



150 Pressey Hall
1070 Carmack Rd
Columbus, Ohio 43210
Phone: 614-366-0017
Fax: 614-366-0326
grc.osu.edu

LifeBio Project Proposal Revised March 7, 2017

1. Purpose and Summary.

The [Ohio State University Colleges of Medicine, Government Resource Center \(GRC\)](#) is submitting to the Ohio Department of Medicaid (ODM) a proposal to utilize funding from the Resident Protection Fund. These funds are comprised of the state's share of civil money penalties (CMPs) imposed on nursing facilities (NFs). This pilot project is to engage nursing facility (NF) providers in Ohio who seek a sustainable mechanism to augment their provision of person-centered care. To assist the (ODM) in efficient and effective administration of the Medicaid program, GRC will act as project manager for the "LifeBio Pilot Study" project. GRC will contract with three partner organizations including [LifeBio](#), the [Benjamin Rose Institute on Aging \(BRIA\)](#), and [Universal Healthcare Action Network \(UHCAN\)](#) to provide deliverables as described below.

Within Ohio, almost 1,000 NFs serve short- and long-stay Medicaid and Medicare beneficiaries. There are concerns among consumers, providers and policy makers about the quality of care in NFs. A recent report from the [U.S. Government Accountability Office \(GAO\)](#), which monitors trends in NF quality, identified mixed results nationally in NF quality measures, leading to recommendations for the Centers for Medicare and Medicaid Services to continue efforts to improve quality of care, data collection, and oversight.

Nationally, there is increasing interest in changing practices that may have the potential to improve quality of life and quality of care for NF residents. Person-Centered Care (PCC) is one of the foremost of such change practice principles and a core quality improvement strategy of the [Advancing Excellence in America's Nursing Homes](#) project. PCC focuses on building relationships with residents, understanding their life experiences, abilities, and care preferences, and is considered an innovation in NF care. Ohio has an active PCC Coalition and a variety of resources to promote PCC. PCC is one of the five aspects of determining quality in each nursing facility's daily rate determined by ODM in accordance with Ohio Revised Code Section 5165.25. Under the PCC portion is the administration of the preferences for everyday living inventory (PELI) for all residents. The PELI questions elicit insights about daily preferences such as what time individuals like to wake up, take a shower, get dressed, and what types of activities they enjoy.

This project will have five primary goals:

- 1) *Recruit NFs to participate in a LifeBio Pilot Study and recruit, train, and supervise volunteers to collect biographical information about residents' life histories, including their family, schools attended, work, notable life events, hobbies, interests, personal accomplishments, and preferences for care-related tasks;*
- 2) *Using the information collected in the "About Me" interviews, develop a "Life Story Booklet" and a one-page laminated "Life Story Summary" to be shared with direct care staff who interact with that resident and to be posted in a prominent location in or directly outside each resident's room;*

- 3) *Provide direct care staff and administration with technical assistance to use the LifeBio information, as well as other sources of information related to residents' preferences for customary and routine activities;*
- 4) *Evaluate the impact of the LifeBio intervention at all participating facilities and with participating partners; and*
- 5) *Develop sustainability plans for continuing the utilization of LifeBios developed via project implementation, and connect participating NFs to resources to create additional LifeBios for new NF residents.*

These goals will be supported by a technological infrastructure in order to assist providers in collecting, managing, and tracking data over time.

Goal #1. Recruit NFs to participate in a LifeBio Pilot Study and recruit, train, and supervise volunteers to collect biographical information about residents' life histories, including their family, schools attended, work, notable life events, hobbies, interests, personal accomplishments, and preferences for care-related tasks.

GRC will provide project management and administrative support to this project. GRC will also develop abstraction protocols for CMS Long Term Care Minimum Data Set (MDS) measures and provide evaluation data as requested by ODM to support the efficient and effective administration of the Medicaid program.

GRC will invite representatives from ODM, [Ohio Department of Aging \(ODA\)](#), [Ohio Department of Health \(ODH\)](#), [Scripps Gerontology Center](#), and stakeholder groups such as [LeadingAge Ohio](#) and [Ohio Health Care Association](#) to serve in an advisory role, to provide feedback on implementation strategies and study design, monitor progress, share information about policy initiatives that may impact the project, disseminate information about the project with their respective organizations and constituents, and identify strategies to spread and sustain the project.

LifeBio, BRIA, and GRC will develop an outreach strategy in collaboration with ODM and advisory group members to recruit NFs to participate in the LifeBio Pilot Study. At least 830 residents enrolled in Medicaid and residing in NFs will be selected from two Northeast Ohio Counties, one urban/suburban (Cuyahoga) and one rural (Ashtabula). Participating NFs will be stratified by facility size (above and below the statewide median resident occupancy rate of 75), geographic region (urban/suburban and rural), and five-star quality ratings from Nursing Home Compare, which is based on health inspections conducted every three years, quality measures, and staffing. Within participating facilities, the project team will work with nursing facility administration and direct care staff to recruit long-stay (> 90 days) residents to participate in the LifeBio intervention. UHCAN volunteers will be responsible for recruitment with a goal of full penetration of the long-stay resident population at participating NFs. Participants will represent varying levels of cognitive impairment based on Brief Interview for Mental Status (BIMS) from the Minimum Data Set (MDS).

UHCAN will recruit, train, coordinate, and supervise volunteers to collect biographical data using the LifeBio "About Me" interview protocol with residents, and family members as needed. Volunteers may be recruited from educational institutions (e.g., college students) and service organizations (e.g., senior centers), and existing NF volunteers may also be invited to serve as LifeBio developers. UHCAN will comply with state and facility policies for volunteers (e.g., background checks and age restrictions). UHCAN will work with the NF staff to coordinate interview schedules for biographical data collection.

Goal #2. Using the information collected in the "About Me" interviews, develop a "Life Story Booklet" and a one-page laminated "Life Story Summary" to be shared with direct care staff

who interact with that resident and to be posted in a prominent location in or directly outside each resident's room.

LifeBio staff will use "About Me" data and follow up with UHCAN volunteers as needed in order to create a LifeBio Life Story Booklet and a laminated Life Story Summary page for each participating resident. "About Me" data includes a summary of each individual resident's unique background, lessons learned, and the details of their life's journey. Topics in the "About Me" profile range from family history, important life influences, childhood memories, historical events, experiences in adulthood, and personal beliefs. NF caregivers are able to use this information to connect with the residents and find commonalities in a relationship that previously may have been difficult to maneuver.

Goal #3. Provide direct care staff and administration with technical assistance to use the LifeBio information, as well as other sources of information related to residents' preferences for customary and routine activities.

LifeBio will develop a one-hour training to provide NF staff with an overview of the LifeBio intervention, the implementation plan, and requirements for participation in the project. The training will be delivered in-person at each facility, and a webinar recording will be developed to maximize participation. This training will include an overview of the intervention protocol and forms, including role play exercises, and any information needed to assure compliance with relevant NF policies.

LifeBio will provide monthly webinars and bimonthly site visits and be available to offer technical assistance to individual facilities to monitor and support LifeBio data collection, identify barriers, and share strategies for NF staff to use LifeBio Life Story Booklets and Life Story Summaries for treatment planning and PCC. LifeBio will provide guidance on how to use LifeBio to support PCC, improve NF quality measures (e.g., antipsychotic medication use) and employee retention (with a target of at least 75%), and implement findings from the Preferences for Everyday Living Inventory (PELI). LifeBio and GRC will collect performance data to monitor the implementation process and lessons learned.

Goal #4: Evaluate the impact of the LifeBio intervention at all participating facilities and with participating partners.

BRIA will develop a detailed study protocol and analysis strategy in collaboration with GRC and will use this protocol and strategy to evaluate the impact of participation in LifeBio. The protocol will include a pre-post wait-list control study design using data from the Long-Term Care Minimum Data Set (MDS) for residents in Medicare and Medicaid-certified long-term care facilities, resident interviews, and family, staff, and volunteer surveys to evaluate the impact of LifeBio using the domains, measures and methods detailed in Table 1. (see Table 1)

Within each facility, residents will be assigned to either an intervention or wait-list control group. The wait-list control group will receive the LifeBio intervention after the post-test wave of data collection. Feedback will be gathered from residents, their families, staff, and volunteers regarding potential strategies to improve implementation of LifeBio. In addition, the investigators will assess the feasibility of using volunteers to sustain and expand the LifeBio program to other NFs in Ohio as a means of improving quality of care.

BRIA will lead development of a final report in collaboration with LifeBio, UHCAN, and GRC to summarize the implementation process, lessons learned, study results, and suggestions for taking LifeBio to scale in Ohio NFs. Dissemination materials will also be developed, including audiovisual recording to demonstrate the LifeBio process.

Goal #5: Develop sustainability plans for continuing the utilization of LifeBios developed via project implementation, and connect participating NFs to resources to create additional LifeBios for new NF residents.

GRC will work in coordination with the evaluator (BRIA), LifeBio, and UHCAN to develop a sustainability plan, which will include assessing the feasibility of integrating LifeBio questions into the intake forms utilized by NFs currently when enrolling a new resident. The sustainability plan will also include, at minimum, a site plan that can be implemented by participating facilities to continue utilizing the client products created as a result of their participation in LifeBio and include training for new clinical and administrative staff and volunteers via an onboarding session where teams review the outcomes of the project and walk through a LifeBio summary. Costs associated with these processes will be minimal as all final LifeBio products will be owned by the residential facility the resident lives in. Costs associated with merging the LifeBio questions with the intake process for new residents are minimal, and vendor will provide volume discounts and explore alternative formats to substantially reduce price per unit to reflect the development of the biographical summaries based on existing data.

Technology Infrastructure Support

We recognize that the evaluator will need assistance in collecting, managing, and tracking data over time. GRC will develop abstraction protocols for MDS measures. The study protocol will include a pre-post wait-list control study design using data from the MDS, resident interviews and family, staff, and volunteer surveys to evaluate the impact of LifeBio using the domains, measures and methods detailed in Table 1.

To the extent that MDS data are necessary to support this research project, GRC will utilize our standing Data Use Agreement with ODM to access the MDS data set. GRC will also execute data use agreements with project partners as needed to access data, ensure IRB approval of the research protocol, create and provide necessary data sets using approved HIPAA standards, and obtain assurance of data destruction at the end of the project.

In addition, all project partners:

- Will become familiar with and fully implement all requirements of HIPAA;
- Will be in compliance with Federal, HIPAA and State confidentiality law for data use and management, including but not limited to access, storage, and transmission, which shall be role-based, specific to this agreement;
- Shall enter separately into a Business Associate Agreement (BAA) with OSU-GRC to receive data funded/authorized under this agreement, in accordance with the Business Associate Agreement between ODM and OSU-GRC;
- Shall enter separately into a Data Use Agreement (DUA) with OSU-GRC to receive data funded/authorized under this agreement, in accordance with the Data Use Agreement between ODM and OSU-GRC;
- Shall not use any information, systems, or records made available for any purpose other than to fulfill the obligations specified herein;
- Possess information provided that may be considered confidential or proprietary under the laws of the State of Ohio or under federal law, and that contractor agrees to promptly notify OSU and ODM of the receipt of any public records requests for information related to this Agreement in order to seek to have any confidential or proprietary information withheld from the document prior to its release; and
- May only use data provided for the specific associated agreement and for no other use in projects not associated with the agreement; any data release, sharing, or transfer beyond its initial approved scope and specifications will be considered as unauthorized.

Table 1. Proposed Measures

Variables	Minimum Data Set	Resident Survey	Staff Survey	Family Survey	Volunteer Survey	Inter-vention Tracking Database
Independent Variables - Resident Level						
NF Size – Resident Occupancy Rate	T1					
5-Star Quality Rating from Nursing Home Compare	T1					
Geographic Region	T1					
Resident Demographics	T1					
Cognition Impairment and Limitations in ADLs	T1					
BIMS Scores	T1					
Other baseline measures as requested by ODM, e.g., MR/DD status	T1					
Dependent Variables - Resident Level						
Perceived Satisfaction with Care Quality & Care Preferences (PELI)a		T1 & T2				
Use of Physical Restraints	T1 & T2					
Use of Antipsychotic Medication	T1 & T2					
Other baseline measures as requested by ODM e.g., Functional Rehabilitation Status, Medications Received	T1 & T2					
Self-rated Physical Health		T1 & T2				
Self-rated Emotional Health		T1 & T2				
Perceived Quality of Life		T1 & T2				
Depression		T1 & T2				
Dependent Variables - Family Level						
Family Satisfaction with Care				T1 & T2		
Perceived Usefulness of LifeBio				T2		
Dependent Variables - Staff Level						
Job Satisfaction			T1 & T2			
Attitudes consistent with PCC (e.g., relationship, understanding)			T1 & T2			
Perceived Usefulness of LifeBio			T2			
Dependent Variables - Volunteer Level						
Satisfaction with volunteer experience					T2	
Perceived Usefulness of LifeBio					T2	

Note: T1 = Baseline (Pretest); T2 = Post-test

In addition, any access to MDS data by additional project vendors will be managed via a Data Use Agreement with OSU-GRC and named partner to ensure they comply with the requirements of ODM and OSU-GRC.

2. Expected Outcomes.

The expected outcomes from this project are:

- 1) Improvements for residents in the intervention group compared to the controls group
 - a. Satisfaction with care, particularly regarding care preferences (+20%)
 - b. Reduction in antipsychotic medications and physical restraints (-5%)
 - c. Health outcomes, including perceived physical health, emotional health, quality of life, and depression (+10%).
- 2) Improved satisfaction with care received from the NF for family members in the intervention group (measured via a family survey) (+15%).
- 3) Improvements in perceptions of nurse aides (paraprofessional) and professional staff including:
 - a. Job satisfaction and indicators of staff retention/turnover (+10%)
 - b. Attitudes consistent with PCC, such as rapport between staff and residents, understanding of residents' life histories and care preferences (+15%)
 - c. Usefulness of the LifeBio program in providing improved resident care.
- 4) Improvements for volunteers including:
 - a. Satisfaction with volunteer experience (+10%)
 - b. Usefulness of LifeBio.
- 5) Assess the feasibility of using volunteers to sustain and expand the LifeBio program to other NFs in Ohio as a means of improving quality of care.

We propose the following timelines for the project:

Table 1. Timeline for Goal #1. Recruit NFs to participate in a LifeBio Pilot Study and recruit, train, and supervise volunteers to collect biographical information about residents' life histories, including their family, schools attended, work, notable life events, hobbies, interests, personal accomplishments, and preferences for care-related tasks.

	Month						
	April	May	June	July	August- Jan	Feb	March - Dec
Recruit NFs to participate in a LifeBio Pilot							
Recruit and train volunteers to conduct "About Me" interviews							
Supervise volunteers in conducting "About Me" interviews							

Table 2. Timeline for Goal #2. Using the information collected in the "About Me" interviews, develop a "Life Story Booklet" and a one-page laminated "Life Story Summary" to be shared with direct care (paraprofessional) and professional staff who interact with that resident and to be posted in a prominent location in or directly outside each resident's room.

	Month						
	April	May	June	July	August- Jan	Feb	March- Dec
Direct volunteers in developing a "Life Story Booklet" and one-page laminated "Life Story Summary"							

Table 3. Goal #3. Provide direct care staff and administration with technical assistance to use the LifeBio information, as well as other sources of information related to residents' preferences, for customary and routine activities.

	Month						
	April	May	June	July	August- Jan	Feb	March- Dec
Develop a one-hour training to provide NF staff with an overview of the LifeBio intervention, the implementation plan, and requirements for participation in the project.							
Provide direct care staff and administration with technical assistance to use the LifeBio information, and other sources of information, to deliver PCC and plan treatment and activities							
Identify barriers, and share strategies for NF staff to use LifeBio Life Story Booklets and Life Story Summaries for treatment planning and PCC							
Provide monthly webinars and bi-monthly site visits							

Table 4. Goal #4. Evaluate the impact of the LifeBio intervention at all participating facilities and with participating partners.

	Month						
	April	May	June	July	August- Jan	Feb	March- Dec
Develop a detailed study protocol and analysis strategy to evaluate the impact of participation in LifeBio							
Pilot-test resident, family and staff questionnaires with 2 pilot NFs not participating in final data collection and then refine these instruments							
Collect data							
Summarize the implementation process, lessons learned, study results, and suggestions for taking LifeBio to scale in Ohio NFs							

Table 5. Goal #5. Develop sustainability plans for continuing the utilization of LifeBios developed via project implementation, and connect participating NFs to resources to create additional LifeBios for new NF residents.

	Month						
	April	May	June	July	August- Jan	Feb	March- Dec
Assess biographical data being collected and itemize costs associated with implementing LifeBio							
Create site plan that can be implemented by participating facilities to continue using client products and to train new staff							

3. Results Measurement.

1. Measurements of the following improvements for residents in the intervention group compared to the controls group will be taken:
 - a. Satisfaction with care, particularly regarding care preferences (+20%),
 - b. Use of physical restraints and antipsychotic medications (-5%), and
 - c. Health outcomes, including perceived physical health, emotional health, quality of life, and depression (+10%).
2. Measurement of satisfaction with care received in the NF by family members of residents in the intervention group compared to family members of residents in the control group (+15%).
3. Measurement of the following improvements in perceptions of nurse aides (paraprofessional) and professional staff in the intervention group compared to controls over time:
 - a. Job satisfaction and indicators of staff retention/turnover (+10%),
 - b. Attitudes consistent with PCC, such as rapport between staff and residents, understanding of residents' life histories and care preferences (+15%), and
 - c. Usefulness of the LifeBio program in providing improved resident care.
4. Measurement of the following improvements for volunteers in the intervention group over time:
 - a. Satisfaction with volunteer experience (+10%),
 - b. Usefulness of LifeBio.
5. Assessment of the feasibility of using volunteers to sustain and expand the LifeBio program to other NFs in Ohio as a means of improving quality of care.

4. Benefit to Skilled Nursing Facility Residents.

The LifeBio program (www.lifebio.com), an emerging best practice developed in Ohio to improve the quality of care for NFs residents, is also related to PCC. LifeBio helps create personal life histories for vulnerable older adults so that staff who care for them have in-depth background information to help with the provision of PCC. This intervention is consistent with a variety of interview-based approaches that have been explored to promote individualized PCC for NF residents. Recent evidence suggests that "life story work" can enhance PCC for older adults, including those with dementia, by enabling those providing care to see the person behind the "patient" and by enabling the voice of the resident to be heard. Further, a meta-analysis found that reminiscence, especially life review, is potentially effective for enhancing the psychological well-being of older adults.

5. Non-Supplanting.

The funding requested in this proposal will not supplant any existing funding for assessing preferences. NFs are required to assess the 16 preferences found in Section F of the MDS 3.0. This proposal will provide education and training resources for how to use the information providers are already collecting in order to improve resident care. This project aligns with two of the five ODM Quality Goals (see Figure 1).

6. Consumer and Other Stakeholder Involvement.

GRC will invite representatives from ODM, ODA, ODH, The Scripps Research Institute, and stakeholder groups such as LeadingAge Ohio and Ohio Health Care Association to serve in an advisory role, to provide feedback on implementation strategies and study design, monitor progress, share information about policy initiatives that may impact the project, disseminate information about the project with their respective organizations and constituents, and identify strategies to spread and sustain the project.

7. Funding.

This Project is requesting a total of \$727,008 from April 15, 2017 through December 31, 2018. This total is broken down by state fiscal year and subcontractor as outlined in the tables below

Budget Justification

GRC Budget			
Category	FY17: April 15 - June 30, 2017	FY18: July 1, 2017- June 30, 2018	FY19: July 1 - December 31, 2018
Personnel & Fringe	\$10,391	\$42,020	\$10,428
Other/Supplies	\$1,000	\$19,973	\$17,305
Travel	\$1,000	\$5,000	\$5,000
Subcontractors			
Benjamin Rose	\$22,867	\$138,927	\$38,111
LifeBio	\$22,867	\$187,917	\$38,111
UHCAN	\$22,867	\$39,021	\$38,111
Total Direct	\$80,992	\$432,858	\$147,066
F&A	\$8,099	\$43,286	\$14,707
Total FY Project Costs	\$89,091	\$476,144	\$161,773

Total Funding Requested: \$727,008

Personnel

Salary and Fringe Benefits

OSU salary calculations are based on current salaries increased 4% per year to account for merit and cost-of- living increases that occur each September 1st. Fringe benefits including mandatory contributions to the State of Ohio retirement systems, health insurance, worker’s compensation, Medicare tax, vacation and sick leave costs, are calculated at a rate of 24.8% of salary for faculty appointments, 13.7% for Off-duty quarter faculty, 35.4% for staff positions, and 11% for students. Benefit rates are adjusted each year based on actual costs from two years earlier; fringe benefit rates are published on the applicant’s website.

Principal Investigator, (1.20 academic months/10% effort) will be responsible for the overall conduct and supervision of the project as outlined in the proposal. FY17 - \$2,842 salary and \$1,006 fringe. FY18 - \$11,368 salary and \$4,024 fringe. FY19 - \$2,435 salary and \$862 fringe

Program Director, (1.2 academic months/10% effort) will oversee the implementation of LifeBio with NFs, monitor onboarding and training of volunteers, review and provide input to evaluation plan, monitor execution of the evaluation plan, and supervise budget expenditures. FY17 - \$1,885 salary and \$667 fringe. FY18 - \$7,542 salary and \$2,670 fringe. FY19 - \$2,020 salary and \$715 fringe

Research Analytics Specialist, (0.6 academic months/5% effort) will monitor quality of data collection, review codebooks, and assist evaluator with Medicaid specific data requests. FY17 - \$800 salary and \$283 fringe. FY18 - \$6,396 salary and \$2,264 fringe. FY19 - \$1,713 salary and \$606 fringe

Project Manager, (1.8 academic months/15% effort) monitor overall performance and ability to meet deliverables by the vendors, collect and review reports, organize and facilitate meeting between project vendors, stakeholder groups, and state sponsors as needed, and support Project Director with monitoring budget expenditures. FY17 - \$2,148 salary and \$760 fringe. FY18 - \$5,728 salary and \$2,028 fringe. FY19 - \$1,534 salary and \$543 fringe

Travel

Travel to and from project sites (using the federal mileage rate) and for professional meetings and training for the project objectives. FY17 - \$1,000.00; FY18 - \$5,000.00; FY19 - \$5,000.00

Meals are not covered, even with travel at conferences/trainings. Lodging is covered for conference or training attendees only if the attendees live at least 50 miles away from where the conference or training occurs.

Other/Supplies

Other expenses will cover space and A/V rental for meetings, printing expenses, recruitment of NFs, purchase price of frames for LifeBios for NFs as needed by sites, and webinar and conference call expenses. Additional requests from the project vendors may be covered if outside of current budget and per the necessity of the project. FY17 - \$1,000; FY18 - \$19,973; FY19 - \$17,305

Subcontractors

Benjamin Rose – Benjamin Rose Institute (BRIA) will be responsible for conducting an evaluation on the effectiveness and impact of the LifeBio project. They will develop a study protocol will include a pre-post wait-list control study design using data from the Minimum Data Set (MDS), resident interviews and family, staff, and volunteer surveys to evaluate the impact of LifeBio using the domains, measures and methods. BRIA will lead development of a final report in collaboration with LifeBio to summarize the implementation process, lessons learned, study results, and suggestions for taking LifeBio to scale in Ohio nursing homes. Additionally BRIA will work with the project partners to develop a sustainability plan.

Benjamin Rose Budget			
Category	FY17: April 15 - June 30, 2017	FY18: July 1, 2017- June 30, 2018	FY19: July 1 - December 31, 2018
Personnel & Fringe	\$4,577	\$84,624	\$27,685
Other/Supplies	\$13,211	\$38,673	\$6,961
Travel	\$3,000	\$3,000	\$0
Subcontractors	\$0	\$0	\$0
Total Direct	\$20,788	\$126,297	\$34,646
F&A	\$2,079	\$12,630	\$3,465
Total Project Costs	\$22,867	\$138,927	\$38,111

LifeBio –LifeBio (www.lifebio.com) seeks to improve the quality of care for nursing home residents through developing personal life histories for vulnerable older adults so that staff who care for them have in-depth background information to help with the provision of person centered care. LifeBio will develop a one-hour training to provide nursing home staff with an overview of the LifeBio intervention, the implementation plan, and requirements for participation in the project. LifeBio will also develop a face-to-face “LifeBio Interviewer Training” for volunteers who will conduct the biographical data collection. Lastly, LifeBio will provide monthly webinars and bimonthly site visits, and be available to offer technical assistance to individual facilities to monitor and support LifeBio data collection, identify barriers, and share strategies for NH staff to use LifeBio Life Story Booklets and Life Story Summaries for treatment planning and PCC.

LifeBio Budget			
Category	FY17: April 15 - June 30, 2017	FY18: July 1, 2017- June 30, 2018	FY19: July 1 - December 31, 2018
Personnel & Fringe	\$19,630	\$167,923	\$33,488
Other/Supplies	\$126	\$460	\$126
Travel	\$1,032	\$2,464	\$1,032
Subcontractors	\$0	\$0	\$0
Total Direct	\$20,788	\$170,847	\$34,646
F&A	\$2,079	\$17,070	\$3,465
Total Project Costs	\$22,867	\$187,917	\$38,111

UHCAN – UHCAN is responsible for recruiting, training and organizing volunteers to engage 830 residents in the LifeBio intervention. These volunteers will also be responsible for interviewing and recording the information that will subsequently be input into the LifeBio for each resident. UHCAN will work with the NH staff to coordinate interview schedules for biographical data collection.

UCHAN Budget			
Category	FY17: April 15 - June 30, 2017	FY18: July 1, 2017- June 30, 2018	FY19: July 1 - December 31, 2018
Personnel & Fringe	\$19,488	\$33,323	\$32,282
Other/Supplies	\$448	\$0	\$1,250
Travel	\$852	\$2,151	\$1,114
Subcontractors	\$0	\$0	\$0
Total Direct	\$20,788	\$35,474	\$34,646
F&A	\$2,079	\$3,547	\$3,465
Total Project Costs	\$22,867	\$39,021	\$38,111

8. Involved Organizations.

Ohio Department of Medicaid (ODM), Ohio Colleges of Medicine Government Resource Center (GRC), Benjamin Rose Institute on Aging (BRIA), LifeBio.com (LifeBio), and Universal Healthcare Action Network (UHCAN). ODM’s selected partners including GRC, LifeBio, BRIA, and UHCAN will

form a strong partnership to accomplish the above project goals and ensure they are responsive to the needs of the NFs, residents, and their families.

GRC is a public university-based center for applied health policy research and technical assistance. GRC engages expert faculty and staff at Ohio's Colleges of Medicine and partners with state health and human services policymakers to improve the health and health systems for all Ohioans. GRC promotes health system transformation by: linking expert faculty and staff with health and human service policymakers; providing health and health service research, evaluation, and quality improvement management; performing data system management, data analytics, and training in analysis of administrative data; consulting in survey design, management, and evaluation; and offering project development, management, and fiscal administration.

LifeBio, an Ohio-based company headquartered in Marysville, has worked with over 100 senior living and healthcare providers since 2006, including the Mayo Clinic, United Healthcare, and senior living companies such as Brookdale Senior Living and Life Care Services. LifeBio has received acclaim for their work, including the Caregiver Friendly Award in 2009, Small Business of the Year award in 2010, and membership in the exclusive Startup Health Academy, a business incubator for health care companies based in New York City, in 2014.

The Benjamin Rose Institute on Aging (BRIA) is a national leader pursuing innovation in practice and policy to address the important issues of aging. Since its beginnings more than 100 years ago in 1908, Benjamin Rose has built a Cleveland-based nonprofit into a nationally and internationally recognized research organization; a highly regarded service provider known for caring for people with complex, long-term needs; and a policy-driven advocate bringing information from around the country to the larger network of agencies serving older adults in the Greater Cleveland community. BRIA's Center for Research and Education was established in 1961 and is one of the nation's premier centers for applied aging research. The Research and Education staff are uniquely qualified to develop and test evidence-based programs and to develop and implement data collection tools.

Universal Healthcare Action Network of Ohio (UHCAN) has a long history of communicating, networking and partnering with a variety of community stakeholders advocating for better quality care. UHCAN Ohio builds the voice of consumers to influence quality of care and develop solutions to meet Ohioans' needs by informing and uniting consumers and their allies.

9. Contacts.

a. Principle Investigator:

Dushka Crane, Director of Health Care Integration, Ohio Colleges of Medicine, Government Resource Center, dushka.crane@osumc.edu, 614-366-3167

b. Co-Investigators:

Beth Sanders, Director, LifeBio, bsanders@lifebio.com, 614-580-0333

Farida Ejaz, Senior Research Scientist, Benjamin Rose Institute on Aging, fejaz@benrose.org, 216-373-1660