CAC UNIVERSITY of INDIANAPOLIS

CENTER FOR AGING & COMMUNITY

February 16, 2018

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

Dear Mr. Davis,

The University of Indianapolis, a private higher education institution located in Indiana, has reviewed the general information presented in Nursing Home Civil Monetary Penalty Quality Improvement (CMPQI) Program Implementation Funding Opportunity RFA # 34305-22118 and is pleased to submit this proposal. The specific unit of the University that will be doing the work of the project is the Center for Aging & Community (CAC). As one of Indiana's leading centers for aging studies, CAC collaborates, educates, and conducts research in order to be a catalyst for change that leads to a world in which all people age with dignity and optimal health.

CAC submits the attached two-year proposal for $582,500 in CMP funding to develop a statewide system of Regional Healthcare Quality Improvement Collaboratives that bring together Tennessee nursing facilities for quality improvement. CAC has created, implemented, and refined this innovative quality improvement approach over the last four years in Indiana and in doing so has demonstrated skill and expertise in designing, implementing, and evaluating projects; in developing collaborations and partnerships among key stakeholders; and in committing to a system-wide approach to quality improvement that leads to transformational change. Specifically for this proposal, the following products and services will be provided:

- Coordination of all project activities by the CAC Project Team including all logistics necessary to recruit participants and facilitate successful Regional Collaboratives.
- Recruitment and hiring of a Tennessee-based Subject Matter Expert to provide onsite technical assistance to Regional Collaboratives.
- Technical assistance through centralized education, group webinars, and individual conference calls designed to prepare regional leadership to create, manage and sustain their Collaboratives.
- Tools and resources in the form of toolkits, meeting agendas, templates and other resources to use for regional trainings and initiatives; onsite consultation; on-site assistance with regional meetings and activities; and “on-call” coaching as needed.
- In addition to gathering and analyzing basic demographic, attendance and certification information, CAC will evaluate the project through a combination of quantitative and qualitative data collection techniques to ensure formative data can be used to make adjustments to the program as it progresses, and summative data can inform the overall results.
- An Advisory Group composed of representatives from state agencies, provider organizations, provider systems, professional organizations, quality improvement organizations, consumer

organizations, and content experts will be recruited to assure coordination of quality educational efforts across the state.
- Reports with current evaluation progress and results will be prepared for the Tennessee Department of Health quarterly. A final report will be prepared at the conclusion of the project.

Through this pioneering program in Indiana, CAC was able to achieve significant results for resident health outcomes, building function and staff satisfaction, and cost savings for the state's long term care network. We anticipate similar results could be achieved in Tennessee. A sampling of results (additional outcomes in the proposal) include:

- Reduction of antipsychotic medications by 43%.
- Reduction of rates of falls by 30%.
- Reduction of hospitalizations by 38%.
- Reduction of rates of UTIs by an average of 43% across five Collaborative (24-57% reductions).
- Reduction CNA turnover by 16% (during a time of typically higher turnover).
- Savings of more than $1,438,058 were identified.

CAC is committed to providing products and services subject to the terms and conditions set forth in the RFP including, but not limited to, the State's *Sample Grant Contract - GR*. The proposed Tennessee Regional Healthcare Quality Improvement Collaboratives Initiative will provide an array of tools, education and training designed to help Regional Collaboratives measurably improve the quality of care in nursing homes in Tennessee.

The principal contact for the RFP is Ellen Burton. Her contact information is as follows:

Ellen Burton, MPH
Senior Project Director
University of Indianapolis
Center for Aging & Community
1400 East Hanna Avenue
Indianapolis, IN 46227
317-791-5940
burtones@uindy.edu

In closing, we are confident that the University's leadership and expertise in long term care quality improvement will make a significant difference in the lives of Tennessee citizens residing in long term care facilities.

Sincerely,

Ellen W. Miller, PhD
Executive Director
Center for Aging & Community
University of Indianapolis

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.

Michael Holstein
Michael Holstein (Feb 13, 2018)

Signature of Applicant Agency Administrator

Andrea Newsom
Andrea Newsom (Feb 14, 2018)

Date Signed (Month/Day/Year)

REQUEST

Date of Application: 02 / 16 / 2018
MM / DD / YYYY

PART I: Background Information

Name of the Organization: University of Indianapolis

Address Line 1: 1400 E. Hanna Ave.

Address Line 2: Center for Aging & Community

City, County, State, Zip Code: Indianapolis, IN 46227-3630

Tax Identification Number: 35-0868107

CMS Certification Number, if applicable: ☐☐ - ☐☐☐☐ (Not Applicable)

Medicaid Provider Number, if applicable: ☐☐ - ☐☐☐☐ (Not Applicable)

Name of the Project Leader: Ellen Burton, MPH

Address: 1400 E. Hanna Ave., Center for Aging & Community

City, County, State, Zip Code: Indianapolis, IN 46227

Internet E-mail Address: burtones@uindy.edu

Telephone Number: 317 - 791 - 5940

Mobile Number: 317 - 791 - 5940

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

Authorized Officials of Organization:

Michael Holstein
Michael Holstein (Feb 13, 2018)
Michael P. Holstein
VP, CFO, and Treasurer

Andrea Newsom
Andrea Newsom (Feb 14, 2018)
Andrea Brandes Newsom
VP and General Counsel

Part II: Applicable to Certified Nursing Home Applicants

Name of the Facility: _(Not Applicable)

Part III: Project Category

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

- [x] Direct Improvement to Quality of Care
- [ ] Resident or Family Councils
- [x] Culture Change/Quality of Life
- [ ] Consumer Information
- [ ] Transition Preparation
- [x] 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: $ 595,000.00

- [ ] $2,500 or less
- [ ] $2,501 – $5,000
- [ ] $5,001 – $10,000
- [ ] $10,001 – $25,000
- [ ] $25,001 – $50,000
- [x] Over $50,000

Part V: Proposed Period of Support

From: 07 (MM) / 01 (DD) / 2018 (YYYY) (e.g. 06/01/2010) **To:** 06 (MM) / 30 (DD) / 2020 (YYYY) (e.g. 12/01/2010)

Part VII: Expected Outcomes

Abstract

As the general population ages, a higher percentage of individuals will need nursing home care. National initiatives have recently focused on improving quality of care in nursing homes with special emphasis on reducing hospitalizations and the use of antipsychotic medications. Many states, including Tennessee, have struggled with these quality indicators compared to the national benchmarks and are working to implement state-level initiatives to improve quality of care.

To address this need, the University of Indianapolis Center for Aging & Community (CAC) proposes creating regional healthcare quality improvement collaboratives for five regions in the state of Tennessee. Based on a successful similar project in Indiana, the *Tennessee Regional Healthcare Quality Improvement Collaboratives Initiative* will facilitate greater learning and implementation of the Centers for Medicare and Medicaid Services' (CMS) Quality Assurance Performance Improvement (QAPI) model in individual long term care (LTC) facilities throughout the state and ultimately improve quality of care for LTC residents in Tennessee.

Collaboratives will recruit regional member LTC facilities, facilitate strong development of individual facility QAPI plans, and facilitate two process improvement projects (PIPs). An Advisory Group will be formed and, together with a Tennessee-based Subject Matter Expert, will provide the necessary connections to the LTC network in Tennessee. CAC will provide the overall support, structure, guidance, and technical assistance needed to create and sustain these Collaboratives. CAC will complete a multilevel evaluation of the project, led by Sharon Baggett, PhD, Associate Professor of Aging Studies, employing a combination of qualitative and quantitative measures to track Collaborative development and progress toward goals.

CAC is uniquely qualified to provide these services due to the knowledge gained during the initial implementation of this project in Indiana. Outcomes in Indiana included the reduction of several key indicators including urinary tract infections (57%), use of antipsychotic medications (43%), CNA turnover (16%), falls (30%), hospitalizations (38%), and pneumonia (16%). In addition, more than $1,438,058 in savings were identified. CAC anticipates similar outcomes for Tennessee.

Statement of Need

By 2030, the number of Tennessee seniors aged 65 and older is expected to increase to 1.7 million - 22% of Tennessee's total population.[1] It is projected that Tennessee's oldest old population (85 and older), will increase by 68%, with growth in 12 counties projected to increase by over 100%.[1] This anticipated growth in the aging population will lead to a higher demand for LTC services and increased costs.[1]

[1] Mattson, S., & Bergfeld, T. (2017, April). Senior Long-Term Care in Tennessee: Trends and Options. Retrieved February 14, 2018, from http://www.comptroller.tn.gov/repository/RE/aging.pdf

In 2016, Tennessee ranked 43rd in overall health for seniors[1] and 37th for nursing home quality of care.[2] Tennessee ranks significantly lower in several quality measures compared to the national benchmarks. Areas for improvement include: LTC residents who had a pressure ulcer (state average of 6.99% vs. national average of 4.57%), rates of residents with a urinary tract infection (8.505% TN vs. 5.02% US), use of antipsychotic medication for residents without an indicated diagnosis (20.5% TN vs. 11.7% US), rates of falls with major injury (3.60% TN vs. 1.96% US), and rates of residents whose depression or anxiety increased (3.80% TN vs. 2.54% US).[3]

These challenges highlight the need for a statewide initiative that addresses quality of care, improved health outcomes, and resident quality of life while simultaneously decreasing overall costs. Providing LTC facilities across the state with quality improvement strategies, support in their QI efforts, and a structure to create sustainable change will have significant positive impact on the LTC system in Tennessee.

Program Description

To address the statewide need for LTC quality improvement in Tennessee and per conversations with Qsource (Tennessee's CMS contracted Quality Improvement Organization), CAC proposes the development of an initial five regional healthcare quality improvement collaboratives, across the state. Each Collaborative's leadership team will spearhead efforts to engage LTC facilities and other stakeholders to collectively analyze quality metrics, discuss common challenges, and build on the facilities' existing QAPI programs to complete two Process Improvement Projects (PIPs) that would have immediate positive impact on quality of care in the region. CAC will coordinate, organize, and manage the project in three phases: Planning, Collaborative Start Up, and Collaborative Implementation/Evaluation. As the overall project manager, CAC will create and support the infrastructure needed to develop, implement, and evaluate the Collaboratives.

Phase I - Planning (Year 1 Q 1-2)

Phase I will consist of planning, infrastructure development, and network communications necessary to create successful Collaboratives. Project accomplishments and outcomes for this phase include:

1. Identification of key stakeholders for establishment and at least one meeting of a TN Regional Collaboratives Advisory Group.
2. Development and dissemination of a Request for Applications (RFA) from organizations that will lead the Collaboratives.

[2] America's Health Rankings 2017 Senior Report. (n.d.). Retrieved February 15, 2018, from https://www.americashealthrankings.org/learn/reports/2017-senior-report/state-summaries-tennessee

[3] National Healthcare Quality and Disparities Reports. (n.d.). Retrieved February 14, 2018, from https://nhqrnet.ahrq.gov/inhqrdr/National/benchmark/summary/All_Measures/All_Topics

3. Solicitation of Letters of Interest prior to the due date of the RFA that will allow CAC to gauge level and geographic distribution of interest
4. Receipt and review of applications, selection of five winning proposals, and formal awarding of five Collaborative grants (sub-awards) of $30,000 to the selected lead organizations in each of the five regions.

Prior experience has shown that requesting applications from interested parties (rather than recruiting and awarding directly) better ensures dedication to the end goals of the project, stronger nursing facility participation, better health outcomes throughout the process, and project sustainability.

Applicants will provide the geographic boundaries of their region and will be encouraged to develop relationships with LTC facilities and other regional stakeholders as part of the application process. Letters of commitment from potential member nursing homes will be encouraged to streamline the Collaborative Start Up Process.

Phase II - Collaborative Start Up (Year 1 Q 3-4)
Phase II will begin once Collaborative awards are made and is the key development phase for building each of the Collaboratives where CAC will work closely with Collaborative leaders to recruit members, build group cohesion, develop Collaborative goals, and prepare for implementation. Key activities, deliverables, and outcomes in this Phase include:

1. A kick off meeting with all Collaborative Leadership Teams and the CAC Project Team (includes the Tennessee Resource Subject Matter Expert).
2. Provision of technical assistance to Collaborative leaders for recruitment, membership building, and individual Collaborative kick off meetings through monthly conference calls and webinars.
3. Provision of technical assistance to Collaborative leaders for regional needs assessment and asset mapping.
4. Convening the TN Regional Collaboratives Advisory Group at least once.
5. Receipt of quarterly reports from the Collaboratives to aid in oversight and technical assistance provision.
6. Development and submission of regional work plans by individual Collaboratives.
7. Review and approval of regional work plans by CAC
8. Disbursement of $20,000 of each of the Collaborative grants to cover costs associated with start-up and the first PIP.

During Phase II - Regional Collaborative Start Up, each region will build their Collaborative, work with members to raise all to the same level of QAPI integration into building function, and outline a work plan for the remainder of the grant period. All five Collaborative leadership teams (one from each region) will attend a two-day kick off meeting led by CAC. This meeting will

include discussion of the overall initiative, an introduction of how to manage the QAPI process as a Collaborative, strategies for member recruitment and engagement, discussion of common challenges, and best practices discovered during the implementation of this project in Indiana. Collaborative lead organizations will be given significant tools to guide and support the management of their Collaboratives, including critical pathways for projects and a toolkit for Collaborative implementation.

After the kick off meeting, CAC will continue to provide detailed technical assistance (webinars, TA conference calls, additional resources) to the Collaborative leaders as they continue to build their Collaborative and establish their Collaborative work plan. Members of the Project Team will attend Regional Collaborative meetings at least quarterly to assist in group building, planning, and needs assessment efforts.

Phase III - Regional Collaborative Implementation (Year 2)
In the second year of the project, Collaboratives will implement two PIPs as a group, each requiring about six months of active Collaborative time. The first of these projects for each Collaborative will focus on a topic related to healthcare associated infection (HAI). In addition to ensuring this project addresses some of the most pressing needs of Tennessee, experience shows that narrowing the scope of possible projects when Collaborative members are first learning to work as a group helps to focus the Collaborative and streamline the process, leading to a more positive initial experience and better member retention. Key activities, deliverables, and outcomes of this Phase include:

1. Ongoing provision of technical assistance to Regional Collaborative leadership.
2. Receipt of quarterly reports from the Collaboratives to aid in oversight and technical assistance provision.
3. Planning, development, and implementation of QAPI PIP #1 (HAI focused).
4. Improved HAI related health outcomes for Collaborative participants
5. Convening Midpoint Meeting for Collaborative Leadership
6. Convening the TN Regional Collaboratives Advisory Group at least twice in this period.
7. Planning, development, and implementation of QAPI PIP #2 (focus determined by the Collaborative).
8. Improved health outcomes/quality of life/staff satisfaction for Collaborative participants (as determined by PIPs).
9. Convening a Project Close Out meeting with Regional Collaborative Leadership.

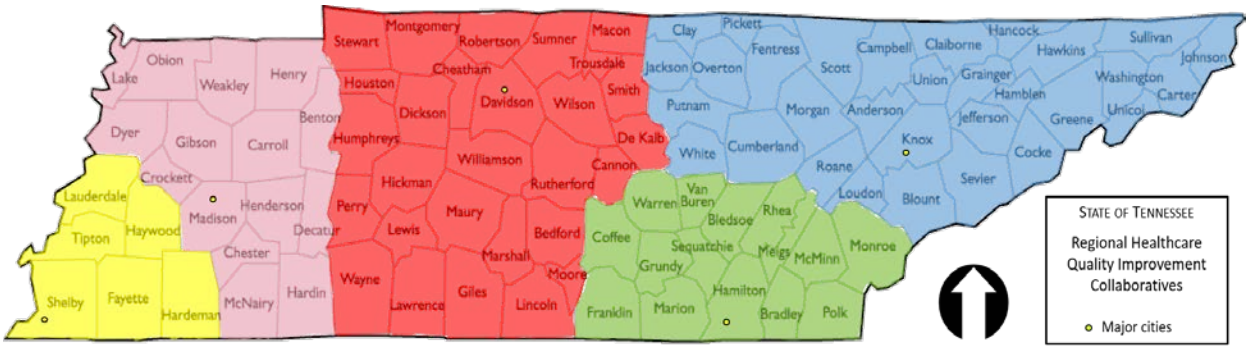
Phase III is the longest of the project as it encompasses the development and implementation of two QAPI PIPs by each Collaborative, where QI is most directly seen. Experience tells us that while project development and implementation can be overlapped, groups need roughly six months for each project to be completed. During this phase, emphasis will be placed on the process for identifying areas of interest/need and for developing a strong QAPI project.

Collaboratives will develop and track both process and outcome measures. In addition, lead organizations will learn how to tell the story of the data for maximum impact on myriad audiences. Technical assistance for leadership teams will be provided in train-the-trainer manner, increasing the dissemination and sustainability of best practices throughout the Collaborative. Collaboratives will be required to submit close out reports for each PIP (with the final $10,000 of funded disbursed upon receipt of Close-Out Report #1). CAC will use these reports to further develop the existing toolkit and provide guidance for all Collaboratives. These toolkit developments will be available to Collaboratives wishing to address a topic already covered by another Collaborative, decreasing effort and increasing project outcomes. A sample timeline (Table 1) and sample Collaborative map (Figure 1) is included below.

Table 1. Proposed Regional Healthcare Quality Improvement Collaboratives Timeline

Year 1												**Year 2**											
Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4		
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Phase I - Planning																							
						Phase II – Collaborative Start Up																	
												Phase III – Implementation											
												QAPI Project 1					QAPI Project 2						
																						Final Reporting	

Figure 1. **Sample** Regional Collaboratives Map



Part VIII: Results Measurement

Overall, this project has two main goals:

1. Establish successful, sustainable Regional Collaboratives that support QAPI efforts in LTC facilities.
2. Improve LTC quality indicators and measures for both quality of care and quality of life.

To ensure the project achieves both of these goals, evaluation will focus on four areas:

1. Determining the feasibility of Regional Collaboratives as a means to encourage quality improvement;
    a. Assessing the effectiveness of the technical assistance provided by CAC ;
2. Assessing participation of Regional Collaborative nursing homes in the QAPI model;
3. Determining the impact of various QAPI projects on LTC quality metrics and/or resident health outcomes; and
4. Determining the impact of various QAPI projects on LTC costs

Both quantitative and qualitative data collection techniques will be used to ensure that formative data can be used to make program adjustments and that summative data can inform the overall results. The table below outlines the specific evaluation activities that will occur, which goal is addressed (process or outcome), and what questions are answered in evaluating the success of each goal.

This design allows CAC to involve multiple stakeholders as data providers, resulting in a well-rounded evaluation that produces immediately usable results on the effectiveness of CAC's ongoing efforts to establish and support Collaboratives, and final results that measure the overarching goal of impact on quality of care.

Previous experience ensures CAC evaluation design includes appropriate measures, reasonable data collection plans, strategic follow up methods, and effective staff incentives. We anticipate working closely with the State of Tennessee throughout the project period to ensure that specific evaluation needs are assessed and the best plan is devised to meet expectations and deliver a high quality result.

We recommend a rolling evaluation design so that during the course of the project, criteria may be added or modified as circumstances dictate. The specific data collection procedures will be based on experience from prior implementation of this project, but devised and implemented by CAC to match the individual needs of the project. This flexibility allows additional evaluation topics to be explored as they emerge.

Collaboratives will be encouraged to leverage existing data collection and reporting processes to inform their outcome evaluation to promote ongoing quality monitoring and improvement after the project's conclusion. Reports with current evaluation progress and results will be prepared periodically. A final report will be prepared at the conclusion of the initiative.

All electronic records will be stored on a password-protected computer and all paper records will be stored in a locked file cabinet in a locked office at CAC. Only the members of the CAC project team will have access to these records. This is outlined in Table 2 below.

Table 2. Regional Collaborative Evaluation Matrix

Goal 1: Establish successful, sustainable Regional Collaboratives that support QAPI efforts in long term care health facilities (Process Evaluation)				
• Who are the collaborative members? • What topics were addressed through QAPI projects? • How did Collaboratives utilize technical assistance? • How did Collaboratives respond to technical assistance? • Were Collaboratives successfully managed? • Were the QAPI project process changes adopted and sustained across the collaborative?				
Related Project Activity	**Short Term Outcome (Immediate)**	**Intermediate Outcome (6-12 months)**	**Long Term Outcome (12-18 months)**	**Measured How?**
Form and conduct Regional Collaboratives	Connect organizations and stakeholders in region	Strong Collaboratives with effective governance, structure, and communication	Collaborative projects across the region	Collaborative reports (Monthly) QAPI project plans
Train Regional Collaboratives, provide technical assistance	Increase knowledge of collaborative leadership of coalition building, QAPI process.	Increase collaborative implementation of best practices in coalition building and QAPI process improvement	Successfully implemented QAPI projects	Technical assistance evaluation – electronic and paper survey QAPI project plans and reports
Complete Infection Prevention QAPI project	Implement process improvements	Increase facility implementation of best practices (policies and procedures) in infection prevention through ongoing process improvement.	Changes identified by project are sustained and process improvement is ongoing	Knowledge and Practices Questionnaire
Complete second QAPI project	Implement process improvements	Increase facility implementation of best practices (policies and procedures) in selected topic area	Changes identified by project are sustained and process improvement is ongoing	Knowledge and Practices Questionnaire

Goal 2: Improve specific long term care quality indicators (Outcome Evaluation)				
• Has the desired improvement in quality of care for patients/residents been realized? • What is the financial impact of the quality improvement process?				
Related Project Activity	**Short Term Outcome (Immediate)**	**Intermediate Outcome (6-12 months)**	**Long Term Outcome (12-18 months)**	**Measured How?**
Complete Infection Prevention QAPI project	Implement process improvements Improvements in the chosen primary metric (i.e. UTIs, hang hygiene, etc.) Identification of related cost savings.	Increase facility implementation of best practices (policies and procedures) in infection prevention through ongoing process improvement.	Improvement in HAI related metrics. Ongoing cost savings	Knowledge and Practices Questionnaire (as above) QAPI Project data (Quarterly)
Complete second QAPI project	Implement process improvements Improvements in the chosen primary metric (i.e. falls, staffing, etc.) Identification of related cost savings.	Increase facility implementation of best practices (policies and procedures) in selected topic area.	Improved MDS and QAPI indicators related to topic area of second projects. Ongoing cost savings	Knowledge and Practices Questionnaire (as above) QAPI Project data (Quarterly)

Part IX: Benefits to NF Residents

We anticipate that the Regional Healthcare Collaboratives for Quality Improvement project could provide significant benefits to LTC residents across the state of Tennessee. This project has the ability to address all of the areas of concern detailed in the Request for Applications. During project implementation in Indiana, the following outcomes for LTC residents were achieved by at least one of the seven Indiana Collaboratives:

- Reduction of antipsychotic medications by 43%
- Reduction of rates of falls by 30%
- Reduction of hospitalizations by 38%
- Reduction of rates of UTIs by an average of 43% across five Collaborative (24-57% reductions)
- Reduction of rates of pneumonia by 16%

Additionally, the following benefits were seen for LTC collaborative members:

- Reduction CNA turnover by 16% (during a time of typically higher turnover).
- More than $1,438,058 in savings identified.
- Members overwhelmingly reported (98%) using skills learned in the Collaborative to update and improve their QAPI plans.

Based on best practices developed and lessons learned from three years of implementing this project in Indiana, we believe similar impacts could be seen in Tennessee. Extrapolated to the publicly available quality measures for the state of Tennessee, impacts could be as large as:

- Decreasing UTIs statewide by at least 43%, from 8.51 to 4.85 (below national average);
- Decreasing the use of antipsychotics statewide by at least 43%, from 20.5 to 11.69 (below national average);
- Decreasing falls by at least 30%, from 3.60 to 2.52

Without specific Tennessee data to extrapolate, we are confident, based on previous experience in Indiana, that Tennessee could also see meaningful reductions in rates of pneumonia and rehospitalizations or other quality measures chosen by the Collaboratives, as well as significant cost savings.

Part X: Consumer/Stakeholder involvement

All members of the Tennessee LTC community will be directly involved in the development and implementation of this project. Facility staff will participate in monthly Collaborative meetings to learn best practices and improve QAPI skills. All information will be presented in a way that ensures ease of dissemination throughout the building. Facility staff will be encouraged to consult residents/ families for suggestions on areas for improvement, possible process changes, and priorities for efforts.

The statewide LTC network will be engaged through the Regional Healthcare Quality Improvement Collaboratives Advisory Group. CAC and Tennessee Department of Health will work collaboratively to lead and invite stakeholders to this group. Potential members include the head of LTC surveyors; the state Quality Improvement Organization, Qsource (see letter of support), the state nursing home associations; key state health associations (i.e., APIC, Tennessee Alzheimer's Association); corporate representatives; universities that can bring subject matter expertise and data analysis support; and any other stakeholders who can contribute to the success of the project.

Part XI: Funding

See Excel Spreadsheets in Attachment 2. Narrative information below

Salaries: $176,545

Funds will be used to support the efforts of several key members of the CAC project team. These roles for the **entire term of the project** are detailed below.

1. **Ellen Miller,** PT, PhD, (0.01 FTE), UIndy Associate Provost and the Executive Director of CAC, will serve as an advisor to the project.
2. **Ellen Burton,** MPH, (0.10 FTE), Senior Project Director, will provide overall management of the project and determine project outcomes.
3. **Project Director,** TBD, (0.70 FTE) will provide overall management and oversee daily operations for the project.
4. **Kayleigh Adrian,** MA, (0.40 FTE), Project Coordinator, will handle daily management and organization of the project.
5. **Amy Magan,** BA, (0.01 FTE), Communications Manager, will manage and oversee all communication and reports.
6. **Amy Marack,** MPA**,** (0.01 FTE), Business Manager, will manage and oversee accounts payable and receivable; track expenses, administer regional collaborative grants; and provide requested budget reports.
7. **Lidia Dubicki**, MA, (0.10 FTE), Project Director, will oversee data collection efforts and serve as the Evaluation Project Director.
8. **Sharon Baggett**, PhD, (0.06 FTE), faculty in the UIndy College of Health Sciences, will serve as the Lead Evaluator for the project.

Fringe Benefits: $45,902

Fringe benefits will be paid at a rate of 26% of allocated salaries totaling $45,902.

Professional Fee (Consultant)/ Grant & Award: $233,200

TN Resource Subject Matter Expert To ensure strong connection with the LTC network in Tennessee, CAC will hire a Tennessee-based 0.50 FTE who will serve as the Tennessee Resource Subject Matter Expert. This consultant will assist with the selection process and establishment of the Regional Collaboratives, provide on-and off-site consultation and training, and will connect the Project Team to key stakeholders and local resources. Initial conversations to embed this individual within a Tennessee-based organization have been positive.

Grants in the amount of $30,000 will be awarded to the five Regional Collaboratives for the planning and implementation phases. A total of $150,000 in grants will be awarded.

Supplies: $2,688
Program and meeting expenses include office supplies, miscellaneous meeting supplies such as nametags, table tents, etc., plus the fees for online discussion boards provided by PowerSchool Learning.

Telephone: $1,200
Teleconferencing expenses are included for GoToWebinar conference calls.

Printing & Publications: $1,500
Toolkits will be printed to provide a blueprint and reference manual for the Collaboratives. 100 Toolkits will be printed at a cost of $15 each. Toolkits and other printed materials are designed to promote sustainability and information dissemination.

Travel & Meetings: $20,697
The onsite TN Coordinator may be required to travel locally to the Collaborative meetings. The UIndy team and up to ten Collaborative leaders (two from each) will travel to Nashville, Tennessee for a kick-off meeting, mid-point meeting, and an end-point meeting.

Mileage will be paid at $0.545 per mile	$11,033
Hotel rooms at $120 per night	$6, 840
Per diem at $32 per day	$1,824
Room Rental and AV at $250 per day	$1,000

Indirect Cost (% and method): $100,769
Indirect costs are calculated at 45.3% of salaries and benefits.

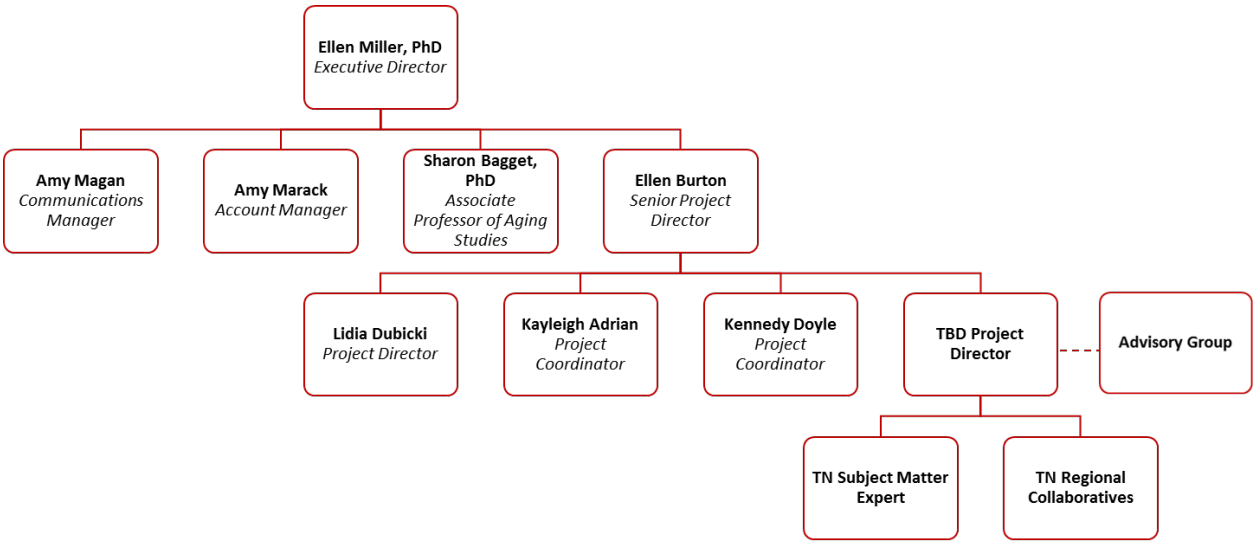
Annual CMP Fund Requests: Year 1: $263,095 Year 2: $319,405
GRAND TOTAL FOR TWO-YEAR PERIOD: $582,500

Part XII: Involved Organizations
Organizations receiving funding under this agreement include:
University of Indianapolis
Center for Aging & Community
Overall project management, coordination and evaluation
Contact: Ellen Burton
Senior Project Director
1400 East Hanna Avenue
Indianapolis, IN 46227
(317) 791-5940
burtones@uindy.edu

Tennessee Resources Subject Matter Expert
Connection to and communication with the Tennessee LTC network
Contact: TBD

Regional Collaborative Leadership Organizations (5)
Leadership of individual Collaboratives - membership development, meeting management, data analysis, reporting to CAC and TDH. Will be required to name fiscal agent for the project.
Contact: TBD

Copies of contracts and subcontracts shall be available upon request to CMS and the State of Tennessee.



Resumes/CVs

ELLEN S. BURTON
EDUCATION & CERTIFICATIONS
2005 Boston University, School of Public Health, Boston, Massachusetts
Masters of Public Health, Health Services, Policy and Administration

2001 Boston University, Sargent College of Rehabilitation Sciences Boston, Massachusetts
Bachelors of Science, Cum Laude, Communication Disorders/Speech Therapy

2011 Certified Health Education Specialist
National Commission for Health Education Credentialing

PROFESSIONAL EXPERIENCE

2014 – Present University of Indianapolis, Indianapolis, Indiana
Senior Project Director, Center for Aging and Community

- Work collaboratively with Center for Aging & Community faculty and staff and local, state, and national aging services organizations to provide consulting services, project management and evaluation that improves the health and wellbeing of older adults.
- Provide leadership and oversight for all aspects of the project(s).
- Create and/or identify opportunities for projects, work with stakeholders and project team to develop proposals and respond to new project opportunities.
- Develop and cultivate relationships with other University faculty and staff; CAC faculty and staff; sub-grantees; technical consultants; and research consultants. Develop and sustain key internal and external relationships and partnerships.

KAYLEIGH K. ALLEN

EDUCATION & CERTIFICATIONS

2014 University of Indianapolis, Indianapolis, IN
Masters of Science, Gerontology

2012 Indiana State University, Terre Haute, IN
Bachelors of Science, Human Development & Family Studies with a minor in Psychology

2014 American College of Sports Medicine: Physical Activity and Public Health Specialist

PROFESSIONAL EXPERIENCE

June 2015-Present Project Coordinator, Indianapolis, IN
Center for Aging & Community, University of Indianapolis

- Maintains documentation and records involving multiple projects
- Coordinates projects and events and maintains communication with all parties involved
- Communicates with project teams, management and vendors to collect project related information to keep accurate, up-to-date project records
- Analyzes project data
- Prepares a variety of reports for technical management and business groups, and distributes project-related data and documentation as appropriate
- Maintains project work schedules and supports project teams

AMY M. MAGAN

EDUCATION

1992 Butler University, Indianapolis, IN
Bachelor of Arts, Journalism/Public Relations
Graduated Cum Laude

PROFESSIONAL EXPERIENCE

September 2005- Present Communications Manager, Indianapolis, IN
Center for Aging and Community, College of Health Sciences

- Manage internal and external communications for the Center for Aging & Community and the College of Health Sciences, including e-newsletters, promotional materials, project and research reports, websites, and social media.
- Coordinated and edited research reports including "Gray Matters: Opportunities and Challenges for Indiana's Aging Workforce" and "Evaluation of Nutrition, Meal and Food Programs for the Elderly in Central Indiana."

AMY MCFADDEN MARACK

EDUCATION & CERTIFICATIONS

1996 Indiana University at Indianapolis, Indianapolis, Indiana
Master of Public Administration
Concentrations in Public Management and Public Finance

1991 Saint Joseph's College, Renssalaer, Indiana
Bachelor of Science, Political Science
Magna Cum Laude

PROFESSIONAL EXPERIENCE

2008- Present, University of Indianapolis, Indianapolis, Indiana
Business Manager, Center for Aging & Community

- Develop and manage budgets for CAC and CAC projects
- Develop and administer contracts
- Manage accounts payable and accounts receivable

2004- 2008, City of Indianapolis, Indianapolis, Indiana
Deputy Controller

- Manage the Purchasing Division, Licensing Division, Special Events, Parking, & Collection

2001- 2004, State of Indiana, Indianapolis, Indiana
Budget Analyst, Budget Agency

- Budget analyst for capital budgets
- Assist with Analysis of state budget

ELLEN W. MILLER, Ph.D.

EDUCATION

2000 Indiana University, Bloomington, Indiana
Doctor of Philosophy, Human Performance
Minor: Gerontology

1986 Texas Woman's University, Dallas, Texas
Post Graduate Emphasis, Health Science Instruction

1983 Texas Woman's University, Houston, Texas
Master of Science, Physical Therapy

1981 Millikin University Decatur, Illinois
Bachelor of Art, Biology

PROFESSIONAL EXPERIENCE (LAST 10 YEARS)

2005- Present, University of Indianapolis, Indianapolis, Indiana
Associate Provost of Research, Graduate Programs and Academic Partnerships
Executive Director, Professor, and Christel DeHaan Endowed Chair, Center for Aging & Community

2003- 2005, University of Indianapolis, Indianapolis, Indiana
Associate Director, Center for Aging & Community

2001- 2003, University of Indianapolis, Indianapolis, Indiana
Associate Professor, Center for Aging & Community

LIDIA DUBICKI

EDUCATION & CERTIFICATIONS

2016 University of Indianapolis, Indianapolis, Indiana
Masters of Science in Strategic Leadership and Design

2013 University of Indianapolis, Indianapolis, Indiana
Graduate Certificate, Project Management for Human Service Professionals

1989 Cornell University, Ithaca, New York

Bachelor of Science, Meteorology

PROFESSIONAL EXPERIENCE

2017- Present, University of Indianapolis, Indianapolis, Indiana
Project Director, Center for Aging & Community

- Serve a key role in preparation and quality assurance of programs and materials.
- Serve as liaison to manage communications across multiple stakeholders.
- Manage project evaluation, data collection, and analysis.

2013- 2017, University of Indianapolis, Indianapolis, Indiana
Project Coordinator, Center for Aging & Community

2007- 2013, University of Indianapolis, Indianapolis, Indiana
Project Assistant, Center for Aging & Community

SHARON BAGGETT

EDUCATION

1988 Portland State University, Portland, Oregon
Ph.D., Urban Studies & Public Policy

1976 University of North Texas, Denton, Texas
Master of Art, Studies in Aging

1974 University of North Texas, Denton, Texas
Bachelor of Art, Sociology & Social Work

PROFESSIONAL EXPERIENCE (LAST 10 YEARS)

2010-Present University of Indianapolis, Indianapolis, Indiana
Associate Professor, Center for Aging & Community

2005-Present Portland, Oregon, Indianapolis, Indiana
Independent Consultant, Research/Evaluation/Planning

2004- 2010 Portland State University, Portland, Oregon
Senior Research Associate, Institute on Aging

WORKFORCE/ EMPLOYMENT (LAST 5 YEARS)

2009 Micro-Enterprise Inventors Program of Oregon (MIPO). Portland, OR.
Conduct evaluation of MIPO's initial three-year grant from the Lemelson Foundation.

Qsource

3340 Players Club Pkwy.
Ste. 300
Memphis, TN 38125

49 Music Square West
Ste. 402
Nashville, TN 37203

124 West Capitol Ave.
Ste. 900
Little Rock, AR 72201

9000 Wessex Place
Ste. 204
Louisville, KY 40222

911 E. 86th St.
Ste. 202
Indianapolis, IN 46240

920 Main Street
Ste. 801
Kansas City, MO 64105

February 12, 2018

ATTN: Grant Review Committee

RE: Tennessee Regional Healthcare Quality Improvement Collaboratives

Qsource is pleased to partner with the University of Indianapolis Center for Aging and Community (CAC) team in the development of five regional healthcare quality improvement collaboratives across the state of Tennessee.

Qsource, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Alabama, Indiana, Kentucky, Mississippi and Tennessee focuses on three aims: better patient care, better population health and lower health care costs through improvement. As part of current Centers for Medicare & Medicaid Services (CMS) initiatives, our goal is to facilitate quality improvement efforts within our state and support nursing home staff in quality improvement projects and evaluate the impact of these efforts on care quality.

Our specific role in this project will be to: (1) Participate in CAC's Regional Collaborative Advisory Group, to make sure we are synergistic rather than duplicative in our efforts and believe the Regional Collaboratives can support the work of the QIO Statewide Collaborative (mutual recruitment, common goals, etc.); (2) Participate in the collaborative meetings as much as possible; (3) Provide provision of regional data on quality measures for the TN's nursing homes who have agreed to participate in CAC/Qsource Regional Collaboratives validated by a signed participation agreement.

We believe this partnership will provide Qsource additional resources for buildings in Tennessee without additional strain for the QIO or the nursing facilities. We, therefore, enthusiastically support the proposed work and look forward to partnering with this team to make this a successful project.

Sincerely,

Dawn FitzGerald, MS, MBA
Chief Executive Officer

ATTACHMENT 2

GRANT BUDGET

(BUDGET PAGE 1)

University of Indianapolis RFA # 34305-22118

APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning July 1, 2018, and ending June 30, 2020.

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]	$176,544.00	$0.00	$176,544.00
2	Benefits & Taxes	$ 45,902.00	$0.00	$45,902.00
4, 15	Professional Fee/ Grant & Award [2]	$233,200.00	$0.00	$233,200.00
5	Supplies	$ 2,688.00	$0.00	$2,688.00
6	Telephone	$ 1,200.00	$0.00	$1,200.00
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	$ 1,500.00	$0.00	$1,500.00
11, 12	Travel/ Conferences & Meetings[2]	$ 20,697.00	$0.00	$20,697.00
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)	$ 100,769.00	$0.00	$100,769.00
24	In-Kind Expense	$0.00	$0.00	$0.00
25	**GRAND TOTAL**	$582,500.00	$0.00	$582,500.00

[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: https://www.tn.gov/assets/entities/finance/attachments/policy3.pdf).

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

ATTACHMENT 2 (continued)

GRANT BUDGET LINE-ITEM DETAIL

(BUDGET PAGE 2)

SALARIES		AMOUNT
Executive Director - Administrative	0.01 FTE	$ 3,079.00
Senior Project Director - Direct	0.10 FTE	$ 17,087.00
Project Director - Direct	0.70 FTE	$ 85,260.00
Project Coordinator - Direct	0.40 FTE	$ 36,528.00
Communications Manager - Administrative	0.01 FTE	$ 1,422.00
Business Manager - Administrative	0.01 FTE	$ 1,295.00
Evaluation Project Director - Direct	0.10 FTE	$ 12,545.00
Evaluation Faculty Lead - Direct	0.10 FTE	$ 19,328.00
ROUNDED TOTAL		$ 176,544.00

Benefits @ 26%	$ 45,902.00

PROFESSIONAL FEE/ GRANT & AWARD			AMOUNT
Program Consultant in TN	0.50 FTE		$ 83,200.00
Grants to Regional Collaborative Projects	$30,000 each	5 Collobaroatives	$ 150,000.00
ROUNDED TOTAL			$ 233,200.00

TRAVEL/ CONFERENCES & MEETINGS/Supplies	AMOUNT
Hotel Rooms for staff & attendees @ $120 per night * 57 nights	$ 6,840.00
Per Diem for Trainers & Project Coordinator @ $32 per day * 57 days	$ 1,824.00
Mileage ($0.545 per mile * 20,242 miles)	$ 11,033.00
Room Rental & AV ($250 per day * 4 days)	$ 1,000.00
ROUNDED TOTAL	$ 20,697.00

PROGRAM EXPENSES	AMOUNT
ToolKits (100 copies @ $15 each)	$ 1,500.00
Program & Meeting Expenses (supplies, etc. @ $100 per month)	$ 2,400.00
Discussion Boards - Power School Learning	$ 288.00
GoToWebinar Conference Calls ($50 per month)	$ 1,200.00
ROUNDED TOTAL	$ 5,388.00

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

Indirects @ 45.3% of Salaries and benefits	$ 100,769.00

$ 582,500.00