description**

The 24/7 Telemedicine program utilizes Let’s Talk Interactive ([www.letstalkinteractive.com](http://www.letstalkinteractive.com)). This system is designed to enhance the quality of life of the residents by promoting "treat in place" care which reduces potentially avoidable hospitalizations/rehospitalizations, increases access to nurse practitioner, physician and specialist consultations, and decreases the stress related to unnecessary transportation thus improving quality. 24/7 Telemedicine utilizes a Virtual Med Cart that will integrate several attachments for analytics. These analytics are pushed live through our virtual clinic interface to any provider on any device anywhere in the world.

How It Works:

- 1) The nurse calls the patient’s NP or PCP and provides a patient report;
- 2) When telemedicine is needed, the NP or PCP connects to the telemedicine unit, collaborates with the nurse to examine the patient at bedside and treats in place when possible;
- 3) Full notes and orders are sent securely to update the patient’s record.

### **Implementation**

The AHC and LTI place a tremendous amount of value on collaboration and communication. Appropriate interactions set the groundwork of a successful implementation and successful service. During the implementation, we will have recurring weekly virtual status calls, via Zoom and we will use this scheduled time to review the implementation deliverables. LTI’s Team will be responsible for delivering the telemedicine equipment and training appropriate staff how to use the equipment. LTI will also implement training for the medical staff via webinars. LTI will complete a training program to be uploaded to AHC’s Relias training database for new employees and as a refresher training. AHC’s Clinical Team will be responsible for meeting with the attending physicians, nurse practitioners and physician assistants to ensure they understand the integration of services at the communities;

*\*No funds were requested for the AHC clinical team. The AHC Clinical team will be "super users" of the telemedicine system. They will work alongside LTI to ensure all new hires, current employees, and physicians are knowledgeable of the telehealth cart and how to use the system. They will assist with training and focus on facilities that have physicians or staff that are struggling with the technology.*

scheduling and completing all of the required trainings with the nursing / clinical teams; designating an onsite training liaison (i.e. super-user) to educate new hires and conduct in-services; collaborating with facility nurse administrators to assure clinical integration is achieved. AHC leadership staff along with the AHC Director of Telemedicine will establish best practices from the project's onset by participating in the initial training. We will also establish a Training Schedule for patients and families to be informed of and participate in educational programs\training.

AHC will achieve "buy-in" from our residents, staff, and family members 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 24/7 Telemedicine project, and outlining how the use of this technology can improve the quality of life of our residents. \* \$10,000 in training & training travel expenses is being requested for LTI staff only.

**Training**

At each of the 28 AHC facilities, the Installation and Rollout of the Telemedicine systems will include Trainings conducted by LTI and AHC Regional Nurse Consultants. The Trainings will be attended by the Administrator, Director of Nursing, Social Services Director, RNs, LPNs and CNAs and at least one Housekeeper. These Trainings 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 Telemedicine systems.

The Training Agendas will include: Grant-specific information – including Telemedicine goals; What’s included in the Telemedicine system; Technical information; Content – including an overview of the programs on system and specific programs/applications to meet community/grant goals; Introducing Telemedicine to the residents and families; Q&A.

Technical training assures effective use of the telemedicine units and software relevant to the practice; Clinical training includes topics such as: overview of the telemedicine provision of care process, review of use of the telemedicine units during the physical exam, review of clinical approaches to care, demonstration of LTI’s electronic health record, and a discussion concerning the importance of customer service. In addition, to address staff turnover, continue our commitment to technology training, and ensure program sustainability, Refresher Trainings, conducted via the Relias online training program under the guidance of the Director of Telemedicine will be scheduled by the Director of Telemedicine. The **Timeline** (Appendix B) details the benchmarks, deliverables, and dates.

**Budget Table**

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

**Budget Narrative**

AHC is requesting \$792,053.34 for the "24/7 Telemedicine" project. This funding will provide the following:

**Provider Software Subscription \***

Telehealth Software -Telehealth Office Suite

These dashboards are for the providers

Monthly license 40.00 per facility per month x 28 facilities x 12 months = 13,440.00

**Telehealth Medical Cart Software**

300.00 per facility per month x 28 facilities x 12 months = 100,800.00

**Hardware**

Howard HI TeleCare Lite Single Monitor Medical cart

*\*The software fee does not contain any physician services. The software consists of the computer programs needed to implement live analytics and is paid directly to LTI.*

\*All items are being purchased from LTI. LTI will purchase the computers, load all programs, software, and hardware onto computers and ship to facilities. This is a "turn key" system that AHC had the ability to review and customize specific attachments that the clinicians requested for a comprehensive assessment of the patients. Quotes for Year 1 and Year 2 from LTI are attached.

Howard HI TeleCare Lite Single Monitor Medical cart, Cart Virtual Clinic/Clinical Note with 24" Monitor, Small form factor integrated DELL PC, Antimicrobial Keyboard and mouse, Locking Drawer storage with Digital Key lock, Jabra 510 Speakerphone and Sony MDR7510 Headphones	8,979.00 per facility x 28 facilities =	251,412.00
Lumens 12x PTZ Camera Lumens 12x PTZ Camera to mount on HI-E Telehealth cart	989.00 per facility x 28 facilities =	27,692.00
CMI 303-H PC-303-H Bluetooth All-in-One Health Monitor, SpO2 Sensor, NIBP cuff (27-42cm), Thermometer, EKG	999.00 per facility x 28 facilities =	27,972.00
USB Stethoscope PCP-UB Telemedicine stethoscope plus analog-to-digital converter (ADC), encoder, formatter and USB interface chip imbedded	562.35 per facility x 28 facilities =	15,745.80
Firefly DE605 General Exam Cam General Exam Camera QHD Resolution	579.00 per facility x 28 facilities =	16,212.00
Firefly DE500 Oscope Video Oscope - Magnification:15-150x 30 FPS Video - Telehealth integrated	319.00 per facility x 28 facilities =	8,932.00
Firefly DE300 USB Digital Derma scope - Magnification:15-105x Polarizing,30FPS Video - Telehealth integrated	319.00 per facility x 28 facilities =	8,932.00
On-Site Training and Set-up, 200 hours of Virtual Training and Hardware Set-Up <sup>1</sup> for LTI staff only		
Total Includes:		10,000.00
Rental car for trainer \$35 a day including insurance and taxes times 20 days	\$700	
Flight - 2 round trip flights \$500 per flight for trainer	\$1,000	
Hotel \$120 per night including taxes and fees times 20 nights	\$2,400	
Peridium \$30 per day times 20 days	\$600	
Employee 20 days \$265 per day times 20 days	\$5,300	
Estimated shipping		5,800.00
TAX (9.75%)		34,797.54
Total for Year 1		\$521,735.34

<b>Year 2</b>		
<b>Provider Software Subscription - Provideris Facility*</b>		
Monthly license 40.00 per facility per month x 28 facilities x 12 months =		13,440.00
<b>Telehealth Medical Cart Software</b>		
300.00 per facility per month x 28 facilities x 12 months =		100,800.00
Total for Year 2		114,240.00
Director of Telemedicine 90,000 per year (2/3 of salary - AHC to pay 1/3)		
90,000@ 66.7% x 2 years + Benefits@ 30% (\$120,060+\$36,018)		156,078.00

GRAND TOTAL BOTH YEARS \$ 792,053.34

INKIND Match from AHC - Director of Telemedicine 90,000 per year (2/3 of salary - AHC to pay 1/3)		
90,000@ 33.3% x 2 years+ Benefits@ 30% (\$59,940+\$17,982)		
Total In-kind		77,922.00

**Project sustainability**

To make the program sustainable, Tennessee Health Management leadership will support strategies that will pay for the project's subscription fees once the grant term comes to an end. We will also consider including the "24/7 Telemedicine" subscription as a line item in the facilities' budgets beginning the third year of the program.

\*The software fee does not contain any physician services. The software consists of the computer, programs needed to implement live analytics and is paid directly to LTI.

### Results Measurement

AHC will be evaluating the effectiveness of the 24/7 telemedicine program documenting three measurable outcomes with five evaluation tools.

The three outcomes expected include: 1) Improve the patient experience as it relates to their perception of care; 2) Reducing the patients' cost of health care by decreasing hospitalizations; and 3) Patients will have an improvement in clinical outcomes.

For the first quarter, the QAPI team and leaders will verify implementation schedule is accurate and all activity is efficiently implemented per the timeline. (Attachment B)

The five evaluation methods, techniques, and tools include:

1) Hospital admission/readmission rates – All cause, all payer hospitalizations will be reported monthly. The reduction of hospital admissions would be evaluated as to have a positive impact on residents' quality of care. Baseline percentages will be obtained the month prior to implementation.

2) The percentage of all payer rehospitalizations as reported in Point Right. The baseline will be obtained from Point Right the month the program begins. As of today, the annual combined rate is 18.1% with a goal of reducing to 14% or less within the first year of implementation and continue to decrease the second year.

3) The percentage of short-term residents that were re-hospitalized within 30 days of admission determined to be potentially avoidable rehospitalizations as reported in Point Right. The baseline will be obtained from Point Right the month the program begins. As of today, the annual combined rate is 8.2% with a goal of reducing to 5% or less within the first year of implementation and continuing to decrease the second year.

4) Residents' Questionnaire – Upon completion of a telemedicine visit, each patient will be asked a series of three questions with the nurse inputting the information into the computer system. The questions are: Did the help and treatment you received through telemedicine meet your expectations? Were you satisfied with your overall telemedicine experience? Would you recommend telemedicine care to a family member or friend? If the patient is unable to answer the questions, the family member will be interviewed. If the family is not present and the patient is not interview able, the survey will not be completed. The telemedicine system will export a report detailing the responses for each visit for review. *The Let's Talk Interactive System will ask the questions at the end of every visit via the computer screen. The responses will be gathered by Let's Talk Interactive, included on a dashboard with the number of visits completed, number of questionnaires answered, and percentages of yes and no answers. They will be submitted to the facilities and Director of Telehealth monthly for review. We will set up the telemedicine visits with the questions on the computer prompting the nurse to ask the questions at the end of the visit. The nurse will ask the patient the three questions with a yes or no answer for each. We decided on yes or no answers to simplify the questionnaire for patients. During iN2L meetings, the team will review all data to assess success of program.*

*As a baseline, one month before implementation, we will change the pretest questions to ask about "current physician visits" but are the same questions except the last question. The last question will gauge the patients' receptiveness to using telehealth.*

*The questions will be:*

*1 - Does the help and treatment you receive from your Primary Care Physician meet your expectations?*

*2 - Are you currently satisfied with your overall experience and interactions with your Primary Care Physician?*

*3 - Would you like to try telemedicine (explain telemedicine) with your Primary Care Physician if you could access them more quickly?*

*As a baseline, alert residents will complete the three questions based on their current physician interactions without telemedicine. If a patient is unable to complete, the family will be requested to answer the questions. If the patient cannot answer the questions and the family elects not to answer the questionnaire, the refusal will be documented. If the patient is not alert and the families are not able to visit the facility due to current Covid 19 pandemic, the facility staff will call families and verbally ask the three questions; documenting their answers on paper format with the name of the family member.*

*The pretest will be completed on paper with assistance from nursing home staff as needed. The totals will be included on an excel spreadsheet with percentages of yes and no answers recorded along with the number of patients/families that elected to participate in the questionnaire.*

5) CMS Five Star Quality Measures Rating – Quality star ratings reflect the facilities performance as it relates to quality of care for the patients. A baseline will be obtained prior to implementation for each facility via the Nursing Home Compare website.

All data above will be compiled in a report monthly and reviewed with the facility QAPI team along with the Telemedicine Director, Regional Directors of Operation, and Regional Nurse Consultants, to ensure the telemedicine program is meeting the goals and objectives. The reports will document facility specific and overall measurements. If anticipated outcomes are not achieved, either an individual facility or entire program participants, the group will re-evaluate the system and work with the QAPI team to develop a performance improvement plan (PIP) with follow-up included in the next month's review. This plan may include changes to the program to improve outcomes. The program will be perceived as successful if the measurable outcomes (documented in Expected Measurable outcomes portion) are achieved in the expected timeframes. The QAPI team will compile successes and lessons learned, including barriers and solutions, in a report that is readily available for those interested in replicating the telemedicine program. They will report these findings quarterly via a quarterly report by submitting to the state of TN and CMS.

#### **Benefits to Nursing Home (NH) Residents**

The proposed "24/7 Telemedicine" project will provide significant benefit to the 2,238 nursing home residents of AHC's 28 nursing home facilities. The goal of the project is to improve the quality of life by decreasing avoidable hospital admissions/readmissions; implementing a telemedicine system to provide 24-hour "face to face" virtual physician visits with live diagnostics for all patients with their Nurse Practitioner (NP), Primary Care Physician (PCP) or medical professionals/specialists. This will prevent unnecessary delays in care, avoidable hospital/emergency room visits exposing residents to nosocomial infections, and reduce stressful, often lengthy, ambulance rides to the hospital. The "24/7 Telemedicine" project will benefit residents by avoiding the negative outcomes often present with hospitalization/rehospitalization, with long waits to access physicians, this should improve nosocomial infections, and with the stress of transportation. Additionally, family members can more easily be involved in the health care and health care decision-making because the system will be at the facility in which their loved-one lives.

#### **Consumer/Stakeholder Involvement**

For the "24/7 Telemedicine" Project, key stakeholders in our communities will be directly involved in the development and implementation of the program. The Facility Administrators and DONs at each facility will be responsible for implementing, identifying opportunities for improvement, and reporting. Nurses will be key to direct service delivery. Residents and families will give direct feedback through customer surveys and resident councils meetings. The governing body of AHC (Board of Directors) 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.

#### **Key Personnel – Job Descriptions**

Director of Telemedicine - Oversee the implementation of telemedicine program, coordinating clinical activities, provides guidance on the potential uses of telemedicine, and outlines the opportunities and limitations of the technology. Responsible for evaluation and research in the areas of equipment utilization, cost-benefit analysis, and clinical efficacy and outcomes. Participate in policy development. Act as liaison to the medical community, providing education regarding the appropriate applications and opportunities provided by telemedicine.

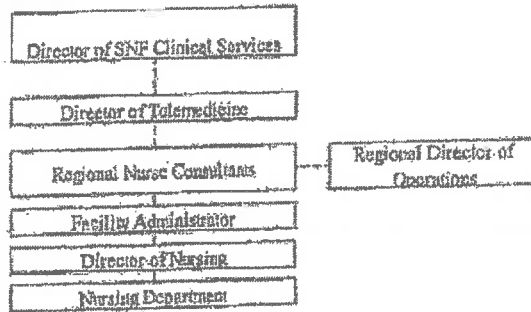
Director of SNF Clinical Services - Responsible for the development of clinical and quality protocols, processes, policies, procedures and workflow. Responsible for continuous review and enhancement of existing programs to improve quality of care, effectiveness and create efficiencies. Provides oversight of

clinical effectiveness and ensures outcomes meet or exceed benchmarks. Also responsible for the development and implementation of correction and performance improvement plans as necessary collaboratively with the clinical operations management team.

**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 to maintain quality care for the residents while achieving the facility's business objectives.

**Director of Nursing (DON)** - 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.

Project Organizational Chart



Director of SNF Clinical Services:

Nina Monroe, RN, LNHA. Began her career in healthcare as a Registered Nurse 31 years ago. Has worked in the long-term care industry over the last 20 years including 8 years as the Regional Administrator for the Tennessee Department of Health, Health Care Facilities Division, 11 years as the Director of Nursing for a 180-bed long term care facility and 15 years as a part time consultant for long term care facilities.

Administrators and Directors of Nursing

Facility	Administrator	Yrs in Field, Yrs at THMA, Yrs in Position	Degrees/Certifications	DON	Yrs in Field, Yrs at THMA, Yrs in Position	Degrees/Certifications
Appletree	Stacy Wallace	12/17/7	BS, LNHA	Ruby Mosby	20/22/6	ADN, RN
Bedstead	Mark Hill	26/1/7	B. High Sci, LNHA	Tamara Brown	35/22/23	ADN, RN
Bright Glade	Hannah Davis	5/4.5/4.5	BBA, MBA, LNHA	Frances Richardson	10/4/1	RN
Clarksville	Emily Sprouse	15/1/1	BS, MBA, LNHA, BLS	Alex Dale	7/2.1/1	AA, AS, BLS, ACLS
Covington	Debra Johnson	21/15/9	BSN, RN, LNHA	Deborah Cherry	35/3/1	BSN, RN
Crestview	Chris Childress	8/15/1.5	BS, LNHA	Leticia Taylor	19/16/9	BS, BSN, RN
Cumberland	Edward Hearn	13/3/3	LNHA, THD, BS	Nicole Perkins	5/5/5	RN
Decatur	Kyle Smith	11/11/11	BBA, MBA, LNHA	Kelly Watson	24/21/7	RN
Dyersburg	Stephanie Burkett	6/3/3	BS, LNHA	Lisa Eison	24/15/6	ADN, RN
Forest Cove	Wayne Stevens	15/5/5	BS, MBA, LNHA	Bronde Owen	22/1.5/1.5	BS, ADN, RN
Harbor View	Lynda Byrd	10/1/1	LNHA	Charlitta Mason	10/5/5	RN
Humboldt	Clayton Craig	12/12/6	BSHS, LNHA	Lisa Watkins	10/7/3	RN
Lewis County	Celeste Blocker	40/31/23	ASS, RN, LNHA	Jeni Crosby	18/2/1	AAS, RN
Loudon	Allen Matess	27/11/11	BS, MPS, LNHA	Brian Reeves	11/4/5	BSN, LP, RN
McKenna	Shawn Wall	7/3/1	BS, LNHA	Kim Davis	24/11/11	BSN, RN, Infect Control, Prev.
McNairy	Erin Livingston	5.5/5/2	BS, LNHA	Polthama Justice	34/7/7	ADN, RN, AHA BLS Instr
Meadowbrook	Nikki Kaymar	3.5/25.5/3	BSW, LNHA	Emily Wells	13/3/3	RN
Mt. Juliet	Rachel Aasmily	3.5/1.5/5	BS, MBA, LNHA	Erica Work	6/1/1	RN BSN NP
Norfolk	Brad Rogers	3/1/1	BS, LNHA	Audann Prida	10/3/3	RN
Norfolk	Jessie Dufour	14/1/14	BS, LNHA	Kathie Ward	15/12/12	RN
Paris	Stephanie Wadlington	12/2.5/2	BS, LNHA, G.N.A.	Amy Smith	7/2/5	RN
Savannah	Adam Camper	4/4/1	BS, LNHA	Katie Vick	9/9/5	RN
Union City	Amy Chudwick	24.5/2/2	BS, LNHA	Rehael Richardson	13/4/3.5	AAS, RN, Infect Control, Prev.
Vander	Bobby Swindle	27.25/1.5	RN, LNHA	Tracy Lane	8/1/1	RN
Vance	Savannah Choate	2.5/1/1	BS, LNHA	Gwen Hutchison	5/1/1	RN
Waynes	Martina Stoenke	24.5/5/5	LNHA	Kristal Vaughn	13/3/25	RN
Westwood	Melinda Wade	11/11/8	BA, MBA, LNHA	Amy Wyatt	18/16/15	BSN, RN, CPR, ACLS, PALS
WYTC	Dustin Broadway	11/11/6	BBA, MPS/LNHA	Sasha Keenan	10/10/6	RN



## **Project Sustainability**

To make the program sustainable, AHC leadership will support strategies that will pay for the project's subscription fees once the grant term comes to an end. We will also consider including the subscription as a line item in the facilities' budgets beginning the fourth year of the program. AHC has expressed their commitment to sustain this project with the In-Kind match of \$278,751 for education and the Director of Telemedicine during the grant period to ensure the success of the program.

## **Involved Organizations**

Contact information for Let's Talk Interactive: Josh Botbol, President  
Phone: 844-880-8255; 2911 Sharon Rd, Charlotte, NC 28211. Email: [jb@letstalkinteractive.com](mailto:jb@letstalkinteractive.com)  
Website: [www.letstalkinteractive.com](http://www.letstalkinteractive.com)

## **Innovation and Replicability**

As the research and body of evidence suggests, a telemedicine program can be an effective method for mitigating potentially avoidable hospitalizations and addressing issues of access related to serving rural and medically underserved populations both via physician and psychiatric services. AHC is committed to sharing information about the project's results with the statewide, regional and nation networks of skilled nursing facilities and their professional organizations and/or licensing bodies. A final report will be made available on our website, and shared with all interest parties; additionally, project management will be available to present to professional conference and convocations as requested.

## **Focus Area**

This proposal aligns with the identified CMPQI program focus areas of:

- 1) Implementation of strategies to improve quality of care and/or quality of life of nursing home (NH) residents living in Tennessee's distressed and at-risk counties
- 2) Reduction of avoidable hospital readmissions among nursing home facility residents;
- 3) Improvements of nursing home facilities' CMS star rating.

All facilities in the proposal are working with Alliant Health Solutions.

## **Conflict of Interest Prohibition Statement**

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

## **Attestation Statement**

American Health Communities, Inc. 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.

<sup>1</sup> Ouslander JG, Lamb G, Perloe M, et al. Potentially avoidable hospitalizations of nursing home residents: frequency, causes, and costs: [see editorial comments by Drs. Jean F. Wyman and William R. Hazzard, pp 760-761]. *J Am Geriatr Soc* 2010;58(4):627-35. doi: 10.1111/j.1532-5415.2010.02768.x

<sup>2</sup> <https://healthjournalism.org/blog/2015/08/how-nursing-facilities-use-telemedicine-to-reduce-hospital-readmissions/>

<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pubmed/15037492>

<sup>4</sup> <https://www.tennessean.com/story/opinion/2017/06/23/stop-cascade-rural-hospital-closures-tennessee/425504001/>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/books/NBK235606/>

<sup>6</sup> Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med* 2014;12(6):573-6. doi: 10.1370/afm.1713

<sup>7</sup> <https://medium.com/@koolmd/how-telemedical-services-improve-healthcare-access-in-rural-areas-6dfde950100a>

ENCLOSURE



APPENDIX A- LIST OF FACILITIES AND DATA

Facility	Address	City	County	Phone	Tax ID	NPI	Medicare	Medicaid	Lic Beds	Occupancy	# of Camp	Star Rating	Disinterested or At Risk	Last Survey	Highest SAS	Complaint Survey	Highest SAS
AHC Applingwood	1536 Appling Care Lane	Cordova	Shelby	38016 901-385-1803	62-1272672	1043270986	44-5411	764-0391	78	72	75	5	N/A	9/11/19	0	0	0
AHC Beethesia	444 One Elvira Place	Crookville	Putnam	38506 931-525-6655	62-1577895	1720041411	44-5427	744-0342	120	93	122	3	N/A	6/12/19	0	0	0
AHC Bright Glade	5070 Sanderlin Ave	Marion	Shelby	38117 901-682-5877	62-1527380	15866406068	44-5426	744-0600	77	70	110	4	N/A	9/26/19	0	0	0
AHC of Clarksville	900 Professional Park Dr	Clarksville	Montgomery	37046 931-552-3002	62-1527379	1790740462	44-5455	744-0281	115	89	151	2	N/A	11/6/19	0	0	0
AHC Covington	765 Bect Johnston Ave.	Covington	Tipton	38019 901-475-0027	62-149425	1881456469	44-5330	744-0564	98	69	113	5	N/A	6/22/19	0	0	0
AHC Crestview	704 Dupree Ave. N	Brownsville	Haywood	38012 731-772-3156	62-1113269	1972568749	44-5442	744-0358	115	84	93	3	AR	4/26/19	0	0	0
AHC Cumberland	4343 Ashland	Nashville	Davidson	37218 515-726-0492	62-1355415	1528023678	44-5262	744-0516	124	84	114	1	N/A	5/21/19	0	0	0
AHC Decatur County	726 Kentucky Ave.	Parsons	Decatur	38363 731-847-6371	62-1527409	1811952674	44-5451	744-0260	125	95	116	1	AR	9/12/19	0	0	0
AHC Dyersburg	1900 Parr Ave.	Dyersburg	Dyer	38024 731-286-1221	62-1156195	146717238	44-5446	744-0425	130	109	144	2	N/A	7/29/19	0	0	0
AHC Forest Cove	45 Forest Cove	Jackson	Madison	38301 731-424-4206	62-1209511	1891730469	44-5453	744-0424	170	95	121	2	N/A	10/30/19	0	0	0
AHC Harbor View	1513 North 2nd St	Memphis	Shelby	38107 901-272-2494	62-1209514	1053375634	44-5438	744-0423	103	89	114	2	N/A	5/21/19	0	0	0
AHC Humboldt	2031 Awoodale Road	Humboldt	Gibson	38345 731-784-3655	62-1527374	1043275639	44-5434	744-0431	89	39	74	3	N/A	1/9/20	0	0	0
AHC Lewis County	119 Kiffrell St.	Hollenwald	Lewis	38462 931-794-3253	62-1527410	1598124045	44-5430	744-0265	131	99	98	2	AR	14/14/19	0	0	0
AHC Lexington	175 Hospital Drive	Lexington	Headerson	38331 731-968-2004	62-1035738	1730144155	44-5431	744-0790	118	91	138	4	AR	8/27/19	0	0	0
AHC McKenzie	727 E. Church St.	McKenzie	Carroll	38201 731-352-3908	62-1566062	1457316887	44-5429	744-0399	98	80	119	5	AR	8/25/19	0	0	0
AHC McNairy County	635 E. Poplar Ave.	Selmer	McNairy	38275 731-645-3201	62-165178	1922063395	44-5452	744-0399	126	109	128	4	D	5/28/19	0	0	0
AHC Meadowbrook	1245 E. College Street	Pulaski	Giles	38478 931-363-7568	62-1046997	1407811631	44-5443	744-0296	83	46	66	2	N/A	6/29/19	0	0	0
AHC Mt. Juliet	2650 N. Mt. Juliet Road	Mt. Juliet	Wilson	37122 615-758-4100	62-1513775	1508821752	44-5439	774-0563	106	87	105	2	N/A	3/13/19	0	0	0
AHC Northbrook	121 Physicians Drive	Jackson	Madison	38369 731-664-5050	62-1706975	1760448435	44-5401	744-0584	120	99	128	4	N/A	6/5/19	0	0	0
AHC Northside	202 E. MTCs Road	Murfreesboro	Rutherford	37129 615-849-8748	62-1594900	1194781955	44-5401	744-0588	68	59	67	2	N/A	12/19/18	0	0	0
AHC Paris	800 Volunteer Drive	Paris	Henry	38242 731-642-2335	62-1089518	1457317216	44-5462	744-0326	127	109	132	1	N/A	3/28/19	0	0	0
AHC Savannah	1645 Florence Road	Savannah	Madison	38572 731-926-4200	62-1692101	1760448435	44-5444	744-0359	120	106	128	5	AR	12/4/19	0	0	0
AHC Union City	1630 E. Reelfoot Ave.	Union City	Obion	38261 731-885-8095	62-1073814	1023074606	44-5381	744-0359	115	69	95	3	AR	10/3/19	0	0	0
AHC VanAyer	460 Hennings Lane	Madison	Weakley	38237 731-587-3193	62-0967878	1801852397	44-5423	744-0270	91	57	77	5	AR	12/17/19	0	0	0
AHC Vance	813 Dickerson Road	Goodlettsville	Davidson	37072 615-859-6600	62-1527484	1093771594	44-5460	744-0306	90	79	104	1	N/A	11/19/19	0	0	0
AHC Waverly	1892 E. Foyens Blvd.	Waverly	Bartholomew	37185 931-296-7552	71-0945667	1730145822	44-5251	744-0565	100	52	90	4	N/A	9/11/19	0	0	0
AHC Westwood	524 W. Main Street	Decaturville	Decatur	38329 731-852-3391	62-1472943	1740247580	44-5187	744-0551	90	56	78	3	AR	1/28/20	0	0	0
AHC West Tennessee Transitional Care	197 W Forest Ave	Jackson	Madison	38301 731-300-4800	62-1096775	1679712665	44-5187	N/A	67	53	97	4	N/A	3/13/2019	0	0	0

Star Rating as of January 2020. Occupancy as of March 9, 2020



ATTACHMENT 3  
 GRANT BUDGET  
 (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 DATE, and ending DATE.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY <sup>1</sup> (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries <sup>2</sup>	\$120,080.00	\$0.00	\$120,080.00
2	Benefits & Taxes	\$36,018.00	\$0.00	\$36,018.00
4, 16	Professional Fees/Grant & Award <sup>2</sup>	\$625,975.34	\$0.00	\$625,975.34
6	Supplies	\$0.00	\$0.00	\$0.00
8	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 <sup>2</sup>	\$10,000.00	\$0.00	\$10,000.00
13	Interest <sup>2</sup>	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals <sup>2</sup>	\$0.00	\$0.00	\$0.00
17	Depreciation <sup>2</sup>	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel <sup>2</sup>	\$0.00	\$0.00	\$0.00
20	Capital Purchase <sup>2</sup>	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$77,922.00	\$0.00	\$77,922.00
25	GRAND TOTAL	\$869,975.34	\$0.00	\$869,975.34

<sup>1</sup> 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.in.gov/finance/topic/fa-policy/info>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

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

SALARIES							AMOUNT	
Director of Telemedicine 66.7% of salary + 30% Benefits		x		x		+	156018	\$156,018.00
ROUNDED TOTAL							\$156,000.00	

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
Comprehensive Telehealth program from contractor - Includes hardware and software	\$625,975.34
ROUNDED TOTAL	\$625,975.34

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Implementation training and hardware set-up travel - Includes: Rental car for trainer \$35 a day including insurance and taxes times 20 days \$700 Flight - 2 round trip flights \$500 per flight for trainer \$1,000 Hotel \$120 per night including taxes and fees times 20 nights \$2,400 Peridium \$30 per day times 20 days \$600 Employee 20 days \$265 per day times 20 days \$5,300	\$10,000.00
ROUNDED TOTAL	\$10,000.00

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



March 1, 2020

Ms. Heather Lansaw  
VP of Senior Care Services  
American Health Communities, Inc.  
1971 Tennessee Avenue North  
P.O. Box 10  
Parsons, TN 38363

RE: CMAP Application, House Call 24/7 Telemedicine Grant Proposal

Dear Ms. Lansaw,

We are delighted to assist you with your "House Call 24/7" telemedicine project proposal being submitted by American Health Communities, Inc. for the Tennessee Civil Monetary Penalty (CMP) Reinvestment Program Funding Opportunity.

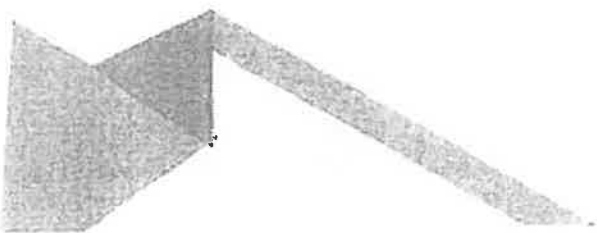
Your project to improve the quality of life for your residents by trialing in place and reducing unnecessary hospital admissions intersects closely with our work at Let's Talk Interactive, Inc. As you know, since 2001 our technology has been implemented by over 250,000 Mental Health and Medical providers who currently complete close to 4 million minutes a month in successful Telehealth encounters. Let's Talk Interactive's SecureVideo Telehealth platform is deployed in over 100,000 Hospitals, Schools, Universities, Government Agencies and Medical Practices. Our platform is currently deployed by the Nation's leading Hospitals and Organizations to include, but not limited to; Pepperdine University, Brown, Texas Tech, UNC Chapel Hill, Florida Department of Children Services, LifeBridge Health, Cardinal Health and UHS Hospitals, to just name a few. The deployment of our platform has allowed them to increase accessibility and reach of their medical professionals without removing the patient from their environment. Studies have shown that deploying our Telehealth platform in Skilled Nursing facilities has reduced those organizations Hospital readmissions by 60-70%. This type of person-centered engagement experience will significantly benefit the elders in your nursing communities and their families.

On behalf of Let's Talk Interactive, Inc. I am pleased to work with you and American Health Communities facilities and have our systems integrated to improve the quality of life of the elders in your care through this replicable model of telemedicine services.

Sincerely,  
Joeh Bolbol

*Andrew J. Bolbol*

President  
Let's Talk Interactive



844-886-5255



[jb@letstalkinteractive.com](mailto:jb@letstalkinteractive.com)



[www.letstalkinteractive.com](http://www.letstalkinteractive.com)



2911 Sharon Rd., Charlotte NC 28211



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## GENERAL ASSURANCES

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*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 grantees 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.


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### CERTIFICATION/SIGNATURE

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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

03/13/20  
Date Signed (Month/Day/Year)

## **Director of Telemedicine Job Description**

### **Purpose**

To provide oversight of all clinical activities, including clinical quality improvement, and serve as a liaison between facility clinical staff, patients, and physicians for telehealth system.

### **Position Summary**

In this newly created position, the Director, Telemedicine Operations is responsible for the overall management of the Telemedicine system. The position is a key leadership role that will be responsible for leading efforts in identifying, developing, evaluating, prioritizing and executing our telemedicine strategies. This role will be responsible for advancing telemedicine in our skilled nursing facilities, specifically, driving telemedicine consultations/visits and ensuring a great customer and patient experience.

### **Duties**

- \* Oversee the implementation plan of sites, specialties, and other telemedicine clinical and educational services.
- \* Assist in coordinating clinical activities with participating specialists, evaluates scopes and other peripheral devices for clinical appropriateness, provides guidance on the potential uses of telemedicine, and outlines the opportunities and limitations of the technology.
- \* Responsible for evaluation in the areas of equipment utilization and clinical efficacy and outcomes.
- \* Leads policy development abiding by local, state, and federal level guidelines.
- \* Incorporate telemedicine as a strategy for improving care and services through American Health Communities.
- \* Act as liaison to the medical community, providing education regarding the appropriate applications and opportunities provided by telemedicine.
- \* Possesses a thorough understanding of the healthcare environment, specifically telemedicine and keeps current on industry developments.
- \* Responsible for strategic planning, program management, and the implementation of AHC Telemedicine programs.
- \* Evaluate and manage partnerships and collaborations with vendors.
- \* Work closely with AHC's leadership to align Telemedicine policy and execute strategy efforts.
- \* Understand and leverage internal data to support critical team functions and deployment.

### **Job Related Skills/Experience**

- \* Strong knowledge of the Telemedicine clinical, payment and technology landscape
- \* Strong knowledge of the general healthcare ecosystem market dynamics and trends, including delivery model innovation, policy considerations and technology enablers
- \* Strong analytical and strategic thinking skills
- \* Ability to communicate ideas and information clearly, simply, and appropriately
- \* Must be able to work independently and as a part of a team with the ability to adapt quickly
- \* Must be able to solve problems and make decisions to formulate plans of actions
- \* Strong ability to interact and collaborate with all levels of management and cross-functional teams
- \* Experience managing teams including hiring, developing and leading direct reports.
- \* Experience in establishing and evaluating program performance through analysis, dashboards and program reports.

**Quote**

**Lets Talk Interactive Inc.**  
 2911 Sharon Rd  
 Charlotte, NC 28211 US  
 (844) 880-8255  
 Hello@LetsTalkInteractive.com



**ADDRESS**  
 American Health Communities  
 PO Box 10  
 Parsons, TN 38363 USA

ESTIMATE #	DATE	EXPIRATION DATE
1001	03/12/2020	06/12/2020

**SHIP VIA**  
 Ground

**SALES REP**  
 JB

**P.O. NUMBER**  
 YEAR - One

ACTIVITY	QTY	RATE	AMOUNT
Software Subscription:Telehealth Software - Telehealth Office Suite Telehealth Software - Facility telehealth dashboard and suite software- monthly license	28	480.00	13,440.00
Software Subscription:Telehealth Software- Medical Cart Software Telehealth Software - Medical Cart Telehealth software - monthly license * Provides live analytics such as Puls/ox, Blood pressure, temp etc * Creates access point	28	3,600.00	100,800.00
Howard HI TeleCare Lite Single Monitor Medical cart Howard HI TeleCare Lite Single Monitor Powered Telehealth Medical Cart/Virtual Clinic/Clinical Note with 24" Monitor, Small form factor, integrated DELL PC, Antimicrobial Keyboard and mouse, Locking Drawer storage with Digital Key lock, Jabra 510 Speakerphone and Sony MDR7510 Headphones	28	8,979.00	251,412.00
Computer Hardware:Lumens 12x PTZ Camera Camera Lumens 12x PTZ Camera to mount on HI-E Telehealth cart	28	999.00	27,692.00
Computer Hardware:DMI 303-H PC-303-H Bluetooth All-in-One Health Monitor, SpO2 Sensor, NIBP cuff (27-42cm), Thermometer, EKG	28	999.00	27,972.00
Med Carts:USB Stethoscope	28	562.35	15,745.80

ACTIVITY	QTY	RATE	AMOUNT
PCP-UB Telemedicine stethoscope plus analog-to-digital converter (ADC), encoder, formater and USB interface chip imbedded in the chestpiece	28	579.00	16,212.00
Firefly DE605 General Exam Cam General Exam Camera QHD Resolution Variable Distance - Telehealth integrated	28	319.00	8,932.00
Firefly DE500 Otoscope Video Otscope - Magnification:1.5-150x 30 FPS Video - Telehealth integrated	28	319.00	8,932.00
Firefly DE300 USB Digital Dermatoscope - Magnification:15-105x Polarizing,30FPS Video - Telehealth integrated	1	10,000.00	10,000.00
On-Site Training and Set-up 5 days of on Site training by LTI, 200 hours of Virtual Training and Hardware Set-Up Rental Car \$700 Flight:2 Round trip flights \$500 per flight Hotel \$120 per night including taxes and fees times 20 nights \$2,400 Peridium \$30 per day times 20 days \$600 Employee 20 Days \$265 per day times 20 days \$5,300	1	5,800.00	5,800.00
Shipping/Shipping estimated shipping to all locations			

**SUBTOTAL** 486,937.80  
**TAX (9.75%)** 34,797.54  
**TOTAL** **\$521,735.34**

ESTIMATE #	DATE	EXPIRATION DATE
1002	08/01/2020	09/15/2020

**P.O. NUMBER**  
 YEAR - TWO

**SALES REP**  
 JB

ACTIVITY	QTY	RATE	AMOUNT
Software Subscription:Telehealth Software - Telehealth Office Suite Telehealth Software - Facility telehealth dashboard and suite software- monthly license	28	480.00	13,440.00
Software Subscription:Telehealth Software- Medical Cart Software Telehealth Software - Medical Cart Telehealth software - monthly license * Provides live analytics such as Puls/ox, Blood pressure, temp etc * Creates access point	28	3,600.00	100,800.00

**TOTAL** **\$114,240.00**

Accepted By

Accepted Date