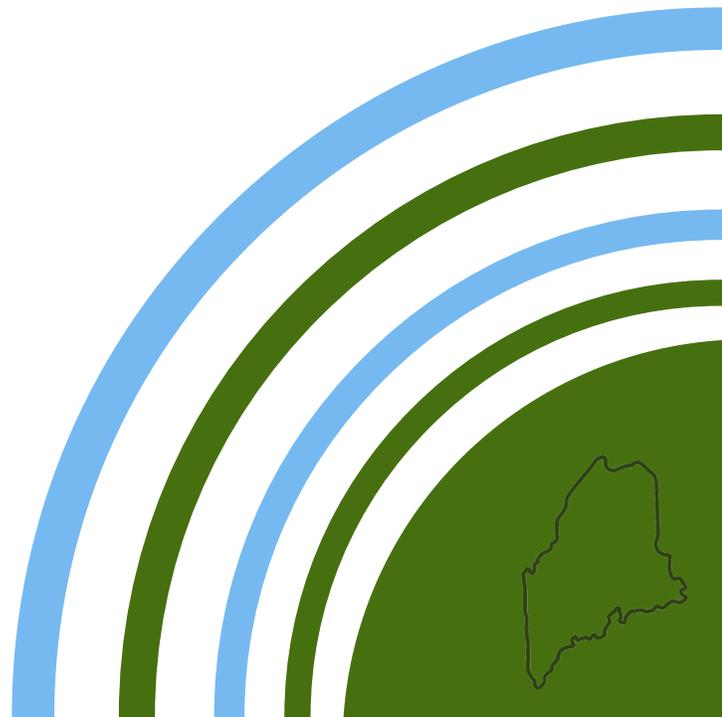# Re-imagining Residential Care "Think Group"

Convened by The Maine Health Access Foundation

December 31, 2020

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Summary

A Think Group convened by the Maine Health Access Foundation over the course of the past year was tasked with creating a new vision for residential care supporting older adults and individuals with physical disabilities. The group reviewed Maine's current system of residential care and heard from national experts about residential care models and trends nationally. The work of the group was initially interrupted by the COVID-19 pandemic, and the impact of the pandemic on residential settings subsequently informed and influenced the group's work when reconvened. The group articulated a vision for residential care that includes the following attributes: **autonomy** for individuals and **safety** for all, **person-centered** supports based on individual needs and preferences, **home-like environments** with private and shared spaces, actual and virtual **connections to the community**, **inclusion** of persons with diverse backgrounds and cultures, **quality** measures that reflect what is important to residents, and continuity and stability as a result of **staff retention**.

Acknowledgments

Approach

In February 2020, the Maine Health Access Foundation convened a broad-based group of nonprofit leaders, current and former Maine state agency officials, and representatives from higher education to develop a high-level vision of what an optimal residential care system for Maine could look like. This "Think Group," in collaboration with leadership of the State DHHS Office of Aging and Disability Services, was charged with the task of identifying issues, challenges, and opportunities regarding residential care for older people and people with physical disabilities in Maine. Recognizing that considerable informal and formal work has occurred to develop and refine community-based supports to allow older people to continue living in their own homes or apartments and engaged in their communities of choice, the focus of the Think Group was specifically on the system of care and services in residential care settings for individuals who need or want the support of a residential care community. This system was last reformed significantly in the mid-1990s, and since that time has undergone a number of incremental changes that have obscured its coherency and vision. The goal was to catalyze and support a visioning and planning process for addressing needs and opportunities in Maine's current system of residential care services to improve options for older people and people living with disabilities in Maine who live in such residential care settings. The hope was that DHHS would then carry this work forward into a future action phase.

In order to focus the Think Group's work, a working definition of the term "residential care" for this group's purposes was established at the outset. Importantly, in this context the intent was not to limit the discussion to any specific setting, licensure category, state- or Medicaid-funded provider group, etc. The group was asked to apply a very broad understanding of "residential care" as it conducted its work. The definition offered at the outset and further refined over the course of group meetings was:

- *A place that is home to a group of unrelated individuals living with functional limitations and/or chronic illnesses that impact their ability to live without some forms of assistance.*
- *A setting that includes shared spaces and an array of shared services that help meet the needs of the people living there for a variety of types of support.*

In addition, the group was asked to focus this work on the needs and experiences of older people and people with physical disabilities. While other populations are also served in settings referred to as "residential care," such as people with intellectual and developmental disabilities, it was determined that addressing the needs of other groups was beyond the scope of this project and would require the participation of different individuals with the relevant expertise and life experience to make reasonably informed recommendations for other populations.

Approach, continued

The Think Group held five half-day meetings between February and November 2020, as noted above with one in-person meeting, where the participants began a visioning process to collectively re-imagine an optimal residential care system for Maine. After pausing the process to adapt to CDC guidance on how to continue our work during the COVID-19 crisis, the group shifted to a virtual meeting format. In subsequent meetings, the group refined and reached consensus on elements of a vision, as well as provided input on the challenges that exist to achieving that vision and offered opportunities that could be leveraged to make progress toward the vision. The Think Group considered information about Maine's existing system and services, studied models and innovations in other states and nationally, looked at how COVID-19 has impacted this realm of housing and services, and heard Maine-based examples worth building on to bring us closer to the desired vision. The result of the discussions is a Vision statement, along with lists of identified Challenges and Opportunities to raise awareness and guide future work (see below).

A panel of DHHS officials steeped in the State's pandemic response shared early lessons for residential care from experiences responding to COVID-19 in these and other settings over the spring and summer. Chief among the lessons was a need for more private spaces in future residential settings to support isolation and quarantine and prevent spread of infectious disease within residential care settings. The panel presenters were as follows:

- Paul Saucier, Director, *DHHS Office of Aging and Disability Services*
- Lisa Letourneau, *Senior Advisor, DHHS Commissioner's Office*
- Michelle Probert, *Director, DHHS Office of MaineCare Services*
- Bill Montejo, *Director, DHHS Division of Licensing & Certification*
- Dr. Nirav Shah, *Director, Maine Center for Disease Control and Prevention*

At the same meeting, Elizabeth Gattine, Senior Policy Associate, Disability and Aging Program at the USM Cutler Institute, provided the group with a framework for discussion of Maine's supportive housing options that included creating common language and understanding of the current housing and services landscape (see presentation). Of note was the need for a simpler, more coherent licensing and regulatory system for housing and services to help families better understand and make more informed choices. Apart from the regulatory context, the group identified the need for comparable, quality care/services to all, regardless of ability to pay through private or public funds.

Approach, continued

At its next meeting, the Think Group heard from two national experts:

- Robyn Stone, *DrPH, Senior Vice President for Research at LeadingAge and Co-director of the LeadingAge LTSS Center@UMass Boston*, discussed the future of residential care, focusing on the need for a continuum of residential options for LTSS, "Aging in Community," and implementation of evidence-based models. Dr. Stone emphasized the importance of a continuum of affordable and flexible residential options, from private homes to nursing homes, that allow people to stay within their social network and community, as well as ensuring that housing and services are given equal importance. Because older people are disproportionately represented in rural communities, more work needs to be done to address that issue in aging policy. Maine is uniquely positioned to explore and address some of these issues (see presentation).

- Paula Carder, *PhD, Director of the Institute on Aging, Portland State University*, presented on state approaches to how they license and regulate residential care and assisted living, define person-centered care, and consider topics like quality metrics, infection control policies, dementia care, and consumer satisfaction, etc. Although states vary in their approaches to licensing and regulation, there are examples where states have fewer regulatory categories as well as increased population-specific emphases on issues like person centeredness, quality metrics, dementia care, etc. Dr. Carder listed a number of particulars of Oregon's approach which the group considered to be potential strategies to explore more deeply (see presentation).

- This was followed at the fourth meeting by a panel discussion with a group of Maine-based providers of residential care services. They shared their thoughts on ways to support the concept of "aging in community," and ways to address barriers and challenges that would allow their operations to be even better and more consistent with the draft vision in development by this group, including expanding the ability to serve greater numbers of people relying on public funding sources. There was agreement among these presenters that sustainable and predictable development and operational funding streams—and strategies to address the limitations in stability and predictability inherent in a service system that relies on individual eligibility determinations*[1]* —would strengthen the ability to serve greater numbers of people, and encourage more opportunities for innovative housing and services partnerships. New strategies are required to address and strengthen workforce stability and growth. Presenters were as follows:
  - Rich Hooks-Wayman, *President & CEO*, Volunteers of America Northern New England
  - Cyndy Taylor, *President*, Housing Initiatives of New England
  - Johanna Wigg, *President*, The Vicarage by the Sea
  - Karen Percival, *Supportive Services Director, Larrabee Village*, Westbrook Housing Authority

Approach, continued

At its final meeting in November, the Think Group reviewed and critiqued a draft version of a Vision (see below), which had been developed based on the discussions across the previous meetings. The discussion helped to refine and prioritize key aspects of the Vision. The group also discussed in greater depth the challenges to achieving the Vision and potential opportunities that might be leveraged to make progress toward the Vision. It was agreed that the Vision would remain as a "working document" for the near term as DHHS continues to assess how they may move forward with this work over the coming months.

It is important to recognize that this discussion did not occur in isolation. Over the past two years, other work led by the Department has taken place to help shape the future of aging and LTSS in Maine through initiatives including the Aging and Long-Term Services and Supports Advisory Committee, the State Plan on Aging, and the Age-Friendly State Plan. Organizations working on behalf of older people in Maine have also been actively advancing discussions and planning on these same topics, including the Maine Council on Aging, and AARP. The topic of residential options, including in-home services, has emerged in these and other efforts to continue to make Maine a positive place to age; however, our Think Group has focused its attention solely on the topic of re-imagining residential care. Although consumer voice and perspective are reflected in much of this work, a likely future step in this process will be to seek input from a broader and more diverse group of consumers and stakeholders.

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[1] *There was a fair bit of discussion regarding the disconnect in perspectives between housing developers, who have a property-level perspective and long time horizon based on the nature of development financing and service providers, who are subject to relatively more frequent changes in payment policy and take an individual-level perspective. Because eligibility for public funding to support service provision is determined at the individual level, it is impossible for a housing provider to be able to predict or rely on availability of funding for services for a given unit or proportion of units in a property, making long-term planning at the property level a challenge.*

Vision for Residential Care in Maine
Developed by the Reimagining Residential Care Work Group
Convened by the Maine Health Access Foundation
(Working Paper, November 30, 2020)

As we reimagine residential options for older persons and adults with physical disabilities, we see a range of models that fully integrate housing with services to support people living and aging in communities large and small, rural and urban, and which value autonomy, self-determination, and individual freedom of choice while supporting health and safety for the people who live there.

Residential options are places where multiple individuals with functional limitations live and can receive help meeting their needs. These places may be groupings of small homes close together, apartments in larger buildings, or other buildings of different sizes, with both shared and private spaces and a mix of services that help meet the needs of the people living there.

Ideally, plans to design or renovate residential options and state policies influencing their operations would strive to assure:

- **Autonomy**
  - *Respect for people's autonomy and right to make large and small choices about their own lives, including which services to accept and how they get the supports and services they need.*
- **Person-Centeredness:**
  - *Access to supportive services that maximize independence and are appropriate to individual needs.*
  - *Flexibility and capacity to respond to changing resident needs over time.*
- **Community and Family Connections**
  - *Connections to family, friends, and the larger community, including the potential to spend time with people of all ages.*
  - *Access to the internet and other technology that supports communication with staff, health care providers, family members, community organizations, and others (e.g.,telehealth, communication devices, computers, etc.).*
  - *Proximity to and/or ease of access to community and goods and services such as grocery stores, pharmacies, and other retail outlets.*
- **Inclusion**
  - *Respect, inclusion and equitable treatment for each person regardless of differences.*
  - *Living space that is designed for accessibility (with supporting technology) for those with mobility, vision, hearing, speech, memory/cognitive, and other impairments.*

Vision for Residential Care in Maine

Developed by the Reimagining Residential Care Work Group
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- **Home-like Environment with Private and Shared Spaces**
  - *Small and homelike shared environments with opportunities for social interaction.*
  - *Warm and inviting spaces that offer access to kitchens, common dining areas, common community and recreational spaces, outdoor spaces and other spaces that promote health and quality of life and allow people the ability to fully engage in all aspects of daily living.*
  - *Private living space with private bedroom, private bathroom(s), and options for a living room, eating area, and kitchen amenities.*
  - *Ability to have pets.*
- **Quality and Safety**
  - *Affordability and access to comparable quality services for all people throughout their stay, using a mix of private and public funds.*
  - *Quality measures and standards that balance quality of life with health and safety, and reward providers for high quality that goes beyond avoiding risk.*
  - *Spaces designed to accommodate what is being learned through the COVID-19 pandemic about best practices to support infection control and maintain the ability for people to stay connected to their families and communities*
- **Staff Development and Retention**
  - *Attention to the critical role and the needs of staff.*
  - *Education, training, and adequate pay to attract and foster a stable, consistent, high quality, culturally competent workforce.*
  - *A positive, safe work environment that empowers, supports, and values staff.*

Challenges Identified to Achieving the Vision

- **Scale**
  - *Building capacity and finding solutions for both urban and rural areas. Most older people in Maine live in small towns. It is harder to deliver affordable, comprehensive services and housing options where people already live and prefer to stay, because these options rely on economies of scale that are more difficult to achieve in rural areas.*
  - *Balancing the desire for smaller more homelike environments with the need for economies of scale.*
- **Balancing Safety and Choice with Cost**
  - *Addressing the public health issues associated with Covid-19 without over-regulating or adding unnecessary costs. From physical design features to staffing patterns and training, from infection control protocols to technical support, and from family visiting to isolation strategies, health and safety has taken on a greater level of significance.*
  - *Adding choice and privacy for all residents may add costs and reduce efficiencies that result from things like a single meal plan or shared rooms.*
- **Bridging Housing and Services**
  - *Effectively combining housing and services funding, both for development as well as ongoing operations, to achieve sustainability and affordability. Housing developers, operators and service providers live in different worlds, work within different economic/financing constraints and expectations, and rarely interact.*
  - *Lack of stability and predictability of funding streams and individual eligibility for services increases risk of long-term investment and limits willingness of housing developers to partner.*
  - *Identifying the need for sustainable, effective ways to fund site-based services, not tied to individual eligibility (e.g., service coordination).*
  - *Addressing the financial concerns of residents who are balancing their need for housing and services with their ability to pay.*
  - *Creating housing with service models everywhere in Maine that can be financially viable with a mix of private and public pay residents.*
- **Streamlining Regulatory Structure**
  - *Simplifying and streamlining the current complex regulatory and licensing structure to the minimum practical set of categories in order to make the system easier to manage and to understand and navigate for consumers and families.*
  - *Ensuring access to needed transportation.*
  - *Workforce shortages.*
  - *Lack of good data and information sources about the "customer base," to help better understand their needs and capacity (e.g., what is "affordable"?).*

Opportunities to Leverage to Support Progress toward the Vision

- **Understandable Options**
  - *Simplifying the system to help families understand it better and make better-informed choices.*
  - *More clearly understand and be transparent about the public funds currently supporting residential care. Are these resources being used as effectively and efficiently as possible or could they be deployed in better ways?*
- **Shared Overhead Costs**
  - *Identify ways to reduce development and ongoing building and operational costs, for example, by standardizing architectural designs, taking into account accessibility, and maximizing energy efficiency.*
- **Model Innovation**
  - *Explore the potential for mixed-use developments that include commercial services for residents as well as enhance financial viability for operators.*
  - *Create state and regional/community collaboratives among health care providers, insurance companies, housing developers, community organizations, and social service providers to develop new and creative housing with service models.*
  - *Explore matching fund opportunities--state funds, philanthropy, and others to provide incentives for housing and private developers.*
  - *Advocate with state government to explore federal waiver options for innovation in Maine.*
  - *Build a partnership among Department of Education, Maine Housing, local governments, and housing developers to explore repurposing unused school buildings.*
  - *Explore opportunities to rehabilitate/convert existing housing stock and other types of structures for this purpose.*
  - *Maximize the potential of technology to support remotely delivered services/monitoring, improve mobility, safety and health (smart housing), as well as foster socialization.*
  - *Identify and pursue creative opportunities to pair people who need and can provide support services (e.g., students who need housing with older people with space.)*
  - *Seek and maximize opportunities to continually promote innovation in this sector.*
- **Workforce**
  - Promote the importance and increase desirability of jobs in this sector – e.g., highlighting their value, creating growth opportunities and clear career pathways, mentorship opportunities.
- **Bridging Housing and Services**
  - *Create a forum for convening housing and service providers to begin to better understand one another's worlds and foster partnerships.*
  - *Foster continued inter-departmental collaboration within state government to address housing and services in a more integrated way.*

For additional information, access guest speakers' slide presentations:

- **Elizabeth Gattine:** Re-imagining Residential Care: Maine's Continuum of Care for Older Adults, *September 8, 2020*

- **Robyn Stone:** Aging in Place or Aging in Continuum?The Future of Residential Care, *September 29, 2020*

- **Paula Carder:** State Approaches to Licensing Residential Care, *September 29, 2020*