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Ohio CMP Reinvestment Program
Project Proposal – Dementia Live®- A Foundation for Person-centered
Dementia Care Practices.
REVISION Submitted to CMS on March 13, 2019

1. Purpose and Summary

This proposal is entitled “[Dementia Live®](#)- A Foundation for Person-centered Dementia Care Practices.” It is being proposed by [AGE-u-cate Training Institute](#) (ATI), a Limited Liability Company headquartered in Colleyville, Texas, which delivers high-impact solutions that transform the attitudes and actions of those who live in, work in, or visit eldercare communities across the nation.

The purpose of this project is to improve the quality of care and quality of life of long-stay nursing home residents in Ohio who have dementia or dementia related conditions. This will be achieved with Dementia Live®, an experiential learning program simulating cognitive and sensory impairments, giving participants real-life experience of living with dementia. Through the Dementia Live® program, participants are empowered with new tools for improved communication skills and care practices that can be implemented as they go about their work in the nursing home. These improved communication skills and care practices will ultimately help decrease resident behavioral symptoms that arise from dementia and dementia related conditions, and will help increase resident well-being.

The Dementia Live® project is being proposed to run for 36 months and is comprised of the following six components:

Component 1. Facility Recruitment and Project Promotion

These activities will take place at the beginning of the project to enlist facility participation.

Component 2. On-site Staff Training

Training consists of the Dementia Live Experience (simulation) followed by Empowerment/Skills development session for direct-care and support staff. (Nursing, Activities, Administrative, Social Work, Dining, Housekeeping, Maintenance, Therapy, Volunteers; Spiritual Care) and family caregivers. ATI trainers will provide the on-site trainings. (Please see Appendix A for trainer resumes.)

Component 3. DL Coach Training (Train-the-trainer e-learning workshop)

Following the onsite training, facilities then enroll two to four staff in online Coach Training e-learning workshop. These people must have completed the on-site Dementia Live (DL)

training. DL Coaches are trained to conduct the DL Experience and Empowerment session for staff and family caregivers. This training totals six hours completed in three two-hour modules combining self-directed on-line instruction with clinical practice.

Upon enrollment in DL Coach Training, facilities will receive a DL Gear Pack consisting of an instruction manual and supplies and materials needed to lead the DL Experience and Empowerment Session.

Component 4. In-House DL Training

DL Coaches facilitate in-house training for additional staff and family caregivers.

Component 5. Project Support

To help ensure sustainable success, facilities will receive support in the form of on-line and phone support, and updated supplemental materials.

Component 6. Data Analysis and Reporting

Nursing Home and Resident Selection - ATI intends to enlist approximately 140 nursing homes in geographically diverse areas of Ohio, and anticipates enlisting both large and small nursing homes. Whenever possible, scheduling will be coordinated to allow instructors to conduct up to three trainings in one week within a single geographic area to help keep travel costs to a minimum. Registration will be available on-line. The registration process will include a brief questionnaire to obtain information about the facility, perceived needs that this project may address, a primary contact person, and scheduling preferences.

A multi-tiered approach to marketing efforts will be used to reach potential participating facilities throughout Ohio. Strategies include:

1. An introductory letter and program overview will be sent to nursing home administrators.
2. Network with state and/or regional eldercare associations and organizations.
3. Announcement and/or article submitted to state and/or regional eldercare association newsletters.
4. Contacting relevant Ohio LinkedIn groups

Resident Selection - ATI will collaborate with each participating nursing home to identify approximately 10 residents to track the impact of DL. Individuals selected to participate will be long-stay residents who have some type of dementia or a dementia related condition, and who have behavioral symptoms and/or resistance to care.

Reporting

ATI will submit quarterly reports to the Ohio Department of Medicaid, and a final report at the end of the project period.

Sustainability

After the project period concludes, sustainability is expected to be achieved through peer to peer interactions when DL Coaches in participating nursing homes transfer the information they have acquired to other staff members. ATI also provides on-going support for DL Coaches with on-line access to the materials needed for implementation, including quarterly teleconferences and bimonthly electronic publications that reinforce the use of DL.

2. Expected Outcomes

By the end of the 36 month project, ATI expects to achieve the following outcomes at approximately 140 participating Ohio nursing homes:

1. A 10% reduction in the aggregate score for the following MDS items for participating residents in each participating facility and statewide for all participating facilities:
 - MDS E0200A – Physical behavioral symptoms directed toward others
 - MDS E0200B – Verbal behavioral symptoms directed toward others
 - MDS 0200C – Other behavioral symptoms not directed toward others
2. For participating residents, a 10% decrease in the aggregate score for MDS item E0800 – Rejection of care that is necessary to achieve the resident’s goals for health and well-being in each participating facility and statewide for all participating facilities.
3. 95% of all DL training participants (on-site and e-learning) will score 80% or better on training competency tools provided by ATI that are customized for each of the two groups of participants
4. 80% of staff and family care partners trained in DL will report they agree with the following survey statements describing their experience:
 - a. I feel more effective in dealing with resident behaviors or care needs.
 - b. My relationship with residents has improved.
 - c. I feel more equipped to respond to behavioral expression in people with dementia.
 - d. Behavioral expression in people I care for has decreased because I have new skills in how to interact with them to prevent such behavior.
5. 95% of DL Coaches will have conducted in-house training for staff and family caregivers.

3. Results Measurement

To establish baseline data for expected outcomes #1 and #2 as specified in Section 2, ATI will obtain quarterly MDS scores for participating residents from participating nursing facilities for the following MDS items for the first quarter preceding the start date of the project for which data is available, and facility and statewide aggregate scores will be determined:

- MDS E0200A
- MDS E0200B
- MDS 0200C

- MDS E0800

Throughout the duration of the project, quarterly scores for these MDS items will be obtained for participating residents, and aggregate scores will be compared to baseline data to determine if progress is being made toward achieving the expected outcomes specified in Section 2. The final aggregate quarterly MDS scores will be compared to baseline data to determine if the expected outcomes are achieved.

To track expected outcomes #3 and #4 in Section 2, ATI DL training competency tools will be provided to the participants of on-site training and Coach e-learning workshops via Survey Monkey. ATI will track the number of competency tools completed and the score of each completed survey to determine if the expected outcomes are achieved. (Please see Appendix B and Appendix C for sample competency tools.)

Survey Monkey will also be used for participating DL Coaches to verify they have conducted in-house trainings for staff and family caregivers. ATI will track the number of DL Coaches who have conducted the trainings and determine if the expected outcome #5 specified in Section 2 is achieved. (Please see Appendix D for survey.)

4. Benefits to Nursing Home Residents

Residents with dementia residing in participating nursing homes will benefit from this project by having their caregivers better understand their behavior, and thereby receive improved care and experience enhanced well-being.

The following are personal accounts from nursing home staff.

I always worked with dementia patients but now going through Dementia Live, I feel that I better understand the reasons for the patient's behaviors. Angele Carnahan, Therapist, Brookville, PA

This has been a very eye-opening experience. It's one thing to observe a person coping with dementia – it's a whole other thing to be the person with dementia. Joan Bracco, Marketing Co-coordinator/Ombudsman, Clearfield, PA

Fantastic experience, especially for individuals caring for people with dementia or cognitive impairment. Let's you experience what they are going through daily. This could change (for the better) the way you interact or care for them. Megan Patrick, Director Care Transitions and Assessment, Clearfield, PA

Now I know how to take care of my residents because I know what it is like to be in their shoes. Lashaunda Denson, RN Employee Health Nurse/ Educator, Memphis Jewish Home and Rehabilitation, Cordova, TN

5. Non-Supplanting

This project will in no way supplant the responsibilities of participating nursing facilities to meet existing Medicare and Medicaid regulations, or other statutory and regulatory requirements. Education and interventions employed in this project will complement current nursing facility standards and practices.

6. Consumer and Other Stakeholder Involvement

The Dementia Live project will involve approximately 3,500 (based on approximately 25 per participating facility) Ohio nursing home staff caring for long- stay residents who have some type of dementia or dementia related condition. Other stakeholders will include family caregivers throughout the state who will participate in the in-house trainings at participating nursing homes. Additional family members and members of the community at large may become involved as they learn about the DL program and techniques from staff and family caregivers who have completed the in-house training.

Staff at approximately 140 nursing homes will be involved in implementing the new communications and care skills they learn in the on-site staff training and DL Coach training. Each facility’s leadership will be involved when they support the DL project by providing space and audiovisual equipment for the trainings, and by providing their staff with paid time to participate in the trainings.

7. Funding

The budget table below details the funding requested for this 36-month project.

	Cost Per Unit	State Fiscal Year One (3 months) 4 facilities	State Fiscal Year Two (12 months) 50 facilities	State Fiscal Year Three (12 months) 50 facilities	State Fiscal Year Four (9 months) 36 facilities	Total Cost (36 months) 140 facilities
TRAINING						
Materials & Supplies for Facilities , includes DL Gear Pack	\$495 / facility	\$1,980	\$24,750	\$24,750	\$17,820	\$69,300
Supplies & Materials for Trainers	\$650 x 6 trainers	\$3,900	0	0	0	\$3,900
DL Coach On-line Training: Train-the-Trainer E-Learning Workshop	2 enrollees per facility @ \$675 for 1 st enrollee and \$175 for 2 nd enrollee	\$3,400	\$42,500	\$42,500	\$30,600	\$119,000
ATI Trainer Fee	\$1,925 / facility	\$7,700	\$96,250	\$96,250	\$69,300	\$269,500
TOTAL TRAINING		\$16,980	\$163,500	\$163,500	\$117,720	\$461,700
PERSONNEL						

VP Operations: Coordinates on-line training by project participants; develops process systems and trains personnel in their use; manages facility requests; acquires project materials and supplies.	10% of \$72,000 annual ATI salary	\$1,800	\$7,200	\$7,200	\$5,400	\$21,600
Operations Assistant: Assists Project/Trainer Manager and President with project details, data input, and training support.	20% of \$30,000 annual ATI salary	\$1,500	\$6,000	\$6,000	\$4,500	\$18,000
Project/Trainer Manager: Responsible for facility recruitment; manages project progress and ensures project meets deadlines; coordinates and schedules ATI trainers.	25% of \$44,000 annual ATI salary	\$2,750	\$11,000	\$11,000	\$8,250	\$33,000
Finance/IT Director: Sets up financial accounts; manages cash flow and accounts receivable and payable; responsible for project IT needs including launch and maintenance of online training modules.	10% of \$67,000 annual ATI salary	\$1,675	\$6,700	\$6,700	\$5,025	\$20,100

President: Provides project leadership; supervises all project personnel, operations, and activities; responsible for reporting to ODM.	10% of \$160,000 annual ATI salary	\$4,000	\$16,000	\$16,000	\$12,000	\$48,000
Salaries Subtotal		\$11,725	\$46,900	\$46,900	\$35,175	\$140,700
Payroll Taxes	Estimated @ 7.65% of salaries	\$897	\$3,588	\$3,588	\$2,690	\$10,763
TOTAL PERSONNEL		\$12,622	\$50,488	\$50,488	\$37,865	\$151,463
TRAVEL						
On-Site Trainings	Airfare (Roundtrip Flights) 4 flights in Year 1, 50 flights in Years 2 & 3, and 36 flights in Year 4 @ \$390/flight	\$1,560	\$19,500	\$19,500	\$14,040	\$54,600
	Hotel 4 stays in Year 1, 50 stays in Years 2 & 3, and 36 stays in Year 4, 2 nights per stay, @ \$160/night	\$1,280	\$16,000	\$16,000	\$11,520	\$44,800
	Car Rental 4 rentals in Year 1, 50 rentals in Years 2 & 3, and 36 rentals in Year 4 @ \$150/rental	\$600	\$7,500	\$7,500	\$5,400	\$21,000

TOTAL TRAVEL		\$3,440	\$43,000	\$43,000	\$30,960	\$120,400
DATA COLLECTION, ANALYSIS, AND REPORTING						
Data Collection and Data Analysis, and Reporting to ODM	12 hrs. in Years 1, 150 hrs. in Years 2 & 3, and 108 hrs. in Year 4 @ \$50/hr.	\$600	\$7,500	\$7,500	\$5,400	\$21,000
TOTAL DATA COLLECTION, ANALYSIS, AND REPORTING		\$600	\$7,500	\$7,500	\$5,400	\$21,000
ADMINISTRATIVE						
Printing & Postage	Printing of promotional brochures; 500/year @ \$2 ea. Postage for brochures; 500/year @ \$0.47 ea.	\$1,235	\$1,235	\$1,235	\$1,235	\$4,940
Office Supplies	Estimated costs for paper, toner, file folders, pens, labels, staples, clips, etc.	\$57	\$229	\$229	\$171	\$686
TOTAL ADMINISTRATIVE		\$1,292	\$1,464	\$1,464	\$1,406	\$5,626
TOTAL FUNDING REQUESTED		\$34,934	\$265,952	\$265,952	\$193,351	\$760,189

8. Involved Organizations

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 Colleyville TX 76034
 817-857-1157
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www.ageucate.com



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9. Contacts

Pam Brandon, Founder and President AGE-u-cate Training Institute
PO Box 452
Colleyville, TX 76034
817-857-1157 Ext. 202
pam@ageucate.com

Ann Catlin, OTR, LMT
610 E. University St. Springfield, MO 65807
(417)-844-8514 • ann@compassionate-touch.org

Training and Education Consultant, AGE-u-cate Training Institute 2015- 2018
Founder/ Director Center for Compassionate Touch LLC 2002 – 2016

EDUCATION

B.S. Degree in Occupational Therapy University of Kansas 1979
School of Massage Arts, Springfield, Missouri 1999

CERTIFICATIONS AND OTHER CREDENTIALS

Compassionate Touch Professional Certification 2000
National Certification Board of Therapeutic Massage and Bodywork 2000
Certified Instructor of Compassionate Touch® 2001
Approved Provider Continuing Education NCBTMB 2002 - 2016
Approved CE Provider Florida Massage Therapy Board 2007 - 2015
Approved CE Provider for National Certification Council for Activity Professionals 2012 - 2015

TEACHING EXPERIENCE

Instructor of Compassionate Touch® Workshops / Long Term Care and Hospice Staff Training 2001 – Present
School of Massage Arts 1998 – 2001

CLINICAL EXPERIENCE

Occupational Therapy:
PRN in long term care 2017-present
Staff Occupational Therapist: Various settings 1980 – 1999
Occupational Therapy Department Head: Rehabilitation 1985 – 1992
Interdisciplinary Rehabilitation Manager: Long Term Care 1992 – 1995

Massage Therapy:

Compassionate Touch® services to eldercare/ hospice clientele 1999 – Present
Certified Compassionate Touch® Practitioner 2000 – Present

AWARDS

One Concept/ Performance Health Humanitarian Education Award 2012

CONFERENCE PRESENTATIONS

Eden Alternative International Conference 2016
Missouri Association of Nursing Home Administrators 2016
North Dakota Long Term Care Association 2016
Pioneer Network National Conference 2014/15
Texas Healthcare Association Conference 2015
Missouri Leading Age Conference 2015
Leading Age National Conference 2009/10
Missouri Healthcare Association 2007
North Dakota Long Term Care Association 2007

Pennsylvania Therapeutic Recreation Institute	2006
Missouri Office on Aging: Missouri Summit on Aging	2006
Missouri League of Nursing	2005
Western Pennsylvania Chapter of Pennsylvania Association of Homes	2005
Canadian Massage Conference	2012
American Massage Conference	2011/2012
Wisconsin Massage Therapy Association	2011
American Massage Therapy Association National Conference	2011
Florida State Massage Therapy Association Conference	2008/ 2009/ 2011/2013
Missouri Massage Therapy Association	2008
North Carolina Massage Therapy Association	2008
Oklahoma Massage Therapy Association	2007
South Carolina Massage Therapy Association	2007
Illinois Massage Therapy Association	2007/2012
Maine Massage Therapy Association	2005
Health Ministries Association National Conference	2003
Cox Health Systems: Geriatric Medicine Symposium	2002

PUBLICATIONS

Columnist for <u>Massage Today Magazine</u>	2008-2015
Contributing author for Massage Magazine and Massage Therapy Journal	2007- 2015
Contributing author for Provider Magazine	2010

ON-LINE COURSES

Compassionate Touch in Managing Challenging Behaviors in Dementia Care (2013) Pedagogy
www.pedagogy-inc.com

Meeting the Needs of Older Adult Clients (2009) www.yourCEplace.com

Compassionate Touch: Non-Pharmacological Pain Relief for Elders in Long Term Care (2008) Care2Learn
www.care2learn.com

Serving Older Adults: Accommodating Functional Differences. Massage Therapy Journal, Summer (2008)
www.amtaonlinetraining.org

Massage in Hospice and Palliative Care: Ethical Considerations (2009) Your CE Place
www.yourCEplace.com

INSTRUCTIONAL VIDEO

Sensitive Massage: Reclaiming the Human Touch in Caregiving, (2007). Wrote script, directed filming and assisted with editing.

PROFESSIONAL AFFILIATIONS/MEMBERSHIPS

Pioneer Network
American Occupational Therapy Association
American Massage Therapy Association

Julie Boggess, MPA

Licensed Nursing Home Administrator
Aging Services Professional

Resume Summary

After 31 years working as a practitioner in Aging Services, in December 2017 I left my position as CEO for Bethesda Rehab and Senior Care in Chicago to further my career in higher education and launch my company called

Enlighten Eldercare brings training and education to professional and private caregivers who are caring for older adults. Our mission is to enlighten caregivers with education, information and tools that will strengthen their role as caregivers.



I am a Certified Master Trainer for the AGE-u-cate Training Institute and deliver their innovative and impactful training programs to caregivers.

My philosophy about aging is that it should be considered a privilege, because there is only one alternative. Therefore, it is a privilege to work with and care for the aged. They deserve to age in environments that celebrates and uplifts their personhood, supports their independence and autonomy, and respects their dignity as human beings. Elderly people don't stop living or needing purpose and meaning in their lives.

2003- Dec 2017 **Chief Executive Officer, Bethesda Rehab & Senior Care, Chicago, IL.**

Responsible for the integrity and quality of the daily operations for the 132-bed nursing home. Reporting to the Chair of the Board of Directors, my time was divided between managing operations, board functions and donor development. My goals focused on revenue stabilization and growth, quality improvement, employee relations, and developing a shared long-term growth plan with the Board of Directors. I spearheaded the consolidation of Bethesda with the Norwood Life Society, and voluntarily stepped down as CEO to pursue new opportunities.

1998-2003 **Director, Mather Gardens Assisted Living, Evanston, IL.**

Assisted in the transition of a 110-apartment building from independent to assisted living. I re-designed the care giving system from home health to direct provider model and developed a strong management team that improved operations and financial performance. My most significant achievement was the implementation of on-site structured day program for residents with memory loss.

1995-1998

Assistant Administrator, Mather Pavilion at Wagner Health Center, a Mather LifeWays Community, Evanston, IL.

Managed the daily operations for 175 intermediate and skilled nursing beds and provided direct supervision for three departments, including budget preparation and financial monitoring. Prepared facility for IDPH and JCAHO surveys- achieved 97% compliance for JCAHO. Handled tours, admissions and conducted marketing visits. Spear-headed the development of a dementia program, continuous quality improvement council, and problem resolution system.

1993-1995

Assistant Administrator, Bethany Terrace Nursing Centre, Morton Grove, IL.

Managed daily operations for this 265-bed intermediate and skilled facility and provided direct supervision of four departments including budget preparation and monitoring. I prepared the facility for IDPH and JCAHO surveys and was responsible for the quality assurance program.

1989- 1993

Director of Social Services, Bethany Terrace Nursing Center, Morton Grove, IL.

Supervised two social workers and a secretary. This department handled all tours and admissions and provided counseling to residents and family members. I provided training to the department on MDS completion.

EDUCATION and ACTIVITIES

Master of Public Administration, Roosevelt University, Chicago, Ill.

Bachelor of Science, Child and Family Studies, Northern Illinois University, DeKalb, Ill.

- Licensed Nursing Home Administrator, 1990-present
- Past chair of the LeadingAge Illinois Nursing Facilities Cabinet
- Former Secretary of the Board of Directors for LeadingAge Illinois
- Member of the American College of Healthcare Administrators
- Instructor in Gerontology and Aging Services, Northern Illinois University
- Certified Master Trainer, AGE-u-cate

EMMY KACZMARSKI, RN

Phone: (715) 688-9069
Emortel1980@gmail.com

2228 County Rd DD
Baldwin, WI 54002

EDUCATION:

MS	Chamberlain University, College of Nursing 3005 Highland Parkway, Downers Grove, IL 60515 Family Nurse Practitioner Program Track	Expected Graduation October 2019
BS	Chamberlain University, College of Nursing 3005 Highland Parkway, Downers Grove, IL 60515 Graduated Summa Cum Laude	April 2018
AD	Chippewa Valley Technical College 620 W. Clairemont Avenue, Eau Claire, WI 54017	May 2002

PROFESSIONAL EMPLOYMENT:

RN Case Manager

March 2018- Present and March 2014-June 2015 Interim Home Care and Hospice

Description: Provide clinical in-home assessments and care to patients residing in the community needing skilled nursing care. Other job duties include patient advocacy, interdisciplinary collaboration, teaching, and triage.

Master Trainer and Behavioral Specialist Consultant

June 2017- Present Age-U-Cate Training Institution

Description: Provide training in Dementia Live, Compassionate Touch, and challenging behaviors to long term care facilities, hospitals, clinics, groups, and others interested in dementia education. Serve as a professional consultant to facilities regarding challenging cases and development of behavioral support plans.

Campus Director, Regional Director, Quality Assurance Director, and Regional RN

March 2015- March 2018 Comforts of Home

Description: Multiple promotions and role changes within the same company allowed me to explore every aspect of assisted living for seniors and to meet the needs of my patients and serve my company to the best of my abilities. I started as a Campus Director for two community based residential facilities and advanced to Regional Director where I oversaw 12 different properties. Leadership was an essential skill utilized in all the roles I filled. In addition to routine nursing care I provided mock surveys and chart reviews as part of the quality assurance role. I provided training and delegation to care workers and oversaw daily functions. I worked with many different members of the interdisciplinary team, served as an

ambassador for those in my care, and advocated heavily for educational opportunities for staff and families related to caring for those with dementia. I developed many valuable relationships in the senior care industry and chaired many organizational events and professional development activities.

Lead Triage RN

June 2012- March 2014

Hudson Physicians

Description: Oversight of a fast paced, high pressure clinical triage department. Gathering detailed information to determine if patients required provider appointments. Documenting interactions and communicating with the interdisciplinary team to meet patient needs. Providing medication refills per clinic policy.

RN Clinical Operations/MICD Treatment

October 2008-2009

Burkwood Treatment Center

Description: Oversight, supervision, and management of nursing related clinical operations pertaining to unlicensed workers and clients. Extensive coordination with the interdisciplinary team to meet patient needs.

RN Case Manager

March 2006-October 2008

Adoray Home Care and Hospice

Provide clinical in-home assessments and care to home care and hospice patients residing in the community needing skilled nursing care. Other job duties include patient advocacy, LPN and CNA oversight, interdisciplinary collaboration, teaching, and triage.

LICENSURE AND CERTIFICATIONS:

Registered Nurse	141148-30	Wisconsin
BLS Provider	1855034664018	American Heart Association
Behavioral Specialist		State of Wisconsin
Dementia Specialist Certificate		State of Wisconsin
Dementia Generalist Certificate		State of Wisconsin

LECTURES, COURSES, PRESENTATIONS:

Workshop Presenter – Dementia Live and Challenging Behavior

Alzheimer’s Wisconsin conference

May 2018

Annual Leadership Training Presenter

Interim Home Care

June 2016

Monthly Leadership Workshop Presenter

Comforts of Home

March 2015-March 2018

Dementia Live Bi-Quarterly Workshop Presenter

Comforts of Home

June 2017-March 2018

PUBLIC/COMMUNITY SERVICE:

Event Planning Committee Member

Alzheimer's Association Northern Wisconsin Walk to end Alzheimer's 2015-present

Northern Wisconsin Assisted Living Provider Networking Group

Member 2015-2018

Plant the Seed

Garden planner and volunteer 2015-2017

My Neighbors Closet

Volunteer 2017

Habitat for Humanity

Volunteer 2017

Beth C Propp, RN, ATI CT

2980 Ruby Ridge Ct.
Suamico, WI 54313
beth@ageucate.com
920-737-1015

PROFILE

I am a compassionate, patient-centered healthcare professional with decades of experience as a Registered Nurse, patient advocate and trainer/educator. Specialized in working with elderly populations to promote and provide the highest levels of empathy, compassion, hands-on care and education to them, their caregivers, family and community members.

EDUCATION & EXPERIENCE

Registered Nursing Diploma: Columbia Hospital School of Nursing, Milwaukee, WI 1979

BA Interpersonal & Group Communications: Trinity International University, Deerfield, IL, Salutatorian

Registered Nurse: Wisconsin, current

Nursing Experiences: Hospital - Oncology/Hospice, Intermediate Care, Pre-Surgical Admissions; Clinic Roles - Internal Medicine, Pediatrics, Geriatrics; Other - Assisted Living RN, Case Management RN, Phone Triage Nursing, Parish Nursing, School Nursing, Susan B Komen Walk RN

Training includes: Diabetic “mom”, Alzheimer’s Support Group Facilitator Training, Nurse Managers in Assisted Living and Home Care Training, CNA Instructor Certification, Abstinence & Marriage Educator, CPR Instructor, Certificate in Geriatrics, Current w/CEU as per WI State Board of Nursing, AGE-u-cate Training Institute Certified Trainer

PRESENTATIONS

AHA Instructor - CPR/BLS Classes

Joint Replacement Classes (*assisted w curriculum rewrite - Joint Venture*)

Parenting Classes - Entrusted w/A Child’s Heart

BSF STL (*lecturer*)

ASA Chicago 2017 Co-Presenter: Dementia Live®

WHCA/WiCAL 2017 Spring Conference: Presenter Mini-Dementia Live®, Dementia Live®

ANFP 2017 Fall Symposium - Dementia Live® & Closing Keynote

Dementia Live®/Compassionate Touch® Events: Chicago, IL; Kenosha, WI; Eau Claire, WI; Janesville, WI; Racine, WI, Luxemburg, WI

Ginger Spencer, Owner, LMT, CMT
12489 Dogwood Tr., Gloucester, VA 23061
Ginger@ageucate.com
804-832-8859

Work Experience as a Licensed Massage Therapist

Heart Felt Touch Massage Therapy-Owner, LMT, CMT Gloucester, VA. Jan. 2012-Current
In home, Compassionate Touch and in office offering customized Massage to anybody, most any condition. Fully responsible for atmosphere, client comfort, scheduling, cleanliness and professionalism. I've employed a scheduling service for booking and reminding clients of appointments. Responsible for all administrative duties and have hired a book keeper for accountability and management of all financial records.

Colonial Harbor Retirement Community York Town, VA Nov. 2013-2015
First and third Tuesday massages for residents who wish to receive hand/back/neck, or specific 10-minute massages provided by Colonial Harbor.

Rappahannock Westminster Canterbury Irvington, VA May 2013-July 2013
Two day/four-hour workshop provided by RWC for all staff, "The Power of Touch". In this workshop I spoke on the power of touch, the need for it and how to offer it in a more personal way. Moving away from task touch and remembering the power of touch on a physical, emotional, cognitive, social and spiritual level. This was a hands on class combining power point, lecture, personal experience and hands on with the residents followed by discussion.

Riverside Wellness and Fitness Center Gloucester, VA Jan 2007-Sept. 2014
Responsible for preparing my massage room in a manner that would be inviting for guests. Managed intake forms and properly addressed clients' concerns. Customized the massage to meet the client's needs.

Tides Inn Irvington, VA May 2008-Jan. 2009
Full service day spa providing various types of massage including hot stones, wraps and detox scrubs. Responsible for ensuring care and satisfaction for each client.

Life Time Fitness Centreville, VA Feb. 2006-Nov. 2006
General massage therapy

Massage Therapist, PT Manassas, VA Nov. 2003-Nov. 2006
General massage therapy

Education

Heritage Institute, Falls Church, VA
Massage Therapy Certificate of Completion-600 hours October 2003

Continuing Education Units

2018	AGE-u-cate Training Institute-C. Mast. Trainer	Grapevine, Tx.	24 hours
2015	Tension Releasing Exercise (TRE®) M.2	Greensboro, NC	24 hours
2015	Tension Releasing Exercise (TRE®) M.1	Wash. D.C.	18 hours
2014	Aroma Touch Technique	Va. Beach, Va.	6 hours

2013	<i>Hospital-Based Massage Therapy: Successes, Challenges, and Sound Advice</i>	Webinar	6 hours
2012	<i>Healwell Hospital Massage Therapy Stewardship</i>	Arlington, VA	63 hours
2012	<i>Compassionate Touch Practitioner</i>	Springfield, MO	55 hours
2012	<i>Presence in Care giving at End of Life</i>	Va. Beach, VA.	21 hours
2012	<i>In Depth Intro to Oncology Massage</i>	Va. Beach, VA	24 hours
2011	<i>Hospice Based Massage</i>	Home Study	10 hours
2011	<i>Healing Touch Level 1</i>	Newport News, VA	16 hours
2010	<i>Anger, Anxiety, Hypertension</i>	Richmond, VA	6 hours
2009	<i>Daybreak Geriatric Massage Level 1</i>	Va. Beach, VA	17 hours
2009	<i>Myofascial Release</i>	Home Study	20 hours
2006	<i>Certified Medical Massage Practitioner</i>	Richmond, VA	44 hours
2006	<i>Certified Educator of Infant Massage</i>	Falls Church, VA	40 hours
2006	<i>Prenatal Massage</i>	Herndon, VA	34 hours
2004	<i>Neuromuscular Therapy & Deep Tissue</i>	Home Study	<u>15 hours</u>
			443 hours

Associations/Licensure/Liability Insurance

AMTA	American Massage Therapy Association	Member ID #176277
VA Board of Nursing	Certified Massage Therapist	License #001900428
Chamber of Commerce member		2015-Current
Main street Association Board Member		June 2017-June 2018

Community Service

Sanders Assisted Living

- Offered Complementary 5-10-minute hand massages once a month 2012-2013

Gloucester House AL/Sweet Memories

- Offered Complimentary 5-10-minute hand massages bi-weekly 2012-2013/2018

Alzheimer Association Advocate 2012-2018

- Educational presentation session for caregivers providing information and technique for pain reduction, how to help calm anxiety and agitation enhancing emotional and spiritual well-being for their loved ones with dementia
- Walk Committee-Walk to End Alzheimer's 2013
- Fund raise and support the annual "Walk to End Alzheimer's"

International Service

- May 1999-Grenada, West Indies-Community building, church construction and vacation bible school
- May 2000-Ome, Japan-Church construction
- May-July-2004-Tanzania, East Africa-Church construction, community relations, evangelism
- January 2005-Tanzania and Kenya-community relations and evangelism
- September 2008-Kampala, Uganda-Friends of TOUCH-administrative work for child sponsorship for health and education

Appendix A
Resumes - ATI Trainers

Work Experience Prior to Massage Therapy

<i>Independence Air</i>	<i>Flight Attendant</i>	<i>Dulles, VA</i>	<i>July 2004-January 2006</i>
<i>Atlantic Coast Airline</i>	<i>Flight Attendant</i>	<i>Dulles, VA</i>	<i>August 2000-July 2004</i>
<i>Service Industry</i>	<i>Wait Staff</i>	<i>San Diego, CA</i>	<i>February 1997-2000</i>
<i>Service Industry</i>	<i>Wait Staff</i>	<i>Wichita, KS.</i>	<i>July 1989-1997</i>

Deborah S. Allen

263 Peach Tree Lane
Elliottsburg, PA 17024
717-319-7518-Mobile
717-582-3984-Home
dallen73@embarqmail.com

SUMMARY:

Top caliber professional offering extensive qualifications in the development and administration of human services and rehabilitative support programs. Proven ability to excel in a self-directed work environment, manage staff and demanding workloads. Demonstrated talent for building trusting rapport with staff, clients, referral sources, government agencies and external service partners. An energetic, skillful administrator and client advocate. Experienced with annual strategic plans, annual reports, data analysis, and overseeing budgets. A dedicated and professional leader who possesses the ability to organize and manage multiple priorities.

TECHNICAL SKILLS/PROFICIENCIES:

- Data management to assess service efficacy
 - Planning and evaluating administrative and clinical functions
 - Service expansion and program development
 - Program implementation, compliance and support visionary
 - Overseeing budgets, fiscal exposure
 - Experience with serving on Boards, Advisory groups, state level workgroups & committees, and reporting to Boards
 - Microsoft Office Suite proficient
 - Ability to plan ahead over several years,
-

EXPERIENCE:

PENNCARES SUPPORT SERVICES

Hanover, PA

Executive Director

4/2018 to current

- Accountable and responsible for the overall success of the agency through strategic planning, program management, fiscal accountability and administrative leadership in support of all lines of service. This includes PennWorks, the In Home Program, and all EI programs.
- Responsible for representing PennCares in the community and is the primary contact with state funders and partners.

PENNSYLVANIA BEHAVIORAL HEALTH AND AGING COALITION

Harrisburg, PA

Executive Director

11/2015 to 4/2018

- Accountable to and works in partnership with the Board of Directors to implement to Coalition's mission.
- Responsible for managing the organization's budget, providing leadership to staff, and coordinating efforts with Regional Coalitions.
- Provides leadership in bringing older adult's voices to behavioral health services and policy.
- Manages the administrative activities of the organization.
- Develops outreach strategies to reach interested provider and consumer groups.

Appendix A
Resumes - ATI Trainers

- Serves on State and National Advisory Groups.
- Maintains and builds capacity to initiate and provide input on state legislation and regulations affecting behavioral health policies involving older adults.

KEYSTONE AUTISM SERVICE

Harrisburg, PA

Division Director

05/2015 to 11/2015

- Oversaw the administrative and managerial aspects of Autism services within the agency.
- Ensured quality services were provided consistent with all applicable laws, regulations and licensing standards.
- Provided leadership in areas such as development of operational directives, budgeting and fiscal management, quality services, human resources, compliance, and ongoing development of new and existing services.
- This position supervised over 80 staff and oversaw four programs including Early Intervention, Family Based Mental Health Services, BHRS, and High Fidelity Wraparound Services.

PA Council of Children, Youth & Family Services (PCCYFS)

Harrisburg, PA

Behavioral Health Membership Specialist

03/2014 to 05/2015

- Provided member agencies with current, relevant information and assisted in problem resolution with BH-MCOs and related state offices.
- Developed and initiated communications and activities to carry out the mission of PCCYFS.
- Organized and supported public education and advocacy efforts among member agencies.
- Represented member agencies' positions with relevant State Offices, County Departments of Human Services/Children and Youth/JPO Offices and managed care organizations as contracting entities
- Provided leadership for the implementation of policies and protocols.
- Acted as spokesperson of the Council and advocated on behalf of the membership in public forums.
- Participated in annual and strategic planning processes and the implementation of plans as adopted.
- Lead with Workgroups including Fund Development, Public Policy, BH/RTF, Educational Services, Independent Living, Outcome Measures, Conference Planning, and Delinquency Services.

CABHC

Harrisburg, PA

Clinical Director

09/2009 to 01/2014

- Supervised five clinical staff members as senior management.
- Ensured quality assurance policies, developed and monitored systems to ensure compliance with program standards, developed treatment consultation protocols, developed and implemented annual plans.
- Developed annual reports, and established and monitored treatment access trends and clinical liaison with BH-MCOs. Led in all reinvestment projects, contracts, and reporting requirements

Appendix A
Resumes - ATI Trainers

- Monitored member complaint and grievance process, provided development of treatment consultation protocols for provider network involving “best practice” and case consultation. Assisted in monitoring the credentialing of providers and monitored capacity of provider network to meet member’s treatment needs.

Department of State

Harrisburg, PA

Drug & Alcohol Program Specialist

03/2004 to 08/2009

- Implemented policies of the Professional Health Monitoring Programs received and evaluated reports concerning licensees who had drug/alcohol issues.
- Provided information on the Program’s purpose and operations to licensees, agencies, organizations, and the various Boards within the Department. Prepared reports of operations for the Bureau, and was the liaison between the Program, treatment providers, and the PA Nurse Peer Assistance Program.
- Monitored impaired licensed professionals at work, their random observed urine screens, treatment, and support group meetings.
- Established eligibility enrollment into the Program, and participated in hearings with the Commonwealth attorneys when a participant requested a hearing or violated the Programs.

Edgewater Outpatient Psychiatric Center

Harrisburg, PA

Outpatient Therapist

11/2005-11/2006

- Part time employment.
- Provided individual therapy for clients with mental illness and drug and alcohol issues.
- Clinical assessments, intake evaluations, developing goal plans, referring clients to various forms of treatments, & employment agencies for assistance.
- Performed group counseling & couples counseling. Coordinated communications & cooperative efforts among clients, referral sources, governmental agencies & external service providers.
- Maintained all documentation & confidential records.
- Facilitated voluntary & involuntary commissions & admissions to inpatient psychiatric facilities as warranted. Responded to emergency need situations & expedited appropriate referrals.

Department of Human Services

Harrisburg, PA

Statewide Coordinator for Monitoring of Counties

01/2002 to 03/2004

- Managed the Consolidated, Person/Family Directed Support and Infants/Toddlers/Families Waivers.
- Provided consultative and functional direction to Regional Monitors including facilitation of monthly meetings and supervised the ten Regional Staff.
- Maintained statewide monitoring schedule for review of county implementation of the waivers; reviewed and analyzed regional monitoring reports from county assessments as well as corrective action plans.
- Analyzed trends obtained from monitoring reports; to identify training, technical assistance needs and quality management enhancements.
- Maintenance of statewide access database to capture waiver questions and responses for possible policy direction. Met and consulted with CMS as needed to discuss and interpret waiver implementation, policy, and regulations.

Appendix A
Resumes - ATI Trainers

- Collaborated with Bureau of Quality Improvement and Policy Development in developing and reviewing policy, making policy interpretation and developing and providing related training or technical assistance in both policy interpretation and quality management enhancements.
- Led in Monitoring of Counties Transformation efforts, including HCSIS system enhancements and PCRs.

EDUCATION AND TRAINING:

Temple University **Harrisburg, PA**
M.S.W. Administration Concentration 2004

- 3.50 GPA or higher every semester
- Graduation Committee Lead
- Internship at DHS ODP's Regional Office

Mississippi State University **Starkville, MS**
Certificate 1998

- Master's Certificate Vision Specialist Program, National Research and Training Center (NRTC)
- 4.0 GPA while attending this accelerated Master's Program
- Internship at Carroll Center for the Blind, Newton, Mass

East Stroudsburg University **Stroudsburg, PA**
B.S. Rehabilitation Services 1998

- Dean's List all semesters with GPA of 3.75 or higher, and recipient of the 1997 John P. Kovalkowski Scholarship from the Special Education and Rehabilitation Departments.
- Selected as a Peer Counselor at ESU's Center for Educational Opportunity to assist incoming freshmen with academic transition, mentoring, career exploration, and student activities 1996-1998.
- Internship with the Division of Policy Development and Program Support, Office of Mental Retardation January-May 1998.

Hackettstown High School **Hackettstown, NJ**
High School Diploma 1991

PROFESSIONAL AFFILIATIONS: **SINCE:**

East Stroudsburg University's Rehabilitation Council **1998**

OMHSAS Mental Health Planning Council (Co Chair for the Older Adult Committee, 2018) **2014**

PA Long Term Care Medical Assistance Advisory Subcommittee-Chair **2015**

National Coalition on Mental Health and Aging **2015**

Prevent Suicide PA-Board Member **2015**

Consumer Satisfaction Board-Executive Committee- Board Secretary **2016**

Appendix A
Resumes - ATI Trainers

CERTIFICATIONS:

QPR Instructor	December 2015
Mental Health First Aid Instructor	November 2016
Master Dementia Live Trainer, Master Compassionate Touch Trainer	February 2016
Ageless Grace Instructor	April 2017
Wellness Initiative for Senior Education Facilitator	May 2017
CPR/First Aid	July 2017
PA Notary Public	January 2015

**Dementia Live® Experience and Empowerment Session
Competency Tool**

Name _____ Position _____
Date _____ Name of Facility _____ City _____
Instructor _____

1. Which of the following statements is true about Dementia Live (DL)?
 - A. DL helps me feel what it might be like to experience sensory and cognitive impairment.
 - B. To feel empathy for those with dementia, we must first gain an understanding of what dementia feels like for the person living with it.
 - C. DL changes how care partners think, feel and act toward a person living with dementia.
 - D. All of the above.
2. Which of the following is true of the gear worn during the DL Experience?
 - A. The gear simulates sensory changes associated with aging and dementia.
 - B. The gloves alter tactile sensation and motor skills.
 - C. The eyewear restricts light and peripheral vision.
 - D. All of the above.
3. Which of the following is NOT true of how the leader communicated which tasks to complete?
 - A. It was difficult to understand every word of the instructions.
 - B. The leader stated the list of tasks only once.
 - C. The leader repeated the instructions as many times as needed before starting the tasks.
 - D. The leader didn't look at me while telling me which tasks to do.
4. A common symptom of dementia is that the field of vision becomes increasingly wider.
___ True ___ False
5. Which of the following is a common difficulty a person with dementia has comprehending what is heard?
 - A. Decreased ability to interpret sounds and words accurately.
 - B. Slower mental processing time.
 - C. Words and sounds coming across as garbled, distorted and meaningless.
 - D. All of the above.
6. Many of the behaviors exhibited by a person with dementia stem from a need to understand and make sense of their environment. ___ True ___ False

Appendix B
Sample Competency Tool
Dementia Live® Experience and Empowerment Session

7. Which of the following is NOT true of behavior stemming from sensory and cognitive impairment?

- A. Asking repeated questions may be trying to understand what they are supposed to be doing.
- B. Giving up or withdrawing because it is too overwhelming to try to make sense out of what is going on.
- C. Following others around to annoy them.
- D. Wandering around because they are unsure of what to do or where to go.

8. Which of the following statements are TRUE about how Dementia Live may change how you think about, feel, and act toward people with dementia? Select all that apply.

- A. I may feel calmer as I go about my work.
- B. My relationship with the residents may improve.
- C. I feel more effective in dealing with the resident's behaviors.
- D. I feel more compassionate towards people with dementia.
- E. I understand that people with dementia aren't acting "that way" on purpose.
- F. I will make sure I slow down when telling a resident what I want them to do.
- G. I had no idea what it's like to try to function with sensory and cognitive impairment- now I understand.

10. What did you like most about today's training?

11. What did you like least?

**Dementia Live® (DL) Coach Training E-learning Workshop
Competency Tool**

NOTE: Participants will complete this on-line following each Module using the e-learning platform.

1. Which of the following is a reversible form of dementia?
 - A. Vascular dementia
 - B. Alzheimer's disease
 - C. Dementia symptoms due to an infection
 - D. Lewy body dementia

2. Over time, chemical connections between brain cells are lost and cells begin to die causing increasing problems with memory and thinking. ____True ____False

3. In Alzheimer's disease the first area of the brain to be affected is the front of the brain where logical thought takes place. ____True ____False

4. Which is true about the Kolb Experiential Learning Model?
 - A. The learner is directly in touch with the realities being studied.
 - B. Kolb's process represents a cycle where the learner experiences, reflects, thinks, and acts.
 - C. Experiential learning leads to motivated action.
 - D. All of the above.

5. Number from 1 to 5 the proper sequence of facilitating DL.
____Participant enters the experience room
____Receive task list
____Tracking outcomes and integration
____Empowerment session
____Apply Gear

6. Which of the following is NOT accurate about the steps of the DL Experience?
 - A. In a prep area participants are outfitted with the gear and briefly told what to expect.

Appendix C
Sample Competency Tool
Dementia Live Coach Training E-learning Workshop

- B. The Empowerment step is essential for the participant to integrate what they faced in the Experience Room.
 - C. While inside the Experience Room, participants are observed for 15 minutes.
 - D. Once readied with gear, participants are taken to the entrance of the Experience Room. Here they are informed of which tasks to complete.
7. The ideal space and configuration for a Dementia Live Experience Room is one that can be set up to simulate the living space of the individuals with dementia in your care.
____ True ____ False
8. Which of the following is important for setting up the ideal Experience Room?
- A. It should be private with a door that can be closed.
 - B. Blinds or drapes partially opened, and overhead lighting is usually acceptable.
 - C. It should be large enough for 4 participants to move around in easily and safely as they perform their tasks.
 - D. All of the above.
9. When giving participants their assigned tasks, it's important to:
- A. Stand side to side with the participant and gently place your hand on his or her shoulder.
 - B. Speak in your typical tone of voice, at a steady pace, without emphasizing any words or phrases.
 - C. State the list of tasks only ONCE, except for occasional exceptions.
 - D. All of the above.
10. The behaviors listed on the Observation Form are not well-documented behaviors of people with dementia. ____ True ____ False
11. The Empowerment Session is where awareness is transformed into positive action.
____ True ____ False
12. Which statements are TRUE about the Empowerment process?
- A. Exploring their reactions will help participants deepen understanding and make it easier to change feelings into actions.
 - B. Discussing participants' behaviors you noted in the Experience Room leads to an understanding of how people are affected differently.

Appendix C
Sample Competency Tool
Dementia Live Coach Training E-learning Workshop

- C. Asking participants how they FEEL while they are removing their Gear leads to candid discussion.
- D. All of the above
13. Role playing allows participants to apply what they've learned to case examples.
___ True ___ False
14. The Empowerment Tool provided to staff you train include all but which of the following?
- A. Better communication and understanding.
 - B. Steps to lead the Dementia Live Experience.
 - C. Impact of color and contrast in the living space.
 - D. Creating a dementia-friendly environment.
15. The Dementia Live Experience and Empowerment Session is meant for only direct-care staff.
___ True ___ False
16. Steps for creating successful staff training using the Dementia Live program include:
- A. Identify team members to assist you and assign functions.
 - B. Identify the space(s) you have available for the Dementia Live Experience.
 - C. Identify who will go through the Dementia Live® training program.
 - D. All of the above.
17. The overall goal of using Dementia Live in your facility's staff training is to empower care partners with skills that transform how they think about persons with dementia; feel about relationships with those they care for; and act as they go about their work. ___ True ___ False
18. In order to measure the impact of Dementia Live in your facility, which is NOT an expectation for reporting?
- A. Select a reporting designee to oversee data collection.
 - B. Coaches will complete quarterly electronic survey provided by AGE-u-cate.
 - C. Coach will instruct participants in the DL Experience and Empowerment sessions that he or she leads to complete the competency tool provided by ATI.
 - D. None. These are all expectations.
19. What did you like most about this training?
20. What did you like least about this training?

APPENDIX D
Survey Monkey Questions to Verify In-House Dementia Live Training
(Expected Outcome #5)

1. Have you led in-house Dementia Live (DL) training for staff and family caregivers?

___ Yes. If yes, how many sessions? _____

___ No. If no, what problems or barriers did you encounter in carrying out staff training?

Please describe _____

2. How many staff and family caregivers attended your training sessions? _____

3. How did you structure training staff and family caregivers?

- a. Scheduled training session
- b. As part of new employee orientation
- c. Family event
- d. Other _____

4. Participants in DL training represented which of the following areas? Please check all that apply.

- a. Nursing ___
- b. Activities ___
- c. Social work ___
- d. Spiritual care ___
- e. Administration ___
- f. Office ___
- g. Dining ___
- h. Housekeeping ___
- i. Therapy ___
- j. Maintenance ___

APPENDIX D
Survey Monkey Questions to Verify In-House Dementia Live Training
(Expected Outcome #5)

- k. Volunteers ____
- l. Family caregivers ____
- m. Other ____

4. What are the problems/challenges/barriers you've encountered training staff and family caregivers in the DL program in your facility?

5. Do you have a "success story" to share about using DL in your facility?

Dementia Live® Gear Pack Contents

Main Elements

- 8 pair specialized DL eyewear
- 8 pair gloves
- 8 sets headphones with downloaded confusion sound*
- 4 port USB headphone charger
- 5 Coach manuals

Task materials

- Black shirt
- Calculator
- Cards – 1 deck
- Cell phone
- Coin purse and change
- Dog dish
- Dog food and container
- Dry erase marker
- Duster
- Dustpan and broom
- Envelopes
- Hangers – 4
- Hidden objects activity page
- Measuring Cups
- Notepad
- Pillow cases – 4
- Pill tray
- Puzzle
- Scrabble® Tiles
- Shoes – 1 pair
- Silverware – set
- Silverware tray
- Vest
- White shirt

Consumables

- Cleaning wipes
- Plastic gloves
- Tic-tac's®



