Ensuring a strong continuum of care:
the role of residential providers

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Older adults deserve access to the services they need, when they need them, in the place they call home.
Residential Options

- **Independent Living**
  - Market rate
  - Subsidized senior housing

- **Assisted Living**
  - Assisted living
  - Residential care - levels I, II, III, IV
  - Private Non-Medical Institution (PNMI)

- **Nursing Care**
  - Skilled care
  - Long term care
What’s Unique about Maine?

- 1994: Change to higher medical eligibility for nursing home care.
- 40% reduction of nursing home beds.
- Growth in home care and assisted living/residential care promotes aging in place, but many still have complex care needs.
- Nursing homes now care for fewer people - but they’re the oldest and the sickest.
Funding hasn’t fully acknowledged acuity and rising labor costs.

Viability of rural nursing homes is in doubt.

Shrinking workforce: access to services a growing concern.
What will residential care be like for my loved one?

Concerns/fears:

- Lack of individualized attention (83%)
- Isolation and loneliness (82%)
- Institutional atmosphere that is not as comfortable as home (82%)
- Loss of independence (80%)
- (Lower on the list of reported concerns are cost and convenience)
Person-Directed Models: Gaining Traction

Traditional Care

- Residents’ sleeping, eating, and bathing schedules based on institutional schedules & routines.
- Residents frequently have different care staff who are not familiar with their preferences.
- Management makes most of the decisions, often without consulting the residents, families, or direct-care staff.

Person-Directed Care

- Staff alter their work routines to honor residents’ preferences.
- The same staff take care of the same resident; they know each other and good relationships develop. This motivates staff to provide better quality care.
- Management seeks input; trains and supports staff; engages residents.
Households, small houses, or GREEN HOUSES®

- Typically 9-12 residents grouped together.
- “Just like home...”
  - Kitchen: family dining.
  - Living rooms: comfortable chairs and good lighting.
  - Bedrooms: decorated with personal items and furniture; private bathrooms.
- CNAs become universal workers in self-directed teams, partnering with the clinical support team.
- No traditional nurses’ station or overhead paging.
- Meaningful relationships with a community of people.
Join the Conversation!

Track 2 Work Session: Piscataquis

- When living at home is not an option, what kinds of residential alternatives do we need?
- What should these options look like?
- How can we ensure access?