

To: Boothbay Planning Board
From: Mark Eyerman
Subject: Eldercare Facilities
Date: March 7, 2019

During the discussion of the definitions there was a question/comment about the treatment of various types of housing and care facilities for the elderly. So here are some thoughts on that.

CURRENT TREATMENT

The draft Table of Land Uses in Section 7 contains the following uses:

- Congregate Housing/Assisted Living
- Retirement Facility
- Nursing Home

The rough draft of Section 2 Definitions includes definitions of:

Assisted Living Facility: A facility that provides housing and care to elderly or infirm people including a supportive services program and nursing oversight. The living units may include private **dwelling units** with an individual bathroom and an individual food preparation area or suites without cooking facilities. The facility shall include central dining facilities and other common or shared spaces.

Congregate Housing: Residential housing that consists of private **dwelling units** with an individual bathroom and an individual food preparation area, in addition to central dining facilities, and within which a supportive services program serves occupants.

Nursing Home: A facility which is operated in connection with a hospital, or in which nursing care and medical services are prescribed by or performed under the general direction of **people** licensed to practice medicine or surgery in the State, for the accommodation of convalescent or other People who are not acutely ill and not in need of hospital care, but who do require skilled nursing care and related medical services. The term “nursing home” shall be restricted to those facilities, the purpose of which is to provide skilled nursing care and related medical services for a period of not less than 24 hours per **day** to individuals admitted because of illness, disease or physical or mental infirmity and which provides a community service.

Retirement Facility: A facility for retirement living which does not qualify as a hospital, **congregate housing**, or **nursing home**.

TYPES OF FACILITIES

In terms of land use ordinances it can be difficult to categorize and define different types of “eldercare facilities” since state agencies that license some types of facilities use certain terms and the industry uses other terms (or even the same terms meaning

different things). In terms of land use regulations the important factor is the external impacts that a facility may have such as employees, hours of activity, commercial deliveries, etc. Here is how I think about these types of uses:

Senior Housing – these are typically small apartments that simply provide housing for seniors and handicapped occupants. If they provide any supportive services they are typically very limited – things like transportation, service providers who come into the facility and provide services. Typically there are no meals included but some properties have a common room where people may eat together. There are no medical services or oversight is provided.

Independent Living – This is a term used by the industry. Typically independent living involves apartments or cottages with kitchens. Supportive services can include transportation, housekeeping assistance, limited assistance with ADLs, social activities, etc. Meals are typically optional particularly if the independent living units are part of a larger retirement facility. No formal medical oversight is provided. Typically there is not a commercial kitchen or staffing just for independent living.

Boarding Care Facility – These are typically smaller residential facilities with rooms that provide supportive services including meals.

Congregate Care – In my experience this is a term that has different meaning to different people and it has evolved over the years. To some people it means a housing unit with a supportive services package that may include a daily meal. To others it is used almost synonymously with assisted living. The residential units may be complete apartments/cottages or suites (a single room with eating, sleeping, and bathroom facilities) or individual rooms. There may be limited medical oversight.

Assisted Living – Assisted living involves either complete dwelling units or suites or rooms with a full complement of supportive services including some or all meals and medical oversight. There is typically 24 hour staffing and a commercial kitchen.

Alzheimer's or Dementia/Memory Care Facilities – These are really a specialized type of assisted living facility with a higher level of supportive services, medical oversight and security.

Nursing homes or skilled nursing facilities – These are licensed by the state, typically consist of rooms and common meal facilities, provide skilled nursing care as well as supportive services. They have 24 hour staffing and a commercial kitchen.

Retirement Communities – These are larger-scale projects that provide a range of types of units and levels of service. A typical mix that we see in Maine includes independent living in cottages or a lodge, congregate units with a higher level of supportive services typically in a lodge/multi-unit building, assisted living units and in some cases Alzheimer’s/memory care or skilled nursing care or rehabilitation. St Andrew’s offers independent living in the cottages, independent/congregate in the Main Inn, memory care, rehabilitation, etc.

LAND USE IMPLICATIONS

Here are some thoughts on the land use implications of the various types of eldercare facilities such as traffic, noise, commercial vehicles, hours, etc.

1. **Lower Impact** – Senior housing, independent living, and small boarding care facilities typically have impacts that are similar to multi-family housing. They do not generate a lot of traffic especially at peak hours, do not generate a lot of commercial deliveries, and aren’t staffed 24 hours (except owner-occupied boarding homes).
2. **Medium Impact** – As you go up through congregate units, assisted living, and memory care units staffing increases and the operation becomes 24 hours a day and they become more of a commercial operation with a commercial kitchen, deliveries, dumpsters, etc.
3. **Higher Impact** – It might be argued that skilled nursing facilities have a somewhat higher impact because of more staffing and more of a 24 hour a day operation.
4. **Retirement Communities** – The impacts are a function of scale and the mix of types of units.

POSSIBLE APPROACH

We might think in terms of four uses or categories of uses along the following lines. This tries to focus on the impacts rather than the label/name:

- **Elderly Residential Facilities** – This would include uses that provide primarily housing for elderly and handicapped residents with no or limited supportive services and no medical supervision. This would include uses commonly referred to as senior housing, independent living, or boarding care facilities.

- Elderly Residential Facilities with Services – This would include uses that provide housing for elderly and handicapped residents with a program of supportive services including the provision of meals. These facilities may provide medical oversight and supervision. This would include uses commonly referred to as congregate care, assisted living, and memory/dementia/Alzheimer’s care.
- Skilled Nursing Care Facilities – This would include uses that are licensed by the state to provide skilled nursing care in a residential setting. This includes uses commonly referred to as nursing homes, rehabilitation centers, and similar residential facilities but not hospitals.
- Retirement Communities – This would include facilities that provide a range of types of eldercare environments with a mix of levels of supportive services and medical oversight and supervision.