

Minutes  
Barons South Committee  
July 21, 2011

The meeting of the Barons South Committee was called to order by Marty Hauhuth at 7:05pm.

In Attendance:

Marty Hauhuth, co-chair  
Steve Daniels, co-chair  
John Thompson  
Jo Fuchs-Luscombe  
Yvonne Senturia  
Reverend Ed Horne  
Ken Bernhard  
Barbara Butler  
Shelly Kassen, Selectwoman

*Synopsis of forum on July 11:* Dr. Julie Robison gave a presentation about aging in CT and what it will mean for the state. Steve answered questions about our work. We need to continue to reiterate main points. Can't assume others know everything as there are attendees with different level of knowledge and experience at each meeting.

*What is the project.* Five minute session at each meeting about where we are and where we have been. Julie spoke about effort on part of the state to rebalance services from skilled nursing facilities back into the community. Rebalancing means changing the service and funding priorities to home and community, and removing the institutional bias. Some people are now forced into institutional care because Medicaid doesn't cover cost of services in the home.

*MFP:*

A federal grant entitled Money Follows the Person (MFP) is designed to decrease Medicare costs by providing more services directly at home. Some might have interpreted her presentation as indicating that nursing homes were being phased out. Afterwards when the microphone went off, she said that we should not get the impression that there is no need for nursing homes. Julie mentioned Dawn Lambert, who heads MFP, and that we should try to meet with her. A conference call with Shelly and Barbara is arranged for August 10<sup>th</sup> in the morning. Does MFP require a Medicaid waiver? Currently MFP only available to people who have previously been in a skilled nursing facility, so people who never were in an institution and want to enroll in MFP can't. They are bumped by people who are already in an institution and want to come out into the community. Medicare won't pay past 100 days after hospitalization. Then pay out of your own pocket until you run out of money. Julie said 47% of people on Medicaid in institutions, which will increase with time.

*Group Discussion:*

Ken: We have an idea of what we like and what we will propose. Let's find the reasons for why the model of housing plus services works and is supported by the literature.

Shelly: We need broader understanding of what is happening in the state and how we fit into that. For eg: Julie talked about CT rebalancing away from skilled nursing institutions. Is the small house model facility viable? Can the models we liked in other states work here?

Steve: Marty and Steve working with Doug LaMont on basis for the RFP. Hard to keep things in context: We are interested in seniors primarily. State of CT is looking at larger bundle. Will the major impact of rebalancing be oldest seniors or disabled? Impacts what kind of financing will be out there. With mental health, when put all those people into the community, big problems.

Ken: Concept evolves depending on pluses and minuses.

Ed: You can be very wealthy entering skilled nursing and run out of money if stay long enough.

Barbara: Need a nuanced approach. Emphasis on short term rehab vs long term care. Short term rehab is primarily commercial payers.

Shelly: we can say in an RFP that we want full care facility to emphasize short term rehab. Just starting to articulate that.

Marty: the more and better services you provide in independent living, the fewer people will require skilled nursing and the longer they will live in independent housing. If you have skilled nursing beds, there will be a call for those beds from the community.

Question: Can the small house be considered not an institution????

Shelly: The small house is more person-centered. If we show a plan that is so far from traditional nursing home, what will MFP say if a developer comes in and links to a service provider who will also be able to provide supportive services for broader Westport community?

Barbara: quick scenario: frail elderly single person at some point can't live alone. Doesn't need 24 hours of skilled nursing. If able to live in the small house model, uses those services available when they need them.

Ed: We seem to still be at sea on the skilled nursing. Don't know what CT will fund. Will they provide more nursing home beds?

Shelly: if find out that given a green light, then put skilled nursing into the RFP and see if a developer/provider bids on it. Definitely need part A, but want you to come back to us about part B. Long term we want a complete package. Won't know the answer until we put out an RFP.

Steve: Important to leave wiggle room in the RFP for creative responses from developers.

Shelly: Independent living means people are making independent choices about what they need. One distinction is that you have an area you provide where people can get meals if they want to. Don't have to buy all up front like CCRC or assisted living facility. These facilities can predict how many people will get for dinner each day. Simon Fireman changing a lot, but the way it was designed, there were a lot of incidental areas where people gathered in small groups. People were happy.

#### *Waveney Site Visit Report:*

Jo: Struck by how many Westporters there were in the short term rehab, because nothing available in Westport. This is a skilled nursing facility with an assisted living area for dementia and an eldercare day program and short term rehab. Waveney care network also includes The New Canaan Inn downtown. People were inclined to speak to us.

John: Was there in rehab. Ran on time. Encouraged to be ambulatory and eat dinner in dining room as soon as possible. Services were terrific.

Aesthetics were good. Beautiful building and grounds. Large windows and courtyards. Had the small house feel even though older design. It is a nonprofit on town land.

General impression: liked the gardens and the serenity.

*Upcoming meetings:*

Select photographs that could become part of the RFP.

July 29<sup>th</sup>: next RFP meeting (back to bi-weekly Friday morning cycle)

August 8<sup>th</sup>: delegation meeting with small house expert, Judith Rabig.

RTM committee meeting (P&Z and Long Range Planning) on August 9<sup>th</sup>

September 26<sup>th</sup>: community meeting

Ken: Would it be helpful that we run concept back by the experts we had talked to already?

Jo: talk to Julie about why nursing homes closed

*Steve Coward*: an attorney who belongs to Rotary. Specializes in CCRCs and senior stuff. Came to the forum and wrote to Shelly and said would love to be of help.

*Agenda for August 9<sup>th</sup>*: where are we; how has the site visits informed what we want to put in the RFP; what is our basic outline for the RFP?

Based on the previous hearings, come back and say where we are with the RFP.

Here are things we liked, here are things we want to incorporate. Update on other important meetings/conversations we have had. Go through our thinking. How we are approaching it.

*Finances:*

John: How do we start to introduce the economics. Building a unit with a lot of services.

Steve: The developers will do the modeling and have it make financial and fiscal sense. Our job is to make sure it doesn't cost the town, and that we get some return. Then decide whether it makes sense for us to go forward. Only way you can judge the proposal is to have someone who has some experience. Do have an obligation to vet the provider, with financial statements criteria and credentialing part of the RFP.

Ed: Not for profits that have a mission tend to have a better track record.

John will talk to Waveney, to understand the economics of the short term rehab.

Steve: Our RFP will make applicants show their history, accounting firm, financial wherewithal. We would ask for them to demonstrate how they plan to operate it. Town is not operating this facility. It is a developer/operator. Say who the partner in charge of operating this facility will be and demonstrate they have relevant experience. Check on the reputation of the person and the facility. How they plan to finance and then have to wait to see if they really get the tax credits. The response to the RFP is an entity who will do both construction and development. Could be two entities, one for housing and one for skilled nursing....

Steve: have a mandate from P&Z to open the housing before the skilled nursing. Will word it: Here is our vision, respond to both or just part A.

Meeting adjourned by Marty at 8:30pm.