

8/31/22

DRI 720 – Navigator Homes – Martha’s Vineyard Hospital

Responses to MVC questions following 8/4/22 public hearing

1. Detail all of the conditions under which the Navigator units would revert to the Hospital.
 - a. Under the terms of a Land Use Restriction Agreement, the Hospital may exercise its right to revert if Navigator does not do the following:
 - i. Construct a Skilled Nursing Community
 - ii. Use the constructed buildings to provide skilled nursing residential services
 - iii. Maintain the property and buildings in good order
 - b. Under the terms of a Land Use Restriction Agreement, the Hospital may exercise its right to revert if Navigator does the following:
 - i. Attempt to sell or transfer its interest in the property without prior written consent of the Hospital, which consent may be grant or denied at the Hospital’s sole discretion
 - ii. Fails to dismiss a petition for bankruptcy or other insolvency,
 - c. The LURA runs with the deed, therefore, any owner subsequent to Navigator will be under the same conditions.
2. Do the applicants intend to submit a proposal for mitigation of the excess nitrogen generated by the site? If so, what are the specifics of any such proposal.
 - a. Yes, the Applicant will provide a plan for excess nitrogen mitigation. At this point, the Applicant is working to reconcile a difference in approaches to calculating the excess between the MVC and the Edgartown Board of Health. Once agreement is reached on the calculation of excess, the Applicant will provide a plan for mitigation.
3. Would the Applicants be willing to place signs at the exit of the development to alert exiting vehicles of bike traffic on the shared use path?
 - a. Yes
4. Understanding that the Applicants cannot restrict units to Island residents, have the Applicants considered a preference system which would, for instance, award points to Island residents as is done in other affordable housing developments?

- a. With respect to the Navigator Green House nursing home, the Applicant is proposing a skilled nursing community to replace Windemere's skilled nursing facility. This is not a retirement home, nor is it an assisted living facility. Residents who are admitted to Windemere have the following characteristics:
 - 1. They need help with at least two activities of daily living (feeding, washing, dressing, toileting, etc.) and have at least one nursing need (medication administration, feeding tube management). These are not people who are newly retired, they are people in need of extra care.
 - 2. Of the 158 residents of Windemere since 2019, 136 previously lived in Dukes County and those who didn't had family on the Island who wanted their loved ones here so that they could provide supportive care.
 - ii. Under government payor and state regulations pertaining to anti-discrimination concerning access to health care and housing, if admission to the skilled nursing community is requested, that admission cannot be denied or favored based on where a person lives. These regulations apply to Windemere currently.
 - iii. Members of our team are aware that a similar concern was expressed when Island Elderly Housing was being developed. History shows that this concern never became reality. The fact is that very few people ever consider relocating away from family.
 - iv. For the Navigator Green House community to be economically sustainable, it must attract a mix of private pay and Medicaid beneficiaries. One of the Hospital's requirements of a collaborator in the new Windemere was that at least 50% of the beds would be dedicated to Medicaid beneficiaries and that this number is an increase from the current number of Medicaid beneficiaries living at Windemere.
 - b. With respect to the work force housing units, only employees of MVH and Navigator will be eligible to rent these units.
5. What are the Hospital's plans with respect to its existing employee housing which will be rendered unnecessary due to the proposed housing units?
- a. The Hospital houses some regular (or year-round) employees, some travel staff who are filling vacant positions, and some seasonal staff as well as visiting clinical specialists (more detail can be found below in the answer to question 11). The proposed housing units will address some of the housing needs of regular staff currently being housed and some other regular staff who currently have unstable housing arrangements. Some of the current rentals will need to be continued for seasonal and travel staff. We would look to transition other leases to employees who need housing; other leases would not

be renewed by MVH, and those housing units would become available to the public (assuming the landlords want to continue to rent the units).

6. Will the rental fee be the same for each unit with similar characteristics or pegged in some way to the employee's income? For "moderate" income residents (i.e., 80% AMI), will the rentals be subsidized by the Hospital or a third party?
 - a. The Hospital's plan for housing calls for rents to be indexed to the employee's household income. MVH has been discussing with the Dukes County Regional housing Authority (DCRHA) an arrangement whereby DCRHA would provide the service of verifying income. The difference between the costs of running the housing development and the rents received will be borne (subsidized) by the Hospital. This program is discussed further in the document titled "DRI 720 Navigator Homes – Housing Narrative 2022-6-7"

7. Denise Schepici mentioned that "no employees qualify for affordable housing," yet the salary breakdown indicates that a large percentage of employees fall into the moderate-income bracket. Please clarify.
 - a. Not all employees, even at lower incomes are currently looking for new housing. Employees who have inquired about housing at Kuehn's Way have been told that they earn above the income limits.

8. Apart from staffing shortages, are there other reasons that the beds at Windemere are not currently filled? Are there people on a waiting list to be admitted to Windemere?
 - a. Lack of staffing is preventing Windemere from admitting more residents. Additional travel staff needed to increase its census are available to Windemere, but the lack of housing is the barrier to being able to contract for them. In other words, we could hire more travel staff, but we have no place to house them. There is a waiting list from which Windemere admits new residents when possible.

9. Why have four-bedroom units? Are these shared living or are they providing living space for employees with more than four children?
 - a. Originally, we designed the work force housing to replace the existing housing in the manner in which it is used. MVH leases several 4-bedroom homes that are used for shared housing. All three of the large buildings were in the "Townhouse" style (Building "B" on the most recent set of plans) which feature two 4-bedroom units to be used for shared housing. After surveying staff, we determined that 1- and 2- bedroom units were more desirable for staff, and we commissioned a different design (Buildings "A" and "C").

10. Are there basements with usable space?

a. No

11. What is the projected needed employee housing for both Navigator Homes and the hospital? (The Applicant stated that they expect a total staff of 80 employees for Navigator Homes, but only 30 beds for those workers onsite.) How will the rest be housed? Is 30 beds enough for staff at Navigator Homes? With only 48 units, is that adequate for both the hospital and skilled nursing facility?

a. It was never expected that this one development would completely solve the work force housing shortage facing the Hospital and Navigator. However, it is a major component and a first step for stabilizing the healthcare work force on the Island. To understand how this project fits into a comprehensive solution, please consider the following data points:

- i. MVH currently has 58 travel staff filling year-round positions
- ii. MVH currently has 33 seasonal staff in full-time, temporary positions
- iii. MVH currently has 42 visiting specialists who come from one day per month to a few days per week.
- iv. Since the onset of the pandemic, there is a new category of regular employees who work remotely most of the time, but require periodic housing
- v. Windemere currently has 15 travel staff filling year-round positions
- vi. MVH currently provide housing to 34 regular staff; MVH has 436 regular employees who have their own housing
- vii. Windemere currently houses one regular staff; Windemere has 33 regular employees who have their own housing.

b. In addition to existing needs, there are expected future needs. These fall into three categories:

- i. Growth in staffing due to the increase in the Navigator census above the Windemere census.
 1. Current Windemere staffing consists of 34 regular employees and 15 travelers. With the projected growth to 66 beds, it is expected that the employment level will increase by 49.
- ii. Growth in Hospital staffing as new services are added to meet Increased community demand. It is estimated that MVH will add 20 new positions over time.

- iii. Some existing staff live in unstable housing situations and are looking for year-round housing. While there are no hard data upon which to base an assumption, anecdotal evidence indicates that an assumption of 7% would be reasonable. This yields an assumed increased demand of 35 units.
 - c. The Hospital uses existing resources to meet some of its housing needs and will continue to use some leased properties in the future.
 - i. The Hospital will use some owned and some leased properties to meet the housing needs of seasonal 33 staff and 42 visiting specialists.
 - ii. The Hospital will continue to use some owned properties and a long-term lease with Island Housing Trust for the Hanover House to meet the housing needs for some of its regular employees (21 regular staff).
 - iii. The proposed project will meet the needs of 38 MVH regular staff. Given the Hospital's need to use travel staff because of the lack of work force housing, the Applicant requests to use 28 of these units for travel staff during the first 2 years of occupancy; 18 of these units for travel staff during years 2-5 of occupancy; and all 38 of these units for regular employees after 5 years.
 - iv. The proposed project will meet the needs of 30 NHMV regular staff. Given the Windemere's need to use travel staff because of the lack of work force housing, the Applicant requests to use 23 of these units for travel staff during the first 2 years of occupancy; 15 of these units for travel staff during years 2-5 of occupancy; and all 30 of these units for regular employees after 5 years.
 - v. Taking into account all of the foregoing assumptions including 69 new positions and housing 35 employees who have unstable housing currently, MVH will still need to find housing for 80 staff and NHMV will need to find housing for 37 staff.
 - vi.

12. What is the total footprint of construction, including roads?

- a. The total area of disturbance on our 27.53 ac lot = 11.36 ac. The total area of Roads/pavement = 2.08 ac.

13. Is there any study of or provision for having patient couples in Navigator Homes sharing space?

- a. This happens often in other Green House communities. A husband and wife or any couple, (or sometimes siblings) can certainly be supported functionally in one room if desired, but under current Medicaid and Medicare law, that room could not be converted to a dually charged "semi private room" so they would still need to pay for two rooms in order to maintain the space requirements, staffing, and meal economies

for 14 people – as there cannot ever be more than 14 people living in the house. In these cases, the second room is converted to a private den space for the couple by removing the bed and adding a love seat or two recliners.

14. Why use siding that is plastic, not natural?

- a. The ongoing maintenance costs of vinyl siding are lower than those of cedar shingles or clapboard. Since these costs are borne by the Hospital, funds spent maintaining siding are funds directed away from patient care.
- b. We are actively researching siding suppliers who feature prudent incorporation of recycled materials into the siding backer, channels, and trim. All siding scraps from construction would be recycled directly with a firm that produces recycled materials.

15. Will the landscaping plan consist entirely of native species?

- a. While perimeter areas will be restored with native vegetation, the foundation plantings around the proposed buildings and within the pocket park will include a mix of native and ornamental plantings.
- b. An important concept for the project is to create a familiar residential setting for those living and working here. Ornamental plantings including hydrangeas, butterfly bush, lilacs, roses, and perennials will create welcoming, attractive outdoor spaces.

16. In regard to the duplex units, is our preference to have parking behind the buildings and not between the buildings and the street. That kind of arrangement features the parked cars and is not what we would typically want. Vegetative buffers only do so much, and often do less than expected. Explain why the parking can't be behind the buildings.

- a. The placement of parking for these units was intended to give the appearance of a typical "streetscape." The common drive acts as the street with the parking spaces along the sides/in between the buildings, giving the effect of having your own driveway at your home.
- b. The entire layout of the common drive and buildings was sited to allow for a vegetative buffer to remain along the main road (Edgartown-VH Rd.), which serves to screen the buildings and parking. Moving the parking spaces to the rear of the buildings is not readily feasible due to the grade changes behind the units. The other alternative of swapping the common drive and duplex building positions (putting the drive behind the buildings as you face them from Edgartown-VH Rd.) would move the building closer to Edgartown-VH Rd., and the rear of each unit would now face the main road, which was not desirable.

17. This will extensively add work for the Edgartown EMTs. What input has the fire chief provided? Would Navigator Homes be willing to purchase another ambulance for Edgartown for the additional responses, or pay an annual mitigation fee to the town to offset their fees for requesting mutual aid from another town?

a. Our team engaged Chief Schaeffer in the roadway design to be certain that roads would have adequate turning radii to accommodate the fire trucks. He did not share any concerns about increased responses during these discussions. We did not ask him this specifically because we are aware of the circumstances and volumes of emergency responses at Windemere. The following paragraphs will describe the circumstances and present the data.

i. Every resident at WNR (and ultimately Navigator) has advanced healthcare directives and 93% of those include “Do not resuscitate” orders. Still, there are occasional emergent healthcare needs. Although WNR and MVH share the same campus, they are distinct healthcare facilities and there are protocols governing the movement of patients from one facility to the other and the documentation of those movements. When a patient moves from WNR there is a record on WNR’s information system and when there is an encounter at MVH, there is a record in MVH’s information system. Data from the Hospital’s information system have been queried back to October 2018 (the beginning of the Hospital’s fiscal year 2019) through July 2022. In that time, there were 27 instances where a WNR resident was treated at the MVH Emergency Department. In that same time frame, there were 58,588 resident days, yielding a utilization rate of one ER admission for every 2,170 resident days. Applying this ratio to the expected number of resident days per year for Navigator (24,090) results in an expected 11 annual trips from Navigator to the MVH ER. These ambulance service will be reimbursed by Medicare.

ii. As a basis for comparison, the following is provided. Using Edgartown Annual Reports, the average annual number of “Medical Calls” reported by the Edgartown Board of Fire Engineers for the years 2018 – 2021 was 660 and the annual medical call volume ranged from 594 to 714.

iii. In addition to emergent trips to the Hospital, there are also trip for routine care, for example diagnostic imaging and infusion therapy. Using the Hospital’s information system to derive the information, the estimated volume of these trips is 5 per month. Navigator will have a properly equipped, accessible van for transporting its residents to the Hospital for routine care.

18. Same for Edgartown Police department. Who will patrol this large campus? Will there be private security?

a. In the last five years, we have had two incidents where the police were called to address activity in MVH-provided housing. In both instances, the violators were travel staff and,

in both instances, MVH terminated their contracts, and those individuals lost their housing. A core value of MVH and its staff is *Stewardship*, and accordingly, we expect that our staff will respect the property rights of others. We monitor our housing arrangements and enforce breaches appropriately.