

Small Household Model

The opportunity to design a new model of living for those needing skilled care



Most of the more than 15,000 nursing homes in the U.S. reflect conventional facility design going back to the 1960s. Virginia's skilled nursing facility average bed capacity is over 110.

Features such as these are **“considered to be detrimental to the residents’ quality of life, infection control, and effective staff function in caring for nursing home residents.”**

BENEFITS OF SMALL HOUSEHOLD

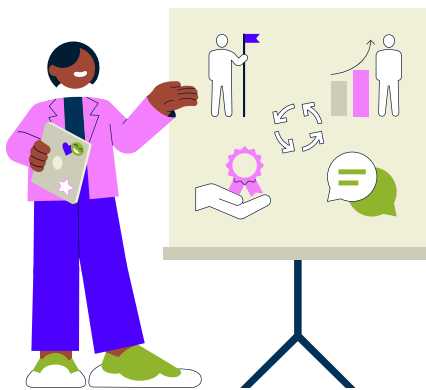
Small, household models of skilled nursing care are not new, but they have been largely overlooked until the COVID-19 pandemic, during which they experienced one-third the infection rate of traditional nursing homes. Other benefits:

Lower staff turnover and greater staff longevity

Higher occupancy rates and quality indicators

More staff time spent in direct care

Higher family satisfaction with their loved one’s care



Operating costs similar to US median value for nursing homes

WHY IS THIS IMPORTANT?

Besides its quality of care and life advantages, the small household model has a central focus on **person-centered care rooted in freedom of choice and autonomy.**

We have come to accept the traditional nursing home as the default option, however, it is essential to explore new models and opportunities that meet the needs of a diverse population of older people.

HOW DO WE GET THERE?

In Virginia, incentives can make redeveloping institutional buildings into smaller household model facilities feasible.

Incentives could include:

- Enhanced Medicaid payment rates for nursing home care
- Capital assistance and grants
- Mortgage subsidies
- Income tax or real estate tax breaks
- Waivers of regulatory requirements such as certificate of need or other requirements.

Enhanced reimbursement rate incentives can be especially effective. Arkansas, for example, gave an increased Medicaid reimbursement rate to a provider for developing Green House homes.

At the federal level, the Moving Forward Coalition is working with HUD and the Healthcare Mortgage Advisory Council to explore changes that can be made in Section 232 that could be used to give preference to nursing homes pursuing conversions to the small household model. CMS could provide the incentive of an increased reimbursement rate for small household model nursing homes.

At the local level, jurisdictions have the ability to stimulate redevelopment of traditional nursing homes by providing their own financial incentives in combination with state incentives.

