January 30, 2020

Amy Hogan
Nursing Facility Policy Administrator
Bureau of Long-Term Services and Supports
The Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, OH 43215

Dear Ms. Hogan:

Please find, in the pages that follow the quarterly report for CMP Request Number: G-1819-04-0668, Compassionate Touch Project, for the period of 01 October 2019 – 31 December 2019.

AGE-u-cate Training Institute
Project Leader: Pam Brandon
(817) 857-1157 ext. 202

We look forward to your input and our ongoing participation in this project.

Kind regards,

Pam Brandon, Founder/President
AGE-u-cate Training Institute
P.O. Box 452
Colleyville, TX 76034
(817) 857-1157 ext. 202
Year Two 2nd Quarterly Report (01 October 2019 – 31 December 2019)

Compassionate Touch®: A Practical Approach to Ease Behavioral Symptoms
Performance Requirements Progress Report

1. On-site training, of the two-hour Compassionate Touch (CT) Caregiver Training, will be offered to each of the three work shifts at each participating nursing home by AGE-u-cate contractors.

2. Task Status: Ongoing – In Q2 2019-20, ATI Certified Master Trainers scheduled and conducted Onsite CT Caregiver Training at fourteen (14) nursing homes located in Cuyahoga, Belmont, Knox, Hamilton, Lake, Licking, Lorain, Lucas, Seneca, Shelby, Summit, Warren and Williams counties in Ohio. Thirty-six (36) sessions were conducted and 300 nursing home staff were trained.

<table>
<thead>
<tr>
<th>Facilities Trained</th>
<th>City (OH)</th>
<th>Enrolled/ Signed PA</th>
<th>Training Dates</th>
<th>Number of Training Sessions</th>
<th>Number of Training Participants</th>
<th>Competency Scores (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Bath Manor</td>
<td>Akron</td>
<td>5/31</td>
<td>11/22/2019</td>
<td>3</td>
<td>14</td>
<td>100</td>
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<tr>
<td>2 Continuing HC of Shadyside</td>
<td>Shadyside</td>
<td>5/23</td>
<td>10/25/2019</td>
<td>3</td>
<td>28</td>
<td>100</td>
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<tr>
<td>3 Country Club Retirement Campus of Mt Vernon</td>
<td>Mt. Vernon</td>
<td>9/30</td>
<td>11/20/2019</td>
<td>2</td>
<td>18</td>
<td>100</td>
</tr>
<tr>
<td>4 Crawford Manor</td>
<td>Cleveland</td>
<td>8/3</td>
<td>10/08/2019</td>
<td>3</td>
<td>17</td>
<td>100</td>
</tr>
<tr>
<td>5 Fairmont Health Center at Ohio Living Breckenridge</td>
<td>Willoughby</td>
<td>8/27</td>
<td>10/10/2019</td>
<td>3</td>
<td>27</td>
<td>100</td>
</tr>
<tr>
<td>6 Flint Ridge Nursing and Rehab</td>
<td>Newark</td>
<td>8/28</td>
<td>10/21/2019</td>
<td>3</td>
<td>37</td>
<td>100</td>
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<tr>
<td>7 Good Shepherd</td>
<td>Fostoria</td>
<td>9/24</td>
<td>12/10/2019</td>
<td>3</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>8 Oak Hills Nursing Home</td>
<td>Lorain</td>
<td>7/22</td>
<td>11/20/2019</td>
<td>3</td>
<td>14</td>
<td>100</td>
</tr>
<tr>
<td>9 Ohio Living Dorothy Love</td>
<td>Sidney</td>
<td>8/9</td>
<td>10/22/2019</td>
<td>3</td>
<td>30</td>
<td>100</td>
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<tr>
<td>10 Ohio Living Quaker Heights</td>
<td>Waynesville</td>
<td>9/23</td>
<td>11/12/2019</td>
<td>3</td>
<td>26</td>
<td>100</td>
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<tr>
<td>11 Ohio Living Swan Creek</td>
<td>Toledo</td>
<td>8/13</td>
<td>11/19/2019</td>
<td>2</td>
<td>12</td>
<td>100</td>
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<tr>
<td>12 Scarlet Oaks</td>
<td>Cincinnati</td>
<td>7/2</td>
<td>10/14/2019</td>
<td>1</td>
<td>4</td>
<td>100</td>
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<tr>
<td>13 Solon Pointe at Emerald Ridge</td>
<td>Solon</td>
<td>8/14</td>
<td>10/17/2019</td>
<td>1</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>14 Williams County Hillside Country Living</td>
<td>Bryan</td>
<td>9/3</td>
<td>10/08/2019</td>
<td>3</td>
<td>37</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>36</strong></td>
<td><strong>300</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 1 – Facilities Trained
3. Schedule training times according to what works best for facility.

   Task Status: Ongoing – As nursing homes submit completed and signed Participation Agreement, ATI Trainers are assigned to contact the administrator at each facility and schedule onsite CT Caregiver Training with regard to facility’s availability. ATI continues to exercise flexibility in rescheduling when facilities have surveys, administrative changes or other priorities.

4. Allow the number of participants in each session of training to be decided by the facility.

   Task Status: Ongoing – ATI’s course structure offers up to three (3) training sessions, with a maximum of 20 participants per session. Facilities are provided a sign-up sheet to maximize awareness of training schedules and attendance.

   Challenge: Priorities and unplanned urgent responsibilities, of staff, often conflict with scheduled trainings.

   Solution: Just-In-Time training (JIT) is offered to staff as an abbreviated approach - emphasizing the hand, feet and back touch techniques.

5. Maintain a roster of training participants.

   Task Status: Ongoing – CT Training participants sign-in on the ATI roster. ATI trainers provide a copy of the participant roster to the administrator of each nursing home, and original participant roster is on file at ATI.

6. Pro-actively check in with CT Coaches and others helping with outcomes tracking.

   Task Status: Ongoing – A list of up to four (4) CT Coaches, one (1) Results Measurement and Reporting (RMR) Coordinator and respective contact information are requested from each facility. Reports are generated on weekly basis providing trainer with eLearning training status of each coach. Continued support is offered by ATI’s eLearning team and grant manager as needed.

7. Collect result measurement data on a quarterly and monthly basis.

   Task Status: Ongoing – Nursing homes are required to submit result measurement data on a quarterly basis and CT Coaches data monthly. In order to collect data from the nursing home, ATI used Survey Monkey to develop three (3) electronic surveys:

   • Ohio CT Resident Baseline Survey
   • Monthly Survey
   • Quarterly Survey
Refer to item 12 for survey descriptions. Facilities are responding with data. Some delays in response from some result from device, technical issues or other internal priorities.

Challenges: Primarily, as result of technology challenges and advances in security, many of the nursing homes are unable to receive or open email to access the Survey Monkey email.

Solution: ATI created a survey that could be mailed, emailed or faxed from facility.

8. Contact facilities on a regular basis through avenues such as e-newsletter or teleconferences.

Task Status: Ongoing: ATI staff and trainers contact and update the fourteen (14) facilities directly.

9. Provide an avenue of contact for participants if assistance is needed.

Task Status: Ongoing–Facility leadership and training participants receive contact information for the ATI Trainer assigned to train and support them and the ATI staff. It has been and remains our goal to provide facilities with a high rate of response for their initiated emails and phone calls.

10. Provide facilities support in the form of on-line access to CT instruction video, coach materials; teleconferences, webinars, bi-monthly electronic publication, phone support; assistance with data collection and outcomes tracking.

Task Status: Ongoing – At the time of each Onsite CT training, ATI trainers:

- Provide selected staff with the Ohio customized Coach Training manual and supplies needed to complete Coach Certification Training.
- Instructs facility staff on how to enroll staff in the online e-learning Coach Certification Training.
- Leave extra training materials not used with the facility to use for their ongoing CT training for staff and family members.

Update – 1 e-Newsletter and 1 Teleconference were available for all coaches for this quarter, Q2.

11. Grants Manager and Executive Leader will facilitate process of outcomes tracking and reporting.

Task Status: Ongoing – All facilities, trained in 2019-2020, will receive baseline surveys. Baseline surveys for facilities trained in Q2 2019 – 2020 have been sent and data continues to be received. Cumulative data will be received and evaluated at the end 2019-2020. ATI developed key measurement and reporting processes and instructions to support facilities. Deliverables include development and distribution of a detailed document outlining key elements and processes of the CT Project and provides guidance to help nursing home leadership select and assign tasks to their CT Project team. Resident’s privacy is priority.
12. Contractor will devise an electronic survey for individuals to report outcomes of goal. Survey data will be collected, compiled and reported monthly and quarterly from the date of training.

Task Status: Ongoing

Three (3) surveys will continue to be used by ATI to collect data from the nursing home:

- Monthly Survey – measures training conducted by the Certified CT Coaches for staff, family members, as well as any challenges and success stories.
- Quarterly Survey – measures any changes in the presence and frequency of dementia-related behaviors.

Update: 20 facilities submitted Baseline Resident Data.

Challenges: Many of the facilities are unable to receive or open email to access the electronic Survey Monkey email and surveys. Related to security firewalls.

Solutions: ATI created modified resident baseline and follow-up surveys that can be mailed, emailed or faxed by the facility. The changes allow flexibility in who facility can assign as RMR Reporter. The Monthly Survey questions have been included in the revised follow-up survey. Instead of Quarterly Surveys, surveys are to be submitted bi-monthly.

13. Report scores selected from items in the MDS for ten long-stay residents with dementia on a quarterly basis, post Onsite CT training.

Task Status: Ongoing

The CT Project resident surveys has five (5) questions align with coding scheme as MDS 3.0 for data collection. For each question, the RMR Coordinator inputs the code in the Ohio CT Resident Baseline and the Quarterly surveys for each resident in the target group.

The five questions are categorized as:

- One (1) question from the MDS 3.0 Section N: Coding Medications: N0410A – usage of anti-psychotic medication

Challenges: Barriers impacting the timeliness and reliability of facility feedback regarding resident response to Compassionate Touch.
Solution: The Minimum Data Set is updated on a quarterly basis, and AGE-u-cate is increasing the frequency of follow-up resident data submission to bi-monthly. Increasing the frequency of facility reporting will provide more valid and reliable data regarding the resident’s response to Compassionate Touch. In doing this, this will eliminate the confusion that facilities were experiencing with trying to sync up ATI reporting with the quarterly MDS update.

14. ATI team members will be available to assist with outcomes tracking.

Task Status: Ongoing – ATI provided initial and revised instruction to the ATI Trainers on the quality outcome processes being developed and used for Ohio CT Results Measurement and Reporting.

Once Onsite training is complete, ATI trainers hold a meeting with the administrator and/or designated representative at participating nursing homes. These debriefing meetings are intended to discuss the next steps for implementation, confirm due dates, the surveys and provide FAQ opportunity.

ATI Trainers will receive ongoing training and associated results measurement materials to support completion data collection.

15. ATI will create and provide a one-page editable flyer introducing families to the CT project and how the facility is applying it.

Task Status: Ongoing– Facilities are given a letter and a flyer intended to inform family members about the project. It is the intent of ATI that family members will learn and make use of CT techniques when visiting their loved one with dementia.

16. Provide posters illustrating techniques.

Task Status: Ongoing – Each facility is given laminated posters for display.

17. Provide the following expectations to the facility during the preparations process.

Task Status – Ongoing:

ATI developed a document (referred to as Letter to Administrators). The letter was distributed to administrators of participating homes to assist with preparing for startup of the CT Project in their home. The topics listed below are covered in the Letter to Administrators and were reviewed with nursing home staff by the ATI Trainers during onsite meetings.

- Purpose of and outcome tracking methods of the CT Project,
- Guidance on the selection of the Target Group of ten residents,
- The need to maintain a Target Group of ten residents throughout the Project duration,
- The data items being tracked for quality outcomes,
- Use of the selected MDS 3.0 data behaviors as resident outcome data,
18. Enlist and train nursing homes within the state of Ohio. This will be monitored through a multi-tiered approach to marketing with on-line registration.

Task Status: Ongoing

ATI created a link on the website for all interested nursing homes to complete an information form to be contacted regarding CT project. All inquiries were checked with Master List of Certified Nursing Homes provided by Ohio Contract Manager. For those not listed, ATI confirms their eligibility as a Certified Nursing Home with Contract Manager before moving forward to next steps.

Additionally, the Ohio Health Care Association has promoted the CT CMP Project in their newsletters. Our recruitment has also consisted of phone calls to regional managers of large Nursing Home providers as well as follow-up from attending the Ohio Health Care Association Annual Conference held in earlier this year.

In Q2 2019-2020, ten (10) nursing homes in Ohio signed Participation Agree (PA) for CT Training. Additionally, PAs are signed by President of ATI, and ATI staff called the nursing homes, and then followed up with emails. Fourteen (14) facilities requested CT training for the second quarter, and training was completed as requested.

19. The project is expected to produce the following outcomes among participating residents and staff:

- 10% reduction physical behavior
- 10% decrease verbal behavior
- 10% decrease other behavioral expressions directed toward others;
- 10% decrease in rejection of care; and
- 10% decrease in antipsychotic medication use
- 95% Onsite CT Training Competency Score
- 95% of CT Coaches will have conducted in-house training for staff and family
- 95% of CT Caregivers Training and Coaches e-learning workshop participants will score 80% or better on training competency tools provided by ATI that are customized for each of the two groups of participants
<table>
<thead>
<tr>
<th>Goals</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviors (Similar to MDS Behaviors)</td>
<td></td>
</tr>
<tr>
<td>Physical Behaviors (E0200A)</td>
<td>10% decrease</td>
</tr>
<tr>
<td>Verbal Behaviors (E0200B)</td>
<td>10% decrease</td>
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<tr>
<td>Dementia Related (E0200C)</td>
<td>10% decrease</td>
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<tr>
<td>Refuses Care (E0800)</td>
<td>10% decrease</td>
</tr>
<tr>
<td>Use of Anti-Psychotic Meds (N0410A)</td>
<td>10% decrease</td>
</tr>
<tr>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Onsite CT Training Competency Scores</td>
<td>95%</td>
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<tr>
<td>CT Coaches who have conduct in-house training</td>
<td>95%</td>
</tr>
<tr>
<td>CT Caregiver Training and Coaches e-learning</td>
<td>95%</td>
</tr>
<tr>
<td>workshop participants will score ≥ 80%</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 – Expected Outcomes