



# Guide Book

FOR TRANSFORMING LONG-TERM CARE



**THE GREEN HOUSE PROJECT**  
caring homes for meaningful lives<sup>SM</sup>

APRIL 2010





AROUND THE GREEN HOUSE® HOME

## Introduction

We appreciate your interest in THE GREEN HOUSE® Project, a technical assistance program of NCB Capital Impact, supported by the Robert Wood Johnson Foundation.

The goal of the initiative is to develop 50 or more Green House projects with organizations throughout the country. We would like to partner with organizations that are geographically diverse, represent a mixture of rural, urban and suburban settings, have a diverse sponsorship, and are able to replicate the model quickly.

We hope that the overview provided by this Guide Book will inspire you to join us for an in-depth eight-hour orientation workshop about The Green House Project. You will find a current list of workshops and registration procedures at our Web site: [www.thegreenhouseproject.org](http://www.thegreenhouseproject.org). This workshop is the next step if your organization is interested in applying to join The Green House Project. (Please note that the use of the name THE GREEN HOUSE® is limited to projects that are accepted and created according to The Green House Project guidelines.

Thank you,

The Green House Project Team





GREEN HOUSE LIVING

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## Our Vision

We envision homes in every community where elders and others enjoy excellent quality of life and quality of care; where they, their families, and the staff engage in meaningful relationships built on equality, empowerment, and mutual respect; where people want to live and work; and where all are protected, sustained, and nurtured without regard to the ability to pay.

## Our Mission

We partner with organizations, advocates, and communities to lead the transformation of institutional long-term care by creating viable homes that spread THE GREEN HOUSE® vision—demonstrating more powerful, meaningful, and satisfying lives, work, and relationships.

## Overview

THE GREEN HOUSE® model is a de-institutionalization effort that restores individuals to a home in the community. It combines small homes with the full range of personal care and clinical services expected in high-quality nursing homes. Green House homes typically are licensed as nursing homes but may be created under assisted living or other residential care regulations under certain circumstances. The Green House model of elder care is a total re-envisioning of a skilled nursing home—it cannot be overlaid on an existing large facility. The program creates an intentional community to support the most positive elderhood and work life possible. To achieve these goals, the model changes the philosophy of care, staffing assumptions, organizational configuration, and architecture.

### THE ESSENCE OF THE GREEN HOUSE MODEL:

- The Green House home is a self-contained residence, designed like a private home, housing 7–10 elders (12 with a financial hardship exception), each with his/her own bedroom and full bathroom. The physical space is not meant to be “homelike,” but to be a home.
- Specially trained certified nursing assistants—called Shahbazim (singular form is Shahbaz)—staff each residence and provide a wide range of assistance, including: personal care, activities, meal preparation and service, light housekeeping, and laundry. The elders and Shahbazim are the primary decision-makers for each community. (To read about the origin of “Shahbaz,” visit The Green House Project Web site at [www.thegreenhouseproject.org](http://www.thegreenhouseproject.org).)
- A self-managed work team structure is used. The Shahbazim are coached by and accountable to the Guide (a new role typically assumed by a nursing home administrator) and are partnered with the clinical support team. The nurses play an important role in building an empowered care team within The Green House home, bringing all their knowledge and skills to the Shahbazim and elders as partners and team members. In addition to being teachers and mentors to the Shahbazim, the nurses have the opportunity to build relationships and support the Shahbazim as they grow to become gerontological experts within their scope of practice. The nurses’ relationships with the elders and Shahbazim form the basis of effective person-directed care teams and are the key to advancing a new culture of care. The Sage, a local community elder who volunteers as a mentor, facilitates the development of the self-managed work team by serving as a trusted advisor to the Shahbazim and elders.
- The Guide is responsible for the overall operations and quality of services in The Green House home.
- Each Green House home is supported by a clinical support team that includes nurses, social workers, activities experts, therapists, nutritionists, a medical director, and a pharmacist.

Within this general structure, many variations are possible. The home can vary in size, physical design, amenities, and operational structure. Some houses may be built on a long-term care campus; others may be in a residential community. The sponsoring organization may plan to replace an existing facility or develop a new project. The sponsoring organization supplies or arranges the delivery of health care to the elders in a Green House home, organizing and/or managing the personnel, fiscal, and administrative functions.



# THE GREEN HOUSE®

## Philosophy

The philosophy of THE GREEN HOUSE® long-term care model is to enhance elders' quality of life by:

- Creating small homes where intentional communities are developed and high levels of care are offered
- Recognizing and valuing individuality of elders and staff
- Honoring autonomy and choice
- Supporting elders' dignity
- Providing privacy
- Offering opportunities for reciprocal relationships between elders and staff
- Fostering enjoyment
- Offering meaningful activity and engagements
- Promoting maximal functional independence
- Facilitating physical comfort
- Fostering spiritual well-being
- Offering comprehensive care
- Creating an atmosphere of security

## Outcomes

Three evaluations conducted between 2003 and 2009 examined numerous measures of care and satisfaction in Green House homes:

### GREEN HOUSE ELDERS RELATIVE TO COMPARISON GROUP OF NURSING HOME RESIDENTS<sup>1,2</sup>

- **Improved quality of life:** Green House elders reported improvement in seven domains of quality of life (privacy, dignity, meaningful activity, relationship, autonomy, food enjoyment, and individuality) and emotional well-being.
- **Improved quality of care:** Green House elders maintained self-care abilities longer with fewer experiencing decline in late-loss Activities of Daily Living. Fewer Green House elders experienced depression, being bedfast, and having little or no activity.
- **Improved family satisfaction:** Green House families were more satisfied with general amenities, meals, housekeeping, physical environment, privacy, autonomy, and health care.
- **Improved staff satisfaction:** Green House staff reported higher job satisfaction and increased likelihood of remaining in their jobs.

### GREEN HOUSE HOMES RELATIVE TO NURSING HOME COMPARISON SITES<sup>3</sup>

- **Higher direct care time:** 23–31 minutes more per resident per day in staff time spent on direct care activities in Green House homes.
- **Increased engagement with elders:** More than a four-fold increase in staff time spent engaging with elders (outside of direct care activities) in Green House settings.
- **Less stress:** Direct care staff in Green House homes reported less job-related stress.
- **Improved care outcome:** Fewer in-house acquired pressure ulcers in Green House homes.

### ROLE OF DIRECT CARE WORKERS<sup>4</sup>

- **Comparable quality:** Removal of formal nurse supervision of direct care workers did not compromise care quality.
- **Timely intervention:** High level of direct care worker familiarity with elders led to very early identification of changes in condition, facilitating timely intervention.

1 Kane R., Cutler L., et al. "Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program," *Journal of the American Geriatric Society*, 55(6):832-839, June 2007.

2 Kane R., Cutler L., et al. "Effects of Green House® Nursing Homes on Residents' Families," *Health Care Financing Review*, 30(2):35-51, Winter 2008-2009.

3 Sharkey S., Hudak S., Horn S., "Analysis of Staff Workflow in Traditional Nursing Homes & THE GREEN HOUSE® Project Sites" 2009.

4 Bowers B., Nolet K., "Exploring the Role of the Nurse in Implementing THE GREEN HOUSE® Model" University of Wisconsin 2009

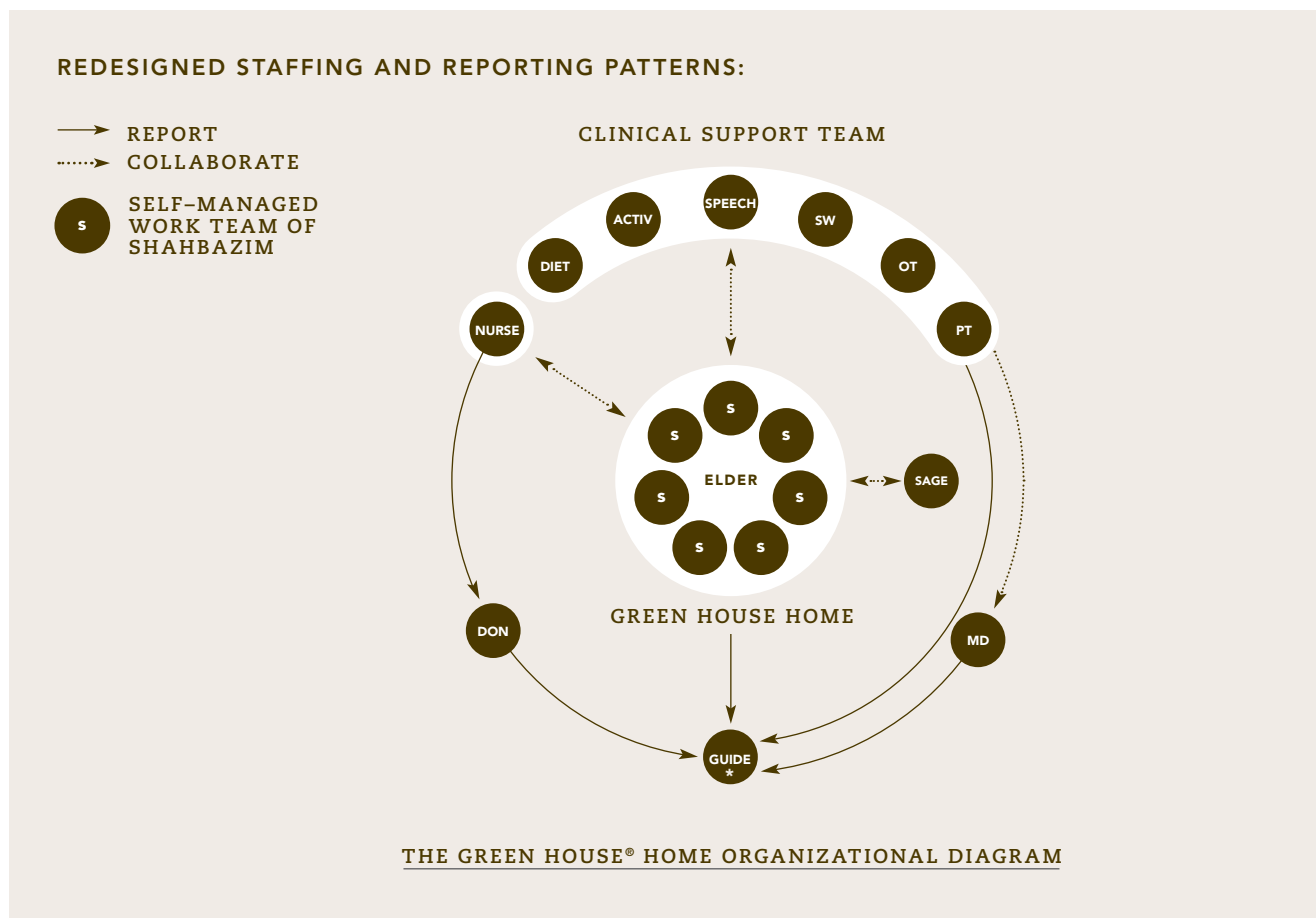
## Organizational Redesign

THE GREEN HOUSE® model reorganizes staff and flattens the hierarchy of the traditional organization. Each house functions independently with consistent and dedicated Shahbazim staffing. These self-managed teams of Shahbazim report to the Guide, a position typically assumed by the nursing home administrator. The organization's clinical

staff forms a clinical support team. Nurses from the team meet the clinical needs of the elders (1–1.2 hours per elder per day) in partnership with the Shahbazim (4 hours per elder per day), for a total of 5.2 direct care staffing hours per elder per day. The remaining clinical professionals visit the house on a routine basis and as required by the needs of the elders.

### TYPICAL STAFFING FOR A 10-ELDER GREEN HOUSE HOME:

- Day and evening shifts: 2 Shahbazim per house and 1 nurse per 2 houses
- Night shift: 1 Shahbazim per house and 1 nurse to 2–3 houses



\* When the Guide is not an Administrator, the Guide and DON report to the Administrator.



## The Shahbaz and The Self-Managed Work Team

The heart of THE GREEN HOUSE® elder care model is the Shahbaz (plural: Shahbazim), a universal worker who performs housekeeping, laundry, cooking, and elder care. The Shahbazim are the core staff in The Green House home. In each house, the Shahbazim provide four hours of care and services per elder per day.

The Shahbazim are certified nursing assistants who receive additional training in:

- CPR
- First aid
- Culinary skills
- Safe food handling
- Household operations, including basic maintenance and emergency response
- The Green House curriculum, which includes:
  - The Green House philosophy of care
  - Communication skills
  - Self-managed work team skills, including problem-solving and consensus-based decision making
  - Specific policies and procedures for The Green House model
  - Person-directed care for people with dementia

## Self-Managed Work Team

THE GREEN HOUSE® home is staffed by a self-managed work team of Shahbazim. The team shares all care and household responsibilities. Each team member assumes rotating coordinator responsibilities to facilitate accountability for specific duties, communications, and reporting. It's suggested that all coordinator positions rotate every three or four months. Although a Shahbaz may find comfort in one position, rotation is necessary to provide each member of the self-managed work team with the same skill set, guaranteeing a sharing of power. In addition to the following standard roles, each team may establish other coordinator positions as needed. The coordinators' roles are:

### TEAM COORDINATOR

- The Team Coordinator acts as a liaison between the team and families, volunteers, community members, and other members of the staff, including the clinical support team and the Guide.
- The Team Coordinator conducts all of the team meetings and communicates decisions to team members and others.
- The Team Coordinator also arranges House Council meetings.

### FOOD COORDINATOR

- The Food Coordinator organizes and conducts weekly menu-planning meetings, orders food, monitors the freshness and adequacy of the food supply, and ensures compliance with rules governing kitchen cleanliness and refrigerator and food temperatures.
- The Food Coordinator also manages and ensures compliance with food recordkeeping.
- The Food Coordinator is responsible for monitoring appetites and food intake of elders and for obtaining and recording weights as outlined by the Clinical Support Team or as deemed necessary by the Shahbazim.

- The Food Coordinator meets regularly with the dietician to review menus and communicates weight loss and food concerns to the appropriate members of the Clinical Support Team.

### HOUSEKEEPING COORDINATOR

- The Housekeeping Coordinator manages all cleaning services for a house.
- The Housekeeping Coordinator monitors the cleanliness of the home, ordering necessary supplies and recording information about the overall cleanliness of the house.
- The Housekeeping Coordinator organizes and monitors the laundering of linens, other household items, and elders' personal clothing.

### SCHEDULING COORDINATOR

- The Scheduling Coordinator creates the team schedule, in collaboration with the team—providing required staff coverage and time off as well as adhering to overtime policies.
- The Scheduling Coordinator is contacted if a team member is ill or unable to work as scheduled (Shahbazim requiring time off must attempt to find a replacement, and if unable to do so, notify the Scheduling Coordinator). If the Scheduling Coordinator is unable to find a replacement, she or he will notify the Guide.
- The Scheduling Coordinator also may be responsible for submitting appropriate time records to the Guide as required.

### CARE COORDINATOR

- The Care Coordinator works with the Clinical Support Team and others to ensure care planning meetings are held in a timely manner and are scheduled such that all appropriate individuals (including elder, family, and Shahbazim) are present.
- The Care Coordinator monitors the team's compliance with elders' care plans and the care plans' effectiveness at meeting the needs of the elders.
- The Care Coordinator ensures that care has been provided and that documentation has been completed as outlined in the elders' care plans.

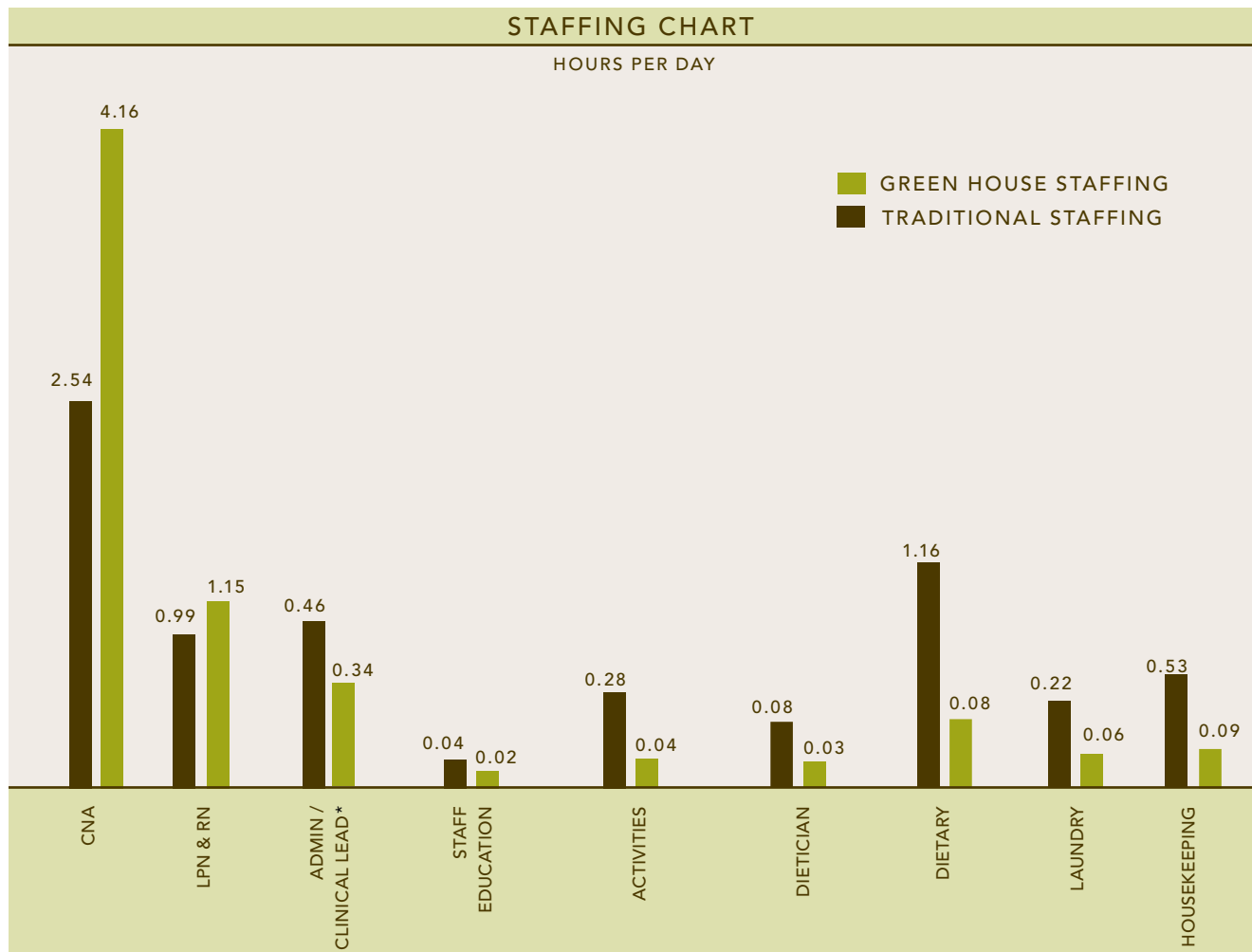
## Financial Viability

**THE GREEN HOUSE®** model redistributes existing staff and operational resources. The Green House model's organizational structure moves hours from segregated roles and department structures typically found in traditional nursing homes to a versatile Shahbaz role and self-managed work teams. The Green House model does not increase the overall staff time or cost in the operational areas the model redesigns.

Independent research<sup>1</sup> conducted in 2009 examining the workflow in Green House homes compared to conventional skilled nursing homes finds that the actual time spent in The Green House homes for:

- Direct Care
- Laundry
- Housekeeping
- Activities
- Food Service
- Nursing
- Associated Leadership/Management

is equal to or less than that spent in conventional nursing homes (see graph below).



\*Admin / Clinical Lead values for traditional staffing range from 0.46 - 1.07

<sup>1</sup> Sharkey S., Hudak S., Horn S. "Analysis of Staff Workflow in Traditional Nursing Homes & THE GREEN HOUSE® Project Sites" 2009.



**THE GREEN HOUSE®** Project's financial analysis of this redistribution (see table) indicates that the aggregate costs are also equal to or less than costs in conventional nursing homes.

Individual implementation and costs will vary, with some Green House projects being viable and others not.

The viability of individual Green House implementations is assessed using specific information entered into The Green House Project's detailed financial feasibility model. The Green House financial model is regularly updated based on the experience of operating Green House homes.

POSITION	2009 HOURLY RATE*	GH SNF ELDER DAY	TRADITIONAL SNF** ELDER/DAY	DIFFERENCE	VALUE
Housekeeping	\$ 10.54	0.09	0.53	0.44	\$ 4.64
Laundry	\$ 10.11	0.06	0.22	0.16	\$ 1.62
Dietary	\$ 9.32	0.08	1.16	1.08	\$ 10.07
Dietician	\$ 22.58	0.03	0.08	0.05	\$ 1.13
Activities	\$ 10.33	0.04	0.28	0.24	\$ 2.48
Staff Education	\$ 26.09	0.02	0.04	0.02	\$ 0.52
Admin + Clinical Lead	\$ 33.24	0.34	1.07	0.73	\$ 24.27
LPN + RN (80% LPN @ 18.31 / 20% RN @ 24.05)	\$ 20.26	1.15	0.99	-0.16	\$ - 3.24
CNA / Shahbaz	\$ 10.27	4.16	2.54	-1.62	\$ -18.30
Subtotal		5.97	6.91	0.94	\$ 23.17
Benefits	25%				\$ 5.79
<b>TOTAL</b>					<b>\$ 28.97</b>

\* Salary information from "PayScale," July 2009 (5-year average or median hourly rates)

\*\* Shahbazim in Green House homes are paid 10% more than CNAs from traditional skilled nursing facilities (SNFs); Shahbazim rate used to calculate costs



# Architecture



THE GREEN HOUSE® homes are designed to be similar to homes in which elders would have lived in their community. This means that Green House homes will be very different from place to place. In urban communities, they may be apartments or duplexes, depending on the buildings nearby. In rural communities, they will be single family homes.

Regardless of the location, a Green House home must be fully independent from other homes or buildings—with no more than 10 elders (12 with a financial hardship exception). They must include:

- A hearth area providing a living area, dining area, and open kitchen
- A single dining table that seats all elders, the Shahbazim, and two guests
- Private bedrooms providing a full bathroom, locked medicine cabinet, and ample natural light
- Ceiling lifts
- Fenced outdoor space with walking paths
- Visual sight lines from the kitchen to the majority of the hearth area, bedrooms, and outdoor space
- Significant window areas in all common areas of The Green House home

The Green House Project team works with the organization's architect to develop floor plans. Organizations should consult with The Green House team prior to engaging an architect.

To ensure compliance with The Green House model's design and quality standards, The Green House team must review and approve architectural designs at schematic design, design development, and construction documentation phases. This includes any drawings created prior to acceptance of the organization's Green House application. New construction typically is required to meet life safety codes and The Green House Project's principles. As part of the approval process, The Green House team may require substantial revisions to designs that do not meet these quality standards.

The Green House model encourages all project adopters to build "green." This means implementing strategies that increase energy and resource efficiency and limit the presence of toxins.

Examples of successful Green House home plans are provided on the following six pages. A typical one-story, 10-bedroom Green House home averages 6,400 to 7,000 square feet. A Green House project in a high-rise building may include one or more independent Green House homes per floor—each with a separate entry door. There are no physical connections between houses except for a shared elevator lobby/corridor in a multi-story Green House project. Visit our Web site for additional examples of floor plans, site plans, artists' renderings, different elevations, and interior and exterior photos of the houses.

## SAMPLE FLOOR PLAN 1\*

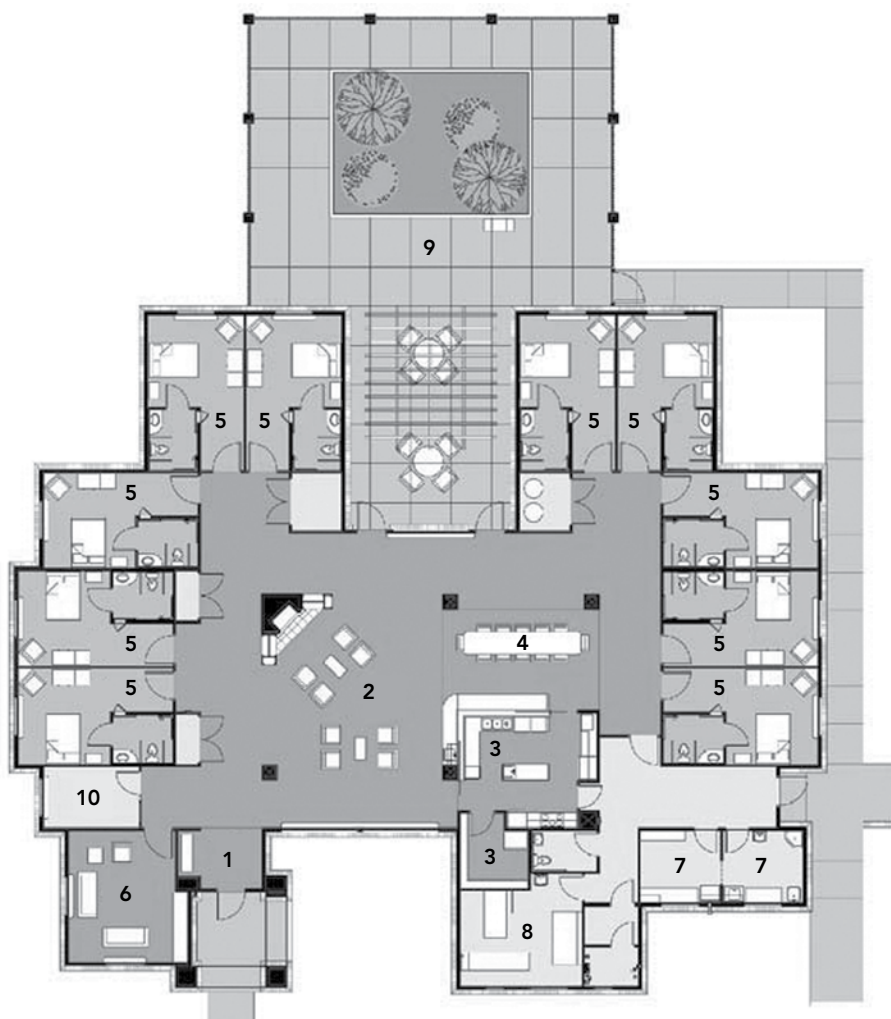
Arizona Baptist  
Retirement Centers, Inc.  
Youngtown, AZ

7,000 sq. ft.



### LEGEND

- 1 Foyer
- 2 Hearth Room
- 3 Kitchen/Pantry
- 4 Dining Room
- 5 Bedroom/Bath
- 6 Den
- 7 Utility Room
- 8 Spa/Physical Therapy
- 9 Porch/Patio
- 10 Office



©McCarty Company

\*The Green House team must review and approve architectural designs for each new project. These six examples of successful Green House home plans are provided for illustrative purposes only. Visit our Web site for additional examples of floor plans, site plans, artists' renderings, different elevations, and interior and exterior photos of the houses.

## SAMPLE FLOOR PLAN 2

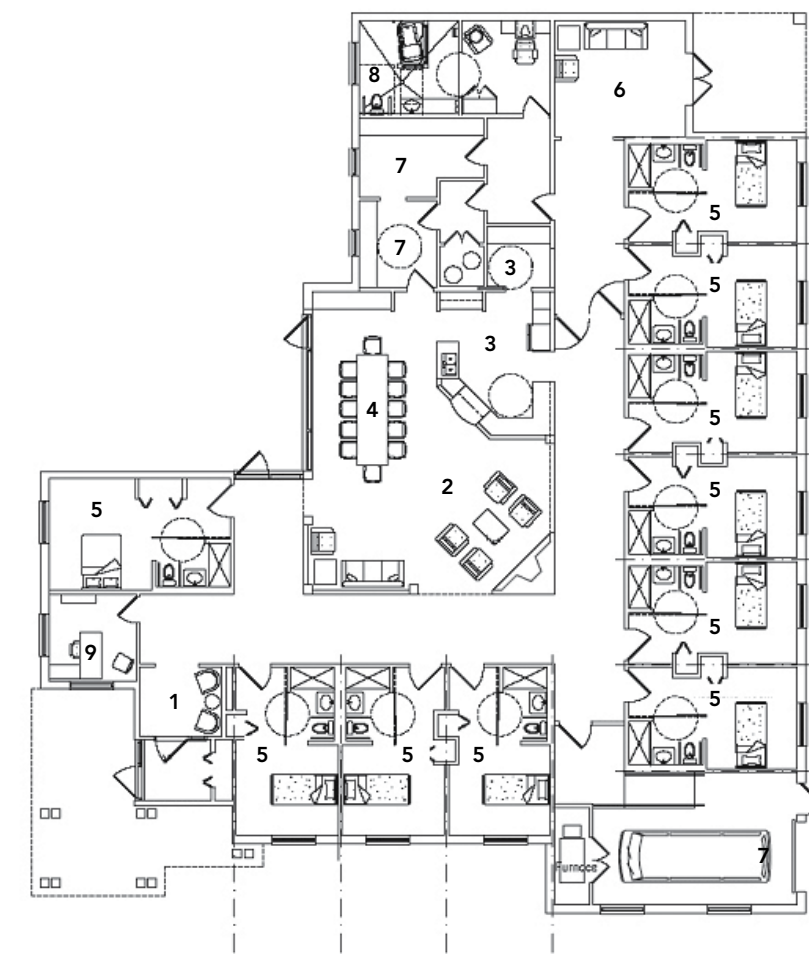
### The Village of Redford Redford, MI

6,998 sq. ft.



#### LEGEND

- 1 Foyer
- 2 Hearth Room
- 3 Kitchen/Pantry
- 4 Dining Room
- 5 Bedroom
- 6 Den
- 7 Laundry
- 8 Spa
- 9 Office



## SAMPLE FLOOR PLAN 3 MULTI-STORY PROJECT

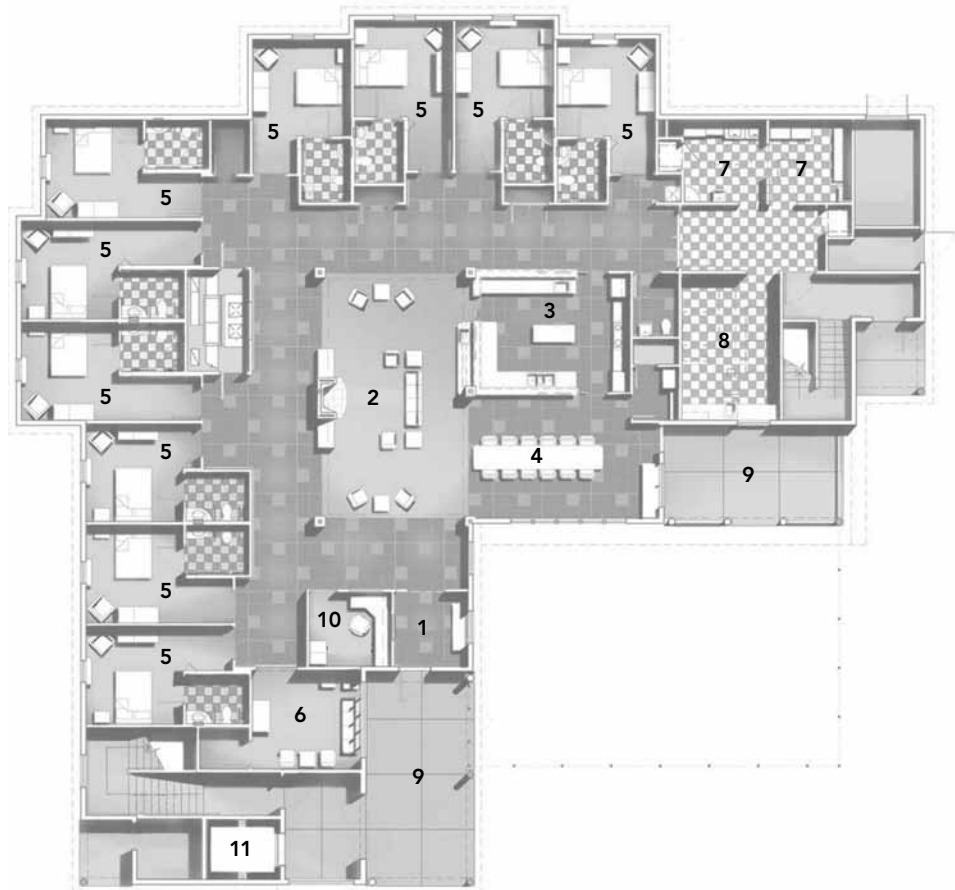
### St. Martin's in the Pines Birmingham, AL

Typical 1st floor = 6,430 sq. ft.  
Typical 2nd floor = 6,919 sq. ft.



#### LEGEND

- 1 Foyer
- 2 Hearth Room
- 3 Kitchen
- 4 Dining Room
- 5 Bedroom/Bath
- 6 Den
- 7 Laundry
- 8 Spa/Salon
- 9 Porch
- 10 Office/Library
- 11 Elevator



- One independent Green House home per floor
- Shared elevator lobby on ground floor
- Separate, accessible covered porches for each home



## SAMPLE FLOOR PLAN 4 MULTI-STORY PROJECT

### Leonard Florence Center for Living Chelsea, MA

13,500 sq. ft. total (two Green House® homes per floor at 6,350 sq. ft. each and 800 sq. ft. shared lobby)



#### LEGEND

- |                  |            |
|------------------|------------|
| 1 Elevator Lobby | 6 Den      |
| 2 Living Room    | 7 Laundry  |
| 3 Kitchen/Pantry | 8 Terrace  |
| 4 Dining Room    | 9 Elevator |
| 5 Bedroom/Bath   |            |



GREEN HOUSE® Home #1

GREEN HOUSE® Home #2

- One independent Green House home per floor, each with a separate elevator
- Shared elevator lobby on each floor
- Separate, accessible covered terraces for each home



## SAMPLE FLOOR PLAN 5

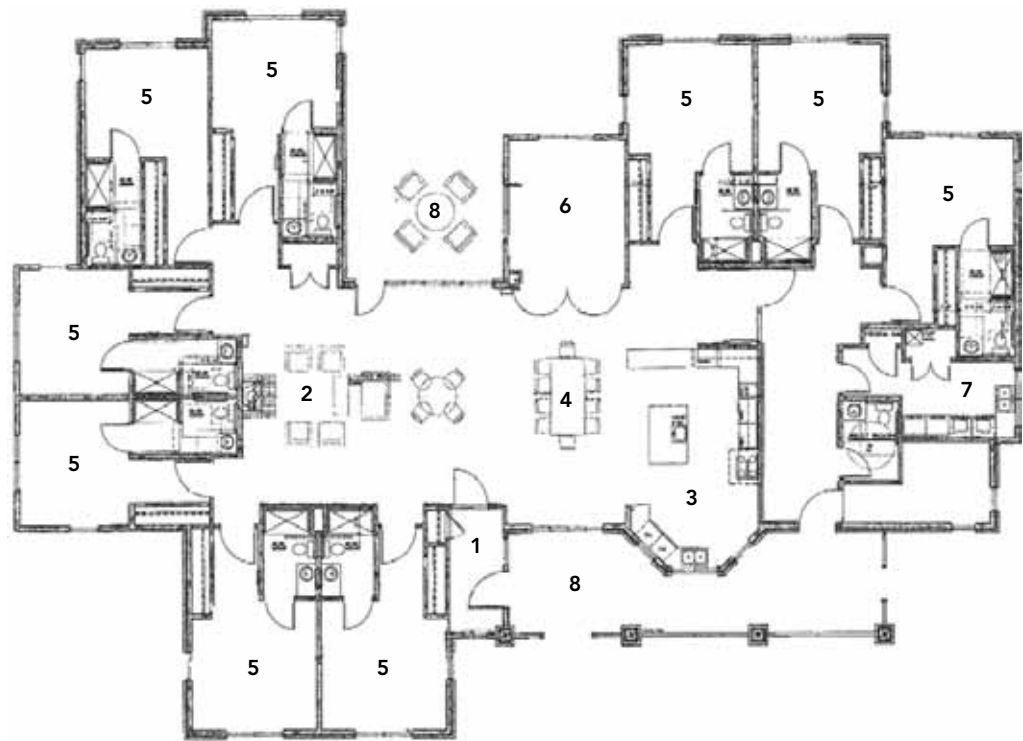
Lincoln, NE

5,000 sq. ft.



### LEGEND

- 1 Foyer
- 2 Hearth/Living Room
- 3 Kitchen/Pantry
- 4 Dining Room
- 5 Bedroom/Bath
- 6 Library
- 7 Laundry
- 8 Patio



## SAMPLE FLOOR PLAN 6

### Mt. San Antonio Gardens Pomona, CA

6,881 sq. ft.



#### LEGEND

- 1 Foyer
- 2 Hearth Room
- 3 Kitchen/Pantry
- 4 Dining Room
- 5 Bedroom/Bath
- 6 Den
- 7 Laundry
- 8 Spa
- 9 Patio
- 10 Office



# THE GREEN HOUSE® Design Charette

SUMMER 2008

In an effort to expand the vision of what is possible, THE GREEN HOUSE® Project sponsored The Green House Design Charette to explore new and creative design solutions for Green House homes. The competition was open to design professionals and design students interested in examining the interplay of living at home with the provision of significant care services. Three sites were offered: urban, suburban, and rural, reflecting the diversity of nursing homes across the country.

The entries provided creative and thought-provoking conceptual designs with innovative solutions. A real sense of home including privacy, scale, meaningful connections to the outdoors, and community were the common elements of successful projects. A variety of sustainable elements were a strong current as well. The designs featured here reflect the award-winning projects that most fully implement and reflect The Green House philosophy of creating places where people want to live, work, enjoy life, and continue to grow.

The designs presented are interpreted by the individual architects and therefore do not represent approved Green House models.

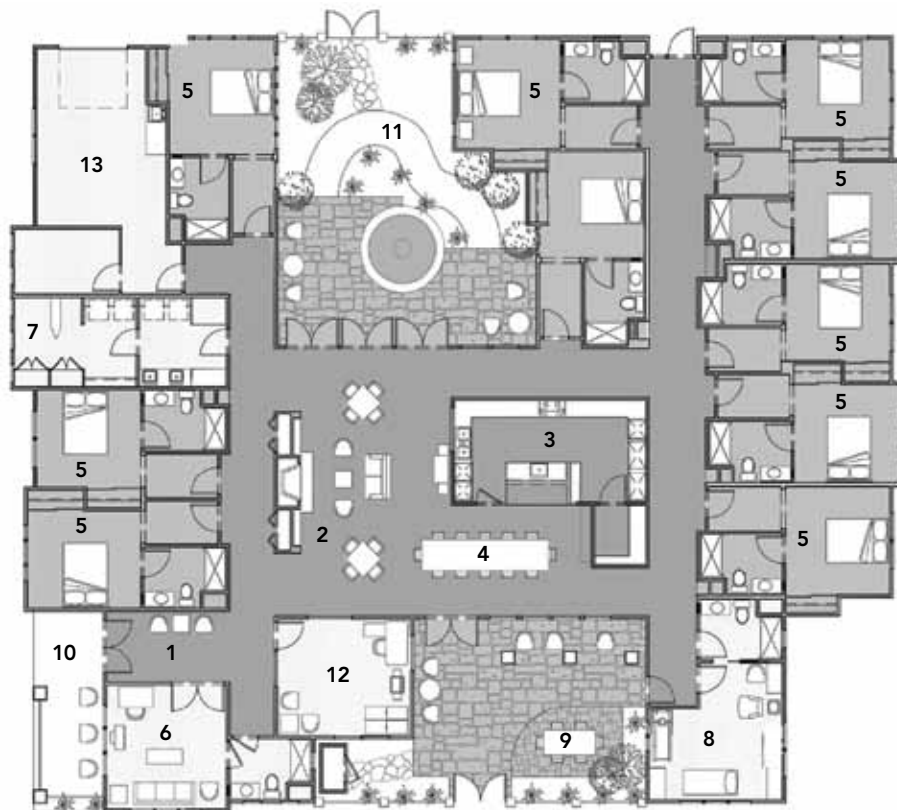
## RURAL DESIGN From the Design Charette\*

**Dahlin Group,  
Gates & Associates,  
Dorit Fromm,  
Sunrise Senior Living**



### LEGEND

- 1 Lobby
- 2 Hearth Room
- 3 Kitchen
- 4 Dining Room
- 5 Bedroom
- 6 Den
- 7 Laundry
- 8 Spa/Fitness Room
- 9 Patio
- 10 Porch
- 11 Garden Court
- 12 Office
- 13 Garage



**DAHLIN GROUP:** Cindy Bustamante, David Rhoads, Emily Bonato, Flavia Giraldo, Frank Lung, Glen Simmons, John Thatch, Kathy Meyer, Katrina Nedashkovskaya, Matt Ritzman, Nelda Braver, Pantea Khoshnevis, and Ritu Raj Sharma

**GATES & ASSOCIATES:** Aaron West, Steven Sampson, and Natalie Bokum

**SUNRISE SENIOR LIVING:** Bill Lindstrom, Anna Felver, Cindy Bustamante, David Rhoads, Glen Simmons, Jim Glanton, John Thatch, Ling Chang, Mark Sarboraria, Matt Ritzman, Michelle Gonzales, Tanya Retherford, and Tom Maddern

\*The designs presented are interpreted by the individual architects and therefore do not represent approved Green House models.

## SUBURBAN DESIGN From the Design Charette

### NK Architects



#### LEGEND

- 1 Front Porch
- 2 Hearth Room
- 3 Kitchen/Pantry
- 4 Dining Room
- 5 Bedroom
- 6 Den
- 7 Library
- 8 Laundry Room
- 9 Spa/Physical Therapy
- 10 Patio



NK ARCHITECTS: Michael Gorman, Allen Kopelson, Ralph Rosenberg, and Judith Mumma



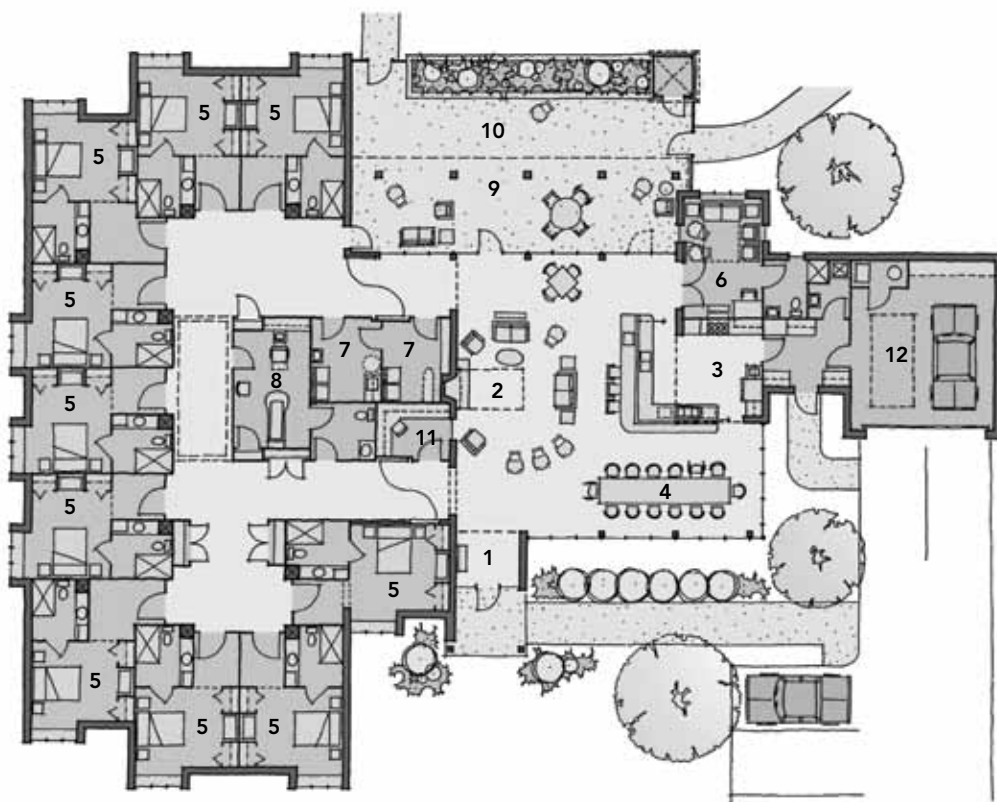
## RURAL DESIGN From the Design Charette

### RLPS Architects



#### LEGEND

- 1 Foyer
- 2 Hearth Room
- 3 Kitchen/Pantry
- 4 Dining Room
- 5 Bedroom
- 6 Den w/ Toilet Room
- 7 Laundry
- 8 Spa w/ Toilet Room
- 9 Porch
- 10 Patio
- 11 Office
- 12 Garage



**RLPS ARCHITECTS:** Quinn de Menna, Lisa Ann Fagan, Matt Kogut, Jodi Kreider, Eric McRoberts, Jim Mehaffey, Jessica Myers, Derek Perini, Ben Samberg, Brent Stebbins, and Craig Walton



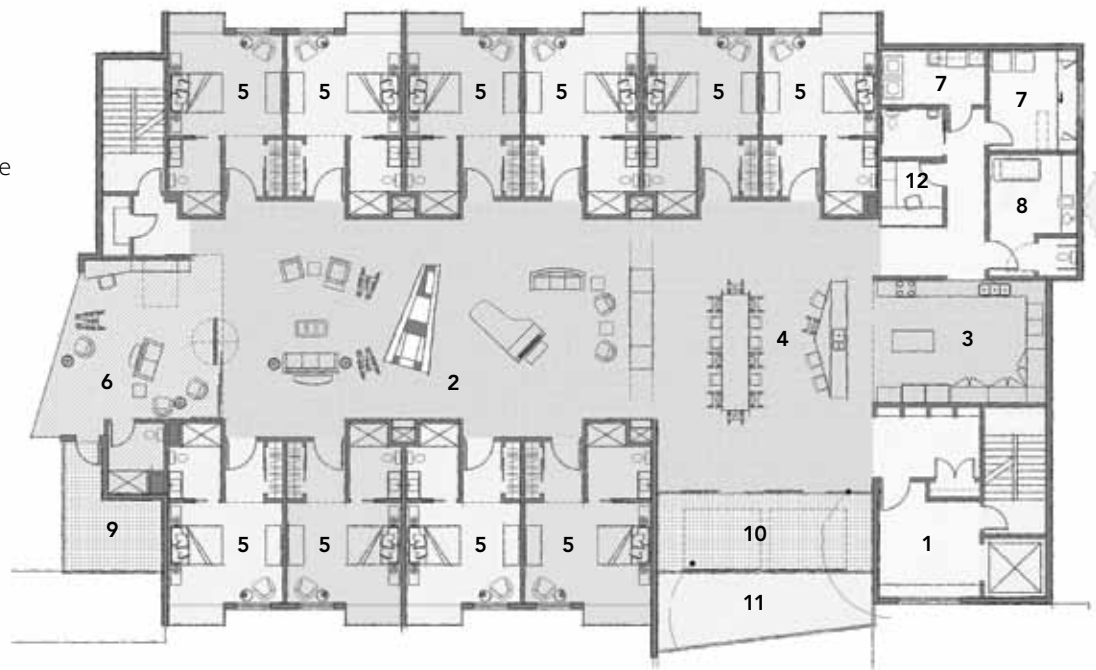
## URBAN DESIGN From the Design Charette

**Rosemann and  
Associates P.C.**



### LEGEND

- 1 Lobby
- 2 Hearth/Living Room
- 3 Kitchen/Pantry
- 4 Dining Room
- 5 Bedroom
- 6 Den
- 7 Laundry
- 8 Spa
- 9 Lake Terrace
- 10 Sun Terrace
- 11 Green Terrace
- 12 Office



# Convivium

THE GREEN HOUSE® model views food as an essential source of enjoyment, activity, community, and nourishment. The kitchen and the table serve as the centers of pleasure, culture, and community.

## GENERAL PRINCIPLES

- Cook all meals in the house.
- Preserve the many traditions of the table.
- Use food that is local and seasonal.
- Stock, order, and prepare food according to the preferences of the elders living in the house.
- Make food available to all elders at all times, with unlimited access to the kitchen.
- Invite all present at meal time to share at the table.
- Include all elders at all meals, even those unable to eat by mouth, unless the elder chooses not to participate.

## PRACTICES

- Elders and families contribute recipes to the house cookbooks.
- Elders select menus.
- Elders are involved in cooking, as desired.
- Elders are involved in setting the table and meal preparation, as desired.
- Music, table linen, flowers, and decorations are included to enhance environment.
- Staff and others in the house eat with the elders.
- Parties, celebrations, laughter, and rituals are encouraged.

## THE GREEN HOUSE® Features

Technology and special design features are used in THE GREEN HOUSE® home to enhance privacy, independence, and safety as follows:

### MEDICAL RECORDS

Paperless medical records are encouraged to create a simple data entry system. Electronic health records allow easy report sharing and report generation.

### COMMUNICATION SYSTEMS

The design of the nurse call system typically utilized in Green House homes is intended to facilitate the most rapid possible response to resident calls, building in systems to ensure that a call that is not answered within an appropriate time window is routed to the next person in a chain of potential responders. The call also will activate a visual signal on an annunciator panel in the office, which will forward through a wireless connection to pagers worn by staff on duty in The Green House home.

- Elder to Shahbaz: call system activating staff pagers
- Shahbaz to Clinical Support Nurse: emergency pendant to pager, two-way radio, and/or cell phone
- Elder to family and friends: private telephone and e-mail (using house or personal computer)

### NO-MANUAL-LIFT ENVIRONMENT

Electronic ceiling lifts span from the bed to the bathroom, allowing safer transfer for elders and staff when assistance is required. Ceiling lifts also are used in the bathing/spa room.

### KITCHEN SAFETY

Gas shut-off valves or induction cooktops provide safety when cooking appliances are not in use. A stove guard is available to be placed on the cooktop to trap pots and prevent access to the stovetop if staff needs to leave the kitchen while food is cooking. Retractable gates are available to prevent entry into the kitchen during high-traffic times. Locking cabinets and drawers are provided for chemicals and sharp utensils. Fire safety is provided through fire sprinklers and extinguishers.



## Comparison with Traditional Nursing Homes

	TRADITIONAL NURSING HOME	THE GREEN HOUSE® LONG-TERM CARE RESIDENCE
SIZE	Usually 120+ beds divided into 20- to 40-bed units or larger	7–10 elders
PHILOSOPHY	Medical model emphasizing provision of clinical services to patients	Habilitative model emphasizing intentional communities and a developmental view of aging
ORGANIZATION	Hierarchy—nurses control unit activity	Flattened bureaucracy—empowerment of direct care staff; nurses visit the house to provide skilled services
DECISION MAKING	Decisions made by the organizational leadership	Decisions made by elders or person closest to elders as often as feasible; House Councils plan menus, activities, and house routines
PRIVACY	Typically shared bedrooms and bathrooms	Private bedrooms and bathrooms
ACCESS	Space belongs to the institution; elders have access to their room and public areas but many spaces are off-limits	Space belongs to the elders and they may access all areas of the house
OUTDOOR SPACE	Often challenging to access, particularly without assistance or supervision	Easy access; fenced, shaded, and in full view of the hearth and kitchen to allow observation by staff and open access
LIVING AREAS	Lounges and dining rooms usually at the end of long corridors	Central hearth with an adjacent open kitchen and dining area, short distance to bedrooms
KITCHEN	Off-limits to elders and visitors	Elders and visitors have access and may participate in meal preparation activities
NURSES' STATION	In the center of most units	Medication and supply cabinets in each room; nurses visit rooms to administer medications and treatments; office/study provides space for administrative tasks such as record maintenance
DINING	Large dining rooms with many elders, separate “feeder” tables	One dining table providing a focal point for community meals and family-style dining
STAFFING	Departmental with segmented and specialized tasks	Shahbaz is a universal worker offering direct care, laundry, housekeeping, activities, and meal preparation services
VISITORS	Limited ability to participate	Participate in meals and other meaningful engagements; hold family celebrations in The Green House home

## Research

Four Green House homes in Tupelo, Mississippi, operating since 2003, were the subject of a two-year research project involving two comparison nursing homes and four waves of data collection. Respondents included residents, primary family caregivers, and staff. The study was funded by the Commonwealth Fund and conducted by Dr. Rosalie Kane and a team of researchers from the University of Minnesota.

Green House outcomes compared to the two traditional nursing home comparison sites include:

- Significantly improved quality of life for elders, as measured in an array of domains including privacy, dignity, autonomy, relationships, and overall well-being
- Higher levels of satisfaction reported by families and staff
- Less decline in ability to perform activities of daily living (ADLs)
- Less prevalence of depression

The Tupelo Green House project also collected data on their Green House homes compared to their traditional nursing home during their first two years of operation. They reported:

- Direct care staff turnover of less than 10% in The Green House homes compared to 70% in the traditional nursing home
- No transfer-related back injuries for elders or staff in The Green House homes
- No unexplained weight loss in The Green House homes, with almost no use of nutritional supplements
- Improved occupancy in The Green House homes compared to the traditional nursing home, from 85–92% pre-Green House model to 100% with a waiting list

Go to [www.thegreenhouseproject.org](http://www.thegreenhouseproject.org) to download the results of the research study, “Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program,” published in the *Journal of the American Geriatrics Society*, Vol. 55, Issue 6, Page 832, June 2007, Rosalie A. Kane PhD, Terry Y. Lum PhD, Lois J. Cutler PhD, Howard B. Degenholtz PhD, Tzy-Chyi Yu MHA.

## Technical Assistance

THE GREEN HOUSE® Project's technical assistance services are comprehensive and based on the collective experience of the national Green House team and Green House provider sites throughout the country. These services include exploring financial viability, advising on architectural design, conducting regulatory reviews and analyses, and providing leadership and staff education to prepare the organization to open and operate successful Green House homes. The Green House Project team provides approximately 30 months of direct technical assistance, tools, education, and training for each organization accepted into the program. Technical assistance fees for the first 50 Green House projects are subsidized through a grant from The Robert Wood Johnson Foundation.

Specific technical assistance services include:

### FINANCIAL FEASIBILITY ANALYSIS

- Use of The Green House Project financial model. Assistance with completing the Excel-based model, including consulting on its structure and assumptions, how and where to collect and input required data, varying and testing assumptions, and financing options.

### DESIGN AND ARCHITECTURAL REVIEW

- Providing design and architectural guidance and reviewing all plans for consistency with core elements of the model.

### PROJECT GUIDE AND PROJECT MANAGEMENT PLAN

Each accepted project has a designated Project Guide, who works intensively with the organization throughout the planning, implementation, and the first six months of Green House home operations. The Project Guide supports projects in all key areas, including:

- **PROJECT PLAN** Works with the organization's leadership to detail and customize a project plan to meet the organization's needs (providing tasks and timelines, etc.). Facilitates biweekly conference calls with the project team to ensure all needs are being met and tasks are moving forward.
- **REGULATORY APPROVALS** Collects and reviews regulations governing skilled nursing services within the project's state to ensure alignment with The Green House model's philosophy, design, and operations. Facilitates meetings between the state representative and the service provider to address and resolve any identified issues or concerns.
- **OPERATIONAL IMPLEMENTATION** Assists in developing Green House policies, creating job descriptions, developing hiring practices, and providing guidance on construction and start-up operations.
- **PUBLIC RELATIONS** Provides tools and assists with planning and timeline development

### LEADERSHIP DEVELOPMENT & STAFF EDUCATION

The Green House Project team provides nearly 200 hours of educational programming to ensure the successful establishment and operation of The Green House homes. Key educational components include:

- An on-site workshop for the leadership team focused on building skills to lead an organization through transformational change, including participatory decisionmaking;
- An education program for individuals preparing to serve as Green House Guides to develop the critical skills and knowledge needed to effectively coach self-managed work teams;
- A workshop for clinical support team members to build coaching skills;
- An education program for nurses on their key roles within The Green House model;
- A 120-hour education curriculum to prepare Shahbazim, nurses and clinical support team members to work as self-managed work teams with the skills and knowledge to support elders' self-direction, daily life, and tasks in The Green House homes;
- A course to prepare on-site educators to teach and mentor new staff.



# THE GREEN HOUSE®

## Predevelopment Loan Fund

### PREDEVELOPMENT FINANCING FOR GREEN HOUSE HOMES

The Green House Project's Predevelopment Loan Fund is designed to provide hard-to-obtain predevelopment dollars to assist projects to assess project feasibility, obtain control of a site, and fund architectural engineering and other third party expenses for eligible Green House projects. NCB Capital Impact, at its sole discretion, may forgive all or a portion of the predevelopment loan, if a funded project proves infeasible.

### ELIGIBILITY AND TERMS

#### ELIGIBILITY

Organizations must meet the following requirements:

- Project is selected as a Green House project (must have letter from The Green House Project/NCB Capital Impact confirming selection)
- Project is acceptable to NCB Capital Impact at its sole discretion
- The borrower must be a not-for-profit organization in good standing

#### MAXIMUM AMOUNT

\$125,000 (per project, not per house)

#### BORROWER MATCH

At least 25% of the loan amount, of which \$10,000 is a cash match

#### INTEREST RATE

Fixed 6% interest rate

#### TERM

Up to 24 months

#### REPAYMENT

All accrued interest and outstanding principal balance is due at the earlier of (i) receipt of first construction loan draw or (ii) 24 months from the closing date.

#### RESTRICTIONS

- No more than 5% of the loan amount may be used for site control purposes
- Loan proceeds may not be used to pay borrower's staff salaries
- Loan proceeds may not be used for fundraising purposes
- Reimbursements of architect's and developer's fees are limited to the lesser of \$25,000 or 25% each (total of 50%) of the outstanding loan amount

### FOR MORE INFORMATION

Contact: Marilyn Ellis  
703.647.2313 or [mellis@ncbcapitalimpact.org](mailto:mellis@ncbcapitalimpact.org)  
The Green House Project  
NCB Capital Impact  
2011 Crystal Drive, Suite 800  
Arlington, VA 22202

# Becoming a Green House Project

## Steps for Participation in THE GREEN HOUSE® Project:

### WORKSHOP AND APPLICATION

- **Review the Web site** [www.thegreenhouseproject.org](http://www.thegreenhouseproject.org) and request The Green House Project Guide Book
- **Attend an orientation workshop** (see above Web site for schedule, agenda, and registration procedures)

Suggested participants: Chief Executive Officer, Director of Nursing, Licensed Nursing Home Administrator, Board Member, Certified Nursing Assistant

After attending a workshop, organizations are eligible to apply to The Green House Project and complete The Green House Readiness Survey (GHRs). To request an application and survey link, contact Marilyn Ellis at [mellis@ncbcapitalimpact.org](mailto:mellis@ncbcapitalimpact.org). Please provide the name of your organization and the workshop date.

- **Complete and submit The Green House Project application and supporting documents**
- **Complete the online Green House Readiness Survey**

### APPLICATION REVIEW

The Green House team will review and evaluate the application materials and readiness survey to determine if the organization has sufficient capacity to move forward in a timely manner. The Green House Project will notify the applicant after the review is completed.

### CONTRACT

Successful applicants will be offered a technical services agreement with The Green House Project.

# THE GREEN HOUSE®

## Organizational Requirements

THE GREEN HOUSE® designation is available to organizations accepted into The Green House Project based on commitment and continued adherence to The Green House Project's core principles. In order to be considered a long-term care residence offering Green House services, each sponsoring organization must:

1. Be (or contract with) a health care organization that will supply required care personnel, administrative, fiscal and "back office" services to the long-term care residence.
2. Be licensed as a nursing home, assisted living, or other appropriate designation as determined by your state's licensing guidelines and approved by The Green House Project.
3. Provide services and care in The Green House homes at the highest level allowed by the applicable regulations. Services may be delivered directly or through arrangements with external service providers (e.g. hospice, home health care, etc.). Elders will not be required to leave The Green House home due to increasing care needs, except in the event that a clinical condition requires hospitalization. Every effort will be made to care for elders through the end of life.
4. Operate The Green House homes in accordance with The Green House principles, organizational and staffing model, and physical requirements as follows:
  - a. Provide housing to no more than 10 elders or residents per house at any given time, unless The Green House Project team, at its sole discretion, provides a written exception allowing up to 12 elders or residents on the basis of financial viability.
  - b. Provide a minimum of a private bedroom and private full bath for each elder or resident.
  - c. Provide private rooms to Medicaid-funded elders at the Medicaid reimbursement rate currently available (i.e., sponsoring organizations will not seek "family" or other supplementation for private rooms provided to Medicaid funded elders).
  - d. Provide housing and services to no more than two short-stay elders or residents per house on a regular basis, unless an entire house is designated for short-stay residents.
  - e. Maintain The Green House homes as independent units from each other and other facilities (i.e., no physical connections between houses except in high-rise situations through a shared elevator lobby/corridor).
  - f. Provide secured exterior patio and garden with covered exterior seating for each Green House home. When multi-story construction is required and approved by The Green House Project team, each household/apartment will provide an accessible covered balcony/terrace sufficient to seat five persons, including those in wheelchairs.
  - g. Maintain all spaces in The Green House homes, including secured exterior space, accessible and open to all elders and residents during waking hours (utility and activity spaces and the kitchen may have locked cabinets for the storage of hazardous materials; kitchen access may be restricted at high traffic periods during meal preparation and clean-up).
  - h. Replace the nurses' station with an office in The Green House home.
  - i. Provide a "hearth" area in each Green House home, including a living room/seating area (sufficient to seat all elders or residents), with a fireplace (gas or electric with heat shield), an open kitchen with elders' or residents' work area, and a dining area with a single long table sufficient to seat all residents, two Shahbazim, and two visitors.

- j. Provide significant window areas opening to natural light, or a view to significant window areas, in all common areas of The Green House home.
  - k. Provide significant window areas in each elder's or resident's bedroom.
  - l. Provide a den in each Green House home to accommodate TV viewing and overnight guests.
  - m. Provide a public/staff bathroom.
  - n. Create a residential/home environment in all aspects, using residential materials and designs found in residential buildings in the local community.
  - o. Avoid institutional practices—organizational or physical (e.g., staff uniforms, medicine carts, equipment and finishes that appear institutional, preparing food outside of the homes in a central facility).
  - p. Employ universal workers (Shahbazim) to provide care.
  - q. Use the title Shahbaz for the universal worker or select a new title conveying similar status and consistent with local customs/culture.
  - r. Implement the self-managed work team approach to managing Shahbazim and the Clinical Support Team.
  - s. Maintain separate Shahbazim teams for each Green House residence.
  - t. Prepare meals in each Green House home (i.e., food will not be cooked or partially prepared in a central kitchen).
  - u. Provide a home base for the Clinical Support Team outside of the long-term care residence offering Green House services.
  - v. Maintain a restraint-free environment.
  - w. Maintain a lift-free environment by providing ceiling lifts in each elder's or resident's bedroom and bathroom as well as in the spa room, if a spa room is included.
  - x. Implement a program to learn and honor the end of life wishes of elders.
  - y. Implement a pain identification and management program.
- 5. Maintain elders or residents who deplete their ability to pay privately in The Green House homes (i.e., maintain “spend down” elders through Medicaid payments or resources provided by the sponsoring organization).
  - 6. Have architectural drawings, including pre-contract drawings, reviewed and approved by The Green House team at schematic, design development, and construction document stages (The Green House team may require substantial revisions to these architectural plans as part of the approval process).
  - 7. Have required staff participate in all current Green House Project training.
  - 8. Become and remain a member of The Green House Provider Network.
  - 9. Be compliant with all local, state, and federal regulations that apply to the approved licensing category.
  - 10. Provide operational and outcome data to The Green House Project team including Minimum Data Set (MDS), quality of life measures, survey results, employee satisfaction measures, and other data as requested.

## Resource and References

Visit our Web site:

**[www.thegreenhouseproject.org](http://www.thegreenhouseproject.org)**

### VIDEO

*Where LOVE Matters, THE GREEN HOUSE® Project* (35:35 minutes): Highlights the successes, challenges, and stories of four operating Green House projects, as told by elders, staff, and family members. Includes an overview of The Green House model. To request a free video, visit our Web site.

### WORKSHOPS

Visit our Web site for current schedule, agenda, and registration procedures.

### NEWSLETTER

Receive Green House Project news and program updates, and learn about the pioneers that are successfully implementing Green House projects throughout the country. To subscribe, visit our Web site.

### BOOKS BY DR. WILLIAM THOMAS

*Life Worth Living—How Someone You Love Can Still Enjoy Life in a Nursing Home*, available at <http://www.edenalt.org>

*What Are Old People For?* (New York: VanderWyk and Burnham, 2004) is available at bookstores nationwide.

### RESEARCH

Dr. Rosalie Kane and a team of researchers from the University of Minnesota conducted a two-year study of the first Green House project in Tupelo, MS. The Commonwealth Fund funded the study, “*Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program*,” published in the *Journal of the American Geriatrics Society*, Vol. 55, Issue 6, Page 832, June 2007. By Rosalie A. Kane PhD, Terry Y. Lum PhD, Lois J. Cutler PhD, Howard B. Degenholtz PhD, Tzy-Chyi Yu MHA. (To download, visit our Web site.)

### ISSUE BRIEFS / WHITE PAPERS

“*Call to Action—Health Reform 2009*”, U. S. Senate Finance Committee, November 12, 2008 (PDF, 3,576 KB, 98 pages). In this white paper, Senator Max Baucus, Chairman of the Senate Finance Committee, outlines his vision for health care reform and recognizes The Green House model as a promising new model of long-term care that improves elders’ quality of life and care. (To download, visit our Web site.)

“*Changing the Nursing Home Culture*,” The Alliance for Health Reform, March 2008 (PDF). The Alliance for Health Reform held a briefing on Capitol Hill in October 2007 to examine the effects of culture transformation on the quality of life in nursing homes. This issue brief, supported by The Robert Wood Johnson Foundation, reports on the challenges that have arisen and some of the successes, such as The Green House model. Includes a list of expert resources and helpful Web sites. (To download, visit our Web site.)

## PRESS

### FEATURED STORIES/TELEVISION & VIDEO

**“Rising Challenger Takes on Elder–Care System,”**  
*The Wall Street Journal*, by Lucette Lagnado, 6/24/08

**“‘Green House’ Nursing Homes Expand as Communities Reinvent Elder Care,”** PBS’ NewsHour, 1/23/08.  
By Susan Dentzer, NewsHour Health Correspondent.  
Video and transcript available online.

**“Rethinking Old Age,”** *The New York Times*, 5/24/07

**“Aging: Small is Beautiful,”** *Newsweek*, by Claudia Kalb and Vanessa Juarez, 8/1/05

**“Reformers Seek to Reinvent Nursing Homes”**  
(article and audio file available online) NPR, 6/22/05

**“The New Nursing Home, Emphasis on Home,”**  
*The New York Times*, 4/23/05 (log–in required; free registration)

**“News Analysis–More Operators are Likely to Go ‘Green,’”** McKnight’s Long Term Care News & Assisted Living, 1/10/05

**“Green House Project gets center stage in Capitol Hill briefings,”** McKnight’s Long Term Care News & Assisted Living, 11/9/04

**“A Nursing Home Alternative,”** NewsHour segment with Susan Dentzer (transcript, audio file, and video file available online), 2/27/02

## TELEVISION, RADIO & VIDEO COVERAGE

**“Green House Project Lets Elders Age in Homes,”** hosted by NPR Science Correspondent, Joseph Shapiro, 4/02/09. Dr. William Thomas, founder of The Green House Project, was the featured guest on National Public Radio’s hour-long program, “Talk of the Nation.” The discussion focused on the model’s organizational structure, architecture and environment, financial feasibility, and positive outcomes for elders, with Dr. Thomas stressing that The Green House home is a place to “live and grow.” Visit our Web site to listen to the broadcast.

**“A Place to Call Home,”** Robert Wood Johnson Foundation, 12/19/07. See story and videos on Tabitha Green House Project, sponsored by Tabitha Health Care Services, Lincoln, NE.

**“Making The Green House Model Work in Your Community,”** Panel discussion (two hours). American Association of Homes and Services for the Aging–2007 Annual Meeting, 10/23/07. Representatives from three active Green House projects discussed the impact that the development of Green House homes is having on communities and how flexibly the core principles can be applied to meet local needs (e.g., design adaptations, project diversity, financial structuring, operational differences, strategic planning). Panelists: Joyce Ebmeier, Tabitha Health Care Services (Lincoln, NE); Karna Rhodes, St. John’s Lutheran Ministries (Billings, MT); and Barry Berman, Chelsea Jewish Nursing Home (Chelsea, MA). Visit our Web site to listen to discussion online.

**“Green House Nursing Homes,”** PBS’ Religion & Ethics Newsweekly, 7/21/07. Feature story on St. John’s Lutheran Ministries’ adoption of The Green House model and the role that faith-based organizations throughout the nation are having in spreading this new model of elder care. Webcast and transcript available online.



## PRINT COVERAGE

**“Where to Live as We Age,”** *Parade Magazine*, by Susan Fine, 5/31/09 **“Taking the Lead,”** *The Benton County Daily Record*, 9/20/08

**“Not a nursing home, but a nurturing home,”** *The Baltimore Sun*, by Tanika White, Sun Reporter, 2/24/08

**“Chelsea home takes national lead in care for ALS patients,”** *The Jewish Advocate*, by Kristin Erekson, 8/16/07

**“St. John’s Cottage Industry: turning traditional long term care on its head,”** *The Billings Gazette*, by Diane Cochran, 6/27/07

**“Home Sweet Home—From Personalized Rooms to Pets on Site, New Nursing Homes Reinvent Elder Care,”** ABC News, 6/25/07

**“A healthier take on the nursing home. “Green Houses” are smaller, have satisfied staff—and happier residents,”** *The Philadelphia Inquirer*, by Michael Vitez, Inquirer Staff, 10/16/06 (available online)

**“New Style of Retirement Community Coming to Knox County,”** WVLT-TV, 10/12/06 (see news video clip)

**““Green Houses’ for golden years—Innovative units come to Mass,”** *The Boston Globe*, by Alice Dembner, Globe Staff, 9/30/06

**“Promising Models for Transforming Long-Term Care,”** *The Gerontologist*, Vol. 46, No. 4, 428–430, 8/06 (PDF, 3 pages)

**“Radical Redesign of Nursing Homes: Applying the Green House Concept in Tupelo, Mississippi,”** *The Gerontologist*, Vol. 46, No. 4, 533–539, 8/06 (PDF, 7 pages)

**“Dignity by Design,”** *The Chronicle of Philanthropy*, 6/06

**“Small World,”** AARP Bulletin, 10/05 (PDF, 3 pages)

## PRESS RELEASES

The Green House model’s founder, Dr. William Thomas, honored with Heinz Award for the Human Condition. Press Release (PDF), 9/25/06

**Developing Small Community Homes as Alternatives to Nursing Homes**, RWJF press release, 11/05 (PDF, 3 pages)

## REGULATORY & LEGISLATIVE NEWS

**Person Centered Care: Reforming Services and Bringing Older Citizens Back to the Heart of Society**—On July 23, 2008, Robert Jenkins, Director, THE GREEN HOUSE® Project, testified for the U.S. Senate Special Committee on Aging. Visit our Web site to download the testimony. For more information, visit: <http://aging.senate.gov/>.

**CMS Finds ‘No Barriers’ to The Green House Model in Federal Nursing Home Regulations**—In a February 2007 letter, Leslie Norwalk, Acting Administrator of the Centers for Medicare and Medicaid Services (CMS), found “no barriers” that would prevent Green House homes adhering to the model’s principles from being “qualified as nursing homes under Federal regulations.” The letter includes The Green House model among the larger culture change movement that CMS supports, commenting that “we believe these innovations more fully implement the Nursing Home Reform provisions of the Omnibus Budget Reconciliation Act of 1987, from which our CMS nursing home regulations are derived.” Visit our Web site to read the full CMS letter.

Visit our Web site to read about other regulations and legislation impacting The Green House Project and the long-term care industry.

## Frequently Asked Questions

View the complete list at  
[www.thegreenhouseproject.org](http://www.thegreenhouseproject.org)

### **1. I UNDERSTAND THAT YOU HAVE RECEIVED A GRANT OF SEVERAL MILLION DOLLARS TO CREATE GREEN HOUSE HOMES IN ALL 50 STATES. CAN YOU CLARIFY THIS AND DESCRIBE HOW IT IMPACTS A GROUP ESTABLISHING A GREEN HOUSE PROJECT?**

- The Robert Wood Johnson Foundation awarded a grant to NCB Capital Impact's Community Solutions Group to support the development of 50 projects across the United States through THE GREEN HOUSE® Project. Under the grant, The Green House Project:
  1. Provides 30 months of direct technical assistance (from the design stage through six months' post-occupancy) to organizations accepted into the program through an application process
  2. Develops tools and resources for adopters to support development and implementation of the model
  3. Provides specialized educational and training programs for project staff, including the caregivers (called Shahbazim), clinical support team, and organizational leadership
  4. Offers subsidized fees for the first 50 projects
  5. Provides predevelopment loans to accepted nonprofit groups
  6. Conducts ongoing research to improve the model
- Projects are governed by The Green House principles and only accepted projects are authorized to provide long-term care services under the licensed service mark: THE GREEN HOUSE®.
- The Green House Project does not award grants to individual organizations.

### **2. IF MY ORGANIZATION DOES NOT HAVE EXPERIENCE IN LONG-TERM CARE, DO WE NEED TO PARTNER WITH ANOTHER ENTITY IN ORDER TO BE SUCCESSFUL?**

- As a start-up, organizations may need to seek help from successful developers and/or long-term care operators. Consider partnering with a development consultant or an organization with experience operating long-term care in residential settings, or partner with someone who already has a Certificate of Need, which is required in most states for a Green House project to be licensed as a nursing home. Service providers may include home health agencies, local health care providers, or an existing nursing home.
- In addition to their having a commitment to providing quality care for elders, organizations or individuals planning to become early Green House adopters are evaluated on the basis of their experience and ability to obtain funding. Groups should have a strong management team in place. The Green House team can provide some guidance on fundraising options.

### **3. IS THE GREEN HOUSE MODEL A FRANCHISE?**

- The Green House Project is not a franchise model. Rather, we support local organizations to implement the model through consulting services under a one-time 30-month contract. Local organizations also sign an agreement to use The Green House service mark in association with their homes. The service mark agreement specifies quality standards that must be maintained to retain the use of the service mark.
- Green House adopters are required to join a provider network comprised of active Green House projects, as part of the service mark agreement. The provider network, with support from The Green House Project, will make decisions about additional services needed for sustainability and establish a membership fee structure to support these services.

#### **4. WHAT ARE MY OPTIONS IF THERE IS A MORATORIUM ON NURSING HOME BEDS IN MY STATE?**

- Some options to explore include purchasing/transferring licensed beds from an existing nursing care provider in the state or partnering with an organization that has licensed beds that might be interested in transitioning them to Green House homes.
- In some circumstances, a Green House project may be licensed as Assisted Living (or the state equivalent category for this level of care). Assisted Living licensure is an option for Green House homes only in states where the regulatory requirements support aging in place in Assisted Living and the provider organization is willing to make a commitment to supporting elders in The Green House homes with needed services to enable them to live out the remainder of their lives in the setting. This includes having provisions in place both for service delivery (directly or through an outside service provider) to meet a high level of medical need/acuity as well as sufficient financial capacity/reserves to cover the cost of care for individuals living in a Green House home who deplete their assets and no longer have an ability to pay.

#### **5. MY ORGANIZATION WANTS TO START A GREEN HOUSE PROJECT, BUT WE DON'T KNOW IF IT IS FEASIBLE. CAN YOU HELP?**

The Green House team will:

- Provide a financial feasibility analysis tool to assist organizations in developing an estimated operating budget, based on their individual project requirements.
- Review and assess the project's development budget and the organization's audited financial statements.
- Provide guidance around the organization's market and feasibility studies.
- Assist with identifying potential capital funding sources and fundraising options.

#### **6. DESCRIBE THE TYPICAL OPERATIONAL FUNDING THAT IS BEING USED.**

- Many projects use bond financing to develop their Green House residences. Some also access conventional bank financing, tax credits, and other financing vehicles. Many also conduct a capital campaign to raise charitable funds to reduce the debt required to finance the project.

#### **7. DOES THE GREEN HOUSE PROJECT OFFER LOAN FINANCING?**

- The Green House Project does not finance construction loans. However, not-for-profit organizations are eligible for predevelopment loan (PDL) financing to secure an architect, engineer, site, feasibility and/or market studies, and other nonconstruction-related costs. The PDL Fund is available only to projects that have been accepted as participants in The Green House Project. To learn more, visit our Web site.

#### **8. WHAT IS THE PROJECTED COST FOR A GREEN HOUSE PROJECT?**

- Average construction costs for a typical one-story Green House home range from \$1,200,000–\$1,800,000, though they can be higher depending on local costs and project-specific decisions about design, finishes, etc. Generally, square foot costs for a one-story, 10-bedroom Green House home fall roughly in the middle of the range between multi-family residential and institutional construction costs, and will vary depending on the location. For a Green House home developed in a multi-story building, the square foot costs are closer to institutional construction costs. Please contact an architect in your area for more information on typical local construction costs.

#### 9. CAN GREEN HOUSE HOMES DENY RESIDENCE TO INDIVIDUALS BASED ON INCOME STATUS?

- Individual Green House providers may determine acceptable payment sources for new admissions. It is an expectation of The Green House Project that a participating project will maintain elders who spend down their funds. This can be done through Medicaid or resources provided by the sponsoring organization (e.g., a charitable foundation).
- The resident's care may be covered by Medicaid, private pay, and, under limited circumstances, Medicare.

#### 10. WHAT ARE THE HURDLES (POLITICAL, LEGISLATIVE, REGULATORY, FINANCIAL, ETC.) WE HAVE TO ADDRESS TO GET APPROVAL TO MOVE FORWARD WITH BUILDING A GREEN HOUSE PROJECT?

- **POLITICAL** The state may have too many nursing home beds currently in service and be trying to reduce overall capacity. It is difficult to obtain a Certificate of Need (CON) for new nursing home beds and even, in some cases, to transfer existing beds from one location to another.
- **LEGISLATIVE** Organizations have worked with their delegation to gain legislative approval to start a pilot Green House project. Two projects (in MA and WY) successfully used the legislative process to get CONs. For more information, visit our Web site.
- **REGULATORY** After obtaining a CON, there should be no regulatory obstacles at the federal level. The project has support from the Centers for Medicare and Medicaid Services (CMS). CMS has provided opportunities for The Green House team to educate national and regional staff, as well as state survey agency leadership about the model. They have also provided written confirmation that The Green House model is not in conflict with any federal nursing home requirements. Visit our Web site to see a copy of the CMS letter.
- **FINANCIAL** Groups without previous experience operating long-term care facilities will need a partner with financial experience in long-term care. The Green House team will work with organizations one-on-one on financial feasibility assessments.

## About NCB Capital Impact

### WHO WE ARE

NCB Capital Impact provides innovative community lending and expert technical assistance to community-based organizations working in underserved, low-income communities. With a 25-year, proven track record of delivering development expertise and financing to underserved communities, NCB Capital Impact innovates and replicates sustainable and scalable models nationwide.

NCB Capital Impact is also the not-for-profit affiliate of NCB. We make the most of our affiliation with NCB, tapping the family of companies' expertise and resources in order to pool private and public funding to leverage resources for the communities we serve.

### WHAT WE DO

NCB Capital Impact creates programs and resources that empower underserved communities to address the problems poverty creates in America. We employ cooperative principles of self-help, democratic control, and community participation.

A leader in the field of community development finance, NCB Capital Impact acts as a catalyst to improve or change existing systems to deliver essential community services unfulfilled by traditional approaches. We do this work in partnership with public and private organizations, including our affiliate NCB.

Our financing and technical assistance support:

- Affordable cooperative housing;
- Affordable assisted living and long-term care alternatives;
- Community-based health and behavioral care; and
- Charter schools.

### IMPACT

In the last 10 years alone, NCB Capital Impact has loaned or invested more than **one billion dollars** in its primary investment areas of education, affordable housing, health care, affordable assisted living, worker ownership, and community and economic development. The cumulative impact of NCB Capital Impact's loans, investments, and technical assistance is considerable in contributing to development of approximately:

- **33,132** units of multi-family homeownership or other affordable housing;
- **25,000** jobs for low-income individuals;
- **137,396** school seats;
- **\$250 million** for education facilities;
- **8,900** affordable assisted living units for seniors and persons with disabilities;
- **2.9 million** square feet of community health center space serving 350,300 patients annually.

**Because it takes more than money to spark lasting progress.**

NCB Capital Impact is an affiliated non-profit corporation of National Consumer Cooperative Bank (NCB) providing financial and technical services both directly and indirectly through separate subsidiary LLCs.

## Green House Project Support

THE GREEN HOUSE® Project has received generous support from:

The Robert Wood Johnson Foundation  
The Commonwealth Fund  
The Samuels Foundation  
Hulda B. and Maurice L. Rothschild Foundation















