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Minutes of the Commission Meeting Held on August 2, 2018 Oak Bluffs Fire Station 6 Fire House Lane, Oak Bluffs, MA

IN ATTENDANCE

Commissioners: (P= Present; A= Appointed; E= Elected)

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| P Gail Barmakian (A-Oak Bluffs) | - Michael Kim (A-Governor; non-voting) |
| P Trip Barnes (E-Tisbury) | - Joan Malkin (A-Chilmark) |
| P Leon Brathwaite (A-County) | P Katherine Newman (A-Aquinnah) |
| P Christina Brown (E-Edgartown) | - Ben Robinson (A-Tisbury) |
| - Peter Connell (A-Governor; non-voting) | P Doug Sederholm (E-West Tisbury) |
| P Robert Doyle (E-Chilmark) | P Linda Sibley (E-West Tisbury) |
| P Josh Goldstein (E-Tisbury) | P Ernie Thomas (A-West Tisbury) |
| P Fred Hancock (E-Oak Bluffs) | P Richard Toole (E-Oak Bluffs) |
| - James Joyce (A-Edgartown) | P James Vercruysse (E-Aquinnah) |

Staff: Adam Turner (Executive Director), Christine Flynn (Economic Development and Affordable Housing Planner), Dan Doyle (Regional Planner).

Chairman James Vercruysse called the meeting to order at 7:00 p.m.

1. EXECUTIVE DIRECTOR'S REPORT

Commissioners Present: G. Barmakian, T. Barnes, L. Brathwaite, C. Brown, R. Doyle, J. Goldstein, F. Hancock, K. Newman, D. Sederholm, L. Sibley, E. Thomas, R. Toole, J. Vercruysse.

1.1 Short Term Rental/Air BnB Legislation Presentation

Adam Turner presented the following:

- The Air BnB bill was emailed to the Commissioners and it passed legislature on Tuesday but the Governor made some changes before signature.
- There are two parts to the bill. The general provision is to regulate Air BnB and it is the Commonwealth of Massachusetts problem to regulate short term rentals. That has been an 18 month process. The City of New York has done this already and Massachusetts' bill is similar.
- The second part was for water quality. We had several different meetings and sent several letters to our elected officials.
- He thanked Gail Barmakian and Senator Cyr for their work and we did get what we asked for and monitoring will now be done here on the Island for the Island.
- If we do everything correctly and the bill passes there could be a significant amount of money for monitoring and nitrogen removal practices.
- This bill will regulate every seasonal rental on the Island.
- Normally when a bill passes the Governor can accept, veto or amend. The Legislature is out of session and leadership is making the call if they have to go back into session to approve or can pass unanimously with the change made by the Governor.
- He is available for any questions and has materials for review.

1.2 Commissioners' Questions

Fred Hancock asked if it is still one sum of money for wastewater treatment. **Adam Turner** said it is one Trust. We asked for three but it is one. He commended Leslie Sandberg, Sarah Peake and Senator Cyr for their work on this. Gail Barmakian and Joan Malkin put in a lot of work as well.

Leon Brathwaite asked if the Towns will be able to add on an additional percentage to the tax. **Adam Turner** said it will be the same way as they do for hotels. The State gets 5.7% and the Towns can add an additional 6% and they have authorized the Towns to add an additional 2.75% for the wastewater provision if they want to. If you own more than two seasonal rentals and you don't live in them you can be taxed additionally.

Gail Barmakian said to qualify for the wastewater money the Towns have to have a comprehensive plan. **Adam Turner** said that they have been told that the State will be flexible and that it does not have to be a 208 Plan. It will provide revenue but the Towns will have to work very hard. They will have to register rental properties.

MARTHA'S VINEYARD HOSPITAL MODIFICATION-OAK BLUFFS DRI 324-M5 PUBLIC HEARING

Commissioners Present: G. Barmakian, T. Barnes, L. Brathwaite, C. Brown, R. Doyle, J. Goldstein, F. Hancock, K. Newman, D. Sederholm, L. Sibley, E. Thomas, R. Toole, J. Vercruysse.

For the Applicant: Sean Murphy, Denise Schepici, Ed Olivier

James Vercruysse, Public Hearing Officer, opened the Public Hearing and read the Public Hearing Notice. The applicant is Sean Murphy (Agent) and Denise Schepici (CEO). The proposal is to allow the conversion of the 7,575 square foot former Unit 1 at Windemere, which was originally used for supportive nursing care, to be used for General Surgery and Women's Health Clinics. Unit 1 has been used by the Hospital since 2006 for clinical and business services. The second part of the modification is the conversion of the 7,230 square foot former Unit 2 at Windemere, which was originally used as a rest home (Wildflower Court) to be used for business services. It is a total of 13.98 acres.

2.1 Staff Report

Adam Turner presented the following:

- There are two parts of the previous MVC Decision that pertain to the modification; "The applicant shall return to the Commission as a Development of Regional Impact (DRI) should they deem the need or desire to change the Long Term Care Facility to another type of facility" and when the Hospital expanded in 2006 the Findings said "The Hospital proposes to keep the Windemere nursing home as it is, with minor exterior repairs... The Hospital has stated "separating the home from the hospital would increase operating costs to a point where the nursing home would not be financially viable"."
- All sides agreed that we had to discuss this with them and decide how to amend the Decision with the direction they are going.
- Last week the MVC addressed elderly care and the two reports are in the record and are part of the public hearing (MVC Population/Income report Dated 7/26/2018 and Healthy Aging Martha's Vineyard Presentation to the Martha's Vineyard Commission July 26, 2018).

Fred Hancock said since the other Decisions were made were changes made to the Shared Use Path. He would like Bill Veno or other appropriate staff to look at that as well as the height of the lighting plan. The light poles effectively went up 14 feet and it was since amended. We should memorialize that so it states they are no more than 12 feet above the ground. **Sean Murphy** said we did that in 2015.

Doug Sederholm said you are going to place the two reports into the public record and are they in writing. **Adam Turner** said they are in the recording of the meeting and he has them in writing and they will also be on the MVC web site.

2.2 Applicants' Presentation

Sean Murphy presented the following:

- He introduced, Denise Schepici (President and CEO), Matthew Muratore (Administrator for Windemere), and Ed Olivier (CFO).
- The proposed use should be primary care.
 - **Josh Goldstein** said this space will bring more primary care doctors.
 - **Sean Murphy** said it would.
- In 1990 the Hospital received approval for construction of Windemere consisting of four units and it opened in 1996.
- In 2001 Unit 1 was closed. In 2003 The Massachusetts Department of Health approved the suspension of 21 beds in Unit 1.
- In 2017 Unit 2 was decommissioned which is Wildflower Court.
- The proposal is to move primary care into Unit 1 and move business services to Unit 2 which is vacant.
- There are 61 beds in Unit 3 and 4 and they will remain, there will be no change.
 - **Linda Sibley** asked if Unit 2 is facing the helicopter pad.
 - **Sean Murphy** said it is.
- The 2006 floor plan was reviewed, Unit 1 was hospital use/clinic space and not Long Term Care use.

Denise Schepici presented the following:

- She is the CEO of the Hospital and Windemere and she thanked her staff, the MVC and the public for attending this evening.
- The Hospital wants to use the vacant space in Windemere but more important is the care of the Island and the community.
- The health of the entire community rests on the shoulders of the Hospital. Whether it is long term care, elder care or addiction abuse it affects the community and the Hospital.
- Currently there are five residents on the waiting list for Windemere but we need to serve the needs of the entire Island.
- We have five more physicians to come to the Hospital but we have no space to place them.
- The need is pressing to have the modification made to meet the needs of primary care.
- We are not closing Units 3 and 4. We have 61 beds in operation and they are mostly full and mostly women. When they are not full it is because we do not have the right patient for the bed and we cannot mix male and females due to the shared bathroom.
- Windemere is not closing. It is a Long Term Care facility and is not just for elders. We have a 47 year old woman who needs long term care. Windemere consists of four nursing units. It is licensed for 20 rest home beds and 86 nursing home beds. Currently we are operating 61 nursing home beds.
 - Unit 1 is licensed for 25 beds and has been empty since 2001 due to the lack of staff. The bed licenses were suspended in 2003. It has been licensed by DPH as outpatient hospital space since 2006. We still have the licenses and can determine how to use them. From 2016-2017 it has been used for general surgery and women's health clinics. In 2017 it has been used for support space and rental space.
 - Unit 2 is licensed for 20 rest home beds. It was envisioned as a "feeder" service for the nursing home and was marketed as "Wildflower Court." Beds were operated as follows:

1996-2008, 20 beds; 2008-2009, 16 beds; 2009-2017, 13 beds. The unit was renovated to 13 single rooms in 2008. From 2008 until the closure, that was announced in February 2017, the census ranged from 3-10. The rest home licenses are currently suspended and they do not have a lot of value for today's needs. Currently the space is vacant and when it closed there were only three residents.

- Unit 3 is licensed for 40 beds and is operating consistently near capacity.
- Unit 4 is licensed for 21 beds and is operating consistently near capacity.
- Photos of the resident rooms and the bathroom were reviewed. The rooms are joined by a shared bathroom.
- Last week the Green House model was shown and it looks very different than Windemere.

Ed Olivier presented the following:

- He has been at the Hospital for five years.
- Windemere had 74 beds and in 2015 the census dropped to 53.
- The MV Hospital's Board of Directors requested a recovery plan and authorized the transfer of \$1.1 million from MV Hospital to sustain the operations of Windemere.
- They worked with the Administrator and the Director of Nursing and developed a three prong plan.
 - Increase employed staffing.
 - Increase the census.
 - Obtain rate relief from MassHealth (90% of our residents are supported by MassHealth).
- The results of the Recovery Plan are:
 - Staffing: there was no sustainable success; WNR jobs were more desirable before the ACA as they provided access to health insurance and with the run-up in real estate values in the last three years, most WNR wages are not "living" wages on the Vineyard.
 - Census: the Administrator and the Director of Nursing put on a road show and went to the COAs. Efforts included presentations to the Councils of Aging, outreach to off island hospitals and further enhanced activities for the residents. They had some success and a high census has been sustained in the nursing home units. There was a variable census at Wildflower Court as more programs are available to maintain elders in their homes.
 - Rate Relief: we went to the State and tried to get rate relief. Three presentations were made to MassHealth officials and three on site meetings were held with State legislators. On island meetings were with the State Secretary of Elder Affairs and the Commissioner of MassHealth. The State is holding rates in order to reduce the current excess nursing home capacity across the State.
- The reality is that the State is over bedded when it comes to nursing home care. We made our efforts and really have not been successful to sustain a model that is not sought by those who would be residents and not supported by the State.
 - **Fred Hancock** asked what kind of facility was Unit 1.
 - **Ed Olivier** said it was the same as Units 3 and 4, long term skilled care.

Denise Schepici presented the following.

- Recovery has failed because institutionalized long term care is neither desirable nor sustainable and we need to go in a new direction.
- We need to develop a sustainable service of home-like long term care and a place where people want to go.
- The Hospital is very committed to make something happen with the license and the facility that we have to support the needs of the community.

- Renee Lohman is here from Navigator and on Friday the Board of Trustees voted to enter into a Letter of Intent.
- The following overview was presented about Navigator.
 - Team Navigator Elder Homes of New England LLC came about through a shared passion for introducing The Green House Project homes to Southeastern Massachusetts, initially to Cape Cod (Barnstable County).
 - Five colleagues with extensive experience in clinical care with long term care facilities on the Cape, Greater Boston and the Mid-Atlantic. (Nursing, Clinical Social work and Human Nutrition)
 - Entrepreneurial start up expertise with extensive fund raising expertise. Renee Lohman was the founder of CareWell Urgent Care Centers, developing over 15 locations in Warwick, Rhode Island and Greater Boston.
 - Barnstable County, Massachusetts is the third oldest population in the US. 96% assisted living beds are private pay and filled, skilled nursing home beds are at 90% occupancy and 25% shortage of short-term rehab stays.
 - In March 2018 Navigator Elder Homes of New England LLC was presented with a tremendous opportunity to acquire an existing top quality, profitable Skilled Nursing and Independent Living Center in Orleans Massachusetts (The Terraces of Orleans).
- The proposed plan is to move business services that support Windemere and the MV Hospital into Unit 2 (Human Resources, Accounting, Billing). Redistribute primary care offices to space in Wing 3, Windemere Unit 1.
- Windemere loses \$500,000 per year. If the Hospital cannot use the vacant space it does not make financial sense and it does not help our primary care process.
- We have two new family practitioners coming in September and two who want to come and also some specialists such as Neurology and Cardiology.
- We want to keep Units 3 and 4 intact and start to develop Units 1 and 2 and we need your approval to do so.

Sean Murphy presented the following:

- Parking is an ongoing issue.
- Planned Growth is as follows:
 - 3 providers, 2 support staff per provider = 9 staff.
 - Each provider will see 3 patients per hour = 9 patients.
 - New need is 18 spaces.
- In 2006 the parking was fully vetted and since then 9 spaces have been added.
- In 2015 they were going to add 15 spaces for changing the old Emergency Room to a clinic which did not happen but the 9 spaces were added.
- Changes since the parking plan approval.
 - Closure of Wildflower Court = 16 spaces.
 - Island Health Center now sends most lab specimens off island.
 - MVCS Urgent Care for Behavioral Health has lowered the MV Hospital ER volume. It reduced the Emergency Room by 11 %.
 - Creation of 9 new spaces for the walk-in clinic.
- The planned parking changes are to relocate three MV Hospital vehicles to offsite parking.
- The net result is plus 2 spaces and since 2006 have created 20-21 spaces and we are trying to come up with a long term plan for parking.
 - **Gail Barmakian** said you have added spaces since 2006 and do you still have parking problems?

- **Sean Murphy** said with his own personal experience no but it is busy at the Hospital.
- **Fred Hancock** said at LUPC it was said that part of the modification was new use for what was to be the walk in clinic.
- **Denise Schepici** said it will stay as it is, Surgical Services and OB/GYN.
- Parking is always a major issue at a hospital. Currently it is not but as it expands it will be an issue.
 - **Denise Schepici** said it is challenging during the season and people like to use the lot as a park n ride.
- In summary the applicant wants to move primary care to Unit 1 of Windemere and move Business Services from Unit 1 to Unit 2. We would like to modify the 1991 Decision for use for hospital care rather than long term care. There is no demand for the facility as it was approved but there is a demand for primary care.
 - **Fred Hancock** asked if they are asking to void the 2015 Decision.
 - **Sean Murphy** said not all of it, just eliminate the clinic part and the rest would remain.

2.3 Commissioners' Questions

Katherine Newman asked for clarification on the contract with Green House. **Denise Schepici** said the Board has approved to move forward for a long term skilled nursing model.

Linda Sibley said are you talking about a new facility. **Denise Schepici** said they are.

Doug Sederholm asked what the Hospital's plan is for Units 3 and 4. **Denise Schepici** said it is not to close them until there is an optimum solution such as the Green House model and would have the same care and more capacity (72 beds). We have the licenses and we would come back with a feasibility study and plan. We are just in discussions now.

Robert Doyle said you have a brand new hospital now but did not allow space for primary care and will that issue continue over the years and in the future. **Denise Schepici** said the Hospital needs a master facility plan. The old model does not work efficiently. Nurse Practitioners and Doctors work in tandem. We have more providers but cannot accommodate them. We have to build facilities that will attract skilled physicians and those that want to be here and practice here.

Gail Barmakian asked what you see for the future use of the Windemere space. **Denise Schepici** said we would love to see Windemere become long term office capacity. There is no such thing as a 15 year plan in hospital care any longer.

Josh Goldstein said the presentation last week on the Green House model was very promising but how do we find the land needed. **Denise Schepici** said behind SBS the Hospital owns 7 acres. We are working through title/deed issues but we are willing to donate that land and we can also put affordable housing on the property for the staff.

Adam Turner asked how long the feasibility study will take. **Renee Lohman** said much has already been done and we have met with one of the consultants. We will look at the financial model as well. It will be two months for the full feasibility study, business plan and financial model to be presented to Denise Schepici and her team.

Ernie Thomas asked if there is a waiting list for Windemere. **Denise Schepici** said currently there are about five people. We have some off Island residents that we would like to bring back to the Island but not everyone is eligible (such as psychotic care) for the same type of care or the care that we can provide at Windemere.

Ernie Thomas said with the Green House idea he gets the impression that the cost is quite exorbitant so does that limit the number of people that could go there. **Denise Schepici** said we have to have the right

pay mix to pay back the investment. We are looking at a 50/50 mix of private pay/Medicaid. With a 60/40 mix we should be able to make it work and that is part of the feasibility study. We will not disregard our Medicaid residents.

Doug Sederholm asked if 10-20 years from now have you projected the needs for skilled nursing care. **Denise Schepici** said the Green House model is not the one and done. There have to be other models such as home care. This is one step in the right direction.

Doug Sederholm asked if the need will be greater than the 72 beds. **Denise Schepici** said it will.

Fred Hancock said in discussions with Navigator that are ongoing what level of care are you looking at and how to achieve the 72 beds. **Denise Schepici** said it is long term skilled nursing with some assisted living. Similar to what is at Windemere. They think they can build six homes with 12 beds each. We cannot mix the pods but we can mix the sexes as all will be private rooms and private bathrooms. **Sean Murphy** said the waiting list for Windemere is all male.

Gail Barmakian said the Hospital has land to donate for the Green House model but will the Hospital participate or turn it over to a private company. **Denise Schepici** said it has to be part of the COI and determine what the operating principles will be. We have not delved into those yet and we will also have the community involved in that.

Trip Barnes said when Windemere opened it was decided to enroll Medicaid people and he would hope for the future guidelines would be developed to determine who is eligible.

Denise Schepici said we raised \$20,000 in an auction to submit to Windemere and most of that was funded by the MVH staff. We do need to find additional community support. We have pokers in the fire and a lot of good things in the works.

Josh Goldstein said when he came back to the Island 8 years ago he could not find a primary care doctor. It is very important that this Board (MVC) move forward and quickly to get more primary care on the Island. **Denise Schepici** said the Hospital is trying to do just that.

There was a discussion about closing the public hearing.

- **James Vercruysse**, Public Hearing Officer suggested closing the public hearing so we can move forward with Deliberation.
- **Linda Sibley** said the Decision that we have to write is complicated and may be difficult but if staff assures us they can assist we may be able to do it.
- **Doug Sederholm** said do we have to deliberate tonight.
- **Denise Schepici** said there is urgency. We have doctors coming in September and we do need the space for them.
- **Linda Sibley** said we do need to take some time so it is not written wrong and that would also be of benefit to the Hospital.
- **Sean Murphy** said we are looking to the MVC for support so we can take the empty space and the rent the Hospital pays helps to support that space.
- **Christina Brown** suggested leaving the written record open.
- **Adam Turner** said the MVC does not have a meeting during Fair week so the next meeting is August 23, 2018.
- **Linda Sibley** said why does the Fair prevent us from doing business.
- **Adam Turner** said LUPC can be on August 20, 2018 and Deliberation on August 23, 2018.
- **Christina Brown** suggested having LUPC a week earlier.
- **Adam Turner** suggested closing the record on August 16, 2018, have LUPC on August 20, 2018 and Deliberation on August 23, 2018.

315 • **Linda Sibley** said if staff can get it all written up we could do Deliberation and the Written
316 Decision on the same night.

317 *The Commissioners consensus was to have LUPC on August 13, 2018 and Deliberation and Decision on*
318 *August 16, 2018.*

319 **James Vercruysse**, Public Hearing Officer closed the Public Hearing and left the Written record open
320 until August 13, 2018.

321 The meeting was adjourned at 8:10 p.m.

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324 DOCUMENTS REFERRED TO DURING THE MEETING

- 325 • Decision of the Martha's Vineyard Commission DRI 324-M – Martha's Vineyard Hospital
326 (Expansion), Approved on December 14, 2006
- 327 • The Martha's Vineyard Commission, Development of Regional Impact, RE: Construction of a
328 Long Term Care Facility, Dated August 30, 1990

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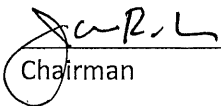
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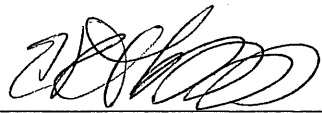

Chairman

11.15.2018
Date

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Clerk-Treasurer

15 NOV 2018
Date