

TOWN OF PROVINCETOWN –
BOARD OF SELECTMEN – CAPE END MANOR
SPECIAL MEETING - JANUARY 7, 2002

JUDGE WELSH ROOM

Chairman, Betty Steele-Jeffers opened the meeting at 5:30 PM, noting the following attendees: Board of Selectmen members: Elizabeth Steele-Jeffers, David Atkinson, Michele Couture. Mary-Jo Avellar arrived at 6:55 PM.

- Cape End Manor Board: Patricia Papetsas, Janet Whelan, Patrick Patrick, Robert Cabral, Marilyn Downey and Sandy Doby

- Other attendees: Mark Latour, Assistant Town Manager, Eileen Thomas, CEM Acting Administrator, Cape End Manor CEO Dennis Anderson

Attendees from Landmark / Guardian: Greg Grove, David Ennis, Mike Binette, Rick Schudder, Judy Erstein, Bob Baronello, John Albert.

Attendees from Christopher House: Greg Walsh, Louis Fellin, Vince Cucchiara and Walter O'Hanian

The following are minutes in brief:

Chairman Betty Steele-Jeffers opened the meeting by explaining to the participants and the public in attendance that the purpose of this meeting was to interview the entities who responded to the RFP's and that there would be no public input or discussion. Further that these meetings have very specific purposes and we are not going to go outside the parameters of what the purpose is.

Open remarks by Assistant Town Manager Mark Latour.

First, I just want to clarify that the intent of these interviews and this question and answer session is to provide an opportunity to seek clarification related to the submissions to each of the proposers. The RFP's had a lot of complexity to them and in reading through them we realized that we wanted to clarify and still had some questions that needed clarification. So these sessions are intended to supplement the ongoing review of our Selection Committee. After these meetings the Selection Committee will continue to meet and continue to evaluate the proposals but definitely will need your input tonight on what you are proposing. Also want to clarify that tonight in terms of limitations of this session, the session is not for modifications or deletions or additions to the written proposals. It is not for negotiation but just for clarification and question and answers."

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Open remarks by Dennis Anderson

I want to share our current status and our next steps. Currently on the RFP process to-date, an RFP was developed utilized questions and comments from meetings and public hearings. The RFP was placed in the Central Register 11-7-01 the RFP were opened 12-7-01. The Selection

Committee has been reviewing the RFP responses and this session is needed ADHOC to the Selection Committee. The remaining steps in the evaluation process are that after these two nights have been concluded the Selection Committee will meet over the next seven to ten days to conduct their final evaluation which will be communicated through Assistant Town Manager Mark Latour to the Board of Selectmen.

Landmark / Guardian

John Albert gave the opening remarks emphasizing that Landmark/Guardian took a look at the market place as it is and

what they think it could be – to replace the Cape End Manor (CEM) with 1) build affordable senior housing on the care campus; to meet the need that exist in the market and 2) how to finance the project.

Q: Michele Couture - Your open letter Pg. 3 of 4 under Project Financing. What makes up the \$75K difference for the 5 years?

A: Equity Component. When we learned there was \$150K available during the shortfall during the transition and first year of operation. Assume you will help us during transition and that is incorporated in the \$825K. When we looked at the site and the market we thought it can't really support a large assisted living and we thought we could build independent units so we could solve some of the town's issues so these people could have access to services because they really need it. And the present site of the CEM, as it is redeveloped, could provide some portion of that equity.

Q: Are you expecting \$150K per year subsidy (#4M)?

A: No. This is just the first year up front. In our development numbers we envision first year loses of \$120K. Roughly \$310K just to break even.

Q: Back to Page 3 of 4. – ‘ using some of the proceeds from the sale of additional equity for elder care campus’ can you explain what that means?

A: We need some help to finance this project. We came up with \$850K. \$150K a year over 5 years would help us get \$750K of that. So there would be additional needs for town money – probably \$250K. One thought we had was the Cape End place is potentially a resource to the town and with the development of that site some equity could be produced. We're trying to be realistic, it's a very tough time to finance and we have to be realistic in terms of the equity needed to move forward. Landmark doesn't see any other way to fund it.

Q: Dr. Janet Whelan - What are your thoughts on the current CEM that we now occupy and what do you have in mind for it as the bigger picture? Maybe you can clarify what your intents are?

A: Answer inaudible.

Betty Steele-Jeffers to Dennis Anderson - That is not what they have been asked to do is it?

A: Actually I think that is the same question Michele Couture had which is on Page 3 of 4, the 4th paragraph last sentence – think that sounds like what Dr. Whelan is bringing up – is that right? **A:** Yes – it sounds like they are trying to sell it.

Betty Steele-Jeffers: But your sentence says, and I have to agree, ‘proceeds from its sale’. I don't want to get sidetracked on this for a long amount of time but there is an implication there that somehow or another that property would be sold. By whom? Us or somebody else?

A: All we were echoing are thoughts that we heard here and potential reuse of that site and were you to engage in some sort of redevelopment or reuse of the site. At one point we hear that it may be made a municipal parking lot.

Q: Dr. Whelan – Physical Therapy Components – Wanted to know more of the physical therapy components.

A: We look for ways in our proposal to try and find linkages with existing community providers that might know this market and know this market and be of value in the bigger picture in the success of the operation. We would look at both inpatient and outpatient.

Q: David Atkinson - would this project be more economical if it were built in Wellfleet or Eastham?

Betty Steele-Jeffers – This is not within the scope of the RFP as this site was given to all the entities.

Q: Betty Steele-Jeffers - 4A – 4F - #4b – I understand this intellectually. I think one of the concerns would be ‘taking care of our own’. I am asking you as a person who lives in Provincetown and who figures there are going to be less private pay folks coming from our area, can you expand on this.

A: In looking at the nursing homes we operate by far the vast majority of residents are from the local area and we like

that because that is where family and friends are and it makes for a better case for wellness for all of the residents. At the same time, legally and otherwise, we cannot discriminate on the ability to pay or where someone is from.

Q: Betty Steele-Jeffers - When you talk about the assisted living component and you have people who can pay at the higher end and people at the very lower end and he has a rent of \$489 – what would the higher end person be paying and is there any difference in what they are going to be getting?

A: No

Comment: Betty Steele-Jeffers - they are just going to pay more. But that figure \$489 is only for rent and they would have to kick in other monies in some manner for food, etc.

A: We looked at assisted living and we don't think there is enough of a market to do assisted living and what we are proposing is 40 units of independent elder housing. We thought we could tie it into the services being provided in the skilled nurses facility for people if they need services we can help either coordinate services with that entity or deliver it right from the skilled nursing but we are not proposing assisted living. We think assisted living needs 75 or 80 to make it work and we don't think there is the market for that right now.

Q: Dennis Anderson – In looking at your financial – can you clarify for me the nurses aide to patient ratio found in your section 4G. Or what the hours patient day are projected? It is in the spreadsheet. Having a hard time identifying what the actual ration is of nurse aids to patients.

A: It was based on your current acuity and experience.

Q: Dr. Whelan - 4(O) Outpatient is mentioned in your proposal. So, it will be the services listed from Broad Reach.

A: Yes. The services listed on the Broad Reach inserts. It should be noted that since 1995 Broad Reach has gone from 15% outpatient to 50% outpatient business, when compared to inpatient.

Q: 4 (s) Dennis (reflecting question from David Atkinson) Can you elaborate on “labor” resources.

A: Recognize the importance of recruitment and retention. Recommending childcare. While childcare is not a profit center, it would be good for recruitment. C.N.A. training programs could also be offered. (See RFP)

Q: 4 (a) Dennis (reflecting on question from David Atkinson) Based on your marketing study, then you are saying there is not likely an opportunity for Assisted Living but are saying we need at least 84 beds by 2005 for SNF?

A: Yes.

Q: 4(b) Michele Couture - In the response to giving admission priorities to residents of Provincetown, to the Skilled Nursing Facility, are you saying that it is based on “payer mix”? Such as the 20% you put in your proposal?

A: Yes.

Q: 4(c) Michele Couture - This is the same for Assisted Living?

A: Yes.

Q: 5(g) Can you clarify what the paragraph means on the last page of the answer, the last paragraph.

A: There is a proposal for “elder housing”, NOT, Assisted Living. This is based on the lack of market yet the ability to meet the needs of the community. Services can be provided by the SNF staff. Then level of need would not be the same as Assisted Living. “A la carte” services.

Q: 5(g) Dr. Whalen - What would be the difference between what you propose and the Assisted Living type of environment.

A: - It would require less services. Again, true Assisted Living would not be indicated to me due to a lack of market. Examples would be medication reminders, housekeeping, et al. In assisted living, residents would get service whether

they needed them or not. (i.e. billed for them). In the approach proposed, they would not.

Q: 4(q) Dennis Anderson - We were unable to identify what the LPN an RN mix was from the spreadsheet analysis and also what the HPPD were. Can you clarify?

A: See the RN's and LPN's as interchangeable. The budget reflects the costs associated with each of those categories of personnel

Q: Spreadsheets - Pat Patrick - Could you explain what the administration fee would be?

A: <1% (.6-.7%) for Guardian Foundation.

Q: 4(o) Dr. Whalen - Would the space be leased out to Broad Reach for Outpatient Rehab?

A: We would "partner" with them to provide the services. The design of the building has 2500 sq. feet in the drawings.

Q: Ref.? Dr. Whalen - How do you see the role of the local physicians?

A: Same as it is now with all physicians having access. (Note: Dr. Whalen clarified that currently only two physicians represent both groups in Town). Yes, there would be a Medical Director.

Q: 3(q) Betty Steel-Jeffers - The volunteer program is mentioned in your proposal. Where would you draw these volunteers from and what would they do?

A: From the community including clergy etc. No specific answer in terms of "what they would do".

Q: Ref. Org. Chart - Pat Patrick - So, based on the diagram in the RFP, "where does the buck stop"?

A: The local GF/Cape End Manor would be a 2/5ths representation by the people of Provincetown. They would act independently.

Q: If there are (surpluses/profits), at the local board level, where does that money go?

A: Back to the local board and towards the project.

Fifteen minute break

CHRISTOPHER HOUSE INTERVIEW

Q: Pg. 45 Michele Couture - The proposal indicates a higher level of acuity but a decrease in skill-mix or number of RN's. Can you clarify this?

A: In long-term-care there is very little difference in what RN's and LPN's do. There would be a higher mix of RN's on the high acuity unit or medically complex and a lower mix on the long-term care Alzheimer's unit.

Also, Christopher House has a strong history with the Alzheimer's association in Boston via Dr. Paul Reis (leader in Alzheimer's care) and all the staff is trained and the unit is built with that kind of care in mind.

Additionally, residents are willing to travel for Alzheimers care and there is little opportunity for that on the Cape now. 16 of the beds on the Alzheimer's unit would be for Long Term Care low acuity residents and the other 20 beds would be specified for Alzheimers. The proposal increases the number of Medicaid Beds available in both units to meet the Medicaid needs of the community.

Q: Dr. Whalen - Are you indicating that to be a resident on the Alzheimer's unit you must have that diagnosis or can it be another form of dementia?

A: No. It must be Alheimers. We believe in the program and believe it works best if it has its own program and unit.

Q: Spreadsheets - Michele Couture - The proposal addresses only the first year after you would take over the Manor and then starts at the new Manor from year 1 through year 10. What is the estimated or projected deficit in the interim years?

A: Because Christopher House “cannot estimate” the deficit, and because it is an unknown, we speak to the “interim years” as minimizing the deficit and that is reflected in our requested “concessions from the Town”.

Q: Pg. 47? Clarify how the Board of Directors would be comprised?

A: There would be four Provincetown Community Board members out of 9 for the first five years and as the original 5 Christopher House board members leave their position, over 5 years, they would be replaced with members from the Provincetown Community. The Board of Selectmen will appoint some and others would likely be from the existing Board of Directors.

The Christopher House will need the direct support of the **Town**; the community of the Lower Cape, to address things such as zoning, and the permit process.

Q: 3(f) pg. 36 - Dennis Anderson - How would you approach the Medicaid Appeal process?

A: By aggressively demonstrating to the “state” that there must be an adjustment in the daily rate. Christopher House got an increase in their daily rate and so did the Salsbury Nursing Home in Worcester. They also were in the process of closing when their H. Chandler, State Senator, intervened. It can be done. The role of the Town would remain the key part in getting this done.

Q: Pg. 56 (L) Mary-Jo Avellar - Could you clarify are you saying yes or no to a “phased in” approach?

A: Christopher House believes, that given the current market and financing environment, both the SNF and AL **must** be built on parallel tracks.

Q: Pg. 45 Dennis Anderson - Are you indicating, in your proposal, that the market supports 81 units?

A: Yes. We would consider a smaller number if the numbers were indicated but the model we’ve used in our other 4 projects we believe can be supported here.

Betty Steele-Jeffers left the meeting at 7:52 PM due to the expected birth of her new granddaughter.

Q: Pg. 58 Michele Couture - Can you clarify what your plans would be for outpatient? Do you currently provide this service?

A: Christopher House had a contracted inpatient rehab department and now has taken that service “in-house”. (i.e. no further contracted services). No, we do not have outpatient services at our SNF in Worcester. We propose to link with an organization such as RHCI.

Q: Pg. 62 (s) Dennis Anderson - Given the labor shortage, how do you propose to recruit enough staff for the 81 unit AL and the 72 bed SNF?

A: Clinical ladders, strong benefits, etc. Christopher House has a strong program for developing a “career path” for the C.N.A.’s, into nurses and other departments as well such as Rehab. also has career path planning and incentives. There is also a C.N.A. training program that provides additional resource.

Also, foreign recruitment is essential. Christopher House has access to the expertise for sponsoring staff from other countries.

Q: Pg. 39 – Michele Couture - Have you been in contact with the Suitability office to prepare for a possible license transfer?

A: Yes. They acknowledged they know “who we are” and Walter O’Hanian has a long history with the DPH. We do

not anticipate any problems with transfer. They supported our transfer in Worcester from the old Belmont home to the new Christopher House.

Q: Pg. 41 David Atkinson - How would you develop volunteerism here?

A: Christopher House has many volunteers (1000 hours/mo.) that work in many areas. We've developed that service over these past few years. It is an essential resource. We would describe the needs and look into the community to meet those needs as we did in Worcester.

Q: Ref. Video - Michele Couture - Your video demonstrates a strong role for the Medical Director. How do you see it working at the Manor and how would it impact the current physicians?

A: The Medical Director is a full-time position at Christopher House in Worcester. We would see using the same approach, at least in terms of the role of the Medical Director. We could continue to work with local physicians.

Q: 3(p) pg. 40 - Michele Couture and Dennis Anderson - The Christopher House is not a management company. How do you intend on supporting the interim management from Worcester?

A: Walter and his staff will be available as needed. There will be no management fee, and only reimbursable costs will be billed such as expenses.

Q: Spreadsheets - Michele Couture - Your response has FY 2002 projections and then you start at Year 1 through 10 at the new Facility. What about the interim years and how much are you projecting.

A: We cannot project and have no way of knowing what the actual projection would be.

Q: Pg. 6 – Michele Couture - Your concessions are stated as “the town would continue to be financially liable for the existing facility’s operations until such time as patients are transferred to the ‘new’ SNF. This seems in conflict with page 7. Please clarify the concession numbers.

A: The Town would be responsible for the first \$500K of deficit. (we would want that in the **first** year up front). Then, NEWCO would pay the remaining \$125K if it was needed.

Q: Follow-up – Michele Couture - So, what year do you plan on moving to the new site?

A: 1/1/2004.

Q: So, if the deficit is higher than \$625K, or if the new facility isn't ready by 1/1/2004, the Town would make up the difference?

A: Yes.

Motion to adjourn by Michele Couture at 8:48 PM

Minutes transcribed by: Vernon Porter, Secretary January 8, 2002