

CMS 310, Project A, Task 7
The Green House Project
LTSS Webinar
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Kay: I wanted to just say a few words about the Green House Project before we started. In Alaska... Actually, I guess it was back in 2005 at our American Indian Alaska Native Long-term Care Conference that was in Albuquerque, Dr. Bill Thomas, who is the founder, the vision person behind the Green House Project came and did a couple of presentations and it resonated really well with the folks who were there and I think it was because of the values of the Green House. One of them is you know honoring and respecting elders. The elders are at the top of the support network, listening to elders, and then honoring the value and care...of caring and hard work. That Shahbaz what we call... We decided in Alaska, we even sort of renamed that for one area. It would be *** (*native word - 1:05*) which is the Inupiaq language, which means elder helper. So just that real honoring of the value of caring and hard work and the importance of bringing in traditional foods and language and how that can be easily done in this sort of a setting as well as the welcoming of the families...of the resident's family members and having that intergenerational setting. So in Alaska, we actually...the Alaska Native Tribal Health Consortium was planning for a long-term care facility and decided that really the Green House was the model that we would want to go with. And I know other tribes around the country have been looking at this as well. So we're happy to have two people from the staff of the Green House Project with us today to do the presentation. First is Anna Ortigara who is a registered nurse and she began in the field of pediatrics, but then was a nurse for Procter and Gamble when they were just bringing out Depends and she was hired to train nursing home staff about how to use them. And she just loved working in that setting and with elders and so she quickly went back to school and changed everything and she's been working in that field ever since and now

she is a Resource Development Director for the Green House Project. Rachel Sherr (*sp?*), I've actually met Rachel. She came up to Alaska and she's the Resource Marketing Specialist with the Green House Project and she too has a background in gerontology and through skilled nursing and assisted living home. So it's my pleasure to welcome them to do this presentation for you; Anna.

Anna: Kay, thank you so much. I just really want to thank all of you for taking time today to hear about the Green House Project and I'm so pleased Kay talked about its alignment, its values, deeply held values around respect and relationship and around truly valuing the power of the elder, who is absolutely at the top of all we do and that's just so in alignment with the model, the Green House model, and what Rachel and I want to do today is tell you about the parts of the model, the three main components, let you listen to and hear the voice of an elder, as well as a staff member who now is in a very new and different kind of relationship in terms of their own power and then finally just a word or two about some outcomes that we've seen and then we want to open this up for conversation. We realize there are many people on the phone so it's hard to maybe just voice your questions, but we have the check session of the webinar room and we'll want people to ask questions. We're probably going to wait till the end to answer them so that we can do it in kind of an organized way, but we really welcome a dialogue. So we start with 'Meaningful Transformation' and this really truly is about questioning every aspect of how we've done things traditionally in nursing and long-term care and Kay said that I come from a field of aging background and I do. I actually have worked in nursing homes, long-term care settings, adult day settings, as well as home care since probably about 1980, and although I love my work and I love working with elders, I've always recognized that maybe something wasn't quite right. And that until we move power to the elder, probably we're not going to be able to

really reconceptualize what it looks like to live in a care setting. This model very much is about radically changing everything about what a traditional nursing home is. We take on the philosophy of care. We look at the built environment, the architectural, the actual home itself and we also - and this part is very big - we completely change the organizational design of how staff...the jobs of staff, the roles of staff, and how they are in reporting structures with each other. When you change all three things simultaneously what happens is you create a model that has efficiency and also gets into very different outcomes. I want to say that... When we talk about transformation not simply for the lives of the elders although that's important, it's also about the lives of the workers, that the workers have good meaningful jobs that are *** (6:12) and respectful. The other thing about the model is, we really try to create a strong model that is based on principles and it says here on the slide we want it to be 'slip resistant' because frankly when people are very comfortable working in a more traditional long-term care setting it's easy to slip back into more institutional practices. We even call it 'institutional creep.' And so we build in a lot of these 'slip resistant' mechanisms to support the model to go forward. I will tell you I think that I'm pretty impressed with how durable the model is and how much veracity it has, meaning that everyone is going to implement it slightly differently and yet we have come to some amazing outcomes and we'll be glad to share those with you. What I would like to ask is for us to have the first film and in this film you're going to see a lady, Ms. Doris Delanus who lives in a Green House home and she is going to talk about her experience with living in a Green House home and what it means for her. And as you listen I'm going to ask you to think about, how does this affect and impact what you know about long-term care and what you would wish for yourself and the ones you love. Thank you so much for setting up the film. Make sure that you have the sound on your computer on, so you can hear.

(Film starts at 7:42 and ends at 10:22. Film not transcribed per KAI request.)

Anna: Thank you so much. We can go back to the slides. So I guess I would like to ask, when you start watch that film if you could keep in mind the things that you thought Doris said that were very important and that really have meaning and so what I would like to do is I would like to hand this over to Rachel and she's going to talk about the philosophy that goes beyond the life that Doris is talking about; Rachel.

Rachel: Hi. So I hope that you did enjoy the show about Doris Delanus and so much of what she said and so much of what we would hope for in our lives now and in old age, the chance for spontaneity and growth and just be known to have a sense of home and those are sort of the outcomes that the transformational aspect of the Green House Project really make possible. And so the philosophy of the Green House Project, it's really interwoven into every aspect of transformation because it has to be. We have to change the way people think in order to change the way people act. Like it has to be different than the traditional medical model that many of us know. In the Green House model we believe that all people are creative, resourceful, and whole people capable of making decisions that have full lives and preferences and that deserved to be deeply known. We believe that just as there was childhood and adulthood, there is also elderhood, which is a distinct stage of life and a stage of development where people continue to grow and learn and again because that is a stage of life it needs to be defined and honored and have the best to it. We believe that the relationships...that if you were to sum up the Green House Project in one word that that word would be relationships. So that really is a central concept to our philosophy that relationships between elders and between those who are working closely with them need to be meaningful and deeply knowing, and that this will lead to a meaningful life and really good care and outcome. So if you took a moment to think about what you would need if

you were to live in a nursing home tomorrow. If you woke up and had to go to a nursing home, what would those things that you would need to still live your life and still be happy, to still feel good in your own skin? When we ask this to groups when we're out around the country presenting no one says, 'Well, you know, I really would want to be able to choose between the lime Jell-O and the orange Jell-O.' That's really not what people need when they think about what they need in their life. They need things like choice and power and control. And so in the Green House model decisions are made by those whose decision has the greatest impact upon and that would be the elder and those working closest to them. So then we're going to move to the architecture, which is the second aspect of transformation and probably the most obvious. When people first hear about the Green House Project they often see the houses and the different small homes that elders are living in and that is really striking to think that that could be a nursing home and that that could be a place where elders who need really high level of skilled care are living and receiving that care, but we say it really is maybe...the environment is really one third of the change. Like it is, let's say the bottle that holds the wine, so the really good stuff is what goes on inside. So when you look at the architecture and the environment think about it as a place that really facilitates that philosophy to thrive. It enables the power to be with the elder. It enables that deep knowing between the elder and the Shahbaz. So it's intentionally designed, every aspect, the distances between the rooms and the dining room, the way that it flows from the outside of the house where you need to ring a doorbell to come into to a hearth area to an open kitchen and it's all with the idea that it is supporting the philosophy. And the Green House Project is not a cookie-cutter model. Each project fits within the surrounding community. So our Green House homes in Alaska don't look the same as our Green Houses home in New York or in Florida or Michigan and if they did, it would be silly. It wouldn't make

sense. It would stick out like a sore thumb and we are really not only creating places for people of high quality of life and high quality of care, but also trying to change the way people see aging, and so in doing so the environment is meant to really fit into the natural environment in the surrounding community. In the Green House home we say that size matters. We think that smaller is better. We think it's better for again that deep knowing that sense of you know who's in your home. So normally Green House homes have 10 only sometimes 12 people living in them and the same people work there every day. They also... Small not only helps with deep knowing but also helps with creating that independence, that habilitation, that ability for the elder to walk if they're able from their room to the dining room because it's just a short distance and that feeling of ownership of space. You know who's there, you know that you're able to access the different areas of the home, you feel comfortable there, and you feel like this is a place where you belong where you know what your surroundings are like. So on the next slide, the Green House environment can be described as warm, smart, and green. Warm as in, it's a small space that feels welcoming, that feels like again like you belong like this is a place where you can be known, and my favorite story to talk about this warmth is our Green House Project in Nebraska. Their living room has like five different La-Z-Boy chairs and they are different shades of brown and you can tell they've been love and it's not the prettiest room in the world. It's not going to be like on Home and Garden or whatever those shows are that show off the rich and famous homes, but each person wanted to bring their favorite chair and they wanted it in the living room, where they were going to be feeling social and engaged with other people in the home and so that is what their living room looks like and that represents home to them. It's warm. It's safe. It's inviting. So that's what we mean by warmth. When we say smart we're talking about the use of technology, not just to be fancy, but using technology to the independence for the elder

and also for the staff member who is able to navigate the environment and to work with the elder in a safe and in a way that is easy and useful. We say, 'high tech, high touch' because we really... Again, relationships are the corner stone of the model, and we don't want to lose that in adding technology to the mix. One example of technology is that every room is equipped with a ceiling lift that goes from the bed to the bathroom and this enables an elder even who is bedbound to be able to easily get out of bed which is good for their health and well-being but also that a single person who is assisting them would be able to do that on their own without needing a two or three person lift. Green House homes are green. Sometimes when you first hear about the Green House Project, you think, 'Oh, I guess this is environmentally friendly or they must grow flowers here.' And while we love flowers and we do encourage her homes to build in a sustainable way, green in the Green House Project means growth. It means that we are creating a place that just as a one-word Greenhouse is a place where plants thrive a two-word Green House is a place where people thrive. Green House homes are private and this facilitates that feeling of autonomy and control and ownership of the space. I don't know about you but I know that when I am done with my day at work I just want to go home and be able to shut my door, throw myself down maybe not even hang up my coats, but it's my private space and I can just be and I can just be myself and I don't think that's going to change when I'm 80, so I really want privacy and in the Green House homes each elder, all 10 elders, have their own private rooms and private baths. So they still have that ability to be able to go into the room, shut the door and throw their coat on the floor and just be. Every Green House home has a hearth area and this is the social hub of the home. I love the flow of the Green House design going from the public space of the front door in the foyer to a semi-private space of the hearth and those people that are in the hearth area you know or you're an acquaintance with or they are visiting the home.

So it's social. It's warm. It's good for conversation. There's a fireplace on one side and an open kitchen on the other. So there's always good smells in the Green House home and it's a nice place to be. And so that is the architecture of the Green House home and I'll turn it back over to Anna.

Anna: Rachel, thank you so much. What I want to do next is talk about the third leg and as Rachel said the house is about a third and the philosophy is probably even more than a third, but this last section is so critical and that is the organizational redesign. So first I want to tell you about the staff who are the closest to the elder. When you look at the picture on the slide you notice that the elder is in the middle. Just to say that there are organizational charts of some traditional nursing homes where the elder isn't even on the chart and I think right there we could see a real fundamental challenge of why an elder's voice may not be heard when they are not even on the chart. Here they are at the very center of the chart, of the home, the heart of the home. Around them, they're surrounded by these circles that say, 'S.' The 'S' is a Shahbazim. Kay talked a little bit about that word before and it's a different word, but a Shahbaz and Shahbazim is plural. A Shahbaz is a partner to the elder. There is a myth that Dr. Bill Thomas created called the Royal Falcon and the Royal Falcon, the first falcon, the first was the first Shahbaz. In the story, in the myth the Shahbaz is the king falcon who goes and protects the people and in fact makes the king open his eyes to the needs of his people. In fact, the Shahbaz, their job is to protect, sustain, and nurture the elder. What happens is it becomes a deep vision so that the Shahbazim understand what their role is and partnership in the home. These positions are versatile and what that means is the Shahbazim learn cooking, culinary skills, and first aid. They learn all about housekeeping as well as their already certified nursing assistants and they also learn about meaningful life and meaningful engagement. And so in their job they're

working as a self managed team. The Shahbazim of the home come together as a team. They share these responsibilities and they work together in the rhythm of the home. On the day a Green House home opens the leadership of the organization hands to the Shahbazim and tells them, ‘You are now the managers of the home.’ This versatile... This workforce design, it is a part of a philosophy because it empowers the director and the worker, but it’s also critical for the success of the model, because the staff themselves organize their work throughout the day, food is not coming over from a kitchen across the way. It’s being cooked hot and fresh and so elders wake up when they want and when they wake up, they say what they want to eat and if they can’t say what they want to eat because maybe they have advanced dementia and can’t say, ‘I want two scrambled eggs and whole wheat toast with no butter on it.’ The Shahbazim who are very, very consistent. They only work in one home. They get to know elders and they get to know for that person who can’t speak for themselves ‘What are the things that they really enjoy? How can... What are the foods that will help them have good nutrition as well as to be able to manage?’ So the Shahbazim take on the very powerful role in the home and they also make decisions about their own work just to say, there is a scheduling coordinator, so the team itself does self scheduling. When someone calls in sick they call in to their own team and their team is responsible for covering them. There is a food coordinator who is ordering the food and the supplies in working with dietary...the dietitian around the actual menus themselves that the elders help to say what they like to eat. The food coordinator does things like make sure that the food temperature logs are good and that the food is dated. There’s a housekeeping coordinator, a team coordinator, and a care coordinator. These coordinators are rotated, meaning that the different Shahbazims take a two or three month period of time where they are the coordinator and then another Shahbaz steps into the role. By doing this all of the team members all learn how to do

the core functions of managing the house. They get the knowledge and the skills. I also want to say on this slide is another thing and it says, 'The sage.' Your sage is another role in the model and this is a volunteer. It's a wise elder, a wise person who serves as a listening ear to the Shahbazim because as you could imagine, these are nursing assistants who are growing into this very different role. They require much support and kindness and listening to support them to grow into this very new way of being. The next piece that goes along with this... So at the very center of the organizational chart are elders and the Shahbazim, but around them are all the other people that you would expect to see in a skilled nursing. So, nurses, dietitians, activity professionals, pharmacists, speech pathologists, physical and occupational therapists - I think I said AP director - all of the physicians. Those are all individuals who are in those homes along with the need of...according to the needs of the elders. Now the nurses are in the home all day long. So in the organization in those Green House homes, there would be at least probably two and one nurse would be going back and forth between those two homes during the day and at night. At night... During the day and on evenings. At night there might be one nurse for every three homes. So those will be worked out according to how many homes there are, but there's always at least four hours of...actually five hours of direct care per elder per day and that five hour is a combination of both a licensed nurse time as well as a Shahbaz time. So it clearly needs laws and requirements related to how much care is required for skilled nursing. Some of the other roles, the nurses in this model report to the Director of Nursing, but the Shahbazim reports to a Guide. The Guide is an administrative person who learns, goes through deep education around becoming a coach. So the Guide is a coaching leader that coaches the self managed team as well as the individual Shahbazim. I mean this model recognizes that it just can't work if that Shahbaz and self managed team aren't supported to be very successful as a

team. They then can be ready to enter into a relationship with the elders in the home. Just to say all of the staff that are going to work in Green House homes and I mean the nurses, the therapists, the social workers, everybody, they all go with the Shahbazim through 48 hours of education about being in the Green House home, however the Shahbazim themselves actually have 120 hours total of education to work in the homes. So it's a real commitment and when I talk about this I think to myself as a person who's been a director of nursing of a nursing home and developed different programs you know we were always trying so hard to get staff educational programs and there was always that challenge of time. In the Green House model it's actually built into the pro forma and the plans of building Green House homes that all have time for staff education and training. It has to be built in from the beginning so that its considered in the budget and the forecasting, because without that education and without that team building the model really can't work. So I know we just gave you a lot of information, but what I want to do is have one more film. It's a fairly short film, but it's a Bill Groll, and Bill Groll is a Shahbaz and he is going to talk about his experience as being a Shahbaz. So we can go ahead and start the film. Thank you.

(Film starts at 29:43 and ends at 32:44. Film not transcribed per KAI.)

Anna: Great. We can go back to the slides. And so as you watch the film you may have all sorts of thoughts about the role, but what always strikes me about Bill Groll is when he says, you know he was used to being a lowly CNA and there's not a lot of glory in that and I just really... That resonates for me and I think that that's an important piece in this model as we think about the Shahbaz becoming truly a powerful role in supporting the elder. So obviously we could talk way more about that, but I just wanted to show you the slide real quickly and do a few research things and then we'll get to some conversation and that is these are all the different educational

programs or materials that go into the program. So coaching approach to leading change, coaching supervision where the Guides learn to become coaches. Certainly the coaching for partnership where all the nurses and therapists and social workers learn about becoming coaching partners. There's a Green House educator program. So all of the Green House Project send two to three people to a week long program. So they learn how to take back a lot of these materials to teach their own staff. We have a program just to help nurses to understand 'What are their roles in the Green House ?' And the core team which was that six day program that's taught on-site to all the staff and finally EN-CORE which is a web-based education and learning so that after Green House homes open they can continue to have education to educate their staff and we have something called the peer network. All the Green House Projects, they come together through meetings and phone calls and webinars to be able to share their own successes and their challenges to be able to sustain the model. I think just to keep going and to tell you that we've done a lot of research. This is not meant to be a research program, but I do want to just share the questions that we've worked to answer. Some of them are: do elders and staff and families really like Green House homes better? And then the second one is: if it's really a home can we do really high level excellent skilled care? And finally: if it is better doesn't it have to cost more? So those seem to be the three categories of questions people have and we have some great research that was done at the first Green House home by Rosalie Kane from the University of Minnesota and an entire team. She found that satisfaction that clinical care, family satisfaction, resident satisfaction, that those things were all very strong, and that we had very statistically significant outcomes and just to let everyone know many of these studies are up on our website, thegreenhouseproject.org. It's all one word. [Thegreenhouseproject.org](http://thegreenhouseproject.org). So I'm telling you that because you can get these articles and go into them in great depth. We also did a

study by Sharkey, Horn, and Suttex (*sp?*) and they looked at just the workflow. What is the work flow like in Green House homes? And we found out that we had a lot less departmental time in the Green House model, but what we did was we shifted the actual time into direct care. We found out that it ended up with outcomes that we had about one half hour more of direct care time per day. We had the same or better clinical outcomes, especially in in areas like, particularly in areas like *** (36:25) integrity, little weight loss and then finally we had four times more direct engagement between staff and elders in Green House home than the traditional homes they were compared to. Finally we found out that the role of nurses and Shahbazim in the Green House homes, the relationships were good and very comfortable and very strong, and that fact Dr. Bowers from the University of Wisconsin Madison truly believe that the care, the nursing care in Green House homes is as good and frankly better than the traditional nursing home because they are so small and they are such deep knowing. Our services... So you might say, 'How do you actually do this?' Well, just to let you know; Rachel and I work with a team out of Arlington, Virginia. We work for a not-for-profit organization called MCG Capital Impact and on our team we have advanced preference nurses, an architect, finance people, social workers, CTRs and we've been working with organizations now for six years to help build an open Green House Project. We are just a technical assistant team that works with the organization that wants to build Green House homes. There are about 125 Green House homes open now throughout the country and there are about another 100 that are in the process of being built. And you know if any of you want to build Green House homes, obviously we would love to work with you around that. Rachel, do you want to talk a little bit more about some of our external partners?

Rachel: Definitely, yeah. And so in working with you we know that it's not a one size fits all and we make sure that we do an organizational assessment and look at your organization and from a financial perspective, we do a financial feasibility model, really comprehensive to make sure that our team is able to work with you to create that sustainable, viable project and the really cool thing about us is that I think the ongoing support and the ongoing education and the ongoing story that come from our peer network, which Anna touched on. That peer network that provides that ongoing education and support and sustainability to the model. Like having people that you can talk to since you can't usually talk to the Shahbaz around the corner. You have to be able to connect with someone who is doing this model and doing things in a different way and that's really what the peer network provides and the peer network also provides a lot of stories. We have been in the media across the country in big national news outlets and also in local news outlets and really consider ourselves to be a storytelling culture. I mean, we can look at the data. We can look at the facts and it is wonderful that this model really does change lives and really does change quality of care. But really, the way that we communicate that and the way that we are making change across the nation is by telling our stories of those individual elders whose lives have been touched, of the Shahbazim who feel that sense of purpose and are able to reach their full potential through this model and we're really happy that we're able to share that on a national level and be a part of just changing the way that people see aging.

Anna: And it's funny Rachel because I just put the slide up on the different places our media outlets we had related to the story. It's sort of amazing how interested people are in the Green House model and want to write stories about it. You know, I think it's because of the deep, deep transformation. I think that people are excited to think that we can completely change nursing homes as they have been listed up until now. And it's not about blaming people or saying that

the people who are running nursing homes aren't trying very hard to do a good job. I believe in my heart and soul that it's the model itself doesn't support to get to a different model of care.

Rachel: And so the slide that talks about how people can 'like' us on Facebook; so I just want to share with everybody. If you don't 'like' us on Facebook that's the first thing that you should do. Because we have a lot of fun there, but this kind of really has built a strong online community of people who are Green House adopters, people who are interested in culture change, and people who are just supporting the work that we're doing in really creating this deep culture change. And we do that through pictures, through stories, through links to our website, through links to larger news stories that affect our field. So that is a wonderful resource and a wonderful community. Also another way to spread information about our model is to...if you have an iPad to just go to the app store and search GHP, and our app is an interactive brochure. It walks you through the model. It provides resources and videos and just is a really nice way to understand what we do and also to start to create that 'seeing is believing experience,' because until you really hear actual elders talk and really kind of see what the inside of a Green House home looks like it's really hard to almost wrap your head around how something can be so different. And while that app isn't the same as going to visit a Green House home, it's a good first step. And that is also available in flash format for your computer. You can get that from our website and speaking of 'seeing is believing experiences' we have workshops on opening and operating Green House sites around the country and these two day experiences are where Green House Project staff goes and joins our Green House adopters to just talk through in an even deeper way the many aspects of transformation of the Green House model and then you get a chance to visit in a Green House home, to go and spend time and talk to the people who are working there and really ask some in-depth questions about how this looks on a day-to-day basis.

And then, finally, a great way to stay in touch with us is to register for our website or our newsletter which comes out on a monthly basis and really shares the highlights of what's going on with the Green House Project and also the different aspects. Like we'll write about what it means to be a coaching leader and kind of just start to unpack what this big transformation looks like. So the monthly newsletter is a great way to just stay in touch and to learn more about our movement.

Anna: Thank you so much, Rachel.

Rachel: You bet.

Anna: I guess I just want to end with this slide. It's ones that has been used a lot by Maia Angelou but you know 'We did the best we could with what we knew. And when we knew better we did better.' I want to end there to say I think we all learned so much in our experience through Green House that it just takes us and encourages us to keep challenging and going forward. So I would like to stop and ask Kay and everyone else, what kind of thoughts or questions people have. We would love to answer them, but we'd also... I put our phone number on the site as well and also our website itself has it. So it's up there and we have so many resources and ways to get a hold of us. So if someone doesn't have their questions answered today, we would be glad... You know there's a lot of opportunity for us to connect. But what kind of thoughts are people having? And how do you sign up for our newsletter? Right on our website. So if you go to our website you just sign up for it and you'll start receiving it. And it goes out once a month and it will go out in about a week. So if you sign up you'll be getting an issue within the next week about - obviously no fee. Any other thoughts or questions?

Kay: There might be a question coming. This is Kay and I guess my thought was really around the Shahbazim and the little clip that he did there because I think he says it really well in that you

know before he was ‘just a nursing assistant’ and as we look to in our community to ensure that there are jobs for people I think it’s really important that... I mean, this is the kind of job that isn’t just like what people see as a dead-end job, but a real way to grow.

Anna: Kay I really agree and I need to say that as I know... I feel like I’ve made this group of friends throughout the country who are Shahbazims and the degree to which they have control over their work and feel valued and truly honored and proud of what they do, I just believe it’s changing the way people have careers in this field and that is powerful. Thank you.

Kay: There are a couple of questions on here now.

Anna: Yes. One of the questions was ‘What are the licensing requirements?’ So Green House homes, the majority of them are licensed for skilled nursing homes. So they’re generally dual eligible. So they’re usually going to be based (?) (46:10). You know some people who live in the homes and I also see a financial one here, but some of the people who live in the homes may be under Medicare benefits for a while. They may be funded through Medicaid. They may have private pay. It’s usually a combination. About 52 to 54% of the people who live in Green House homes nationally are being paid for through the state Medicaid program of their state; so the goal is not just a private pay model but really supports people whatever the payer source. The typical monthly cost: well, the cost is really pretty much what it cost to be in a nursing home, because you have to be comparable to this. So if they were under the Medicaid program, then they are going to be...the amount that the person is being reimbursed through Medicaid, would be the cost to the person. If it’s private pay, generally it’s pretty comparable to what a private room in a nursing home under a private pay model would cost because these are all private rooms with private bathrooms and showers. So it has to... There’s a range in what they cost because depending on the part of the country and who they’re serving things can look pretty different in a

suburb of New York versus in a more rural area, but think of what it cost for a nursing home and then sort of compare that to being in a private room in a nursing home. Other questions or did I answer your questions? If I didn't please let me know. One other thing I should say, so the first question was about how are they licensed? Generally its skilled nursing. There are a few Green House homes that are assisted-living. I'll tell you that really we are more encouraging of the homes being skilled nursing. With assisted-living in some states there are regulations where people cannot age in place and another big part of the philosophy of the Green House model is that this is home for life. It's a real home and home for life and people are going to age in place. So those are the deep principles. So in some states that can't happen under assisted-living. They have to leave by regulations. There are some states that are kind of liberal about people aging in place. So in that case we're willing to talk to organizations.

Kay: Yeah, there are a couple of questions. Are they co-ed and can a couple be in the same room?

Anna: Well, a couple of things, one is are they co-ed? Yes, absolutely. Virtually all the Green House homes have men and women. I mean it could happen in a place where there are just a lot more women than men that the whole home is women, but that wouldn't be by design. That would just be by circumstance. However, all of the rooms are private room; so if you get a couple who's in a Green House home what could happen is they could have a room. You could have a double bed or a queen size bed in that room. However, there still can only be 10 people... If the home is licensed for 10 people, they could share a room, absolutely, but the home is not really set up to be a two-person room. So it's not like you think of a traditional two person bedroom. However, a couple could absolutely share that room. But I should actually give you one more qualifier. So something that's a bit of a challenge, and frankly it doesn't go very well

with our model and that is if it's licensed as skilled nursing then if one of the two spouses didn't have skilled nursing needs that could limit them from living in the home. So if you had a... Either whether they were spouses or same sex partners or whatever it was, if they were a couple, you know sisters they could share a room, but they both actually need to have skilled care needs. Does that make sense? It's a little bit of a limiting thing. It's if I need skilled services like wound care, hydration, ID does home health come in? Well, actually in Green House homes because they are licensed as skilled and many of them are dual eligible for Medicare, the services are provided right within the home by the nurses and the staff of the home. So really any skilled services that the nursing home would provide, the Green House home can provide. Now they may... An individual project may decide, 'Well, we're not going to serve persons on ventilators.' I mean that could be a decision that they make that they don't provide ventilator care and then that Green House home wouldn't do that, but we have very high levels of skilled care going on in Green House homes and provided by the staff of the home. I see another question. It says, 'So if I get better and no longer need skilled services, do I have to leave?' Well, most people who live in Green House homes it's a long...they're living there as a long stay place to live. However, there are some people who just come to the Green House homes for short stay rehabs, so, for instance, under the Medicare benefit and then they would leave. So I guess my answer to your question is that if you no longer needed to live in long-term care then you would leave, but as long as you had either Medicare skilled needs or just general skilled nursing needs, you would live there and that would be your home for life. Does that... Let's see. What constitutes skilled services that are a requirement to live there? Well, it would be literally how it's defined under, you know over 87 and the federal regulations around skilled nursing care and there is a very specific definition around that. So how much assistance you need and activities of daily living.

Do you need assistance with medication management in a skilled nursing care setting?

Generally nurses are distributing the medications themselves. Some individual people actually do self administer with supervision, but... So there's really a nursing home level of care and its well defined within regulations.

Rachel: I guess one of the things that I'm... It sort of is well-defined, but I think it also is not. When I say nursing home level of care that also means people that you know when you think of a true skilled need, yes, the custodial folks, the majority of the people that are in Green House and that are in nursing homes are more at the custodial level. Isn't that correct Anna?

Anna: I think you're right and especially when I think of it, they need a lot of help and support around activities for daily living, right? So they need significant support with bathing, dressing meal preparation, assistance with eating, so absolutely. So it is some of the clinical medical things, but it's also just a lot of support around activities of daily living and also judgment. As we know, something like 70% of people who live in nursing homes throughout the country have moderate to late stage dementia and in Green House homes some of our statistics are even a little higher. About 80% of people living in Green House homes are living with middle to late stage dementia. So that is a very high support level of care. I see a question here. It says 'In Oklahoma my mother is in a nursing home and receives Medicare and Medicaid.' And yes. So, as long as someone was under Medicare services they would be paid that way, but then when they no longer have Medicare skilled services they would just be under the state Medicaid program. So most, not all, but most Green House homes are dual certified to be able to provide both Medicare and Medicaid services. I think I'm seeing one more question come up and I know we're almost at the end of our time. So, but unfortunately we're re... Oh, we're reaching the

time limit. 'Further questions can be directed at the speakers.' So I guess what I'd like is to thank everyone for joining us today. Kay, are there any thing you would like to say to wrap up?

Kay: No, just thank everybody for attending. I'm glad that people were so interested in this. So I think this is great and thanks Anna and Rachel for providing this wonderful presentation.

Anna: Well, thank you so much. And just to let people know, please feel free to call the number we put on the thing or through our website, you can get a hold of us so easily and we would love to talk to you. Have a great day everybody.

Rachel: All right. Take care. Bye-bye.

Kay: Thank you.

(End of Webinar - 55:17.)