THE GREEN HOUSE® Project
GUIDE BOOK
For Transforming Long-Term Care

The Green House Project is a project of NCB Capital Impact’s Community Solutions Group and is funded by The Robert Wood Johnson Foundation

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We appreciate your interest in THE GREEN HOUSE® Replication Initiative (GHRI), a technical assistance initiative of NCB Capital Impact, funded by the Robert Wood Johnson Foundation.

The goal of the initiative is to develop Green House® homes with fifty or more organizations throughout the country. We would like to partner with projects 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 educational session about The Green House® Project. You will find a current list of workshops and registration procedures at our website: www.ncbcapitalimpact.org/thegreenhouse (click on Information and Workshops). This training is the next step if your organization is interested in applying to join the GHRI. (Please note that the use of the name THE GREEN HOUSE® is limited to projects accepted by GHRI and created according to The Green House Project guidelines.)

Thank you,

The Green House Project Team
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THE GREEN HOUSE® Project

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.

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.
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 regulations under certain circumstances. The Green House model of elder care is a total re-envisioning of a nursing facility—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 architecture, organizational configuration, staffing patterns, and the philosophy of care.

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, 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 universal workers (with core training as 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 legend of Shahbaz, visit The Green House Project web site at www.ncbcapitalimpact.org/thegreenhouse and click on FAQs.)

- A self-managed work team structure is used, with Shahbazim coached by and accountable to the Guide (a new role typically assumed by a nursing home administrator), and partnered with the Clinical Support Team. The Sage, a local elder who volunteers as a coach or mentor, assists to facilitate the development and continued growth of the self-managed work team and serves as a trusted advisor to the Shahbazim.

- The Guide is responsible for the overall operations and quality of services in the home. The Guide may be responsible for one or more Green House® homes, depending on the size of the community.

- Each Green House® home is supported by a Clinical Support Team that includes nurses, social workers, activities experts, therapists, a medical director, nutritionists, 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 (a sponsoring organization supplies or arranges the delivery of health care to the elders in a Green House® home and organizes and/or manages the personnel, fiscal and administrative functions).
THE PHILOSOPHY OF THE GREEN HOUSE® HOMES

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

- Creating small homes providing intentional communities and high levels of care
- 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
- Providing meaningful activities
- Promoting functional competence
- Facilitating physical comfort
- Fostering spiritual well-being
- Providing comprehensive care
- Creating an atmosphere of security
EXPECTED OUTCOMES

In process and structure, THE GREEN HOUSE® model provides a natural environment that promotes a meaningful experience with elderhood and the later stages of life. Specifically, independent research has shown that:

- The quality of life and social participation for elders will be better
- Elders will maximize their functional capacity because of the small-scale environment and freedom from institutional routines
- Program supports and safeguards will result in improved health outcomes
- Family members will participate more actively, contributing to greater satisfaction for elders and families
- Direct care staff will know elders better, have a greater sense of their ability to positively affect elders’ lives, and experience increased job satisfaction and productivity

The Green House project achieves better resident outcomes through a dramatically new way of organizing the care and the life of elders in need of nursing home care. The small scale of home, the varied functions of the Shahbazim, and the flattened hierarchy allow more opportunities for the Shahbazim to know the elders and to identify, understand, and meet their needs. This results in meaningful primary relationships between and among elders and Shahbazim in this intentional community.
THE GREEN HOUSE® homes are designed to look like a home in which the elder might have lived in their community. This means it will be very different from place to place. In urban communities there may be apartments or duplexes, depending on the buildings nearby. In rural communities, there will be single-family homes. When licensed as assisted living, bedrooms may become studio apartments.

Regardless of the location, a Green House® home must be fully independent with no more than 10 elders and include:

- Hearth areas combining the living room, dining room and open kitchen
- Dining room with a table that seats all elders, the Shahbazim, and two guests
- Private bedrooms, each with a bathroom and locked medicine cabinet
- Ceiling lifts
- Fenced outdoor space with two-door access for wandering
- Visual sight lines from the kitchen to the majority of the hearth area, bedrooms, and outdoor space

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’s services.

To ensure compliance with The Green House model’s design and quality standards, The Green House Team must review and approve architectural designs at key points: schematic design, design development, and construction documents. This includes any drawings created prior to acceptance of the organization’s Green House® application. New construction typically is required to remain in compliance with life safety codes and The Green House Project’s principles and quality standards. As part of the approval process, The Green House Team may require substantial revisions to pre-existing architectural plans that do not meet these quality standards.

The Green House model encourages all project adopters to build “green”. This means exploring, learning about, and implementing strategies that increase energy and resource efficiency and limit the presence of toxins inside. The Green House Team is prepared to offer support and guidance on how to build green.

Examples of successful Green House® home plans are provided on the following six pages. A typical one-story Green House® home averages 6,400 square feet, but may be as large as 7,400 square feet, depending on the size of the bedrooms. A Green House® home designed for 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 (click on Photo Album).
Arizona Baptist Retirement Centers, Inc., Youngtown, AZ
© McCarty Company
7,000 sq. ft.

*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 (click on Photo Album).
The Village of Redford, Redford, MI
Perkins Eastman©
6,998 sq. ft.
SAMPLE FLOOR PLAN 3
MULTI-STORY PROJECT

- ONE INDEPENDENT GREEN HOUSE® HOME PER FLOOR
- SHARED ELEVATOR LOBBY ON GROUND FLOOR
- SEPARATE, ACCESSIBLE COVERED PORCHES FOR EACH HOME

St Martin’s in the Pines, Birmingham, AL
© KPS Group
Typical 1st Floor = 6,430 net sq. ft.
Typical 2nd Floor = 6,919 net sq. ft.
Chelsea Jewish Nursing Home (Leonard Florence Center), Chelsea, MA
© DiMella Shaffer
13,500 sq. ft. total (two Green House® homes per floor at 6,350 sq. ft. each and 800 sq. ft. shared lobby)

- Two independent Green House® homes per floor, each with a separate entry door
- Shared elevator lobby on each floor
- Separate, accessible covered terraces for each home

GREEN HOUSE® HOME #1
6,350 SQ. FT.

GREEN HOUSE® HOME #2
6,350 SQ. FT.

SHARED ELEVATOR LOBBY
800 SQ. FT.
Tabitha Health Care Services, Lincoln, NE
© Architectural Design Associates P.C.
5,000 sq. ft.
THE GREEN HOUSE® at Traceway, Tupelo, MS
© McCarty Company
6,400 sq. ft.
ORGANIZATIONAL REDESIGN

THE GREEN HOUSE® model reorganizes staff and flattens the hierarchy of the traditional organization. Each house functions independently, with consistent and separate Shahbazim staffing. These self-directed teams of Shahbazim report to the Guide, a position typically assumed by the nursing home administrator. The organization’s clinical staff forms the Clinical Support Team. Nurses from the team meet the clinical needs of the elders (1 - 1.2 hours total per elder per day) in partnership with the Shahbazim (4 hours per elder per day, or 40 hours total per day), for a total of 5.2 direct care staffing hours per elder per day in a 10-bedroom Green House® home. The remaining clinical professionals visit the house on a routine basis and as required by the needs of the elders.

Typical day and evening shifts: 2 Shahbazim per house and 1 nurse per 2 houses

Typical night shift: 1 Shahbaz per house and 1 nurse to 2-3 houses

Redesigned Staffing and Reporting Patterns:

THE GREEN HOUSE® HOME ORGANIZATIONAL DIAGRAM
THE SHAHBAZ AND THE SELF-DIRECTED TEAM

The heart of THE GREEN HOUSE® elder care model is the Shahbaz (plural: Shahbazim), a universal worker who performs housekeeping, laundry, and cooking as well as elder care. The Shahbazim are the core staff in The Green House home. In each house, the Shahbazim provide a total of 40 hours of elder care per day (4 hours per elder per day).

The Shahbazim are certified nursing assistants who receive additional training that covers:

- 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 preparation, including problem-solving and conflict resolution
  - Specific policies and procedures for The Green House model
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. 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 insures compliance with rules governing kitchen cleanliness and refrigerator and food temperatures
- The Food Coordinator also manages and insures 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 communicate weight loss and food concerns to the appropriate members of the Clinical Support Team

**HOUSEKEEPING COORDINATOR**
- 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 household items and elders’ personal clothing, and coordinates the laundering of linens

**SCHEDULING COORDINATOR**
- The Scheduling Coordinator creates a schedule in collaboration with the team that provides required staff coverage, accommodates time off, and adheres to overtime limits
- 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, she or he will notify the Scheduling Coordinator)—if the Scheduling Coordinator is unable to find 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 as necessary, to ensure care planning meetings are held timely 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 their effectiveness at meeting elders’ needs
- The Care Coordinator insures that care has been provided and that documentation has been completed as outlined in the elders’ care plans
The budget allocation in THE GREEN HOUSE® projects differs from traditional skilled or assisted living operating budgets. The Green House model shifts resources from administrative structures toward the direct care needs of the elder. The chart above illustrates some of the typical cost shifts involved in implementation of the model; however it may not represent each organization’s individual experience. The Green House Team will assist with your specific project’s feasibility and proforma analysis.
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

- 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 involved in cooking, as desired
- Elders involved in setting the table, as desired
- Include music, table linen, flowers, and decorations to enhance environment
- Staff and others in the house eat with elders
- Parties, celebrations, and laughter 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

- Elder to Shahbaz: pendant/bracelet call system
- Shahbaz to Clinical Support Nurse: emergency pendant to pager and two-way radio
- Elder to family and friends: private telephone and email (house computer)

LIFT-FREE 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

<table>
<thead>
<tr>
<th></th>
<th>Traditional Nursing Home</th>
<th>THE GREEN HOUSE® Long-term Care Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SIZE</strong></td>
<td>Usually 120+ beds divided into 20-40 bed units</td>
<td>7-10 elders</td>
</tr>
<tr>
<td><strong>PHILOSOPHY</strong></td>
<td>Medical model emphasizing provision of clinical services to patients</td>
<td>Habilitative model emphasizing intentional communities that prioritize elders’ quality of life</td>
</tr>
<tr>
<td><strong>ORGANIZATION</strong></td>
<td>Hierarchy—nurses control unit activity</td>
<td>Flattened bureaucracy—empowerment of direct care staff, nurses visit the house to provide skilled services</td>
</tr>
<tr>
<td><strong>DECISION MAKING</strong></td>
<td>Decisions made by the organizational leadership</td>
<td>Decisions made by elders or person closest to elders as often as feasible, House Councils plan menus, activities, and house routines</td>
</tr>
<tr>
<td><strong>PRIVACY</strong></td>
<td>Typically shared bedrooms and bathrooms</td>
<td>Private bedrooms and bathrooms</td>
</tr>
<tr>
<td><strong>ACCESS</strong></td>
<td>Space belongs to the institution; elders have access to their room and public areas but many spaces are off-limits</td>
<td>Space belongs to the elders and they may access all areas of the house</td>
</tr>
<tr>
<td><strong>OUTDOOR SPACE</strong></td>
<td>Often challenging to access, particularly without assistance or supervision</td>
<td>Easy access, fenced, shaded, and in full view of the hearth and kitchen to allow observation by staff and open access</td>
</tr>
<tr>
<td><strong>LIVING AREAS</strong></td>
<td>Lounges and dining rooms usually at the end of long corridors</td>
<td>Central hearth with an adjacent open kitchen and dining area, bedrooms open to the hearth</td>
</tr>
<tr>
<td><strong>KITCHEN</strong></td>
<td>Off-limits to elders and visitors</td>
<td>Elders and visitors have access and may participate in cooking activities</td>
</tr>
<tr>
<td><strong>NURSES STATION</strong></td>
<td>In the center of most units</td>
<td>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</td>
</tr>
<tr>
<td><strong>DINING</strong></td>
<td>Large dining rooms with many elders, separate “feeder” tables</td>
<td>One dining table providing a focal point for community meals</td>
</tr>
<tr>
<td><strong>STAFFING</strong></td>
<td>Departmental with segmented tasks/specialized tasks</td>
<td>Shahbaz is a universal worker providing direct care, laundry, housekeeping and cooking services</td>
</tr>
<tr>
<td><strong>VISITORS</strong></td>
<td>Limited ability to participate</td>
<td>Participate in meals and other activities, prepare snacks in the kitchen, and hold family celebrations in The Green House residence</td>
</tr>
</tbody>
</table>
RESEARCH

Four GREEN HOUSE® homes in Tupelo, Mississippi, have been operating since 2003. They 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 report:

- Direct care staff turnover of less than 10 percent 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® to 100% with a waiting list

TECHNICAL ASSISTANCE

THE GREEN HOUSE® Project Team advises organizations that choose to adopt The Green House® model and are accepted into The Green House Project. The team provides approximately 30 months of direct technical assistance, tools, and training for each adopter. The fees for the first 50 projects are subsidized through The Robert Wood Johnson Foundation. The organization’s size and the type of Green House® project that is being developed determine the fee. Adopters will receive assistance with:

- Financial feasibility analysis
- Architectural design
- Project management/assistance with development process
- Regulatory approval
  - State regulatory review
  - Facilitation of joint meetings with state representative and service provider
- Financing sources and structures
- Public relations tools, plan, and timeline
- Operational implementation:
  - Creating The Green House policies specific to your organization
  - Job descriptions and hiring practices
  - Construction and start-up operations

In addition, The Green House Project Team will provide:

- Leadership Training
- Training for the Guide, Clinical Support Team and Shahbazim
- Regular operations technical assistance, including for six months’ post-occupancy
THE GREEN HOUSE® PREDEVELOPMENT LOAN FUND

PREDEVELOPMENT FINANCING FOR GREEN HOUSE® HOMES

The Green House Replication Initiative (GHRI) Predevelopment Loan Fund is designed to provide hard-to-obtain predevelopment dollars to assist projects assess project feasibility, obtain control of a site, and fund architect, engineering and other third party expenses for interested and eligible Green House® projects. If a funded project is deemed by NCB Capital Impact to be infeasible, NCB Capital Impact, at its sole discretion, may forgive all or a portion of the predevelopment loan.

THE NCB CAPITAL IMPACT SOLUTION: EXPERTISE, DETERMINATION AND INNOVATION

As a mission-based nonprofit, NCB Capital Impact has been financing community facilities for 25 years. Our work is focused on creating and supporting projects that serve persons with low incomes.

ELIGIBILITY AND TERMS

Eligibility
Organizations meeting Green House Replication Initiative requirements:

- Project is selected as a GHRI project (must have letter from GHRI 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 and developer fees are limited to the lesser of $25,000 or 25% each (total of 50%) of the outstanding loan amount

GET STARTED

Contact: Anne Geggie at (703) 647-2326 or ageggie@ncbcapitalimpact.org
2011 Crystal Drive, Suite 800 Arlington, VA 22202
BECOMING A GREEN HOUSE® PROJECT

Steps for Participation in The Green House® Replication Initiative (GHRI):

The Green House Model and Your Readiness

- Review the Web site www.ncbcapitalimpact.org/thegreenhouse and request The Green House Project Guide Book (click on Information and Workshops)
- Attend an eight-hour 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 Replication Initiative and complete The Green House® Readiness Survey (GHRS). Contact Marilyn Ellis at mellis@ncbcapitalimpact.org to request an application and survey link.

- Present model to key stakeholders for buy in
- Complete and submit The Green House® Project Application and supporting documents
- Complete the online Green House® Readiness Survey

Next Steps

The application materials and readiness survey will be reviewed and evaluated by GHRI staff to determine if the organization has sufficient capacity to move forward immediately.

Project Planning and Implementation

- Contract with The Green House Replication Initiative Team
- Receive assistance from GHRI with financial feasibility analysis; complete the Financial Feasibility Analysis Model (FFM)
- Receive assistance from GHRI with regulatory analyses
- Design Green House® homes with assistance and approval from GHRI
- Obtain financing (GHRI can provide guidance on potential funding sources)
- Bid and contract with builder
- Start construction
- Complete Leadership Training
- Develop transition plan
- Recruit Shahbazim & Clinical Support Team Members
- Complete Guide, Shahbazim & Clinical Support Team Training
- Move in
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 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, which 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 required by an elder or resident, either 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/acuity, except in the event that a clinical condition requires hospitalization. Every effort will be made to care for elders through the end of life in The Green House home.

4. Operate The Green House homes in accordance with The Green House principles, organizational and staffing model, and physical requirements as follows:

   a. The Green House homes will provide housing to no more than ten elders or residents per house at any given time, unless The Green House Replication Initiative (GHRI) Team, at its sole discretion, provides a written exception allowing up to twelve elders or residents on the basis of financial feasibility.

   b. The Green House homes will provide a minimum of a private bedroom and full bath for each elder or resident.

   c. The Green House homes will 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. The Green House homes will not provide housing and services to 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, only in high rise situations, 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 Replication Initiative Team, each household/apartment will provide an accessible covered balcony/terrace sufficient to seat five [5] persons, including those in wheel chairs.)

   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.
THE GREEN HOUSE® ORGANIZATIONAL REQUIREMENTS
(CONTINUED)

i. Provide a “Hearth” area in each Green House® home, including a living room/seating area (sufficient to seat all elders or residents) with fireplace (gas or electric with heat shield), an open kitchen with elder’s or resident’s work area, and a dining area (with a single long table sufficient to seat all residents, two Shahbaz 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 appropriate to the 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. Utilize the universal worker (Shahbaz) to provide care.

q. Use the title Shahbaz for the universal worker or select a title 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 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 GHRI Team at schematic, design development, and construction document stages. The GHRI Team may require substantial revisions to these architectural plans as part of the approval process.

7. Agree to have The Green House Replication Initiative Team or GHRI contractors train all staff at the sponsor organization.


9. Be compliant with all local, state, and federal regulations that apply to the aforementioned licensing category.

10. Provide operational and outcome data to the GHRI Team including Minimum Data Set (MDS), quality of life measures, employee satisfaction measures, and other data as requested.
RESOURCES AND REFERENCES

Visit our web site: www.ncbcapitalimpact.org/thegreenhouse

Video

THE GREEN HOUSE® Project (20 minutes): Highlights the journey of 40 elders who moved from a traditional skilled nursing home into the nation’s first Green House® homes in Tupelo, MS. Includes interviews with elders and staff. The cost is $20.00 (includes shipping & handling). To order, visit our web site (click on DVD link).

Workshops

Visit our web site for current schedule, agenda, and registration procedures (click on Information and Workshops).

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 (click on link to The Green House Project Newsletter).

Books by Dr. William Thomas


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, click on Research & Regulation)

Issue Brief

“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 websites. (To download, click on In the News - see Issue Brief section)
Feature Stories & Presentations (click on In the News)

“‘Green House’ Nursing Homes Expand as Communities Reinvent Elder Care.” PBS’ NewsHour, 01/23/08. By Susan Dentzer, NewsHour Health Correspondent. Video and transcript available online.

“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). 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.

Articles (click on In the News)

"Not a nursing home, but a nurturing home." The Baltimore Sun, by Tanika White, Sun Reporter, 02/24/08

"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

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

“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)
RESOURCES AND REFERENCES (CONTINUED)

Visit our web site: www.ncbcapitalimpact.org/thegreenhouse

Articles (continued)

“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

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

"Small World," AARP Bulletin, 10/05 (PDF, 3 pages)

"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


"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

"The Green House Project announces plans to break ground nationally," McKnight's Long Term Care News & Assisted Living, 7/1/04

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

Visit our web site: www.ncbcapitalimpact.org/thegreenhouse

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 (click on In the News)

Regulatory & Legislative News

Visit our web site to read about regulations & legislation impacting The Green House Project and the long-term care industry (click on Regulation & Legislation)
FREQUENTLY ASKED QUESTIONS

View the complete list at www.ncbcapitalimpact.org/thegreenhouse (click on FAQs).

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 fifty projects across the United States through THE GREEN HOUSE® Replication initiative (GHRI). 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 orientations and specialized on-site training for project staff, including the caregivers, 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 Replication Initiative 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® 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, but it shares some similarities with franchise models: First, The Green House Project licenses THE GREEN HOUSE® service mark to adopting organizations. Second, The Green House Project provides tools and technical assistance to help groups start up and manage their Green House® Projects.
- The difference between The Green House Project and a conventional franchise model is that a typical franchisor takes a percentage of franchisee revenues and generally makes decisions in order to maximize franchisor profits. Although The Green House Project will charge a nominal annual fee to support The Green House network of providers, it does not charge a percentage of revenues.
- In addition, The Green House Project is part of a nonprofit organization. The Green House Project makes decisions first and foremost to promote residents’ quality of life and to further The Green House model of high-quality long-term care.

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, and
- Assist with identifying potential capital funding sources and fundraising options.
Frequently Asked Questions (continued)

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 financial vehicles. Many also conduct a capital campaign to raise charitable funds and reduce the debt required finance the project.

7. Does The Green House Replication Initiative offer loan financing?
   • The Green House Project does not finance construction loans. However, nonprofit organizations are eligible for predevelopment loan (PDL) financing to secure an architect, engineer, site, feasibility and/or market studies, and other non-construction-related costs. The PDL Fund is available only to projects that have been accepted as participants in The Green House Replication Initiative. To learn more, visit the Loan Fund page on 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 - $1,500,000, though can be substantially higher depending on local costs and project-specific decisions about design, finishes, etc. Generally, 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 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 accepted payment sources for new admissions. It is an expectation of The Green House Project, however, that a participating project must agree to maintain elders who spend down their funds in their Green House® homes. This can be done through Medicaid or other 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, waivers, 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 the Regulation & Legislation page on our web site.
- **Regulatory**: After obtaining a CON, there should be no regulatory obstacles at the federal level. The project has buy-in 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 the Regulation & Legislation page of our web site to see a copy of the CMS letter.
- **Financial**: Groups without previous experience operating long-term care facilities need someone with experience in the financial, regulatory approval and licensing process and should find a partner who can remain with the group for the life of the project. The Green House Team will work with organizations on a case-by-case basis on financial feasibility assessments. Keep in mind that the nursing home business is tough.
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 non-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 $600 million 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:

- 32,000 units of multifamily homeownership or other affordable housing;
- 15,000 jobs for low-income individuals;
- 94,000 school seats;
- 8,700 affordable assisted living units for seniors and persons with disabilities;
- 2.4 million square feet of community health center space serving 350,000 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. Housing development services are provided by NCB Community Works, LLC, jointly owned by NCB Capital Impact and NCB.*
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