30 Years of HCBS: Moving Care Closer to Home

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Can Community-Based Services Thrive in a Licensed Nursing Home?

Scattered-site Green House homes test a person-centered, community-friendly concept.

When faced with the prospect of needing a nursing home-level of care, three-quarters of people over age 45 say they want to stay in their home as long as possible. Nearly two-thirds say they would like to remain in their local community because it offers proximity to friends, family, and places they want to go (Keenan, 2010). These preferences, and associated governmental cost-savings (Kaye, LaPlante, and Harrington, 2009), have driven the rapid expansion of the Home and Community-Based Services (HCBS) program over the last thirty years.

This article proposes that Green House homes, homes of six to twelve people licensed as nursing facilities that deliver person-directed care through radically redesigned environments and organizational structures, can be part of the home- and community-based spectrum when this configuration, Green House homes can provide a community-based option for people with high service and clinical needs who, due to individual circumstances or finances, lack other non-institutional options. The community-integrated Green House concept is illustrated by two Green House homes operating in a neighborhood in upstate New York.

Nursing Homes Meet The Green House Project

Unfortunately, not everyone can remain in their own home or a family member’s home. Despite a clear preference for home- and community-based care, approximately 1.2 million Americans currently live in institutional settings removed or segregated from their communities. This is especially true for low-income elders and people with complex needs who lack access to sufficient and affordable services at home (Feng et al., 2011). Unfortunately, the number of people using nursing home services is expected to grow as America’s population ages (Lakdawalla et al., 2003).

With many people continuing to rely on nursing home services for the foreseeable future, The Green House Project focuses on two goals.

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The Green House Project challenges the notion that anything licensed as a nursing home must be defined as an ‘institution.’

integrated into residential communities using a scattered-site approach (single or paired homes embedded into residential neighborhoods). In
The first goal is to create a different kind of home for people who will continue to need a full range of care and clinical services—homes that assure quality of life and quality of care, meet state and federal nursing home standards, and operate at the same or lower costs than traditional nursing homes. Today, 126 Green House homes operate across thirty programs and sixteen states; each home is a thoroughly residential environment for six to twelve people, with radically transformed operations. Operating Green House programs range from one to sixteen homes. The largest project in development will have twenty-four homes, in a high-rise configuration, in a residential neighborhood of a major U.S. city.

The second goal is to disseminate a community-based model of Green House homes, each licensed and certified as a nursing home, while meeting the community integration goals of HCBS and the Independent Living Movement. This means creating and integrating Green House homes, house by house, into the communities where older people live and where many want to remain. Creating this option is a critical next step to meet the community-dwelling preference for those who will need nursing home care, and will allow them to benefit from the lessons learned and achievements wrought by the HCBS revolution over the last thirty years.

**Can a Medicaid-Certified Nursing Home Achieve HCBS Goals?**

Some define dependence as the need to rely on others for the most basic necessities of life. However, human life depends upon an ongoing reliance on others; we are all dependent. It is the form this reliance takes that can help shape well-being. Building successfully integrated homes and communities that meet HCBS goals means that we strive to provide a sanctuary where elderhood can flourish as a developmental stage. The Green House Project’s design supports this distinctive form of community integration by generating human warmth through a de-emphasized hierarchy and being committed to small-size, strong relationships and openness to the surrounding community.

Baby boomers are the ideal generation to propel this integration movement. With a higher level of education than any previous generation and the well-established habit of reinventing social norms, baby boomers are poised to embrace the concepts of intentional communities and approach old age as a time of growth rather than decline.

However, despite growing demand, many believe that anything licensed as a nursing home must, by definition, be an institution. The Green House model challenges this notion—separating

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**Economies may come through more efficient workforce design, combined with shared clinical, administrative, and purchasing functions.**

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...the licensure category for nursing homes from institutional practices. This allows us to preserve nursing home clinical service and reimbursement levels within a de-institutionalized model.

We do this by creating clusters of small homes, each serving six to twelve people. The homes deliver person-directed care through a radically transformed operating model that allows each house to operate independently in the areas of direct care and homemaker activities. Certified nursing assistants (CNA) work in redesigned roles and self-managed teams that integrate care and household responsibilities (e.g., cooking, laundry, and housekeeping). This redesign provides much greater flexibility in schedules and approaches to meet individual needs, while allowing CNAs to spend significantly more time developing relationships with the people living in the home (Sharkey et al., 2010).
The redesign provides a reliable and strong person-directed, relationship-based setting where people can age in place successfully and have complex medical, physical, and cognitive needs met. The Green House model prefers to operate under a nursing home license whenever possible to assure that people requiring intensive long-term-care services have access to a consumer-directed model without the regulatory and financial limitations encountered in other long-term-care settings (e.g., assisted living, board-and-care).

Operating as a nursing home allows Green House homes to deliver services within the person-directed philosophy of HCBS. This means that these homes are not limited by service caps and discharge requirements imposed on less clinical models of care (such as assisted living or family care homes), HCBS waiver program enrollment limits, and lower Medicaid waiver service and reimbursement levels. Moving these homes into residential neighborhoods will allow Green House homes to achieve the same (or perhaps better) community integration than many HCBS residential models, whose larger scale often separates them from residential communities due to land use restrictions and community opposition.

Given these advantages, community-integrated Green House homes, licensed and certified as nursing homes, could become an important part of state and federal efforts to meet the Olmstead mandate, which requires states to serve individuals in the most integrated setting appropriate to their needs (Olmsted v. L. C., 1999). These same Green House nursing homes could also meet the spirit of the Centers for Medicare & Medicaid's (CMS) recently proposed definition for HCBS service settings: "HCBS settings are integrated in the community and may not include: facilities located in a building...that provides inpatient institutional treatment or custodial care; or in a building on the grounds of, or immediately adjacent to, a public or private institution; or a disability specific housing complex designed expressly around an individual’s diagnosis, that is segregated from the larger community.” (Federal Register, 2011).

Unfortunately, today’s predominant nursing home model is the product of a narrow view of economies of scale and control. This institutional approach collects expertise, labor, equipment, management, and elders in one location using the same scale and assembly-line logic that led Andrew Carnegie to build mammoth steel mills. Efforts to create economies of scale through concentration and specialization have encouraged nursing homes to develop as large and task-segregated institutions. Sadly, people do not respond well to this approach (Harvard School of Public Health, 2011).

In fact, being “cared for” along with 100 to 300 other similarly situated people in an institution carries significant unexpected financial and personal costs (Goffman, 1961; Jenkens et al., 2011). The Green House model has proven that nursing homes can be built on a human scale—one that creates community within and outside of the house at the same or lower cost than the institutional industrial approach (Jenkens et al., 2011). A major theory of the Green House concept—a theory that may seem counterintuitive to some—is now demonstrated in the open Green House homes; it shows that economies may be achieved in disaggregated operations through more efficient workforce design (i.e., the versatile CNA position), combined with shared clinical, administrative, and purchasing functions.

Community-Integrated Green House Nursing Home: Concept Test
St. John’s Home in Rochester, New York, which is a multilevel retirement community with a 475-bed nursing home committed to person-centered care, despite the limits of a large campus, opened the first two community-integrated Green House homes in February 2011. Similar to many Green House providers, St. John’s initially planned to build fourteen
Green House homes on a congregate campus. In 2007, their administrative team met with New York state officials to discuss the project. Tom Jung, then director of Health Facility Planning, challenged the group to consider building the ideal community-integrated Green House homes described in the book, What Are Old People For? (Thomas, 2004).

St. John’s responded without hesitation, beginning a four-year partnership with The Green House Project to design and implement the first truly home- and community-based nursing home. This effort included designing a physical environment that blends style, scale, and appearance with the independent homes surrounding the two Green House homes, while meeting all skilled nursing home construction standards.

It also involved translating standard Green House operating practices (see www.thegreenhouseproject.org) to support a freestanding site receiving administrative, departmental, and non-nursing services from a distance. The practices were each designed to meet or exceed state and federal nursing home requirements and to work within a financially viable program.

The physical and operational organization that emerged is a new nursing home serving twenty elders in two ten-bedroom homes. The houses sit side by side and are embedded in Arbor Ridge, a new residential subdivision in Penfield, New York (see Figure 1). The homes are indistinguishable architecturally from the other homes in the development (see Figure 2 on page 129). They have the same scale and flow of a regular home and bedroom windows looking out over the central pond. There are walking paths to the backyards and decks of the neighboring families. The first residents to move into the Green House homes came from St. John’s large nursing home as the “beds” were transferred to Penfield. Over time, residents are expected to come from the immediate community.

Per New York State nursing home requirements, the paired Green House homes’ operations (licensed and certified as one provider) include a designated part-time administrator and director of nursing, eight hours of care per day by registered nurses, round-the-clock coverage by licensed practical nurses and CNAs, and a clinical and departmental support team that makes regularly scheduled and as-needed visits. Per The Green House Project standards (which

Figure 1. Arbor Ridge Site Plan

Green House homes are in lower right corner.
exceed New York State’s), homes provide four hours of direct-care staffing; one hour of direct nursing care per elder, per day; meals prepared in the homes; person-directed care, and substantial individualized engagement between elders and staff. The heightened nursing staff hours are balanced through self-managed teams and versatile work roles. These organizational redesigns result in an overall labor savings in The Green House model of 0.3 hours per resident, per day, compared to traditional nursing homes (Sharkey et al., 2010).

**Expected Outcomes**

People, both with and without cognitive impairments, who live in the community-integrated Green House homes are expected to remain more integrated into the broader community because of closer physical proximity, more individualized assistance to support participation in external activities, and having a “normalized” home that community members feel comfortable visiting. We expect that this community integration will improve clinical and satisfaction outcomes, and drive demand and revenue growth.

We do not expect that the community-integrated approach will increase development or operating costs due to the already disaggregated operating model used with campus-based Green House homes. The one cost increase that may result from community-integrated Green House homes is additional administrative burden if each location (single or paired homes) is required to have a separate state license and federal certification due to their non-contiguous locations. The single-provider approach for community-integrated Green House homes is currently under discussion with CMS. Any additional administrative costs will limit the
The number of Medicaid-eligible residents that a project can afford to serve. Evaluation planned for Green House homes over the next three years will determine the measure of these expected outcomes. Robert Jenkens, M.S.R.E.D., is managing director for Aging and Independence at NCB Capital Impact, Arlington, Virginia, and also directs The Robert Wood Johnson Foundation-funded Green House Project. William Thomas, M.D., founder of The Green House Project, is the director of Integrated Studies at University of Maryland, Baltimore County, Erickson School of Aging. Veronica Barber, Ed.D., is vice president/chief administrative officer of St. John’s Home, Rochester, New York.

Acknowledgment

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References


