

Senior Housing Needs Assessment

Martha's Vineyard, Massachusetts



Prepared for:

Healthy Aging Martha's Vineyard

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EXECUTIVE SUMMARY

The mission of Healthy Aging Martha's Vineyard (HAMV) is "to create an aging-friendly Island meeting the needs of the rapidly growing 65-plus population and those who care for them". Developed as a subcommittee of the Dukes County Health Council, HAMV is a planning and advocacy coalition comprised of over 70 leaders representing 37 nonprofit and municipal organizations. HAMV aims to "meet the needs of Martha's Vineyard elders and their families, so they are healthy, safe, valued, and respected as they live out their lives on the Vineyard".

Toward this end, Healthy Aging Martha's Vineyard contracted with Chi Partners, LLC, to conduct a feasibility analysis to evaluate the need for and viability of the development of GREEN HOUSE® homes developed on the Vineyard. Green House homes represent an innovative model of care designed to provide a more homelike setting than is typically found in traditional long-term care facilities. Green House projects can be licensed as either assisted living or skilled nursing facilities, with between ten and twelve elders residing in each home.

This report provides a summary of the market feasibility analysis conducted to assess the demand for assisted living units and skilled nursing beds, assuming a Green House model of care, with the assisted living analysis also including an evaluation of the need for dedicated memory care units.

Based on information obtained via interviews and focus groups conducted with individuals from the Vineyard, it was determined that the primary market area for a project developed on the Island would be the zip codes of Aquinnah/Chilmark (02535), Edgartown (02539), Oak Bluffs (02557), Vineyard Haven/Tisbury (02568), and West Tisbury (02575).

A competitive analysis conducted included all senior housing properties currently located in the primary market area, of which there are two assisted living residences, one nursing facility, and six affordable age-restricted apartment properties. Also identified and evaluated were senior housing projects located just outside the primary market area in Falmouth, since some individuals from the Vineyard currently move off the Island when in need of senior housing or care.

The demand analyses conducted for each of the levels of care evaluated resulted in an estimate of the number of units¹ needed at each level of care, with the findings of the analyses summarized below:

¹ A "unit" refers to an apartment or room in a proposed project. For assisted living, a unit could serve either an individual or a couple; skilled nursing units are typically single occupancy.

Assisted Living

The demand analysis for assisted living demonstrated a need for between 15 and 18 private-pay units and between eight and nine units for Medicaid-eligible individuals. This analysis assumes that the 24 beds currently available in the two assisted living homes located on the Island would not be considered competitive to a newly constructed residence (i.e. that the proposed project would draw residents away from these homes). Most of the rooms in these homes have shared baths and stair chairs are required for residents who have difficulty with ambulation. However, the majority of people interviewed for this study reported positive perceptions of these homes, although the thought was also offered that this might be because there aren't newly constructed assisted living residences on the Island to provide a point of comparison to these homes. If the two homes currently located on the Vineyard were included in the demand analysis as competition to the proposed project, the projected private-pay demand would decrease to between 11 and 14 units.

The private-pay analysis was based on a minimum age of 75 years, a starting rate of \$6,500 per month, a minimum annual income of \$80,000 per year for renters and \$25,000 per year for homeowners; and a frailty factor of one-plus Activity of Daily Living (ADL). The Medicaid analysis assumed a minimum age of 75 years, an annual income below \$15,000, and one or more ADL need. Both the private-pay and Medicaid analyses assumed a 15 percent secondary market factor and a 15 percent market penetration rate.

It should be noted that it would likely not prove financially viable for a project to serve the number of Medicaid-eligible individuals identified in the demand analysis, due to the relatively low reimbursement rate for the Medicaid program that provides financial assistance for this level of care (the Group Adult Foster Care program). The extent of the number of Medicaid-eligible individuals who could be served (if any) would need to be determined as part of the financial feasibility analysis.

Memory Care

The need for assisted living-based dedicated memory care units was also assessed, with a demand for between 11 and 13 units of private pay units in the primary market area found. A separate analysis for Medicaid-funded memory care was not conducted as there is no differentiation in the Group Adult Foster Care program for memory care apart from general assisted living.

The following assumptions were included in the demand analysis conducted for private-pay memory care: a minimum age of 75 years, a starting rate of \$8,500 monthly, an annual required income of \$100,000 for renters and \$35,000 for homeowners, a factor to estimate the

prevalence of dementia by age, a 15 percent penetration rate, and a 15 percent secondary market.

It is important to note that the demand analyses for assisted living and memory care are not mutually exclusive. That is, the assisted living analysis estimates the number of individuals who need assistance with activities of daily living, whereas the memory care analysis estimates the number of individuals who have moderate impairment as a result of Alzheimer's disease or other forms of dementia. Some individuals with moderate dementia would likely be appropriate for a non-specialized assisted living facility and many individuals with dementia require assistance with activities of daily living. As a result, there is likely overlap between the two analyses, although it is not possible to determine the extent of this duplication.

Skilled Nursing Care

A demand analysis to evaluate the need for skilled nursing beds was based on the application of statewide utilization rates for nursing home beds to population data for the primary market area. Additional analyses were also conducted to provide an estimate of the depth of the private-pay and Medicaid-eligible demand for nursing facility beds, based on age, income and level of frailty.

The application of statewide nursing facility utilization rates to the population of the Vineyard shows a need for 136 nursing facility beds in 2015 and 164 beds in 2020, assuming an age 65-plus utilization rate, and 106 beds in 2015 and 113 beds in 2020 when an all-ages utilization rate is used. Deducting the average census of 56 at Windemere and the estimated 7.5 swing beds used at Martha's Vineyard Hospital for rehabilitative care from these figures result in an estimated need for between 72 and 100 additional nursing facility beds on the Island, assuming a 65-plus use rate, and between 43 and 50 additional beds with an all-ages use rate.

This analysis shows a much lower use of nursing facility beds on the Island as compared to other areas of the State, which may reflect an ability of individuals to age-in-place in their own homes as their care needs increase due to a strong support network on the Island, the availability of in-home services for low-income persons, and/or a greater ability to pay for in-home care due to higher income and/or asset levels as compared to other areas of the state. Another factor may also be reports that some individuals move off-Island to be closer to family and/or to other facilities in the region when in need of a nursing home level of care. This factor is supported by feedback obtained during the focus groups and interviews conducted for this report that Windemere is perceived as an institutional setting, and thus is not considered to be a desired living environment if other options were available.

A demand analysis conducted to evaluate the demand for privately paid skilled nursing care shows there to be a potential need for between seven and 10 private-pay beds, in addition to

the current private-pay census at Windemere. This analysis was based on a private-pay rate of \$420 per day (the current rate for a private room at Windemere); an annual income for renters of \$150,000 and for homeowners of \$50,000 annually; a need for assistance with three or more ADLs; a 15 percent secondary market; and a 15 percent market penetration rate.

Evaluating the potential demand for additional private-pay nursing facility residents needs to include consideration of the role that transferring assets to allow eligibility for MassHealth coverage of nursing home care may play. This practice may be more prevalent on the Vineyard than in other areas of the country due to the higher home values (and hence assets) on the Island; the fact that many homes have been in families for generations leading to an increased desire to pass the home on to adult children; and the availability of pooled trusts in Massachusetts that allow for exceptions to the five-year look-back period for Medicaid eligibility.

Certainly some percentage of the population will transfer their assets in order to avoid having to pay privately if nursing home care were needed. However, clearly not all individuals presently engage in this practice, as approximately ten percent of the residents at Windemere² and just over 20 percent of nursing home residents in Falmouth are private-pay. Furthermore, research shows that people are willing to pay higher rates for a Green House model of care, as opposed to traditional care settings³ and the ability of Green House projects to increase their private-pay census and/or private-pay rates is borne out by the experience of operating Green House adopters. Therefore, it is thought that a Green House project developed on the Vineyard would allow for some increase in the private-pay census over that currently reported by Windemere.

An additional analysis conducted to estimate the need for nursing facility beds in the primary market area for individuals who would be unable to pay privately based solely on income indicated a need for 18 additional beds in 2015 and 21 additional beds in 2020. This analysis assumed an annual income less than \$150,000 for renters and less than \$50,000 for homeowners; a need for assistance with three or more ADLs; a 15 percent secondary market; and a 15 percent market penetration rate. This need would include both those who have assets less than \$2,000 and would thus qualify for MassHealth and those who would need to spend down their assets in order to qualify for MassHealth.

Adding the projected need of 18 to 21 beds for individuals who would be unable to pay privately for nursing home care based solely on income to the projected private-pay bed need of seven to 10 beds would generate a total estimated need of between 25 and 31 additional nursing home beds on the Island. This estimated potential need is significantly less than the estimated demand based on the utilization rate analysis (i.e. 43 to 50 beds with the all-ages use rate and 72 to 100 beds with the 65-plus use rate).

² In fiscal year 2015

³ <http://blog.thegreenhouseproject.org/wp-content/uploads/2013/02/Consumer-Research-1-Page.pdf>

It is difficult to ascertain the reason for the difference in projected need between the two analyses, but it may be that the 15 percent market penetration rate assumed in the private-pay and Medicaid demand analyses is conservative because of the limited availability of Medicaid funding for assisted living in Massachusetts. That is, persons who have three or more ADL needs who can't afford to pay privately for assisted living may have limited options other than moving to a nursing facility where financial assistance would likely be available through MassHealth. This would result in a higher nursing facility utilization rate in Massachusetts, as compared to the nation as a whole, which is the case.

As stated earlier, the discrepancy in these numbers may also reflect an increased ability of individuals on the Vineyard to age-in-place in their own homes as compared to other areas of the State due to a strong support network on the Island and an enhanced capacity to pay for in-home care as a result of higher income and/or asset levels.

Other Considerations

It should be noted that the analyses assume that Vineyarders would be willing to sell their homes when in need of assisted living or skilled nursing care. The opinion was expressed during some of the interviews that this would not happen because of the desire to pass higher-value homes and/or homes that have been in families for generations on to the next generation. However, other people interviewed said that people would – and do – sell their homes “if they have to”.

The fifteen percent market penetration rate utilized in the assisted living, memory care and skilled nursing analyses assume that only 15 percent of all age, income and need-qualified households would move to the project. It is assumed that the remaining 85 percent of qualified households would choose other options, such as receiving in-home care, moving in with an adult child, or relocating to another facility.

It should be noted that the analyses also assume a 15 percent secondary market, which is thought to be a conservative assumption, in that many long-term care properties draw between 25 and 35 percent of residents from out of the primary market area. The 15 percent secondary market assumption was used because of the unique location of the proposed project (i.e. on an island) and to provide conservative estimates of the market need.

In addition, the demand analyses do not include the impact of summer home owners who may want to retire on the Island. A number of people interviewed for the report said that some seasonal home owners move permanently to the Vineyard at some point, and that this number might potentially increase if additional options for housing and care were available on the Island. Therefore, the analyses may understate the market need, although it is not possible to

ascertain the impact that summer homeowners might have on the demand for the proposed project.

Because the assumptions on which the demand analyses are based are conservative, it is recommended that plans to build assisted living, memory care, and/or skilled nursing beds on the Island include a plan for expansion, to be able to meet the need for long-term care on the Vineyard both now and in the years to come.

It is thus recommended that the homes be built in phases, both to ensure full occupancy within a reasonable lease-up period and to meet the need for long-term care on the Island in future years. If two assisted living / memory care homes are developed at the same the nursing facility beds at Windemere are replaced, a first phase might include 70 to 72 nursing home beds in seven 10-bed homes or six 12-bed homes.

Because the private-pay rates for the assisted living / memory care homes will be considerably less than for the skilled nursing beds, the assisted living / memory care homes may draw some of the private-pay market away from the homes that have a skilled nursing license. In addition, planning for a significant increase in MassHealth residents in the nursing facility when the healthcare and long-term care environment is in a state of flux would not be recommended. Thus, it is suggested that the overall number of nursing home beds be increased only slightly at this time (e.g. to 70 or 72 beds), with a plan in place to develop additional beds in the future.

In conclusion, the overwhelming sentiment expressed during the interviews and focus groups conducted for this report is that most people who live on the Vineyard want to stay on the Island as they age – they do not want to move away from family and friends when in need of care. The desire for alternative housing and care options for the aging population appears to be very strong, with equally strong community support for people as they age expressed.

PRIMARY MARKET AREA

Definition

The primary market area (PMA) for a senior housing and care project is the geographic area where the majority of residents (typically 70-80 percent) lived prior to relocating to a project. The identification of appropriate boundaries of the primary market area for a proposed project is critical to the accurate determination of the need for the project.

A number of factors can influence the distance individuals are willing to travel to access the services available at a project. For example, transportation corridors such as freeways, bridges, waterways or other major arterials can either make it difficult to travel or facilitate travel between areas; and psychological barriers such as county lines, state boundaries and the differing socioeconomic status of communities can discourage prospective residents from moving to a project.

The distance that people are willing to travel to access senior housing can vary significantly. Typically, people who live in rural areas are willing to travel longer distances to access services than are those living in more urban locations. It is not uncommon for residents of rural facilities to have relocated from up to 30 or more miles away, whereas the market areas for larger communities are typically much smaller (i.e., not more than five or possibly ten miles). People will also usually travel longer distances to access services that are based on a need (such as assisted living or memory care) versus a lifestyle choice (such as independent living or senior apartments).

Determination of the PMA

In order to determine the most appropriate boundaries of the primary market area for the proposed project, interviews and focus groups were conducted with individuals familiar with the travel and relocation patterns of seniors on Martha's Vineyard. Based on the feedback obtained from these interviews and focus groups, the primary market area for the proposed project was determined to be the entire island of Martha's Vineyard, comprising the following zip codes:

- Aquinnah/Chilmark (02535)
- Edgartown (02539)
- Oak Bluffs (02557)
- Vineyard Haven/Tisbury (02568)
- West Tisbury (02575)

Individuals interviewed for this report said that although each of the communities located on the Vineyard has its own identity, people would typically be willing to move to another community on the Island when in need of assisted living or skilled nursing care. Many people

interviewed, however, said that a down-island location (i.e. in Edgartown, Oak Bluffs or Vineyard Haven) would be preferable to having the project sited up-island in Acquinnah, Chilmark or West Tisbury to facilitate ease of access to the project.

Description of the PMA

The island of Martha's Vineyard is located south of Cape Cod in Dukes County, Massachusetts. Often referred to as simply "The Vineyard," Martha's Vineyard also includes the smaller Chappaquiddick Island. The two islands together make up an area of approximately 100 square miles and have no connection to the mainland via bridge or tunnel. Following is a map showing the primary market area for the proposed project:

PRIMARY MARKET AREA



PMA Demographic Information

Population

Population estimates and projections for the primary market area were obtained through the Nielson Company, a national supplier of demographic data. Comparative data was also obtained from UMass Donahue Institute (UMDI), the public service outreach and economic development unit of the University of Massachusetts President's Office. UMDI has developed population projections for all of Massachusetts' municipalities in five-year intervals through 2035. Although projections for the geography utilized for the primary market area (i.e. the zip codes comprising Martha's Vineyard) are not available through UMDI, projections for the municipalities located within the primary market area are available. Comparisons between these two data sources are provided below, with some differences between the data obtained from the Nielson Company and UMDI identified.

Some of the differences between the two sources of data may be the fact that UMDI data is based on minor civil divisions (MCDs), while the data obtained from The Nielson Company is based on zip codes. MCDs generally correspond to census tract boundaries, whereas there is no correlation between census geography and zip codes, which were introduced by the US Postal Service as a means of improving mail delivery and can cross city, town, township, and county boundaries⁴. The impact of the differences on the demand analyses included in this report, and hence the conclusions of the report, are thought to be minimal.

As is shown in Table 1 below, there were 16,494 people residing in the primary market area in 2010. This number increased by 7.2 percent to 17,681 in 2015 and is projected to increase an additional 6.6 percent to 18,844 by 2020.

In contrast to the modest increase of 6.6 percent projected for the total population in the primary market area over the next five years, the 65-plus population is projected to increase by 20.8 percent between 2015 and 2020. The 65 to 74 population is projected to see the greatest increase, at 26.3 percent, with the 75 to 84 age group projected to increase by 13.7 percent and the 85+ population projecting the smallest increase at 10.6 percent.

⁴ <http://www.genesys-sampling.com/pages/Template2/site2/61/default.aspx>
Market Feasibility Study (v. 4)
Prepared by Chi Partners LLC
For Healthy Aging Martha's Vineyard

**Table 1
Population Trends
Primary Market Area**

	2010	2015	2020	Percent Change '15 – '20
Total Population	16,494	17,681	18,844	6.6%
65 – 74 population	1,471	2,028	2,561	26.3%
75 – 84 population	830	890	1,012	13.7%
85+ population	391	473	523	10.6%
Total 65+ population	2,692	3,391	4,096	20.8%
Source: The Nielson Company				

Similar growth patterns to those seen in Table 1 are also projected by UMDI. These projections are shown below in Table 2, along with a comparison to the population estimates and projections obtained from the Nielson Company for the primary market area:

**Table 2
Projected Population Growth
Total Population**

Town	Census 2010	Estimate 2015	Projection 2020	Projection 2025	Projection 2030	Projection 2035
Aquinnah	311	292	264	233	215	194
Chilmark	866	846	799	773	745	718
Edgartown	4,067	4,176	4,101	4,092	4,111	4,164
Oak Bluffs	4,527	4,954	5,140	5,369	5,625	5,904
Tisbury	3,949	4,093	4,081	4,171	4,258	4,385
West Tisbury	2,740	2,857	2,853	2,904	2,946	3,018
TOTAL	16,460	17,218	17,238	17,542	17,900	18,383
The Nielson Company	16,494	17,681	18,844			

As may be seen in Table 2 above, the total population figures reported and estimated by UMDI are slightly less than those obtained from the Nielson Company for 2010 and 2015, with a significantly greater increase projected by the Nielson Company than by UMDI for 2020 (18,844 versus 17,238, respectively). The projections included in the prior forecast developed by UMDI,

however, are more closely aligned with the Nielson Company projections, with 17,204 projected for the total population in 2015 and 18,216 projected for 2020.

Comparisons of UMDI data to Nielson Company data for the 65-plus population may also be made, as is shown in Table 3 below:

Table 3 Projected Population Growth 65+ Population						
Town	Census 2010	Estimate 2015	Projection 2020	Projection 2025	Projection 2030	Projection 2035
Aquinnah	29	46	72	87	100	97
Chilmark	199	243	261	270	270	246
Edgartown	621	796	956	1076	1156	1171
Oak Bluffs	792	1034	1241	1428	1613	1745
Tisbury	659	741	865	987	1046	1097
West Tisbury	386	567	766	891	953	965
TOTAL	2,686	3,427	4,161	4,739	5,138	5,321
The Nielson Company	2,692	3,391	4,096			

In contrast to the total population estimates and projections shown in Table 2, the UMDI 2015 estimates and 2020 projections for the 65-plus population are slightly higher than those reported by the Nielson Company (3,427 versus 3,391 for 2015, and 4,161 versus 4,096 for 2020, respectively). The prior UMDI projections for the 2020 65-plus population (4,773) are even greater than the projections included in the current UMDI report, as shown in Table 3.

Also of note is that the size of the 65-plus population based on street list data is significantly higher than is reported by either the Nielson Company or UMDI. That is, as part of a needs assessment conducted in January 2015, Healthy Aging Martha’s Vineyard identified 4,672 individuals who declare the Vineyard as their primary residence and vote on the Vineyard. The apparent underreporting of the current and projected size of the 65-plus population by the Nielson Company would mean the findings of the analyses included in this report are likely conservative and could understate the current and projected demand for senior housing and care on the Island.

Following is a summary of the estimates and projections for the population aged 65 to 74 from UMDI and the Nielson Company:

Table 4
Projected Population Growth
65 – 74 Population

Town	Census 2010	Estimate 2015	Projection 2020	Projection 2025	Projection 2030	Projection 2035
Aquinnah	16	33	55	55	54	44
Chilmark	98	153	160	128	121	99
Edgartown	362	496	596	591	578	548
Oak Bluffs	400	551	663	705	757	775
Tisbury	353	490	575	608	565	531
West Tisbury	239	400	528	516	451	408
TOTAL	1,468	2,123	2,577	2,603	2,526	2,405
The Nielson Company	1,471	2,028	2,561			

As was seen for the 65-plus estimates and projections, the data reported by UMDI for the 65 to 74 population for 2015 and 2020 is slightly higher than that estimated and projected by the Nielson Company (2,123 versus 2,028 for 2015, and 2,577 versus 2,561 for 2020, respectively).

Table 5 below shows the current and projected population for the cohort aged 75 to 84 years, as estimated and projected by UMDI and the Nielson Company:

Table 5
Projected Population Growth
75 – 84 Population

Town	Census 2010	Estimate 2015	Projection 2020	Projection 2025	Projection 2030	Projection 2035
Aquinnah	10	7	10	25	37	39
Chilmark	64	56	69	116	113	97
Edgartown	198	218	275	387	460	447
Oak Bluffs	244	271	358	481	576	629
Tisbury	206	176	242	349	422	479
West Tisbury	106	111	179	312	409	405
TOTAL	828	839	1,133	1,670	2,017	2,096
The Nielson Company	830	890	1,012			

The UMDI data show slightly fewer persons aged 75 to 84 in the MCDs on the Vineyard than is estimated by the Nielson Company (839 versus 890 persons), while the UMDI projection for 2020 is higher than that projected by the Nielson Company (1,133 versus 1,012).

Finally, Table 6 below shows the projected population for persons aged 85-plus in the primary market area, as estimated and projected by UMDI and the Nielson Company:

Table 6 Projected Population Growth 85+ Population						
Town	Census 2010	Estimate 2015	Projection 2020	Projection 2025	Projection 2030	Projection 2035
Aquinnah	3	6	7	7	9	14
Chilmark	37	34	32	26	36	50
Edgartown	61	82	85	98	118	176
Oak Bluffs	148	212	220	242	280	341
Tisbury	100	75	48	30	59	87
West Tisbury	41	56	59	63	93	152
TOTAL	390	465	451	466	595	820
The Nielson Company	391	473	523			

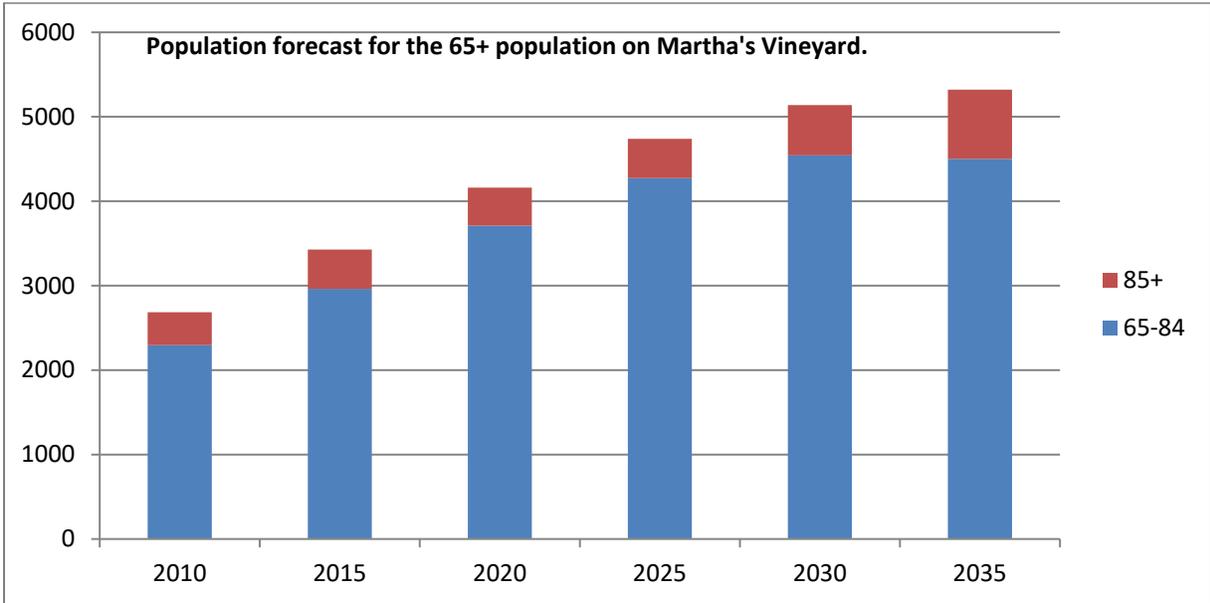
As shown in Table 6 above, the 85-plus population as estimated and projected by UMDI is less than that reported by the Nielson Company, and significantly less for the 2020 projections (451 persons projected by UMDI compared to 523 persons projected by the Nielson Company). In addition, the Nielson Company shows a 10.6 percent increase in the 85-plus population between 2015 and 2020 (from 473 to 523), while UMDI projects a slight decrease in this population cohort (from 465 to 451). The decline in the UMDI projections is thought to be due to the lower birth rates experienced during the depression, which can be traced through the cohorts.

Even though there are differences in the population estimates and projections for each cohort aged 65-plus as reported by UMDI versus the Nielson Company, the impact of these differences on the demand analyses included in this report should not be material. That is, persons aged 75-plus are those most likely to need and utilize the housing options evaluated in this report, and the 2015 estimates and 2020 projections for the 75-plus population are quite similar for the two data sources, as is shown below in Table 7:

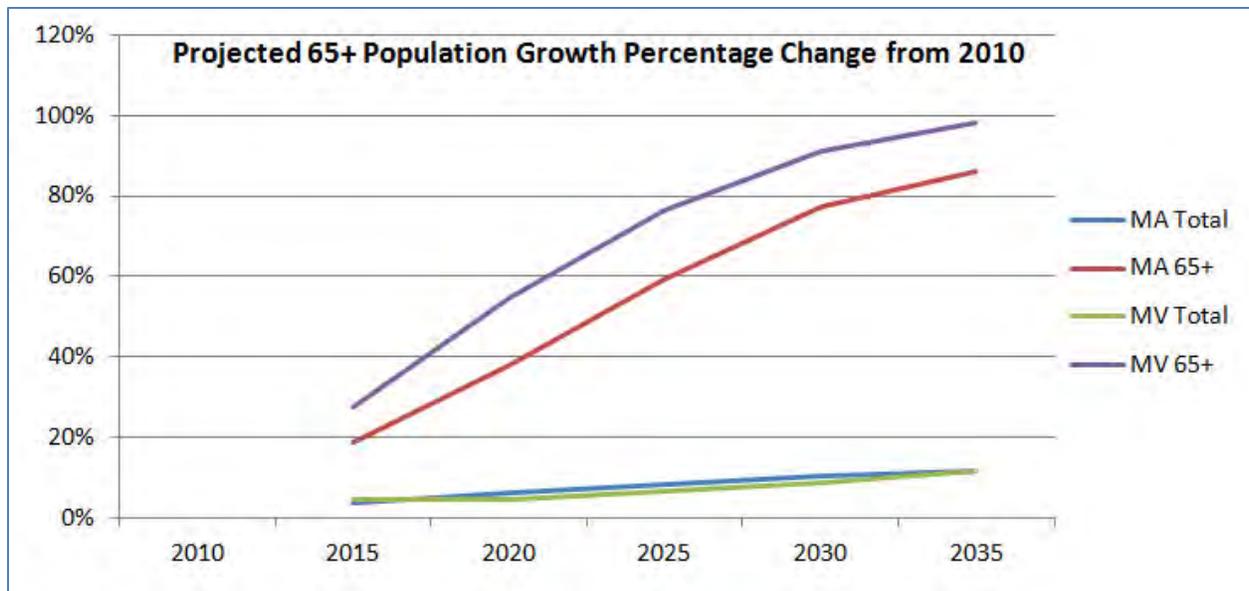
Table 7 Projected Population Growth 75-Plus Population		
	2015 Estimates	2020 Projections
UMDI	1,304	1,584
The Nielson Company	1,363	1,535

The 2015 estimates developed by UMDI for the 75-plus population are approximately 4.5 percent less than as estimated by the Nielson Company, while UMDI’s 2020 projections are approximately 3.1 percent greater than the number projected by the Nielson Company. These differences should not impact the results of the analysis in any significant way.

The rates of growth projected by UMDI for the 65-plus and 85-plus population through 2035 are significant, and indicate a growing need for housing and services to meet the needs of this cohort in future years, as is shown in the bar chart below:



The following graph shows the projected 65-plus population growth of Martha’s Vineyard as compared to the growth of the 65-plus population projected for Massachusetts as a whole, as per UMDI population projections. As may be seen, the 65-plus population on the Vineyard is expected to grow by a substantially greater margin over that of the state.



In addition to the year-round population reflected in these population projections, Martha’s Vineyard also attracts an extensive seasonal population. The Martha’s Vineyard Commission reports that the population on the island swells in the summer months to approximately 115,000, which includes a year-round population of approximately 15,000, seasonal residents whose homes comprise the majority of the Island’s housing stock, and an additional 10,000 visitors to the Island⁵. This seasonal population would not be included in the census data for the Vineyard, on which the UMDI and Nielson Company population estimates and projections are based.

Housing

As noted above, the island experiences substantial summer population growth – with the population in the summer months increasing to about five times that of the winter population. As a result, only approximately 44 percent of Martha’s Vineyard’s 14,621 homes are occupied year round, with the percentage of summer homes varying between towns. In Tisbury and West Tisbury, for instance, the majority of homes are occupied year round, but over 70 percent of the homes are seasonal in Aquinnah and Chilmark⁶.

Driven in large part by affluent summer homeowners, the price of housing on the Vineyard is significantly higher than in most other areas of the State. That is, the median home price on the Island was \$679,641 in 2015⁷, compared to an estimated median housing value of \$341,000 statewide⁸. After three relatively flat and stable years from 2012 to 2014, the real estate market on Martha’s Vineyard surged in 2015. That is, the number of properties sold in 2015

⁵ <http://www.mvy.com/press-room/island-information.aspx>

⁶ <http://mvcommission.org/data>

⁷ The Nielson Company

⁸ <http://www.zillow.com/ma/home-values/>

increased 17 percent over 2014 sales to 602, with the total dollar volume increasing 39 percent, and the average sales price rising 19 percent to \$1.1 million⁹. The median sales price in 2015 ranged from \$507,000 in Oak Bluffs to \$1,372,500 in Aquinnah¹⁰.

With seasonal residents and visitors often willing and able to pay much more for housing than most year-round residents can afford, many year-round residents have been priced out of the housing market. Island rents are also high, with the median rent exceeding the statewide median by 17 percent, resulting in year-round rentals that are beyond the reach of residents earning less than the median household income¹¹. Further exacerbating this problem is the relative scarcity of rental housing, with over 91 percent of the housing stock on the Vineyard comprised of single-family homes, compared to 52 percent statewide¹².

With multi-family units comprising less than 10 percent of the housing stock on the island and a limited number of multi-family structures with more than five units, many year-round residents are forced to relocate to less expensive housing during the summer months. Because housing that is both affordable and available during the summer months can be difficult to find, some year-round residents end up living in tents or even in their cars during the tourist season.

A Workforce Housing Survey of local businesses conducted by the Island Housing Trust found that 90 percent of respondents reported that their employees have trouble finding housing, with the primary issues stemming from the cost and supply of rental housing. Eighteen percent of respondents employed individuals who commute from off the Island. The following strategies are utilized by the respondents to address the shortage of workforce housing: providing year-round, seasonal, or short-term housing for employees; finding housing for their employees; subsidizing the cost of employee housing; paying higher wages; and limiting the months their business is in operation¹³.

Cost of Living

In addition to housing costs that are unaffordable to many year-round residents, the overall cost of living on the Island is also higher than in many other areas. That is, in 2006 the cost of living on Martha's Vineyard was 57 percent higher than the average cost of living in urban areas nationally and approximately 12 percent higher than the composite cost of living index for Boston¹⁴. In every category except health care, the cost of necessities proved to be higher on the Vineyard than in Boston, as represented in the table below:

⁹ <http://www.tealaneassociates.com>

¹⁰ <http://mvlandmarks.com/blog>

¹¹ <http://www.mvcommission.org/housing-situation-marthas-vineyard>

¹² *Population and Housing Profile of Martha's Vineyard*, March 20, 2006

¹³ Workforce Housing Survey Results, September 2015, by the Island Housing Trust.

¹⁴ Cost of Living Index for Martha's Vineyard for 2006, Martha's Vineyard Commission

Table 8
Cost of Living Index for Martha’s Vineyard and Boston
(2006)

Component Indices	Martha’s Vineyard	Boston	MV relative to Boston
Grocery	137	123	12%
Housing	196	173	13%
Utilities	152	132	16%
Transportation	139	114	22%
Health Care	129	138	-7%
Miscellaneous Goods & Services	144	130	10%
Composite Index	157	140	12%

Source: Cost of Living Index for Martha’s Vineyard for 2006, Martha’s Vineyard Commission

In fact, Nantucket County and Dukes County (which includes Martha’s Vineyard) were identified in 2015 as the most expensive metropolitan area in the nation for annual expenditures needed for necessities, according to data compiled by the Economic Policy Institute (EPI) from its family budget calculator. This calculator totals costs such as housing, food, child care, health care, transportation and taxes for more than 600 US metropolitan areas, excluding savings or discretionary spending. The annual amount needed to “attain a secure yet modest living standard” in Nantucket and Dukes Counties was found to be \$85,163¹⁵.

Income

Despite the high housing prices and cost of living on the Vineyard, the median household income for the total population is actually slightly lower on the Island than for Massachusetts. That is, as is shown below in Table 9, the median household income for Martha’s Vineyard was \$64,559, as compared to \$67,846 for the State. The median annual household income for the 65-plus population, however, is higher for the Vineyard than for the State (\$54,661 versus \$39,550).

As would be expected, for both geographies the median income for households aged 65-plus is less than for the general population (\$54,661 versus \$64,559 for the Vineyard and \$39,550 versus \$67,846 for the State, respectively). This data is summarized in Table 9 below:

¹⁵ “The Costliest US Metro Areas to Raise a Kid – and Barely Get By”, <http://www.nbcnews.com/pages/print>
 Market Feasibility Study (v. 4)
 Prepared by Chi Partners LLC
 For Healthy Aging Martha’s Vineyard

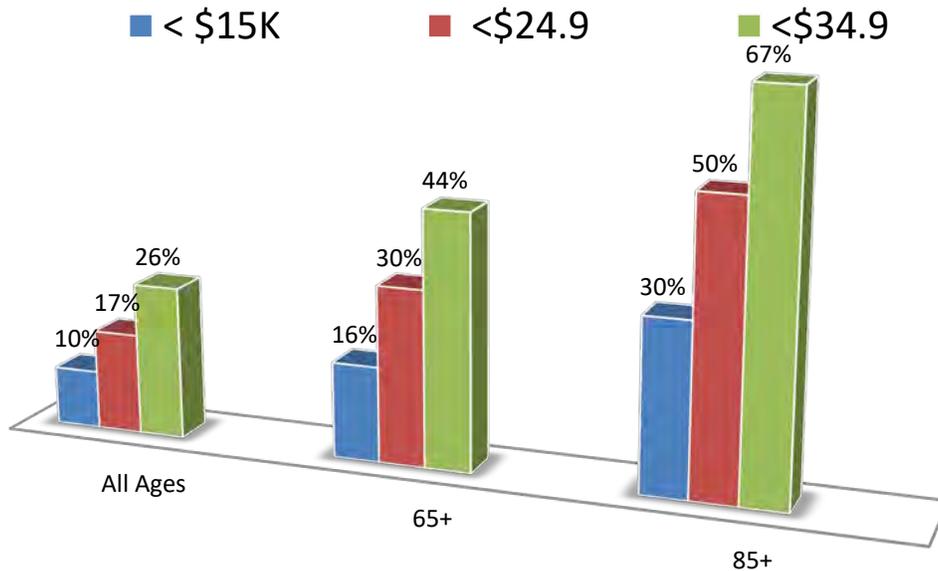
Table 9 Martha's Vineyard Demographic Information Median Household Income		
	Total Population	65+ Population
Martha's Vineyard	\$64,559	\$54,661
Massachusetts	\$67,846	\$39,550
Source: US Census Bureau, ACS 2014 Estimates		

Even though the median income for the 65-plus population of Martha's Vineyard is only \$10,000 per year less than for the total population, a significantly larger percentage of households aged 65-plus are at the lowest income brackets as compared to all households. That is, 16.4 percent of 65-plus households and 29.6 percent of 85-plus households have annual incomes less than \$15,000 versus 10.0 percent for all households. Similarly, 30.2 percent of 65-plus households and 49.9 percent of 85-plus households on the Vineyard have incomes less than \$25,000 per year, as compared to 17.3 percent for all households. Finally, 43.6 percent of 65-plus households and 67.0 percent of 85-plus households on the Vineyard have incomes less than \$35,000 annually, compared to only 26.2 percent of all households. These figures are summarized in the graph below:

Income By Age Group

% Earning Less Than \$35,000

Per the Nielson Company



Employment

Martha's Vineyard is heavily dependent on the tourist industry, with retail and service jobs consistently accounting for more than half of all reported employment. With the significant difference between the Island's summer and winter population, it's not surprising that the unemployment rates noted in Table 10 below show the Vineyard's unemployment to be almost twice as high as the State of Massachusetts¹⁶. It should be noted that these figures are not seasonally adjusted and, according to Martha's Vineyard Commission, off-season unemployment rates are two to four times the summer rate¹⁷. Also of note is that these figures would not include employment data from individuals who are working yet not declaring the income.

¹⁶ US Bureau of Labor Statistics, December 2015.

¹⁷ <http://www.mvcommission.org>

Table 10 Martha's Vineyard Demographic Information Unemployment Rate ¹⁸	
Martha's Vineyard	8.8%
Massachusetts	4.6%
Source: US Bureau of Labor Statistics, December 2015	

The number of jobs on the Vineyard grows from approximately 6,104 in the winter months to 10,881 during the summer months¹⁹, with the visitor-related component of the Vineyard's economy producing significantly more low-wage jobs than higher-wage jobs. That is, the visitor-related industries of construction; retail, accommodation and food services; arts, entertainment and recreation; and property services employ about half of all wage-earning workers while producing 80 percent of all low-paying jobs. In contrast, other year-round economic activities produce twice as many high-paying jobs as compared to low-paying jobs (1,184 versus 586, respectively)²⁰.

Many low-wage workers earn significantly more than those doing the same jobs elsewhere in the State, reflecting to some extent the higher cost of living associated with living on the Vineyard. However, the average wage for Martha's Vineyard is only 73 percent of the statewide average, due to the high percentage of lower-wage jobs on the Vineyard and the fact that traditionally high-wage jobs tend to pay less on the Island than elsewhere in the State²¹. With an increasing number of elderly residents on fixed incomes and younger wage-earners working in lower paying service-sector jobs, more than a quarter of all households on the Vineyard earned less than \$35,000 in 2010²².

Summary

Many of the socio-economic factors that are unique to the Vineyard could impact on the need for and viability of a senior housing project located on the Island. On one hand, the high housing prices could be seen as advantageous to a proposed project, as the equity in a home can be used to pay the fees at a facility. Furthermore, the resurgence of the real estate market is seen as a positive factor, in that individuals inclined to sell a home in order to relocate to an assisted living or nursing facility should be able to do so. However, because of the high home values and the fact that many homes on the Vineyard have been in families for generations,

¹⁸ Not seasonally adjusted

¹⁹ 2008 figures from the MA Department of Labor and Workforce Development, as reported by

<http://www.mvcommission.org/economic-profile-marthas-vineyard>

²⁰ <http://www.mvcommission.org/economic-profile-marthas-vineyard>

²¹ <http://www.mvcommission.org/economic-profile-marthas-vineyard>

²² <http://www.mvcommission.org/housing-situation-marthas-vineyard>

some Vineyarders may be less inclined to sell their homes than would be the case in other locations.

The inadequate supply of affordable workforce housing, the high cost of living on the Island, and competition for lower wage jobs from the tourist industry could also be a significant factor in the success of a proposed project. That is, these factors could impact on the ability of a project to attract and retain staff, and because labor comprises the largest component of the cost of operating a facility, these factors would need to be taken into consideration in the planning of a proposed project.

COMPETITIVE ANALYSIS

This section provides a summary of the senior housing and care properties located in, and just outside, the primary market area. Detailed information about each property is included in the appendix of this report.

Senior Housing and Care Overview

To provide context for the information included in this section, a description of the various types of senior housing is provided. It should be noted that the characteristics that once clearly differentiated the various types of housing have become less distinct as many providers have added amenities and/or expanded their services. The result is a greater overlap between the various settings and increased difficulty in clearly distinguishing one type of housing from another.

Age-Restricted Apartments offer private units to independent, active seniors on either a market-rate or subsidized basis. Services are generally not included in the monthly rental fees, although some properties employ a service coordinator to assist residents in accessing needed services. A variety of apartment designs may be available, with units typically including full kitchens. Limited common space may also be available to residents for socialization and activities. Senior apartment properties do not need to be licensed.

Independent Living Facilities typically offer private apartments with emergency call systems to independent, active seniors. Meals, housekeeping, linen laundry, activities and transportation are usually included in the monthly rental fees at independent living facilities. A variety of apartment designs are typically available, and apartments usually include either efficiency or full kitchens. These facilities generally include a central kitchen and dining room, with a variety of common areas available for use by residents for socialization and scheduled activities. An independent living level of care is often available at licensed assisted living facilities.

Assisted Living Facilities in Massachusetts are certified as Assisted Living Residences (ALRs) and offer a combination of housing, meals and personal care services on a rental basis. Assisted living residences provide for the supervision of and assistance with activities of daily living (such as dressing, bathing and toileting) and instrumental activities of daily living (including housekeeping, laundry and transportation); self-administered medication management; timely assistance to residents and response to emergency needs; and up to three regularly scheduled meals each day. Newly constructed facilities must provide in each resident's unit a full, private bathroom and either a kitchenette or access to cooking facilities. ALRs do not provide medical or nursing services, and are not designed for people who need serious medical care. The Office of Elder Affairs certifies Assisted Living Residences in Massachusetts.

Memory Care Facilities offer specialized care for individuals who have Alzheimer's disease or other dementias. In Massachusetts, these facilities are usually certified as Assisted living

Residences, although they may also exist as part of skilled nursing facilities. An ALR may designate a distinct part or the entire facility as a special care residence to address the individualized needs of residents, including those who may need assistance in directing their own care due to cognitive impairments. Additional regulatory requirements apply to special care residences, including specialized policies and procedures and additional staff training. The Office of Elder Affairs oversees ALR-based special care residences.

Dedicated memory care units located in Massachusetts’ nursing facilities are called Dementia Special Care Units (DSCUs). Any nursing facility, or unit within a nursing facility, that suggests that it is capable of providing specialized care for residents with dementia is considered to be a DSCU and must comply with the regulatory requirements for DSCUs regarding staff training, therapeutic activities, and the physical environment. Dementia Special Care Units are regulated by the Department of Public Health.

Nursing Facilities serve residents who require ongoing skilled nursing care. Accommodations in nursing facilities are usually shared rooms with half-baths, although some private rooms may be available. These facilities provide the highest level of care available in the long-term care spectrum, and may include both long-term convalescent care and short-term rehabilitation care. Nursing facilities in Massachusetts are licensed by the Department of Public Health and must also meet federal guidelines.

In addition to the short-stay rehabilitation and long-term convalescent typical of nursing facilities nationwide, Massachusetts’ nursing homes may also provide “Level IV care”. A facility (or unit within a facility) providing this level of care is known as a rest home, and provides a supervised supportive and protective living environment and support services for residents who have difficulty caring for themselves and who do not require medically related services on a routine basis. Rest homes are also licensed and regulated by the Department of Public Health.

Senior Apartment Properties

No market-rate senior apartment properties are located in the primary market area for the proposed project, although there are 24 market-rate, age-restricted units located in Falmouth at the Cape Cod Senior Residences. These units are summarized in Table 11 below, with additional information about this property included in the appendix to the report.

Table 11 Age-Restricted, Market-Rate Apartments Located Near Martha’s Vineyard							
Property Name	Location	Total Units	# of Sr. Apts.	Community/ Entrance Fee	1 Bdrm	2 Bdrm	Additional Fees
Cape Cod Senior Residences at Pocasset	Falmouth	84	24	None	\$984/mo	\$1,182/mo	None

The Executive Director of this property reports that three to five residents have moved from the Vineyard to the Senior Residences at Pocasset, mostly on the independent living side of the property.

Six properties that provide affordable, age-restricted apartments to residents who meet income-eligibility requirements are located on the Vineyard. Following is a summary of these properties, with detailed information about each included in the appendix:

Table 12 Age-Restricted, Affordable Apartments Located on Martha's Vineyard							
Property Name	Location	Total Units	# of Sr. Apts.	Community/ Entrance Fee	Studio	1 Bdrm	Additional Fees
Aidylberg Low-Income Housing	Oak Bluffs	10	10	None		30% of income ²³	n/a
Greenough Housing Project	Vineyard Haven (Tisbury)	6	6	None		Varies ²⁴	n/a
Havenside Apartments	Vineyard Haven (Tisbury)	29	29	None	\$750/mo	\$900-\$975/mo 2-Bdrm \$1125/mo	n/a
Hillside (I, II & III)	Vineyard Haven (Tisbury)	55	55	None		1 and 2-Bdrm 30% of income ²⁵	n/a
Love House	Vineyard Haven (Tisbury)	5	5	None	30% of income ²⁶		n/a
Woodside Village (I, II, III, V, VI)	Vineyard Haven (Tisbury)	95	95	None		30% of income ²⁷	n/a
Total		200	200				

All of these properties are full with waiting lists, with the lists for some of the units closed due to the size of the lists.

²³ Income must be no more than \$30,300/year.

²⁴ This property does not receive government funding and as a result does not follow pre-defined formulas used to calculate rental rates, with rents determined instead on a resident-by-resident basis.

²⁵ Income must be no more than \$30,300/year.

²⁶ Income must be no more than \$30,300/year.

²⁷ Income must be no more than \$30,300/year.

Independent Living Facilities

There are no independent living facilities currently located in the primary market area. Windemere Nursing and Rehabilitation Center, however, includes 13 units of “retirement living” that are licensed as a “level IV” nursing facility (also known as a rest home). These units are summarized in the section below for Skilled Nursing Facilities, with additional detail included in the appendix to the report.

In addition, the Atria Woodbriar Place is located just outside the primary market area in Falmouth. Information about this independent living facility is summarized in Table 13 below, with detailed information included in the appendix to the report:

Table 13 Independent Living Facilities Located Near Martha’s Vineyard								
Property Name	Total Units ²⁸	# of IL Units	% Occ.	% Medicaid	Community / Entrance Fee	Studio	1 Bdrm	Level of Care Fees
Atria Woodbriar Place	126	126	90%	0%	\$4,500 ²⁹	\$6440/mo	\$6920/mo 2 bdrm \$8440/mo Shared suites \$5335/mo 2 nd resident \$1600/mo	See the information below for the Atria Woodbriar Terrace

Although the Atria Woodbriar Place primarily serves residents at an independent living level of care, the building is licensed as an assisted living residence with personal care services and medication reminders available on an as-needed basis. According to Atria staff, residents typically move from Woodbriar Place to the adjacent assisted living and memory care building (Atria Woodbriar Terrace) when they need frequent supervision or guidance or have unscheduled care needs.

The Community Sales Director at the Atria said that an estimated 10 to 12 of their independent living residents have moved from the Vineyard, with another five to six who have inquired about independent living at this property.

²⁸ An additional 96 units are available for assisted living and memory in the Atria Woodbriar Terrace, which is a separate building but connected to the Atria Woodbriar Place.

²⁹ Administrative/Health and Wellness fee (one-time, non-refundable)

Assisted Living Residences

Two assisted living residences with a total of 24 beds are located in the primary market area, with an additional three ALRs located just off the island. These facilities are summarized in the tables below:

Table 14
Assisted Living Residences
Located on Martha's Vineyard

Property Name	Total beds	# of AL beds	% Occ.	% Medicaid	Community / Entrance Fee	Private Room	Semi-Private Bedroom	Level of Care Fees
Henrietta Brewer House	14	14	80%	0%	None	\$180-\$220/day (\$5476-\$6692/mo)		None
Long Hill Assisted Living	10	10	90%	0%	None	\$5,500/mo		None
Total	24	24						

**Table 15
Assisted Living Residences
Located Near Martha's Vineyard**

Property Name	Total beds	# of AL beds	% Occ.	% Medicaid	Community / Entrance Fee	Studio	1 Bdrm	Level of Care Fees
Atria Woodbriar Terrace	99	99 ³⁰	50% ³¹	0%	\$4,500 ³²	\$6440/mo	\$6920/mo 2 bdrm \$8440/mo Shared suites \$5335/mo 2 nd resident \$1600/mo	6 Personal Care Levels: From \$375/mo for up to 3.5 hours of care /wk for Level 1 to \$2,550/mo for up to 21 hrs for Level 6 3 Medication Assistance Levels: From \$300/mo for up to 2 reminders/day for Level 1 to \$500/mo for 3+ reminders/day and assistance with special meds for Level 3
Cape Cod Senior Residences at Pocasset	84	60	100%	50% ³³	None	\$5225/mo	\$5700/mo	One hour of personal care assistance per day by a CNA is included. Additional assistance is available at \$15.00 per half hour or \$30.00 per hour.
Heritage at Falmouth	56	56	100%	0%	\$5500 (Waiting List Fee converts to	\$5000-\$5300/mo	\$5000-\$5300/mo 2 Bdrm \$6000/mo	Assistance with 45 minutes a day of personal care is included; billed at

³⁰ Of the total 99 beds in the Atria Woodbriar Terrace, 50 beds are dedicated to memory care.

³¹ This building is undergoing a significant renovation, and is only partially occupied during construction.

³² Administrative/Health and Wellness fee (one-time, non-refundable)

³³ An estimated 50 percent of the units are subsidized either through the Group Adult Foster program or through reduced fees available directly through the Residence.

					Community Fee upon acceptance)			\$0.75 per minute thereafter. Unused minutes are banked to allow for temporary changes in the need for assistance.
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The base fees at assisted living facilities typically include three meals per day, weekly housekeeping and laundry, social and recreational programming, and scheduled transportation. Some facilities (such as the Cape Cod Senior Residences and the Heritage at Falmouth) also include some assistance with personal care in the base monthly rate.

The fees charged when additional assistance is needed can be significant, and would not be reflected in the base monthly fees. For example, while the base monthly fees at the Atria range from \$6,440 for studio units to \$8,440 for two-bedroom units, the maximum monthly fees range from \$9,190 to \$11,190 for studio and two-bedroom units, respectively (assuming three hours per day of care plus assistance with 3-plus medications or special medications).

The base monthly fees at the Cape Cod Senior Residences are \$5,225 for studio units and \$5,700 for one-bedroom units, with an estimated fee of \$7,031 per month for studio units and \$7,506 per month for one-bedroom units if three hours of assistance per day is needed. Similarly, the base rates at the Heritage at Falmouth range are \$5,000 to \$6,000 per month, with rates of \$8,048 and \$9,048 if three hours of assistance per day were needed.

The Community Sales Director at the Atria reported that an estimated three to four individuals from the Vineyard reside in the dedicated memory care units located at this property. Information about how many Vineyarders were receiving general assisted living services was not available.

The Executive Director at the Heritage at Falmouth reported that no residents have moved to the Heritage directly from Martha’s Vineyard, although several current residents moved to the Heritage from out of state to be closer to family who live on the Vineyard.

The Executive Director at the Cape Cod Senior Residences at Pocasset said three to five residents have moved to this property from the Vineyard, but most of these residents are at an independent level of care.

Memory Care Facilities

There are no dedicated ALR-based memory care facilities located in the primary market area. However, the Atria Woodbriar Terrace in Falmouth includes 50 memory care units. Information about this assisted living residence is summarized in Table 15 above.

In addition, although not called a Dementia Special Care Unit, a unit at Windemere Nursing and Rehabilitation Center primarily serves individuals who have dementia and one floor of the Royal Falmouth Nursing and Rehabilitation Center (40 beds) also provides memory care services. Information about these nursing facilities is summarized below in Table 16.

Skilled Nursing Facilities

One nursing facility, Windemere Nursing and Rehabilitation Care center, is located in the primary market area with a total of 61 operating skilled nursing beds and 13 “Level IV” or rest home beds. The rest home beds, called Wildflower Court, do not provide the level of care typically associated with a nursing facility because residents are required to be relatively independent upon admission. However, information about Wildflower Court is included in this section because it is part of Windemere. Following is summary information about this facility, with additional detail included in the appendix to the report.

Table 16
Nursing Facilities
Located on Martha’s Vineyard

Property Name	CMS 5-Star Rating	Total # Beds	% Occ.	% Medicare	% Medicaid	% Private Pay	% Other	Private Room	Semi-Private Room
Windemere Nursing and Rehab	5	61*	85%*	6%	84%	10%		\$420/day	\$380/day
Windemere’s Wildflower Court (Level IV Nursing Care / Rest Home)	5	13*	54%		50%	50%		\$210-\$270/day	n/a

*This facility is licensed for 106 beds but currently operates only 74 beds, of which 61 are traditional skilled nursing beds and 13 are “rest home” beds.

Three additional nursing facilities are located just outside the primary market area in Falmouth. Following is a summary of these facilities, with additional detail included in the appendix of the report:

Table 17
Nursing Facilities
Located Near Martha's Vineyard

Property Name	CMS 5-Star Rating	Total # Beds	% Occ.	% Medicare	% Medicaid	% Private Pay	% Other	Private Room	Semi-Private Room
JML Care Center, Inc.	3	132	95%	38%	41%	21%		\$370-\$400/day	\$350-\$370/day
Royal Falmouth Nursing and Rehab Center	3	120	90%	Information not available				\$399-\$460/day	\$361-\$388/day
Royal Megansett Nursing & Retirement Home	4	78 ³⁴	100%	32%	45%	23%		\$443-\$482/day	\$396-\$413/day

Staff at JML Care Center report that “a couple” of their long-term care residents are from the Vineyard, with an estimated five to ten residents from the Vineyard receiving rehabilitation care in the short-stay unit per year. The Executive Director of the Royal Falmouth reported that four long-term care residents and one short-stay resident from the Vineyard currently reside at their facility, with the Executive Director from the Royal Megansett reporting one current long-term care resident and approximately one short-stay resident per month from the Vineyard.

Planned Senior Housing Projects

The Dukes County planning department and each of the town municipalities located on the Vineyard reported that there are no planned senior housing or care projects in the primary market area. Planners for the Town of Edgartown said that a housing project is in the discussion stage in their jurisdiction, but has not yet been defined. In addition, a development planned for West Tisbury will include some affordable elder units and three affordable units under construction in Vineyard Haven are accessible and designed for elders if they want to apply.

³⁴ Also have 13 retirement suites for a total of 90 beds
Market Feasibility Study (v. 4)
Prepared by Chi Partners LLC
For Healthy Aging Martha's Vineyard

DEMAND ANALYSIS

This section provides an analysis of demographic data obtained for the primary market area to determine the current and projected need for assisted living, memory care, and skilled nursing care. The demographic data for this analysis was obtained from the Nielson Company and is based on 2010 Census data, with current year estimates and five-year projections developed by the Nielson Company.

It should be noted that age-by-income data, which forms the basis for the demand analyses included in this section, is only reported by the US Census at the household level. Because households can consist of either individuals or couples, the analyses evaluate the need in the market for additional units – not the number of individuals in need of a type of senior housing or level of care. Assuming a Green House model of care, a unit would be defined as a private room for either an assisted living or skilled nursing facility.

Assisted Living

An analysis to determine the demand for assisted living in the primary market area was based on the following factors:

Age. The average age of residents in assisted living facilities is 86.9 years³⁵, with over 93% of residents over the age of 75 at move-in³⁶. As is typical for assisted living market analyses, this report evaluated the market for assisted living based on a minimum age of 75.

Income. To determine the income that would be needed to afford to pay privately for assisted living, an estimated starting rate of \$6,500 per month was used based on rate information obtained from the two assisted living homes currently located on the Vineyard. It is suggested that a rate structure utilizing several levels of care be considered for the proposed facility, as is the case in many assisted living residences, and if this were the case the average rate at the project would likely be higher than the flat fees charged Henrietta Brewer House and Long Hill Assisted Living. It should be noted that a starting rate of \$6,500 would be comparable to the base rate for a studio unit at the Atria Woodbriar Terrace, although a more moderate level of care fee structure than is available at the Atria would be recommended.

It is generally assumed that private-pay residents at assisted living facilities can spend up to 85 percent of their income on facility-based fees. A starting rate of \$6,500 per month would thus require an annual income of \$91,765. However, a weighted average of home owners and renters results in an estimated required annual income of \$78,036 as is outlined below in Table 22:

³⁵ <http://www.ahcancal.org/ncal/resources/Pages/ResidentProfile.aspx>

³⁶ “2009 Overview of Assisted Living”, sponsored by AAHSA, ASHA, NIC, ALFA and NCAL.

Table 22
Required Income Calculation for
Assisted Living

	<u>2015 (Estimates)</u>
Starting Rate	\$6,500 per month
% of Income Needed	85.0%
Annual Required Income (Renters)	\$91,765
% Home Owners (ages 75+)	74.8%
% Renters (ages 75+)	25.2%
Median Home Price	\$679,677
Net Proceeds (at 90%)	\$611,677
Annual Income Stream @ 3.0%	\$18,350
Annual Required Income (Home Owners)	\$73,414
Weighted Average (Renters and Owners)	\$78,036

The weighted average required income of \$78,036 represents the minimum income that would be required (on average) by individuals living in the primary market area to be able to afford to pay a starting rate of \$6,500 per month at an assisted living residence, assuming this income were supplemented by interest earned from the proceeds of the sale of a home. Taxes are not incorporated into this analysis because of the medical deduction typically available to assisted living residents. The average income of \$78,036 was rounded up to an annual required income of \$80,000 for the purposes of the demand analysis.

Because assisted living is a need-based decision rather than a lifestyle choice as is usually the case with independent living, individuals may be willing to spend the equity in their homes and/or draw down other assets in order to pay assisted living fees. To estimate the depth of this market, homeowners aged 75-plus with incomes between \$25,000 and \$80,000 were included in the demand analysis, in addition to renters and owners who have incomes greater than \$80,000.

Frailty Factor. Residents of assisted living facilities typically require assistance with Instrumental Activities of Daily Living (IADLs), such as housecleaning, preparing meals, shopping, or managing money, and/or Activities of Daily Living (ADLs) such as bathing, dressing, grooming, ambulation, or toileting. Typically, criteria that estimate the incidence of persons who need assistance with at least one or two ADLs are used to determine the number of age and income qualified households in a market area that would be appropriate to move to an assisted living facility.

To determine the number of individuals who have difficulty with varying numbers of ADLs, a factor to estimate need was applied to the population in the primary market area. This factor was derived from research based on the 2004/2005 National Long-Term Care Survey, which was designed to study changes over time in the health and functional status of Americans aged 65-plus. The survey was administered by the U.S. Census Bureau and utilized a large, nationally representative sample that included both elders in the community and those residing in institutions³⁷. As part of this study, the percentage of seniors in various age brackets reporting difficulty with personal care activities was determined (the ADLs included in the study were bathing, dressing, eating, getting in/out of bed and chairs, walking, getting outside, and using the toilet).

Following are estimates from this study of the number of people aged 75-plus who have difficulty with one or more activity of daily living:

Table 23 Percentage of Individuals Who Have Difficulty With 1+ ADL Need	
Ages 75 – 84	15.2%
Ages 85+	29.9%
Source: 2004/2005 National Long-Term Care Survey	

Competitive Units. As summarized in the competitive analysis section of this report, there are two licensed assisted living residences operating in private, residential homes on the Vineyard. However, because these homes were not purpose built for assisted living and do not have a physical plant that would be considered comparable to the proposed project (i.e. most of the rooms in these homes have shared bathrooms, both homes have steep stairs that require the use of a stair chair for residents to ambulate between floors, etc.). Therefore, these homes were not included as competition in the demand analysis.

Market Penetration Rates. As stated previously, the market penetration rate for a proposed project is the percentage of age, income, and need-eligible households in the primary market area that would need to move to the project to achieve full occupancy. Because moving to an assisted living facility is generally a need-based decision rather than a life-style choice as is usually the case with independent living, market penetration rates up to 15 percent are generally considered acceptable for assisted living as compared to a rate of approximately four percent for independent living.

³⁷ As per the National Long-Term Care Survey home page at www.nltns.aas.duke.edu/.

Secondary Market Factor. An assisted living residence located on the Vineyard would likely attract some residents who live outside the primary market area (e.g. to relocate to the Vineyard if they moved away due to a lack of care options or to be closer to family). Residents who moved to the proposed facility from outside the primary market area would not be included in the demographic data for the primary market area, and thus must be added to the analysis as a secondary market factor. A secondary market factor of 15 percent is used in the analysis to account for these residents.

Estimates of Market Need. Following are estimates of market need based on the assumptions outlined above for assisted living:

Table 24 Demand Analysis for Market-Rate Assisted Living		
	<u>2015</u>	<u>2020</u>
Age and Income Qualified Households:		
Homeowners and Renters with Incomes \$80,000+		
Ages 75 to 84	123	170
Ages 85-plus	<u>46</u>	<u>59</u>
Total	169	229
Plus Homeowners with Incomes \$25,000 - \$80,000		
Ages 75 to 84	187	204
Ages 85-plus	<u>95</u>	<u>107</u>
Total	282	311
Total Age and Income Qualified Households	451	540
Age, Income and Health-Qualified Households:		
Ages 75 to 84	47	57
Ages 85-plus	<u>42</u>	<u>50</u>
Total	89	106
Less Competitive Units	0	0
Total Market Potential	89	106

<u>Market Demand:</u>		
With a 10% market penetration rate	9 units	11 units
With a 15% market penetration rate	13 units	16 units
With a 20% market penetration rate	18 units	21 units
<u>Market Demand with a 15% Secondary Market:</u>		
With a 10% market penetration rate	10 units	12 units
With a 15% market penetration rate	15 units	18 units
With a 20% market penetration rate	21 units	24 units
Data Source: The Nielson Company, Inc.		

This analysis shows there to be a need, with a 15 percent market penetration rate and a 15 percent secondary market, for 15 units of assisted living in 2015 and 18 units in 2020. If the 24 units of assisted living available in the Henrietta Brewer House and Long Hill Assisted Living were included as competition in the analysis, the total market potential would decrease to 65 households in 2015 and 82 households in 2020. The resulting market demand, with a 15 percent market penetration rate and a 15 percent secondary market, would decrease to 11 units in 2015 and 14 units in 2020.

Medicaid- Funded Assisted Living. In Massachusetts, Medicaid funding for assisted living residences is available through the group adult foster care (GAFC) program. GFAC is a program that provides assistance with activities of daily living and instrumental activities of daily living, as well as case management oversight by the provider of an Assisted Living Residence or some type of elderly / disabled housing complex. The Group Adult Foster Care program is administered by MassHealth.

In addition to the funding for services available through the GAFC program, funding for assisted living room and board costs are available through the Supplemental Security Income (SSI-G) Assisted Living Benefit. SSI-G payments are made through the State Supplemental Program (SSP), and are used by beneficiaries to pay for room and board in assisted living residences. In order to access the SSI-G benefit, an individual must live in a certified assisted living community, be clinically eligible for and participate in the GAFC program, and meet income and asset eligibility requirements³⁸.

An analysis of the Medicaid-eligible population was conducted to show the demand for GAFC-funded assisted living in the primary market area. The following changes were made to the assumptions on which the private-pay analysis was based:

³⁸ <http://www.massalfa.org/find-a-residence/payment-options>
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Income³⁹. Individuals may be eligible for the GAFC program if they qualify financially for MassHealth. The current monthly income maximum for a MassHealth single applicant aged 65-plus is \$1,001 per month, or \$12,012 annually. However, MassHealth eligibility for seniors is based on “countable monthly income” after deductions, with the senior deductible income standard \$522 per month for an individual⁴⁰. Thus, the maximum possible income for the Group Adult Foster Care program is assumed for the purposes of the demand analyses to be \$15,000 per year (or \$1,250 per month).

It should be noted that assets are also factored into the eligibility criteria for MassHealth, and therefore also for the GAFC program. That is, the maximum value of an application’s countable assets is \$2,000 for an individual or \$3,000 for a couple, with countable assets excluding an individual or couple’s first home and first vehicle.⁴¹

Frailty Factor. To be eligible for the Group Adult Foster Care program, an applicant must require help with at least one activity of daily living, such as dressing, bathing or using the bathroom, with a medical doctor certifying the participant’s conditions and level of care required⁴². Therefore, for the purposes of the demand analysis, a factor to estimate difficulty with one or more ADLs was used, based on the results of the 2004 / 2005 National Long-Term Care Survey.

Estimates of Market Need. Following are estimates of the need for Medicaid-funded assisted living in the primary market area, incorporating the factors outlined above:

³⁹ “Questions and Answers on the COPES Program”, prepared by Columbia Legal Services, January 2014 and per a telephone conversation with the MassHealth Customer Service Center.

⁴⁰ http://www.mcoaonline.com/sites/mcoa/files/file/2015_fpl_mlri_masshealth_income_chartapr7.pdf

⁴¹ <http://www.mass.gov/eohhs/docs/masshealth/membappforms/saca-1-english-mb.pdf>

⁴² <https://www.payingforseniorcare.com/medicaid-waivers/ma-group-adult-foster-care.html#title2>

**Table 25
Demand Analysis for
MassHealth-Funded
Assisted Living**

	2015	2020
Age and Income Qualified Households:		
Ages 75 to 84	117	123
Ages 85-plus	<u>102</u>	<u>105</u>
Total	219	228
Age, Income and Health-Qualified Households:		
Ages 75 to 84	18	19
Ages 85-plus	<u>30</u>	<u>31</u>
Total	48	50
Less Competitive Units	0	0
Total Market Potential	48	50
Market Demand:		
With a 10% market penetration rate	5 units	5 units
With a 15% market penetration rate	7 units	8 units
With a 20% market penetration rate	10 units	10 units
Market Demand with a 15% Secondary Market:		
With a 10% market penetration rate	6 units	6 units
With a 15% market penetration rate	8 units	9 units
With a 20% market penetration rate	11 units	12 units
Data Source: The Nielson Company, Inc.		

This analysis shows there to be a need, with a 15 percent market penetration rate and a 15 percent secondary market, for eight units of MassHealth-funded assisted living in 2015 and nine units in 2020. It should be noted that these numbers may be overstated because income-and-asset information is not available, and some portion of households with incomes less than \$15,000 per year would likely have a home or other assets that could disqualify them from

MassHealth. Individuals in this situation would need to spend down their assets before being eligible for the GAFC program.

Combining the private-pay and Medicaid analyses together would result in a total estimated need for 23 assisted living units in 2015 and 27 assisted living units in 2020, assuming a 15 percent market penetration rate and a 15 percent secondary market.

Subsidized Assisted Living. Homeowner households with incomes between \$15,000 and \$25,000 per year and renter households with incomes between \$15,000 and \$80,000 would not be included in either the private-pay or Medicaid demand analyses for assisted living. Therefore, an additional analysis was conducted to provide an estimate of the current and projected demand for assisted living at these income levels.

This analysis shows there to be an estimated need for ten assisted living units in 2015 and 11 units in 2020 for those who do not qualify for Medicaid (based on income) yet cannot afford to pay the proposed private-pay rates. Unfortunately, at the current time no funding exists to subsidize the care of individuals who fall in this funding gap, although the development of an endowment fund could be used for this purpose.

Memory Care

A demand analysis similar to that outlined for assisted living was conducted to estimate the potential need in the primary market area for assisted living-based specialized care for persons with Alzheimer's disease or other dementias. Following is an overview of the factors included in this analysis:

Income. The minimum required income to afford to pay privately for memory care may be calculated based on the estimated starting rate for this level of care. The only memory care program in an assisted living residence either in or close to the primary market is located at the Atria Woodbriar Terrace. Because the rates at the Atria are individualized based on the amount of assistance needed, it is difficult to estimate a typical rate for memory care, but staff at the Atria report that it is not uncommon to see monthly fees up to \$11,000 or \$12,000 per month. Because a starting rate of \$6,500 was assumed for "general" assisted living, and fees for memory care are often approximately one-third more than for non-specialized AL, a starting rate of \$8,500 was assumed for the purposes of this analysis. Several levels of care could then be added to this starting rate to account for differences in resident acuity.

A starting rate of \$8,500 would require an estimated minimum annual income for renters of \$120,000 (assuming that 85 percent of income is needed to pay the monthly fees). A weighted average income requirement for both renters and owners would be \$106,271, as is summarized below:

Table 26 Required Income Calculation for Memory Care	
	2015 (Estimates)
Starting Rate – AL Studio	\$8,500 per month
% of Income Needed	85.0%
Annual Required Income (Renters)	\$120,000
% Home Owners (ages 75+)	74.8%
% Renters (ages 75+)	25.2%
Median Home Price	\$679,641
Net Proceeds (at 90%)	\$611,677
Annual Income Stream @ 3.0%	\$18,350
Annual Required Income (Home Owners)	\$101,650
Weighted Average (Renters and Owners)	\$106,271

The weighted average required income shown in Table 26 was rounded down to \$100,000 for the purposes of this analysis. Taxes were not included in the minimum income calculation because of the medical deduction typically available to residents in memory care facilities.

Since memory care is a need-based decision similar to assisted living, individuals may spend the equity in their homes and/or draw down other assets in order to pay the monthly fees for a memory care facility. To estimate the depth of this market, home owners aged 75-plus with incomes between \$35,000 and \$100,000 were included in the demand analysis, in addition to renters and home owners who have incomes greater than \$100,000.

Level of Need. Significant research has been conducted to estimate the prevalence of Alzheimer’s disease and other dementias in the general population. The study “Estimated Prevalence of Alzheimer’s Disease in the United States⁴³” presents prevalence estimates by age and degree of impairment (mild, moderate and severe), as is shown below:

⁴³ Evans, Denis A., “Estimated Prevalence of Alzheimer’s Disease in the United States”, The Milbank Quarterly, Vol. 68, No. 2 (1990), pp. 267-298. This study was selected as the basis for the Alzheimer’s disease prevalence factor, even though it is an older study, because it provides a breakdown by severity level of the disease which is important in estimating the need for memory care services.

Table 27
Prevalence of Alzheimer’s Disease
By Age and Degree of Impairment

	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
Ages 65-74	14.3%	4.6%	0.3%
Ages 75-84	27.0%	14.3%	5.6%
Ages 85+	28.6%	31.2%	19.6%
Source: Evans, Denis A., et al, Harvard Medical School, “Estimated Prevalence of Alzheimer’s Disease in the United States”.			

Individuals who have mild cognitive impairment can typically still live at home with some assistance or in a non-specialized assisted living facility. Individuals with moderate impairment, on the other hand, may require the services provided at a dedicated memory care facility and those with severe dementia may potentially be best served in a nursing facility. The demand analysis to estimate the need for specialized memory care will thus use the prevalence factors for a moderate level of impairment to estimate the need for this level of care in the primary market area.

Competitive Beds. There are currently no dedicated memory care beds with an assisted living license located in the primary market area. As noted in the competitive analysis section of this report, Windemere offers a unit that primarily serves individuals with cognitive impairment, although this unit is not called a Dementia Special Care Unit. Because individuals residing in nursing facilities are not included in household data by the U.S. Census Bureau, but are instead categorized under “group quarters”, the beds included in this unit at Windemere do not need to be deducted from the eligible households in the demand analysis.

Market Penetration Rates. As with assisted living, a move to a memory care unit is a need-driven decision rather than a lifestyle choice. Therefore, the acceptable levels for market penetration rates for memory care are similar to those for assisted living, with rates up to 10 to 15 percent typically considered to be appropriate.

Secondary Market Factor. As with the other analyses, it was assumed that 15 percent of prospective memory care residents would move from outside the primary market area and thus comprise a secondary market factor.

Estimates of Market Need. Incorporating the assumptions outlined above into a demand analysis results in the following estimates of need for memory care in the primary market area:

Table 28
Demand Analysis for
Market-Rate Memory Care

	<u>2015</u>	<u>2020</u>
Age and Income Qualified Households:		
Homeowners and Renters with Incomes \$100,000+		
Ages 75 to 84	92	134
Ages 85-plus	<u>35</u>	<u>46</u>
Total	127	180
Plus Homeowners with Incomes \$35,000 - \$100,000		
Ages 75 to 84	139	155
Ages 85-plus	<u>59</u>	<u>68</u>
Total	198	223
Total Age and Income Qualified Households	325	403
Age, Income and Health-Qualified Households:		
Ages 75 to 84	33	41
Ages 85-plus	<u>29</u>	<u>36</u>
Total	62	77
Less Competitive Units	0	0
Total Market Potential	62	77
<u>Market Demand:</u>		
With a 10% market penetration rate	6 units	8 units
With a 15% market penetration rate	9 units	12 units
With a 20% market penetration rate	13 units	15 units
<u>Market Demand with a 15% Secondary Market:</u>		
With a 10% market penetration rate	7 units	9 units
With a 15% market penetration rate	11 units	13 units
With a 20% market penetration rate	14 units	18 units
Data Source: The Nielson Company, Inc.		

This analysis shows there to be a need, with a 15 percent market penetration rate and a 15 percent secondary market, for 11 units of memory care in 2015 and 13 units in 2020.

It should be noted that the analysis conducted for assisted living is not mutually exclusive of the analysis conducted for memory care. That is, the assisted living analysis estimates the number of individuals who need assistance with ADL needs, whereas the memory care analysis estimates the number of individuals who have Alzheimer's disease or other forms of dementia. As a result, there is likely some overlap between the two analyses, although the extent of any duplication is not quantifiable. However, most individuals who have moderate dementia would likely require assistance with one or more activity of daily living.

Medicaid- Funded Memory Care. A separate analysis to estimate the need for dedicated memory care funded through MassHealth was not conducted as there is no distinct eligibility criteria for the Group Adult Foster Care program for individuals with Alzheimer's disease or other dementias. The estimate of need conducted for Mass-Health funded assisted living would thus also be inclusive of memory care.

Subsidized Memory Care. Homeowners aged 75-plus with incomes between \$15,000 and \$35,000 per year and renters aged 75-plus with incomes between \$15,000 and \$100,000 per year would not be included in either the private-pay or Medicaid demand analyses. Therefore, an additional analysis was conducted to provide an estimate of the current and projected demand for dedicated memory care for those households who would not be covered by Medicaid and could not afford the proposed private-pay rates for this level of care.

This analysis found there to be a need for 14 subsidized memory care units in 2015 and 15 units in 2015, assuming a 15 percent market penetration rate and a 15 percent secondary market. As was stated in the assisted living demand analysis section, at the current time no funding exists to support the care of individuals who fall in this funding gap. However, the development of an endowment fund could be used for this purpose.

Nursing Facility

The need for skilled nursing beds is generally determined by applying a nursing facility use rate to the population of the geographic area under evaluation⁴⁴. According to the 2013 Nursing Home Data Compendium⁴⁵, following are the percentage of residents in nursing facilities nationally and in Massachusetts:

⁴⁴ The Department of Public Health would not provide the methodology on which decisions regarding the determination of need for additional nursing facility beds in Massachusetts is based because the Department has determined that "there is no need for nursing home beds", as there is a "huge surplus of unused beds in Massachusetts".

⁴⁵ Nursing Home Data Compendium, 2012 Edition, published by CMS (Centers for Medicare and Medicaid Services) Market Feasibility Study (v. 4) Page 44
Prepared by Chi Partners LLC
For Healthy Aging Martha's Vineyard

Table 29
Percentage of Residents in a Nursing Facility

	<u>All Ages</u>	<u>Ages 65+</u>	<u>Ages 85+</u>
United States	0.4%	2.8%	10.2%
Massachusetts	0.6%	4.0%	14.1%

Source: The Nursing Home Compendium, with data from Minimum Data Sets (MDS) and the US Census, 2012, page 166.

As may be seen from this table, the rate of nursing home usage in Massachusetts is significantly higher than that seen nationally. This may be due, in part, to the lack of Medicaid funding for assisted living with rates high enough to encourage robust provider participation⁴⁶. Another reason may be the restrictions placed on assisted living residences in regards to the provision of nursing care, which could potentially limit the types of residents admitted and/or retained in an assisted living setting. In contrast, some states view assisted living as an alternative to nursing home care and reimburse providers at rates that cover a higher percentage of the cost of care than is the case in Massachusetts.

The utilization rates for Massachusetts can be applied to the population of the primary market area to provide an estimate of the current and projected need for nursing home beds in that geographic area. These calculations are shown below:

Table 30
Nursing Facility Need Estimates
For the Primary Market Area

	<u>Utilization Rate</u>	<u>2015 Population (estimated)</u>	<u>2020 Population (projected)</u>	<u>Bed Need 2015 (estimated)</u>	<u>Bed Need 2020 (projected)</u>
All Ages	0.6%	17,681	18,844	106	113
Ages 65+	4.0%	3,391	4,096	136	164
Ages 85+	14.1%	473	523	67	74

Source: 2012 Nursing Home Compendium and the Nielson Company

The percentage of residents in Massachusetts nursing facilities by age is as follows: 0.2 percent are 21 years of age or less; 0.2 percent are between 22 and 30 years of age; 11.0 percent are between 31 and 64 years; 12.6 percent are between 65 and 74 years; 25.9 percent are between 75 and 84 years; 40.1 percent are between 85 and 94 years; and 10.0 percent are 95 years or

⁴⁶ Current rates for the Group Adult Foster Care program are approximately \$1,200 per month, plus room and board.

older⁴⁷. These figures show that 88.6 percent of nursing home residents in Massachusetts are aged 65 or older, with 76.0 percent over the age of 75.

The 65-plus utilization rate is the most commonly used measure to estimate the need for additional nursing facility beds, which in this case would be 136 beds in 2015 and 164 beds in 2020. If the all-age utilization rate were used, the estimated need for nursing facility beds in the primary market area would be slightly less, at 106 beds in 2015 and 113 beds in 2020.

These numbers reflect a need for nursing home beds that is significantly greater than what is currently utilized at Windemere Nursing and Rehabilitation Center, the only nursing facility located in the primary market area. As stated in the competitive analysis section of this report, Windemere is licensed for 106 beds but currently operates 74 beds (including 13 Level IV, or “rest home” beds).

However, because short-stay, rehabilitative care is provided in the swing beds at Martha’s Vineyard Hospital as opposed to at Windemere, the average rehab census at the Hospital (of 7.5 beds) should be deducted from the estimated need for nursing home beds. When these beds are deducted from the results of the use rate analyses, the revised estimated need is 128 beds in 2015 and 156 beds in 2020, assuming the 65-plus use rate, and 99 beds in 2015 and 106 beds in 2020, if the all-ages utilization rate is used. Regardless of the utilization rate assumed in the analysis, however, the estimated need is still much greater than is reflected in the current number of beds operated by Windemere.

The discrepancy in these numbers may reflect the ability of individuals in the primary market area to age-in-place in their own homes as their care needs increase due to a strong support network on the Island, the availability of in-home services for very low-income persons, and/or a greater ability to pay for in-home care due to higher income and/or asset levels as compared to other areas of the state. The utilization rate analysis may also be due to individuals moving off-Island to be closer to family and/or to other facilities in the region when in need of a nursing home level of care.

Following is a summary of individuals from Martha’s Vineyard who are reported to be currently residing in the nursing facilities located in Falmouth, as per the management at these facilities:

⁴⁷ Nursing Home Data Compendium 2013 Edition, p. 166.
Market Feasibility Study (v. 4)
Prepared by Chi Partners LLC
For Healthy Aging Martha’s Vineyard

Table 31
Est. # of Residents from Martha’s Vineyard
In Falmouth Nursing Facilities

Facility Name	Long-Term Care	Short-Stay / Rehab
JML Care Center	“a couple”	5-10 / year
Royal Falmouth Nursing and Rehabilitation Center	4	1 currently
Royal Megansett Nursing and Retirement Home	1	1 / month

Based on these reports, a relatively small number of residents from the Vineyard have moved from the Island to nursing facilities in Falmouth. However, if the estimated seven long-term care residents residing in these facilities were to have moved to Windemere instead, the current occupancy at Windemere would be an estimated 68 instead of the current 61 residents.

It is possible that individuals from the Vineyard may also have moved to other facilities in the region and/or out of the area to be closer to family. If a newly constructed facility were available with a model of care that has been shown to be highly desirable to residents and their families, the demand for a nursing facility level of care on the Island could potentially increase.

It should be noted that many persons interviewed for this report knew of situations where individuals were denied admission to Windemere because of the lack of an available bed and/or because the level of care needed was not deemed an appropriate fit for the facility. The administrative reasons for these denials is not known, but it is possible that these reports could account for some of the reason that the nursing home usage rate for the primary market area is less than the statewide average.

Private-Pay Analysis. An analysis to determine the potential market demand for private-pay nursing facility beds in the primary market area was also conducted. This analysis was based on the following factors:

Income: A private-pay rate of \$420 per day was used in the analysis, based on the current private-pay rate for a private room at Windemere. Assuming that individuals in skilled nursing facilities can spend up to 90 percent of their income on facility fees, following is a weighted average calculation for the estimated required income for this level of care:

Table 32
Required Income Calculation
for Private-Pay Skilled Nursing Care

	2015 (Estimates)
Starting Rate	\$420 per day
% of Income Needed	90%
Annual Required Income (Renters)	\$170,352
% Home Owners (ages 75+)	74.8%
% Renters (ages 75+)	25.2%
Median Home Price	\$679,641
Net Proceeds (at 90%)	\$611,677
Annual Income Stream @ 3.0%	\$18,350
Annual Required Income (Home Owners)	\$152,002
Weighted Average (Renters and Owners)	\$156,623

The weighted average income of \$156,623 shown in Table 32 was rounded down to \$150,000 per year for the purposes of the demand analysis. The required income calculation does not include a factor for taxes because of the medical deduction available to skilled nursing residents.

Individuals who have incomes less than \$150,000 might also be able to afford to pay the private-pay rates at a nursing facility if they are willing to draw down the proceeds from the sale of a home and/or other assets. Thus, this analysis will also include homeowners with incomes between \$50,000 and \$150,000⁴⁸.

Level of Need: The number of ADL impairments for nursing facility residents varies from none to five or more ADL needs, with the following breakdown reported for Massachusetts nursing facilities in the 2013 Nursing Home Compendium⁴⁹:

⁴⁸ The minimum income level for homeowners used in this analysis is higher than that assumed for the other levels of care because of the higher cost of nursing facility care.

⁴⁹ Nursing Home Data Compendium, 2012 Edition, published by CMS (Centers for Medicare and Medicaid Services) Market Feasibility Study (v. 4)
 Prepared by Chi Partners LLC
 For Healthy Aging Martha's Vineyard

Table 33
Number of ADL Impairments
For MA Nursing Home Residents

<u># of ADL Impairments</u>	<u>% of Residents</u>
0	13.9%
1	7.5%
2	6.2%
3	7.4%
4	45.9%
5	<u>19.0%</u>
	100%
Weighted Average # ADL Impairments – 3.2	
Source: 2013 Nursing Home Compendium, with data from MDS	

A weighted average for the number of impairments based on this data is 3.2 ADL needs. Thus, a factor to estimate the need for assistance with three or more ADLs was used in the analysis to estimate the demand for private-pay nursing facility beds, based on the National Long Term Care Study of 2004/2005⁵⁰ (3.1% for ages 65 to 74, 8.5% for ages 75 to 84, and 17.8% for ages 85-plus).

Competitive Beds: There is one nursing facility, the Windemere Nursing and Rehabilitation Center, currently located in the primary market area. This facility is licensed for 106 beds, with an estimated 61 beds currently operational at a nursing facility level of care (versus the 13 rest home beds also located in this facility). These beds do not need to be deducted from the age, income, and need qualified households in the primary market area, as individuals residing in nursing facilities are not included in household data by the Census Bureau, but are categorized separately under “group quarters”. The demand analysis, as summarized in Table 34 below, thus estimates the demand for private-pay beds, in addition to Windemere’s typical private-pay census:

⁵⁰ Derived from research based on the 2004/2005 National Long-Term Care Survey, at www.nltcs.aas.duke.edu/.

Table 34
Demand Analysis
For Private-Pay Skilled Nursing Care

	<u>2015</u>	<u>2020</u>
Age and Income Qualified Households		
Homeowners and renters with incomes \$150,000+		
Ages 65 to 74	158	255
Ages 75 to 84	35	56
Ages 85-plus	4	3
Total	197	314
Homeowners with Incomes \$50,000 to \$150,000		
Ages 65 to 74	451	590
Ages 75 to 84	128	153
Ages 85-plus	59	71
Total	638	814
Total Age and Income Qualified Households	835	1,128
Age, Income and Health-Qualified Households:		
Ages 65 to 74	15	26
Ages 75 to 84	14	18
Ages 85-plus	11	13
Total	40	57
Less Competitive Units	0	0
Total Market Potential	40	57
Market Demand:		
With a 10% market penetration rate	4 beds	6 beds
With a 15% market penetration rate	6 beds	9 beds
With a 20% market penetration rate	8 beds	11 beds
Market Demand with a 15% Secondary Market:		
With a 10% market penetration rate	5 beds	7 beds
With a 15% market penetration rate	7 beds	10 beds

With a 20% market penetration rate	9 beds	13 beds
Data Source: The Nielson Company, Inc.		

This analysis shows there to be a market need for seven additional private-pay nursing facility beds in 2015 and 10 additional beds in 2020, assuming a 15 percent market penetration rate and a 15 percent secondary market factor. However, these numbers need to be tempered with the fact that some percentage of older adults, and particularly those with a higher net worth, will work with an elder care attorney to transfer their assets to a family member so the cost of care in a nursing facility if needed would be covered by MassHealth. Because the median housing value is so much higher on the Vineyard than in most areas of the State or country, it is possible that this practice is more prevalent on the Island than in other locations.

In addition, Massachusetts allows for the use of special needs trusts that can be used to satisfy an individual’s needs left unmet by public benefits without disqualifying the person from receiving the public benefits⁵¹. The establishment of such a trust can provide an exemption to the five-year “look back” period that is typically associated with eligibility for MassHealth. As these special needs trusts are not available in most states, their availability as a tool for asset planning in Massachusetts could increase the prevalence of the practice of transferring assets to qualify for Medicaid over that seen in other states.

It is not possible to know the impact that the practice of transferring assets might have on the private-pay market for a newly constructed nursing facility on the Vineyard. However, operating Green House projects typically find that the implementation of this model of care leads to an increase in private-pay occupancy and/or and in the private-pay rates that may be charged. In fact, consumer research has found that individuals report a willingness to drive longer distances and pay higher private-pay rates to relocate a family member to a Green House home as compared to traditional care settings⁵².

In evaluating the potential demand for additional private-pay nursing facility beds it is important to consider the conservative assumptions upon which the demand analysis is based. That is, the analysis assumes a 15 percent market penetration rate, which means that only 15 percent of all persons who would be appropriate for the project based on age, income and level of need would need to move to the project to achieve full occupancy. It is therefore assumed that the remaining 85 percent of qualified individuals would choose other options, such as receiving care at home, moving to an assisted living residence, or moving to another nursing facility located off the Island.

The analysis also assumes a 15 percent secondary market, which is also thought to be a conservative assumption, in that many long-term care properties draw between 25 and 35

⁵¹ Westlawpc.com

⁵² <http://www.thegreenhouseproject.org/resources/research>

percent of residents from out of the primary market area. The 15 percent secondary market assumption was used because of the unique location of the proposed project (i.e. on the Island) and to provide conservative estimates of the market need.

Medicaid-Funded Analysis. An analysis was also conducted to estimate the need for nursing facility beds in the primary market area for individuals who would be unable to pay privately based solely on income. This analysis assumed an annual income less than \$150,000 for renters and less than \$50,000 for homeowners, with a need for assistance with three or more ADLs. With a 15 percent secondary market and a 15 percent market penetration rate, the analysis indicated a need for 18 additional beds in 2015 and 21 additional beds in 2020.

This need would include both those who have assets less than \$2,000 and would thus qualify for MassHealth and those who would need to spend down their assets in order to qualify for MassHealth.

Conclusion. Adding the projected need of 18 to 21 beds for individuals who would be unable to pay privately for nursing home care based solely on income to the projected private-pay bed need of seven to 10 beds would generate a total estimated need for between 25 and 31 additional nursing home beds on the Island. Adding this additional need to the average occupancy at Windemere results in a total estimated demand for between 81 to 87 nursing facility beds on the Island.

This estimated potential need may be compared to the use rate analysis which found a need for 128 beds in 2015 and 156 beds in 2020 assuming the 65-plus utilization rate, and 99 beds in 2015 and 106 beds in 2020 when the analysis is based on the all-ages use rate. Deducting the current average census of 56 at Windemere from these figures would result in an estimated need for between 72 and 100 additional beds on the Island, assuming the 65-plus use rate, and between 43 and 50 additional beds, assuming the all-ages use rate.

It is difficult to ascertain the reason for the difference in projected need between the two analyses, but it may be that the 15 percent market penetration rate assumed in the private-pay and Medicaid demand analyses is conservative because of the limited availability of Medicaid funding for assisted living in Massachusetts. That is, persons who have three or more ADL needs who can't afford to pay privately for assisted living may have limited options other than moving to a nursing facility, where financial assistance would likely be available through MassHealth. This would result in a higher nursing facility utilization rate in Massachusetts, as compared to the nation as a whole, which is the case (as summarized in Table 29).

In addition, as stated previously, the discrepancy in these numbers may also reflect an increased ability of individuals in the primary market area to age-in-place in their own homes as their care needs increase as compared to other areas within the State due to a strong support network on the Island, the availability of in-home services for very low-income persons, and/or a greater ability to pay for in-home care due to higher income and/or asset levels.

Appendix A

Assisted Living and Skilled Nursing Facilities Located in the Primary Market Area

HENRIETTA BREWER HOUSE

11 Macs Lane (off Causeway Road)
Vineyard Haven, MA 02568
Phone: (508) 693-4500
Contact: Cynthia Robinson, Manager
hbrewerhouse@comcast.net

Website:
<http://henriettabrewerhouse.com/>

Type of Ownership: For-profit

Facility Type: AL

Total Units/Beds: 14 beds

Year Built: 1930's, with a renovation and addition completed in 2001.

Community Fee: None



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Assisted Living	14 beds	80%	100%			

Rate Breakdown by Care Level:	Studio		1 Bdrm		2 Bdrm		Private Room*		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Assisted Living							14	\$180-\$220/day		

*Private room with a private bath is \$220/day, and a private room with a shared bath is \$180/day

Services & Amenities:

- 24-hour staffing for assistance with all facets of daily living
- Three daily, delicious, well balanced, home cooked meals
- Housekeeping and laundry
- Activities
- Hospice care
- Incontinence care
- Access to transportation for physician appointments and community activities is available for an additional charge
- Availability of healthcare professionals
- Self-administered medication management
- Personal care
- Personal laundry
- Podiatrist (available)
- Rehabilitation services (outside agency)
- Residence security
- In-house activities including group exercise classes twice a week
- Respite care provided
- Three-story building with two chair lifts, and a sundeck with canopy
- Cable TV is included, but phone service is available for an extra charge

Level of Care Fees:

None – assistance with daily living is included

Site Observations:

This is an older home located on one acre in a residential neighborhood about a half mile from the town center of Vineyard Haven. The home has three floors, with resident rooms located on all levels and steep stairs equipped with chair lifts between the floors. Some of the rooms have private baths, but most of the rooms have shared bathrooms.

Comments:

According to the manager, residents are able to be cared for through the end of life, with 1-1 help brought in if needed and the VNA providing some nursing services.

LONG HILL ASSISTED LIVING

86 Long Hill Road (PO Box 1183)
Edgartown, MA 02539
Phone: (508) 627-7791
Contact: Elizabeth Sandland, RN, Director
Cell: (508) 221-5815

Website: n/a

Type of Ownership: For-profit

Facility Type: AL

Total Units/Beds: 10 beds

Year Built: 1921 with an addition added in 1981

Community Fee: None



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Assisted Living	10 beds	90%	100%		0%	

Rate Breakdown by Care Level:	Studio		1 Bdrm		2 Bdrm		Private Room*		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Assisted Living							10	\$5,500/mo		

*Some rooms have a private bath and some rooms have a shared bath, but the monthly rent is the same.

Services & Amenities:

- 24-hour care
- Three meals per day including tea and snacks
- The resident may invite friends or family at no extra cost
- Therapeutic diets prescribed by a physician will be available
- Help with bathing and dressing as indicated by care plan
- Toilet assistance
- Help with ambulation
- Grooming
- Two-story building with a chair lift
- Self-administered medication management with cues and oversights
- Help with arranging for errands to be done
- Post office service
- Help with arranging doctor visits
- Transportation to doctors' appointments is available for an additional charge
- Haircutting and setting by a visiting hairdresser
- Scheduled activities include weekly yoga, art, and music classes
- Birthday parties
- House keeping
- Laundry
- Social activities
- Holiday and house parties
- Entertainment events
- The daily newspaper
- Television with cable in main sitting room and in private rooms
- Cable TV is included, but a private phone is available for an extra charge
- Computer and Internet access
- Video requests
- Reading materials and magazines

Level of Care Fees:

None – assistance with daily living is included

Site Observations:

This is an attractive, two-story residential home in a nice setting. The interior of the home, however, does not appear to have been well-maintained. Three of the rooms are on the first floor, with the remaining rooms located on the 2nd floor. The stairs are narrow and steep, and equipped with a chair lift for residents who are unable to manage stairs. Most of the rooms have shared baths.

Comments:

Staff provide assistance to residents in using the chair lift, with a bell serving as the means by which they notify staff they need assistance. Staff reported that residents rarely need to move to a higher level of care – that they almost always are able to provide needed care.

WINDEMERE NURSING AND REHABILITATION CENTER

One Hospital Road (POB 174)
Oak Bluffs, MA 02557
Phone: (508) 696-6465
Contact: Ken Chisholm, NHA,
Administrator

Dorothy Soquist, Director of Admissions
(508) 862-1951

Website:
<http://www.windemeremv.org/>

Type of Ownership: For-profit

Facility Type: SNF / Rest Home

Total Units/Beds: 61 SNF beds (licensed for 106 beds)

13 Rest Home units

Year Built: 1994

Community Fee: None

CMS Rating: 5 stars



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Retirement Living (Rest Home)	13 units*	54%	50%		50%	
Nursing Facility Care	61 beds*	85%*	10%	6%	84%	

*Note that this facility is licensed for 106 beds but is operating only 74 beds of which 61 are traditional nursing facility beds and 12 are "rest home" beds.

Rate Breakdown by Care Level:	Studio		1 Bdrm		2 Bdrm		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Retirement Living (Rest Home)							13	\$210-\$270/day		
Nursing Facility Care							2	\$420/day	19	\$380/day

*A small private room is \$210/day and a large private room is \$270/day.

Services & Amenities:

- Private and semi-private rooms
- 13 bed residential living wing, with private rooms and private baths
- Physical, occupational, and speech therapy services available for an additional charge
- Activity and recreation program geared to individual interests & aptitudes
- Two accessible vans for island excursions and events
- Pain management
- Wound care
- Infusion therapy
- Pulmonary care
- Long-term care transitional services
- Beautician/barber services
- Activities 7 days a week
- Medicare and Medicaid certified
- Managed care and private health insurance contracts accepted
- Modern, bright, and air conditioned facilities
- Laundry and housekeeping

Level of Care Fees: None.

Site Observations: Windemere is located on the campus of Martha's Vineyard Hospital, and has the design of a traditional nursing facility with mostly semi-private rooms and half-baths. The facility has been recently renovated and has attractive common areas. The facility includes 13 rooms for retirement living (licensed as a rest home and called Wildflower Court), with all private rooms and private baths.

Comments: The overall census for this facility has declined in recent years, from an average of approximately 70 residents to the current average of approximately 61 or 62. The number of private-pay residents has also decreased, from over 20 in prior years to between 10 and 15 currently.

The 13-unit Wildflower Court, which provides “retirement” living, is in one wing of the facility. To be eligible for admission to Wildflower Court, residents must be ambulatory, able to independently complete all tasks of daily, be continent and emotionally and mentally stable, and have no medical condition that requires the services on a daily basis by a licensed nurse. All of the rooms in Wildflower Court are private, with private baths.

Appendix B

Affordable Senior Apartments Located in the Primary Market Area

AIDYLBURG LOW-INCOME HOUSING

38 Wing Road
 Oak Bluffs, MA 02557
 Phone: (508) 693-5880
 Contact: Lucy Perregil, Manager
 (508) 693-7555
 Jessica Dueno
 508-693-7557
 Website: www.iehmv.org

Type of Ownership: Island Elderly Housing

Facility Type: Senior Apartments

Total Units/Beds: 10 beds
 7-8 year waiting list!

Year Built: 2006

Community Fee: None
 Security Deposit: First month's rent



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Independent Living	10 beds	100%	100%			

Rate Breakdown by Care Level:	Studio		1 Bdrm		2 Bdrm*		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Independent Living			10	30% of income*						

Services & Amenities:

- Laundry onsite
- Pets allowed
- Offers independent living with services
- Utilities are included, but there is a utility surcharge if the resident installs an air conditioner in the unit
- Telephone, cable TV, and internet services are available for an additional charge
- The maximum allowable income is \$30,300 per year

GREENOUGH HOUSING PROJECT

262 Main Street
 Vineyard Haven, MA 02568
 Phone: 508-693-4419
 Contact: David Vigneault

Website:

Type of Ownership: Dukes County
 Regional Housing Authority

Facility Type: Senior Apartments

Total Units/Beds: 6 beds
 Long, long waiting list – over 2 years

Year Built: 1800's – an
 historical building

Community Fee: None
 Security Deposit: 1 month's rent



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Independent Living	6 beds	100%	100%			

Rate Breakdown by Care Level:	Studio		1 Bdrm		2 Bdrm		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Independent Living			6	Varies*						

*This property does not receive government funding and as a result does not follow pre-defined formulas used to calculate rental rates,

Services & Amenities:

- Cats permitted
- Two-story building with elevator and ramp
- Offer independent living w/services
- Residents must be age 55 and older, and there is a preference for island residents on the waiting list, but island residency is not absolutely required prior to living in the facility
- Utilities are included
- Telephone and cable TV are available for an additional charge
- The maximum allowable income is 60% of area median income for four units and 50% of the area median income for 2 units

HAVENSIDE APARTMENTS

125 Main Street
 Vineyard Haven, MA 02568
 Phone: (508) 693-2280
 Contact: Deborah Edmunds, Property
 Manager

Website: <http://havenside.org/senior-apartments-marthas-vineyard/index.php/about/>

Type of Ownership: Nonprofit

Facility Type: Senior Apartments

Total Units/Beds: 29 units

Year Built: 1966

Community Fee: None
 No Security Deposit



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Independent Living	29 units	100%	100%			

Rate Breakdown by Care Level:	Studio*		1 Bdrm*		2 Bdrm*		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Independent Living	1	\$750/mo	24	\$900- \$975/mo	4	\$1,125/mo				

*Heat charged at a rate per hour of use (individual meters) \$0.70/hour

Services & Amenities:

- Onsite building manager
- 24-hour emergency response
- Snow removal
- Offer home-based services through Elder Services or Tisbury Council on Aging
- Laundry room
- Two-story building with no elevator and it is not wheelchair accessible; building is on a hill
- Heat and utilities are additional charges
- Telephone and cable TV are available for an additional charge
- Residents must be established island residents for 2 years prior to gaining access to the waiting list

HILLSIDE (I, II & III)

421 Edgartown Road (also 449)
 Vineyard Haven, MA 02568
 Phone: (508) 693-5880
 Contact: Lucy Perregil, Manager
 (508) 693-7555
 Jessica Dueno
 508-693-7557

Website: www.ihmv.org

Type of Ownership: Island Elderly Housing

Facility Type: Senior
 Apartments

Total Units/Beds: 55 units
 7-8 year waiting list!

Year Built: 1970

Community Fee: None
 Security Deposit: First
 month's rent



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Independent Living	55 units	100%	100%			

Rate Breakdown by Care Level:	Studio		1 Bdrm		2 Bdrm		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Independent Living			51	30% of income	4	30% of income				

Services & Amenities:

- Onsite building manager (daytime)
- Offers independent living w/services
- Pets allowed
- Hillside Village I accepts elderly and non-elderly with disabilities and/or low income
- Utilities are included, but there is a utility surcharge if the resident installs an air conditioner in the unit
- Telephone, cable TV, and internet services are available for an additional charge
- The maximum allowable income is \$30,300 per year
- Handicapped accessible apartments available, with an estimated 35 units current occupied to younger disabled individuals

LOVE HOUSE

159 Main Street
 Vineyard Haven, MA 02557
 Phone: (508) 693-5880
 Contact: Lucy Perregil, Manager
 (508) 693-7555
 Jessica Dueno
 508-693-7557

Website: www.iehmv.org

Type of Ownership: Island Elderly Housing

Facility Type: Senior Apartments

Total Units/Beds: 5 beds
 7-8 year waiting list!

Year Built: 1966

Community Fee: None
 Security Deposit: First month's rent



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Independent Living	5 beds	100%	100%			

Rate Breakdown by Care Level:	Studio		1 Bdrm		2 Bdrm*		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Independent Living	5	30% of income^								

Services & Amenities:

- Apartments are 300 sq. ft.
- Pets allowed
- Offers independent living with services
- Utilities are included, but there is a utility surcharge if the resident installs an air conditioner in the unit
- Telephone, cable TV, and internet services are available for an additional charge
- The maximum allowable income is \$30,300 per year

WOODSIDE VILLAGE (I, II, III, V, VI)

60A Village Road (also 60B, 45 and 40)
 Vineyard Haven, MA 02568
 Phone: (508) 693-5880
 Contact: Lucy Perregil, Manager
 (508) 693-7555
 Jessica Dueno
 508-693-7557
 Website: www.iehmv.org

Type of Ownership: Island Elderly Housing

Facility Type: Senior Apartments

Total Units/Beds: 95 units
 7-8 year waiting list!

Year Built: 2000

Community Fee: None
 Security Deposit: First month's rent



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Independent Living	95 units	100%	100%			

Rate Breakdown by Care Level:	Studio		1 Bdrm		2 Bdrm*		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Independent Living			95	30% of income [^]						

Services & Amenities:

- Minimum age is 62 years
- Onsite building manager (daytime)
- Offers independent living w/services
- Pets allowed
- Laundry onsite
- Utilities are included, but there is a utility surcharge if the resident installs an air conditioner in the unit
- Telephone, cable TV, and internet services are available for an additional charge
- The maximum allowable income is \$30,300 per year

Appendix C

Independent Living, Assisted
Living and Skilled Nursing
Facilities Located Close to the
Primary Market Area

ATRIA WOODBRIAR PLACE & TERRACE

339 - 389 Gifford Street
 Falmouth, MA 02540
 Phone: (508) 540-1600 or (508) 444-0340
 Contact: Mike Kolesar, Marketing Director
 Cell: (860) 221-8239
 Website:
<http://www.atriaseniorliving.com/site/s/atria-woodbriar-falmouth-ma/>
 Type of Ownership: For profit

Facility Type: IL, AL, MC
 Total Units/Beds: 225 units
 Year Built: 1997

Community Fee:
 Administrative/Health and
 Wellness Fee (a one-time non-
 refundable fee): \$4,500



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Independent Living	126 units	90%	100%			
Assisted Living	49 units	50%*	100%			
Memory Care	50 units	50%*	100%			

*The assisted living and memory care building is currently undergoing a major renovation so is only partially occupied.

Rate Breakdown by Care Level: (These are starting prices per month)	Studio*		1 Bdrm		2 Bdrm**		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Independent Living	50	\$6,440/mo	50	\$6,920/mo	26	\$8,440/mo				
Assisted Living	49	\$6,440/mo*								
Memory Care	50	\$6,440/mo*								

*There are a few shared suites in AL and MC at \$5,335/mo. **Second resident fee: \$1,600/month

Services & Amenities:

- 15 acres of green space with handicapped-accessible nature trails and views of Jones Pond
- Physical fitness classes, fitness center, spa, and a heated indoor pool
- Scheduled, local transportation
- Housekeeping and linen services
- Eco-friendly facility
- Full-service dining each day
- 24-hour staff
- Emergency alert system and 24 hour security
- Complimentary WiFi in common areas
- Concierge service
- Emergency alert system and 24-hour security
- Short-term stays - \$235/day
- Pets welcome
- Spacious studio apartments
- Care available 24/7 from a licensed nurse
- Hair salon
- Movie theater
- Business center, library, and learning center
- All apartments in IL and AL have kitchenettes with full-size refrigerators and granite countertops, walk-in closets, and access to washers and dryers
- Gourmet restaurant, casual café, pub, and outdoor patio for dining al fresco
- IL building is connected to the AL and MC building
- Cable TV and telephone available for an extra charge

Level of Care Fees:

Personal Care Levels:

Level 1: up to 3.5 hours of care per week	- \$375/mo
Level 2: up to 7 hours of care per week	- \$750/mo
Level 3: up to 10.5 hour of care per week	- \$1,125/mo
Level 4: up to 14 hours of care per week	- \$1,500/mo
Level 5: up to 17.5 hours of care per week	- \$1,875/mo
Level 6: up to 21 hours of care per week	- \$2,250/mo

Medication Assistance Levels:

Level 1: up to 2 medication reminders per day	- \$300/mo
Level 2: up to three or more medication reminders per day or assistance with special medications	- \$400/mo
Level 3: up to three or more medication reminders per day and assistance with special medications	- \$500/mo

Site Observations: This is an attractive facility located in a setting with beautiful views overlooking a pond. The IL and AL/MC units are in separate, but connected, buildings, although residents are welcome to participate in activities or utilize amenities from both buildings. The facility offers a variety of dining options (including two restaurants for both AL and MC), a large indoor pool, a movie theater, a fitness center, and many areas for socializing. The IL building was recently constructed, and the AL building is currently undergoing a \$29 million complete renovation which will be completed in approximately two years.

Comments: The entire building at the Atria is certified as an assisted living residence, even though many residents are at an independent living level of care. According to staff at the Atria, residents can receive services in both the IL and AL/MC buildings, but residents of the IL building are expected to be independent. IL residents will typically move to the AL level of care when they need supervision or guidance most of the day or have unscheduled needs.

The Community Sales Director said they currently have 10 to 12 IL residents from the Vineyard, with another 5 to 6 who have inquired about the facility. He estimated that another 3 to 4 individuals from the Vineyard reside in the memory care portion of the building. Information about how many Vineyarders were receiving AL services wasn't available.

CAPE COD SENIOR RESIDENCES AT POCASSET

100 Dr. Julius Kelley Lane
Falmouth, MA 02559
Phone: (508) 564-4474
Contact: Mike Lebrun
info@capecodseniorresidences.com

Website:
<http://www.seniorlivingresidences.com/find-a-community/cape-cod-senior-residences/>

Type of Ownership: For profit*

Facility Type: Senior Apartments, AL

Total Units/Beds: 84 units

Year Built: 2005

Community Fee: None



*Although it is a "for profit" facility, the investor gets tax credits and the facility is located on Government-donated land.

Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Subsidized
Age-Restricted Apartments	24 units	100%	100%			
Assisted Living	60 units	100%	50%			50%

Rate Breakdown by Care Level:	Studio		1 Bdrm		2 Bdrm*		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Age-Restricted Apartments			20	\$984/mo.	4	\$1,182/mo.				
Assisted Living	48	\$5,225/mo.	12	\$5,700/mo.						

AL Services & Amenities**:

- Certified resident care associates available 24 hours a day
- Customized wellness care plan tailored to meet your individual personal care needs
- Wellness oversight by a Community Nurse
- Semi-annual health assessments
- Licensed social work services
- Personal care assistance with daily living activities, including dressing, bathing, evening care and escorting to meals and activities:
- Assistance arranging transportation to local medical appointments
- Daily bed making and trash removal
- Weekly linen service
- Weekly housekeeping

**No services are provided in the age-restricted apartments.

Additional services and amenities for an additional fee:

- Medication management program providing reminders and documentation
- Medication delivery from the pharmacy of choice
- Personal laundry service and additional housekeeping as requested
- Guest meals and catering for special occasion family dinners and parties in a private dining room
- Our full service salon offers cut, color, styling and manicures, as well as barber services for men, managed by professional hair stylists and beauticians
- Private telephone, cable TV & internet service
- Other convenient services can be arranged, such as dry cleaning and newspaper delivery

AL Level of Care Fees:

- One hour of personal care assistance per day by a CNA is included in the AL rate. Additional assistance is available at \$15.00 per half hour or \$30.00 per hour.

Site Observations:

This is an attractive, two-story building located on the site of the former County hospital.

Comments:

This is a 100% affordable community. Residents must be 65+ years old and have an income at or below 60% of the area median income (\$36,780 for a single person; \$42,000 for a couple). The rates for the senior apartments are based on HUD's fair market rents for the area.

No services are provided to the senior apartment residents, although two meals per week can be purchased by the IL residents.

Residents must be able to pay the assisted living rates upon move-in, but if they spend down their assets they may qualify for subsidized services. To qualify for the Group Adult Foster (GAF) program, residents must have no more than \$1,197 per month in income, no more than \$2,000 in assets, and an activity of daily living (ADL) need. Residents who don't qualify for the GAF program may be eligible for a reduced rate of \$2,600 per month, available through the Residence. The Residence aims to maintain a balance of 50% moderate income (paying the published rates of \$5,225 or \$5,700 per month) and 50% low-income.

The Executive Director reports that three to five residents have moved from the Vineyard, mostly on the senior apartment side of the property.

HERITAGE AT FALMOUTH

140 Ter Heun Drive
Falmouth, MA 02540
Phone: (508) 495-1518
Contact: Maggie Corrideau, Executive Director

Website:
<http://www.capecodhealth.org/locations/heritage-at-falmouth/>

Type of Ownership: For profit

Facility Type: AL

Total Units/Beds: 56 units

Year Built: 1995

Waiting List Fee: \$5,500.00
(converts to a Community Fee upon acceptance)



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Assisted Living	56 units/ beds	100%*	100%			

*There is a waiting list of approximately 10 persons, but not everyone on the list is ready to move when a unit becomes available.

Rate Breakdown by Care Level:	Studio		1 Bdrm		2 Bdrm		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Assisted Living	6	\$5,000-\$5,300/mo	47	\$5,000-\$5,300/mo	3	\$6,000/mo				

Services & Amenities:

- 24-hour nursing assistance
- Three daily meals in restaurant-style setting
- Staff will cater private parties
- Beauty and barber shops
- Weekly transportation to shopping and banks is included
- Transportation to doctors' offices: \$20.00 roundtrip
- Laundry service
- Wellness programs
- Exercise sessions
- Library
- Cable TV and wi-fi internet service: \$50.00/month, and telephone service is available for an additional charge

Level of Care Fees:

Assistance with personal care – up to 45 minutes a day is included in the monthly rate, with an additional charge of \$0.75/minute thereafter. Unused minutes are banked, to allow for temporary increases or decreases in the need for assistance.

Site Observations: This is an attractive, nicely maintained facility located close to Falmouth Hospital and JML Care Center.

Comments: The Executive Director stressed that the Heritage provides “social assisted living”, and as such that they don’t do nursing care. However, they are typically able to keep residents through the end of life, working in conjunction with outside hospice agencies. Individuals who have behavioral issues are not considered appropriate for residency. She said that no residents have moved to the Heritage directly from Martha’s Vineyard, although they do have residents (several at the current time) who moved from out of state to be closer to family who live on the Vineyard.

JML CARE CENTER, INC.

184 Ter Heun Drive
Falmouth, MA 02540
Phone: (508) 457-4621
Contact: Laura O'Malley, Director of Admissions

Website:
<http://www.capecodhealth.org/locations/jml-care-center/>

Type of Ownership: For profit

Facility Type: SNF

Total Units/Beds:
132 beds

Year Built: 1990

Community Fee:
None

CMS Rating: 3 stars



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Skilled Nursing Care	132 beds	95%	21%	38%	41%	

Rate Breakdown by Care Level:	Studio		1 Bdrm		2 Bdrm		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Skilled Nursing (Short-Term Care)								\$400/day		\$370/day
Skilled Nursing (Long-Term Care)								\$370/day		\$350/day

Services & Amenities:

- Onsite therapeutic services
- 24-hour skilled nursing
- Ostomy / colostomy care and education
- IV therapy, tube feedings and TPN therapy
- Oxygen therapy
- Pain management
- Wound management
- Physical, occupational, speech, and respiratory therapy
- Specialized cardiac, orthopedic, pulmonary and stroke programs
- Cable TV is included in the daily rate, but telephones are available for an extra charge

Level of Care Fees: None

Site Observations: This is an attractive, two-story building located close to Falmouth Hospital, with a traditional nursing home design.

Comments: This facility includes 22 private rooms, most of which are located in the short-stay rehab portion of the building, with additional rooms being renovated. The facility is part of the Cape Cod Healthcare System. An estimated five to ten individuals from the Vineyard utilize this facility each year for rehabilitation, with "not many (if any)" long-term care residents from the Vineyard.

ROYAL FALMOUTH NURSING & REHAB CENTER

545 Main Street
Falmouth, MA 02540
Phone: (508) 548-3800
Contact: Peter Gedney, Executive Director

Website:
<http://www.royalhealthgroup.com/falmouth-nursing-rehabilitation-center/>

Type of Ownership: For profit

Facility Type: SNF

Total Units/Beds:
120 beds

Year Built: 1985

Community Fee: None

CMS Rating: 3 stars



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Skilled nursing care	120 beds	90%		Information not available		

Rate Breakdown by Care Level:	4 beds In Each Room		1 Bdrm		2 Bdrm		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Long-Term (Skilled Nursing) Care	40 beds	\$388/day								
Short-Term Rehabilitation Care							7 beds	\$488/day	33 beds	\$425/day
Long-Term (Memory) Care							7 beds	\$399-\$460/day	33 beds	\$361/day

Services & Amenities:

- 24/7 nursing care, attending physician
- Expert short-term rehabilitation (PT, OT, speech, pulmonary, post-acute)
- Cardiac Care program
- Extended physician coverage with "Phone Doctor" remote telemedicine
- Wound care physician on site weekly
- Respite, palliative, stroke recovery, long term care
- Hospice services from Fidelis Hospice
- Customized meal programs – buffet and family-style dining available, with continental breakfast stations open 24/7
- Activity Enrichment
- Third floor retirement apartments offer assisted living in a secure, home-like setting, and a separate dining room
- Cable TV and phone available for an extra charge

Level of Care Fees: None.

Site Observations: This is an older, multi-story building with the institutional feel of a traditional nursing home. The facility is comprised of mostly semi-private rooms (some of the rooms have four residents) with half baths.

Comments: The administrator of this facility reported that they currently have four long-term care residents and 1 short-stay resident who have or had a Martha's Vineyard address.

ROYAL MEGANSETT NURSING & RETIREMENT HOME

209 County Road, Box 408
Falmouth, MA 02556
Phone: (508) 563-5913
Contact: Virginia Roper, RN, Executive Director

Website:
<http://www.royalhealthgroup.com/megansett-nursing-retirement-home/>

Type of Ownership: For profit

Facility Type: SNF
Total Units/Beds: 90 beds
Year Built: 1988
Community Fee: None
CMS Rating: 4 stars



Occupancy by Care Level:	Units/Beds	Occupancy	Private Pay	Medicare	Medicaid	Other
Retirement / Assisted Living	9 units	100%	100%			
Skilled Nursing Care	78 beds	100%	23%	32%	45%	

Rate Breakdown by Care Level:	Studios		1 Bdrm		2 Bdrm		Private Room		Semi-Private Rm	
	# Units	Rate	# Units	Rate	# Units	Rate	# Beds	Rate	# Beds	Rate
Skilled Nursing Care							14	\$443-\$482/day	64	\$396-\$413/day

Services & Amenities:

- 24/7 nursing care, attending physician
- Expert short-term rehabilitation (PT, OT, speech, pulmonary, post-acute)
- Cardiac care program
- Extended physician coverage with "Phone Doctor" remote telemedicine
- Wound care physician on site weekly
- Respite, palliative, stroke recovery, long term care
- Hospice services from Fidelis Hospice
- Customized meal programs – buffet and family-style dining available, with continental breakfast stations open 24/7
- Activity Enrichment
- Third floor retirement apartments offer assisted living in a secure, home-like setting, and a separate dining room
- Cable TV and phone available for an extra charge

Level of Care Fees: None.

Site Observations: This is an older, five-story building constructed as a hotel in the 1920's but utilized as a nursing facility for 50 years. The interior of the building has been completely renovated and offers beautiful views of Megansett Harbor and Buzzards Bay. Nine "retirement suites" with a separate dining room are located on the third floor. A central kitchen and dining room is located on the fifth floor, with separate dining rooms available on the rehab and long-term care floors for higher acuity residents. The facility currently has 14 private rooms between the short-stay and long-term care beds.

Comments: The administrator for this facility reported that one Vineyard resident moved to a retirement suite in the past year, with approximately one person from the Vineyard per month receiving short-stay rehabilitation care at their facility. She estimated that only one long-term care resident is currently from the Vineyard. The admissions director said that she thought people from the Vineyard would be more likely to go to their sister facility, the Royal Falmouth, because of its close proximity to the ferry.

Appendix D

Demographic Report from
The Nielson Company

Senior Life 2015

Area ZIP Codes (see appendix for geographies), Total

Population	Totals
2020 Projection	18,844
2015 Estimate	17,681
2010 Census	16,494
2000 Census	14,932
Growth 2000 - 2010	10.46%
Growth 2010 - 2015	7.20%
Growth 2015 - 2020	6.58%

Population by Age	2010	%	2015	%	2020	%
	Census		Estimate		Projection	
Total Population	16,494		17,681		18,844	
Age 45 - 54	2,765	16.76%	2,677	15.14%	2,441	12.95%
Age 55 - 64	2,864	17.36%	3,181	17.99%	3,552	18.85%
Age 65 - 74	1,471	8.92%	2,028	11.47%	2,561	13.59%
Age 75 - 84	830	5.03%	890	5.03%	1,012	5.37%
Age 85 and over	391	2.37%	473	2.68%	523	2.78%
Age 65 and over	2,692	16.32%	3,391	19.18%	4,096	21.74%
Total Population, Male	8,153		8,751		9,346	
Age 45 - 54	1,367	16.77%	1,325	15.14%	1,229	13.15%
Age 55 - 64	1,387	17.01%	1,514	17.30%	1,697	18.16%
Age 65 - 74	693	8.50%	973	11.12%	1,232	13.18%
Age 75 - 84	361	4.43%	393	4.49%	445	4.76%
Age 85 and over	132	1.62%	172	1.97%	197	2.11%
Age 65 and over	1,186	14.55%	1,538	17.58%	1,874	20.05%
Total Population, Female	8,341		8,930		9,498	
Age 45 - 54	1,398	16.76%	1,352	15.14%	1,212	12.76%
Age 55 - 64	1,477	17.71%	1,667	18.67%	1,855	19.53%
Age 65 - 74	778	9.33%	1,055	11.81%	1,329	13.99%
Age 75 - 84	469	5.62%	497	5.57%	567	5.97%
Age 85 and over	259	3.11%	301	3.37%	326	3.43%
Age 65 and over	1,506	18.06%	1,853	20.75%	2,222	23.39%

Senior Life 2015

Area ZIP Codes (see appendix for geographies), Total

Population by Single-Classification Race	2010	%	2015	%	2020	%
	Census		Estimate		Projection	
White Alone	14,452		15,322		16,142	
Age 65 and over	2,496	17.27%	3,111	20.30%	3,710	22.98%
Black or African American Alone	511		666		837	
Age 65 and over	120	23.48%	171	25.68%	246	29.39%
American Indian and Alaska Native Alone	183		204		228	
Age 65 and over	18	9.84%	22	10.78%	29	12.72%
Asian Alone	129		148		169	
Age 65 and over	9	6.98%	19	12.84%	17	10.06%
Native Hawaiian and Other Pacific Islander Alone	10		13		17	
Age 65 and over	0	0.00%	1	7.69%	2	11.76%
Some Other Race Alone	644		710		776	
Age 65 and over	11	1.71%	10	1.41%	20	2.58%
Two or More Races	565		618		675	
Age 65 and over	43	7.61%	57	9.22%	68	10.07%

Population by Hispanic or Latino	2010	%	2015	%	2020	%
	Census		Estimate		Projection	
Hispanic or Latino	384		545		728	
Age 65 and over	18	4.69%	29	5.32%	44	6.04%
Not Hispanic or Latino	16,110		17,136		18,116	

Households by HH Income by Age of Householder	2000	%	2015	%	2020	%
	Census		Estimate		Projection	
Householder Age 45 - 54	1,708		1,566		1,420	
Income less than \$15,000	168	9.84%	129	8.24%	101	7.11%
Income \$15,000 - \$24,999	196	11.48%	41	2.62%	34	2.39%
Income \$25,000 - \$34,999	158	9.25%	89	5.68%	71	5.00%
Income \$35,000 - \$49,999	255	14.93%	143	9.13%	117	8.24%
Income \$50,000 - \$74,999	376	22.01%	268	17.11%	237	16.69%
Income \$75,000 - \$99,999	239	13.99%	308	19.67%	260	18.31%
Income \$100,000 - \$124,999	132	7.73%	288	18.39%	264	18.59%
Income \$125,000 - \$149,999	50	2.93%	96	6.13%	108	7.61%
Income \$150,000 - \$199,999	54	3.16%	70	4.47%	76	5.35%
Income \$200,000 or more	80	4.68%	134	8.56%	152	10.70%
Median Household Income	\$55,120		\$84,172		\$89,423	

Senior Life 2015

Area ZIP Codes (see appendix for geographies), Total

Households by HH Income by Age of Householder	2000	%	2015	%	2020	%
	Census		Estimate		Projection	
Householder Age 55 - 64	879		2,023		2,254	
Income less than \$15,000	95	10.81%	206	10.18%	200	8.87%
Income \$15,000 - \$24,999	116	13.20%	66	3.26%	62	2.75%
Income \$25,000 - \$34,999	101	11.49%	142	7.02%	142	6.30%
Income \$35,000 - \$49,999	125	14.22%	201	9.94%	209	9.27%
Income \$50,000 - \$74,999	191	21.73%	348	17.20%	386	17.13%
Income \$75,000 - \$99,999	97	11.04%	378	18.69%	396	17.57%
Income \$100,000 - \$124,999	50	5.69%	326	16.11%	370	16.42%
Income \$125,000 - \$149,999	49	5.57%	121	5.98%	168	7.45%
Income \$150,000 - \$199,999	20	2.28%	83	4.10%	110	4.88%
Income \$200,000 or more	35	3.98%	152	7.51%	211	9.36%
Median Household Income	\$50,327		\$78,208		\$83,081	
Householder Age 65 - 74	768		1,354		1,717	
Income less than \$15,000	131	17.06%	157	11.60%	173	10.08%
Income \$15,000 - \$24,999	114	14.84%	138	10.19%	153	8.91%
Income \$25,000 - \$34,999	150	19.53%	155	11.45%	175	10.19%
Income \$35,000 - \$49,999	115	14.97%	143	10.56%	172	10.02%
Income \$50,000 - \$74,999	114	14.84%	214	15.81%	264	15.38%
Income \$75,000 - \$99,999	40	5.21%	133	9.82%	163	9.49%
Income \$100,000 - \$124,999	16	2.08%	160	11.82%	209	12.17%
Income \$125,000 - \$149,999	15	1.95%	96	7.09%	153	8.91%
Income \$150,000 - \$199,999	14	1.82%	70	5.17%	111	6.46%
Income \$200,000 or more	59	7.68%	88	6.50%	144	8.39%
Median Household Income	\$34,267		\$59,813		\$67,566	
Householder Age 75 - 84	493		600		682	
Income less than \$15,000	144	29.21%	117	19.50%	123	18.04%
Income \$15,000 - \$24,999	80	16.23%	110	18.33%	116	17.01%
Income \$25,000 - \$34,999	79	16.02%	95	15.83%	102	14.96%
Income \$35,000 - \$49,999	79	16.02%	72	12.00%	81	11.88%
Income \$50,000 - \$74,999	60	12.17%	75	12.50%	81	11.88%
Income \$75,000 - \$99,999	21	4.26%	39	6.50%	45	6.60%
Income \$100,000 - \$124,999	12	2.43%	34	5.67%	43	6.30%
Income \$125,000 - \$149,999	2	0.41%	23	3.83%	35	5.13%
Income \$150,000 - \$199,999	2	0.41%	15	2.50%	25	3.67%
Income \$200,000 or more	14	2.84%	20	3.33%	31	4.55%
Median Household Income	\$27,848		\$32,684		\$35,000	

Senior Life 2015

Area ZIP Codes (see appendix for geographies), Total

Households by HH Income by Age of Householder	2000	%	2015	%	2020	%
	Census		Estimate		Projection	
Householder Age 85 and over	123		345		382	
Income less than \$15,000	51	41.46%	102	29.57%	105	27.49%
Income \$15,000 - \$24,999	20	16.26%	70	20.29%	75	19.63%
Income \$25,000 - \$34,999	18	14.63%	59	17.10%	65	17.02%
Income \$35,000 - \$49,999	18	14.63%	31	8.99%	39	10.21%
Income \$50,000 - \$74,999	10	8.13%	34	9.86%	36	9.42%
Income \$75,000 - \$99,999	3	2.44%	14	4.06%	16	4.19%
Income \$100,000 - \$124,999	1	0.81%	19	5.51%	24	6.28%
Income \$125,000 - \$149,999	1	0.81%	12	3.48%	19	4.97%
Income \$150,000 - \$199,999	0	0.00%	2	0.58%	1	0.26%
Income \$200,000 or more	1	0.81%	2	0.58%	2	0.52%
Median Household Income	\$20,250		\$25,085		\$26,692	

Households by Household Income	2000	%	2015	%	2020	%
	Census		Estimate		Projection	
Total Households	6,409		7,971		8,560	
Income Less than \$15,000	767	11.97%	793	9.95%	785	9.17%
Income \$15,000 - \$24,999	669	10.44%	582	7.30%	586	6.85%
Income \$25,000 - \$34,999	946	14.76%	715	8.97%	712	8.32%
Income \$35,000 - \$49,999	1,053	16.43%	972	12.19%	995	11.62%
Income \$50,000 - \$74,999	1,438	22.44%	1,191	14.94%	1,247	14.57%
Income \$75,000 - \$99,999	702	10.95%	1,318	16.53%	1,302	15.21%
Income \$100,000 - \$124,999	315	4.91%	1,017	12.76%	1,102	12.87%
Income \$125,000 - \$149,999	146	2.28%	514	6.45%	689	8.05%
Income \$150,000 - \$199,999	124	1.93%	448	5.62%	571	6.67%
Income \$200,000 - \$249,999	122	1.90%	177	2.22%	253	2.96%
Income \$250,000 - \$499,999	95	1.48%	182	2.28%	229	2.68%
Income \$500,000 or more	32	0.50%	62	0.78%	89	1.04%
Average Household Income	\$61,968		\$83,504		\$89,942	
Median Household Income	\$46,717		\$69,385		\$74,098	

Senior Life 2015

Area ZIP Codes (see appendix for geographies), Total

Owner-Occupied Housing Units by Value	2000	%	2015	%	2020	%
	Census		Estimate		Projection	
Total Owner-Occupied Housing Units	4,570		5,310		5,702	
Value Less than \$20,000	5	0.11%	45	0.85%	45	0.79%
Value \$20,000 - \$39,999	7	0.15%	6	0.11%	8	0.14%
Value \$40,000 - \$59,999	0	0.00%	0	0.00%	0	0.00%
Value \$60,000 - \$79,999	1	0.02%	14	0.26%	15	0.26%
Value \$80,000 - \$99,999	52	1.14%	2	0.04%	2	0.04%
Value \$100,000 - \$149,999	227	4.97%	29	0.55%	31	0.54%
Value \$150,000 - \$199,999	592	12.95%	38	0.72%	40	0.70%
Value \$200,000 - \$299,999	1,257	27.51%	235	4.43%	241	4.23%
Value \$300,000 - \$399,999	979	21.42%	501	9.44%	529	9.28%
Value \$400,000 - \$499,999	412	9.02%	465	8.76%	493	8.65%
Value \$500,000 - \$749,999	479	10.48%	1,837	34.60%	1,931	33.87%
Value \$750,000 - \$999,999	200	4.38%	1,057	19.91%	1,151	20.19%
Value \$1,000,000 or more	359	7.86%	1,081	20.36%	1,216	21.33%
Median All Owner-Occupied Housing Unit Value	\$314,709		\$679,641		\$687,338	

Group Quarters by Population Type	2010	%	2015	%	2020	%
	Census		Estimate		Projection	
Group Quarters Population	144		144		148	
Correctional Institutions	30	20.83%	29	20.14%	29	19.59%
Nursing Homes	57	39.58%	58	40.28%	61	41.22%
Other Institutions	0	0.00%	0	0.00%	0	0.00%
College Dormitories	30	20.83%	30	20.83%	31	20.95%
Military Quarters	5	3.47%	5	3.47%	5	3.38%
Other Noninstitutional Quarters	22	15.28%	22	15.28%	22	14.86%

Occupied Housing Units by Tenure	2010	%	2015	%	2020	%
	Census		Estimate		Projection	
Owner-Occupied	4,895		5,310		5,702	
Renter-Occupied	2,450		2,661		2,858	

Senior Life 2015

Area ZIP Codes (see appendix for geographies), Total

Households by Tenure by Age of Householder	Totals					
Total Households	7,345		7,971		8,560	
Owner-Occupied	4,895		5,310		5,702	
Householder 55 to 64 Years	1,463	29.89%	1,610	30.32%	1,774	31.11%
Householder 65 to 74 Years	809	16.53%	1,114	20.98%	1,399	24.54%
Householder 75 to 84 Years	446	9.11%	469	8.83%	527	9.24%
Householder 85 and over	199	4.07%	238	4.48%	264	4.63%
Renter-Occupied	2,450		2,661		2,858	
Householder 55 to 64 Years	348	14.20%	413	15.52%	480	16.79%
Householder 65 to 74 Years	166	6.78%	240	9.02%	318	11.13%
Householder 75 to 84 Years	112	4.57%	131	4.92%	155	5.42%
Householder 85 and over	87	3.55%	107	4.02%	118	4.13%

Some median values are assigned pre-determined amounts rather than calculated amounts. Med HH Inc by Age values more than \$200,000 are displayed as \$200,001. Med HH Inc values less than \$15,000 are displayed as \$14,999. Med HH Inc values more than \$500,000 are displayed as \$500,001. Med Housing Values more than \$1,000,000 are displayed as \$1,000,001.

Senior Life 2015

Appendix: Area Listing

Area Name:

Type: List - Area ZIP Codes

Reporting Detail: Aggregate

Reporting Level: Area ZIP Codes

<u>Geography Code</u>	<u>Geography Name</u>	<u>Geography Code</u>	<u>Geography Name</u>
02535	Chilmark	02539	Edgartown
02557	Oak Bluffs	02568	Vineyard Haven
02575	West Tisbury		

Project Information:

Site: 1

Order Number: 975461506



Prepared On: Mon Nov 23, 2015 Page 7 Of 7

Project Code: Martha's Vineyard

Prepared For: Chi Partners, LLC

Prepared By:

Nielsen Solution Center 1 800 866 6511

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